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**The Experiences of Witnesses who Testified at the Truth and Reconciliation
Commission: Testimonial Process and Psychological Healing in the Aftermath
of Trauma**

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Minor dissertation submitted in partial fulfilment of the degree of Master of Arts (Clinical Psychology).

DECLARATION

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced.

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ABSTRACT

Modern South African history is defined by the advent of apartheid in 1948. This period of legalised segregationism – spanning 46 years, until 1994 – was characterised, particularly in the late 1970s and 1980s by institutionalised violence ordered by the apartheid state and perpetrated by the South African Police Force, the South African Defence Force and other organs of the apartheid state. The South African Truth and Reconciliation Commission was a legislated post-apartheid attempt by the transition government to address the decades of racial violence and gross human rights violations perpetrated between 1960 and 1994, with the objective of ushering in an era of peace, reconciliation and healing – individual and national/societal.

Research suggests that experiencing a gross violation of human rights is a form of trauma that may indeed result in psychological and psychiatric problems such as PTSD and depression, among others. Testimonial narrative has been theorised and demonstrated, empirically, to be a manner in which to deal effectively with the traumatic effects of gross human rights violations. The development of Testimony Psychotherapy in response to gross human rights violations is a formalised psychotherapeutic technique in this vein. This is significant in light of the fact that public testimony was the mechanism with which the TRC hoped to bring about healing. The aim of the study was to examine the relationship between the experience of testifying before the TRC among victims and survivors of gross human rights abuses, and the objectives that were set out by the TRC with regard to healing.

In this qualitative, interpretive study, 10 victims of gross human rights violations were interviewed using in-depth semi-structured interviews. Each of the 10 participants had provided public testimony at the Human Rights Violations Committee hearings of the TRC. Data obtained from the interviews were analysed using Thematic Analysis which produced four overarching themes as they emerged from the data – Loss due to Trauma, Emotional Intensity on Giving Testimony, The TRC Process as Collective, and Feelings of Betrayal following the TRC Process. Each of the themes is discussed in terms of subthemes that delineate participants' lived experience.

Overall, the results show that participants have been impacted in significant ways by their experiences of varied permutations of gross violations of human rights. Instances of loss (of self, identity, normality) were apparent; as well as instances of symptoms associated with trauma such as intrusive memories, psychological reactivity to reminders of the event and avoidance behaviour, which cause significant distress in the lives of the participants. Linked experiences of the wordless and timeless quality of traumatic memory are also explicated to further describe the nature of this memory as deeply and experientially embodied. The process of testimony for most participants was an emotionally evocative, but simultaneously important and significant experience for the participants who align this significance with the presence of the audience at the hearings. Some light is thus shed on the importance of the public nature of these hearings as correlating with the subjective experience of having been heard, and felt healed by the testimonial process, with social acknowledgement positioned at its core. Participants report having felt relieved of the burden of the traumatic memory, but bemoan the concurrent feelings of betrayal and abandonment they have felt in response to having had their expectations left unmet and their lives remain much unchanged.

Victims who participated in this study were therefore impacted in profound and significant ways by their experience of violation under the apartheid regime. The TRC had provided them with the hope of healing from this distressing impact and was thus viewed in a positive and expectant light. The TRC in many ways provided for them an important platform to begin to integrate their experiences of trauma and the noxious traumatic memory which resulted. Indeed many participants spoke of the relief they felt after having provided testimony. However, the relationship between testimony and healing it is found is not a simple one. Complexities exist which mediate this relationship and thus impact on the subjective, lived experiences of the environments in which the participants live and essentially on the ability of testimony to be transformative in a way that changes lives and approximates reconciliation.

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CHAPTER ONE: INTRODUCTION

1.1 Introduction

This study was inspired by the work of the Truth and Reconciliation Commission (TRC) and my own reflections on the question of what the TRC means for survivors of the unspeakable traumas who told their stories at TRC public hearings. The people I interviewed for this study live with the physical and emotional scars of their traumas (see Table 1 on page 13). “Testimony” and the importance of the process of *narrating* trauma in the aftermath of mass trauma and political violence have taken centre stage in the scholarship around trauma in social context. In their book, *Testimony: Crises of Witnessing in Literature, Psychoanalysis, and History*, Felman and Laub (1992) reflect on the relationship between testimony and trauma, and argue that testimony is one of the most vital responses to historical trauma. Since the publication of Felman and Laub’s book, the literature on public testimony in the aftermath of political trauma and wars in the twentieth and twenty-first centuries has grown exponentially. Some of this literature has focused on Holocaust testimonies and the role of testimony in the psychological healing of trauma (Alford, 2008; Langer, 1991; Laub, 1992; Strous, Weiss, Felsen *et al.* 2005), some on testimonies in the context of the National Reconciliation Commission of Rwanda (Adler, Leydesdorff, Chamberlain & Neyzi, 2009), on the testimonies by Bosnian women at the international tribunal in Bosnia (Agger, 1992; Folnegovic-Smalc, 1993) and still others on the South African Truth and Reconciliation Commission (TRC) (Kaminer, Stein, Mbanga & Zungu-Dirwayi, 2001; Sonis *et al.*, n.d.; Swartz & Drennan, 2000; Young, 2004).

The current study falls within this body of inquiry on the significance of truth commissions and public testimony after mass trauma. There has been a growing body of literature that examines trauma in political context. These include studies on the traumatic effects of wars and mass violence (Bracken, Giller & Summerfield, 1995; Comas-Diaz, Lykes & Alarcón, 1998; Hernández, 2002; Silove, 1999; Weine *et al.*, 1995), the re-enactment of trauma (van der Kolk, 1989), the transgenerational transmission of trauma (Becker & Diaz, 1998; Levav, Kohn & Schwartz, 1998; Maiello, 2001; Rowland-Klein & Dunlop, 1997; Solomon, 1998), perpetrator studies (Blass, 2003; Foster, 2000a, 2000b; Foster & Nicholas, 2000; Newman,

Erber & Browning, 2002) and investigations of the process of forgiveness after trauma (Allan, Allan, Kaminer & Stein, 2006; Garrard, 2002; Gobodo-Madikizela, 2003, 2008; Gregorowski, 2003; Montiel, 2002).

The aim of this study is to contribute meaningfully to the body of work which explores the role of public narratives in healing from political trauma, with the TRC process as its focus. Research on truth commissions, and especially on the South African TRC, has grown steadily and scholars across disciplines have critically examined the TRC process, its impact (Allan & Allan, 2000; Allan, Allan, Kaminer & Stein, 2006; Hamber, Nageng & O'Malley, 2000) and its limitations (Byrne, 2004; Orr, 2000; Walaza, 2000). However, with some exceptions (Foster, 2000a, 2000b; Kagee, 2004, 2006), literature on the TRC in psychology is sparse, particularly regarding the empirical, qualitative investigation of its public testimonial process. This study is based on the analysis of qualitative interviews with people who were found to be 'victims of gross human rights abuses' by the TRC after giving public testimony. The interviews conducted with 10 victims were analysed using Thematic Analysis which produced overarching themes described and discussed in Chapters Three and Four.

1.2 The Truth and Reconciliation Commission of South Africa: A Brief Background

The manner in which South Africa negotiated its transition into a democratic dispensation is generally accepted internationally as something of an ideal. The largely peaceful political transition and beginning of the democratic era in South Africa has been attributed in part to the work of the TRC. The TRC is viewed by scholars and practitioners across disciplines as the gold standard by which 'restorative justice' processes should be measured. At the same time, however, the TRC has been subject to intense critical debate in the literature that has proliferated in the past decade. Most notably, the body has been criticised for its amnesty provisions and its focus on reconciliation rather than criminal justice. Both the principles of amnesty and reconciliation, however, were central in the work of the TRC. At its core, the TRC was an attempt by the post-apartheid government to guide the 'new South Africa' into an era of reconciliation through the processes of truth-telling, reparations to victims and conditional amnesty to perpetrators. The TRC process conducted its work through three

committees. Firstly, the Human Rights Violations Committee (HRVC) whereby victims of gross violations of human rights were required to give testimony about their experiences. Secondly, the Amnesty Committee oversaw the applications from perpetrators for amnesty from prosecution for the crimes committed during apartheid. Amnesty was conditionally granted based on the perpetrator's full disclosure of information surrounding their crime. The third committee, the Reparation and Rehabilitation Committee, was established to formulate policy proposals and make recommendations around strategies by which to facilitate the healing of victims, their families as well as their communities.

This study is based on the work of the HRVC. The HRVC initiated its work through a process of statement taking in areas that were pre-designated for public hearings. Public hearings were conducted throughout the country in cities and smaller towns. The public hearings process was preceded by an outreach process during which people were invited to submit their statements about their experiences of gross human rights violations. Following the statement taking process, 10% of the total number of submitted statements were selected for public hearings. Victims were each provided with a counsellor who would sit with them during their testimony, acting as a source of comfort during what was often an overwhelming and acutely distressing time. Commissioners were afforded the opportunity to ask questions in order to clarify details. It must be noted, however, that this was not a cross-examination per se and victims were not placed under the same scrutiny as were perpetrators during the Amnesty process. This was in keeping with a victim-centred approach which prioritised victims' stories and experiences, attempting to restore the dignity they had lost as a result of violation. Some victims were offered counselling before and after their testimony, although this was not offered as an on-going, continuous service to victims who had reopened long-buried wounds by testifying. The counselling, therefore, has been criticised by some as being inadequate, resulting in retraumatisation of witnesses (De Ridder, 1997). This issue of retraumatisation has been debated in the literature and some have argued that testimony helps victims come to terms with their trauma (Brison, 1997; Herman, 1992). The latter was the view upon which the TRC was based, that speaking about one's experience of trauma is healing.

The current study is significant here as it addresses – from the victim's perspective – their experience of testimony. The subjective accounts from victims provide important insights into the complexity which surrounds the experience of testifying at the TRC. Given the TRC's emphasis on healing for victims, this is an important area of inquiry, particularly in

light of the trend emerging in international post-conflict reconstructive efforts which look to the South African experience as an exemplar. According to Allan and Allan's (2000) framework for evaluating the TRC's contribution to healing, with regards to its story-telling function, the TRC has been successful in facilitating this process. The hearings provided important public acknowledgement, support and validation of witnesses (Orr, 1998). However, only a small percentage of those who provided written statements to the TRC were called upon to provide public testimony thus limiting the broader impact of this public process. Sonis, Orr, Koss, Hall and Pennebaker (n.d.) report that "survivors of severe trauma who disclose their trauma by testifying in court, 'testifying' in a therapeutic relationship, or writing about it, have short-term increases in anxiety but long-term improvements in mental and physical health"¹. Allan and Allan (2000) note the importance of establishing the truth which they claim contributes to healing by breaking the culture of silence and facilitating closure by helping people obtain information on what had happened to loved ones. Foa, Keane and Friedman (2000) note further that this process is about allowing oneself to know the things that happened which may initially result in increased distress, but that it is ultimately the act of approaching memories of trauma that appear to offer relief.

Along with the positive views of the TRC have been some critical views of the process which highlight the lack of consensus on the psychological effects thereof. Some have expressed concern regarding the testimonial process. One such critic, de Ridder (1997), has worked extensively with victims who testified at the TRC and warns that a worrying number of them – despite initial relief – found a later increase and intensification of symptoms associated with the original violation. The majority of psychological studies on the TRC have focused on the retraumatising effects of testimony. Hamber (1998), in line with Herman (1992), has argued for the necessity of re-experiencing the traumatic event in full detail in order for psychological healing to be initiated. However, he also cautions against the belief that provision of testimony is in and of itself 'cathartic' for all. Arguing with regards to the TRC, de Ridder (1997) criticises the process because while many deponents may have found initial relief immediately following their testimony,

a worrying number of these individuals find that in the weeks following their deposition, there is a return and intensification of symptoms associated with the original violations as well as

¹ No page number available

the onset of new symptoms that may be related to the actual retraumatisation caused by retelling the story².

Put differently, certain deponents felt 'doubly traumatised' by having testified (Young, 2004, p. 152). Field contends that,

Publicly expressing what has been privately endured for years can be a 'healing' experience. However, the act of 'truth-telling' in itself is insufficient for 'complete' healing and falls far short of what is necessary for these survivors to rebuild their lives. The 'healing' possibilities of oral testimony should not be exaggerated to mythical curative levels (Field, 1999, p. 7).

1.3 Trauma and Gross Human Rights Violations

Since the early work of Janet, Freud and Breuer, the concept of trauma has undergone significant change and development under the influence of its earlier scholars to become the much focussed-upon and studied psychological construct it is today (Wastell, 2005). This became particularly important in the aftermath of World War I and the advent of shellshock or combat neurosis. There was another wave of awareness of the concept of trauma following the recognition of the traumatic effects of rape and the advocacy of the feminist movement. These developments ultimately became crystallised in the Diagnostic and Statistical Manual of Mental Disorders (DSM) as Posttraumatic Stress Disorder (PTSD).

The term 'trauma' has in professional parlance come to represent two distinct, yet inexorably linked, entities – aetiological as well as symptomatic. That is, 'trauma' has come to mean both an event that produces psychic distress (aetiological) as well as the pattern of psychological disturbance which results from an extreme experience (symptomatic). Green (1990) argues that the latter is the 'correct' usage of the term – the psycho-physiological response that human beings elicit in response to an 'extraordinary' event. However, two decades since, the notion of an 'extraordinary' event has been contested due to the endemic presence of traumatic events in modern society. Indeed, the term 'context' is likely to be

² No page number available

more appropriate than that of 'event' given that often the contexts in which people live are traumatic, producing continuous and chronic forms of trauma. The notion that traumatic experience is 'extraordinary' has therefore been subjected to review, leading to a revision of the formal criteria for the diagnosis of PTSD in the DSM-IV from that in the DSM-III which refers specifically to events which fall "outside the range of usual human experience and that would be markedly distressing to almost anyone" (American Psychiatric Association [APA], 1987, p. 250).

Summerfield (1998) notes that the concept of PTSD as it stands in the DSM is inadequate in its capturing of human experience following political trauma. Indeed PTSD is not always an outcome of trauma. Hernández (2002) notes that among Colombian human rights activists, despite their experiences having been disruptive, overwhelming and threatening resulting in functional disturbance, their responses did not fall within the criteria for PTSD. Writing in the context of Bosnian refugees following ethnic cleansing, Weine *et al.* (1995) note too that the effects of trauma and atrocity may very well escape DSM classification while still holding profound significance for the victims. Trauma associated with political repression and institutionalised violence tends to be chronic and constant, and may not be adequately understood if trauma is equated with PTSD. De Vries (1996, p. 407) explains that,

[t]raumas that occur in the context of social upheavals, such as revolutions, civil wars, and uprooting, create profound discontinuity in the order and predictability that culture has brought to daily life and social situation.

The nature of traumatic experiences in South Africa during apartheid was of this nature – constant, repeated, unpredictable and chronic. The TRC played an important role in addressing these traumas as it was platform focussed on victims' experiences through provision of a space which – through testimony – allowed the expression of pain after decades of having been silenced.

Caruth (1995, 1996) has made significant strides in explicating further the nature of trauma. She understands trauma as an 'unclaimed' experience which, because it occurs suddenly and unexpectedly, cannot be fully known and is therefore not available to conscious awareness until it imposes itself through what Judith Herman (1992) calls Intrusion. Intrusion is, at the

core, a way of dealing with the unfinished business of trauma – that which cannot be integrated into consciousness. Intrusions may be viewed then as attempts to express what cannot be spoken; the ‘unclaimed’. As Gobodo-Madikizela (2008) notes:

This repetition of real events from the past is, perhaps, a cathartic way of putting into action the struggle to find language to express the frustrations, helplessness, disempowerment, and humiliation suffered by those who have faced extremely traumatic events in their lives, especially human-induced trauma such as mass political violence (p. 174).

This intrusive process is an unconscious one. Caruth (1995) refers to trauma as a ‘wound that cries out’ – wounds are the outcome of injury, the communication that one has been hurt and continues to feel the effects thereof. The traumatic wound is an unconscious psychic wound that attempts to express a reality or a truth which is otherwise not expressible, and not known. The wound is therefore unspeakable until it is able to express itself through intrusion. It is through the process of narrative that language can be found to make the wound ‘speaking’, thus transforming traumatic memory into narrative memory through the process of testimony.

1.4 Testimony

Testimony is a form of narrative, and narrative in turn is a mechanism by which trauma may be ‘worked through’. Testimony includes the position of the empathic other in a dialogical interchange which brings about transformation and movement away from traumatic memory. The literature on trauma disclosure is helpful in providing a basis for this and shows both health (Pennebaker, Barger & Tiebout, 1989) as well as psychological (Sinclair & Gold, 1997) benefits of disclosure. Therefore, testimony as a form of verbalisation (and thus, disclosure) may be a therapeutic agent. Furthermore, Strous *et al.* (2005) conducted an investigation into the clinical benefits of a therapeutic endeavour which involved the videotaping of detailed testimony of traumatic Holocaust experiences of 24 elderly survivors hospitalised at Israeli state psychiatric facilities. Their findings reveal a decrease, by half, of patients who met criteria for PTSD (from 38 percent to 19 percent) between the first interview which occurred prior to the testimony, and the second interview which took place four months after the testimony. Furthermore, improvements were found in the intensity and severity of the 3 PTSD symptoms clusters. Improvement occurred also in those who did not

meet full criteria for PTSD, but who still presented with posttraumatic symptoms. Thus the study points towards the possible therapeutic significance of testimony.

“Testimony Psychotherapy” as a therapeutic technique was developed by two Chilean psychologists in the 1980s as a mechanism to bring about therapeutic change in people who had suffered human rights violations under the repressive Pinochet regime (Cienfuegos & Monelli, 1983). The approach involves an initial one or two sessions in which time is spent taking a detailed history of the participant and building a therapeutic relationship. Thereafter, three to six sessions are dedicated to a detailed, recorded account of the violation in the participant’s own words. The participant’s history is included here so as to integrate the traumatic experience into the life narrative and understood in context. The narrative is transcribed and agreed upon by both participant and therapist in conjunction.

Although limited, the studies – controlled, non-controlled and qualitative – which have been conducted using Testimony Psychotherapy in post-conflict contexts, have pointed to its success in addressing the effects of political trauma. Cienfuegos and Monelli’s (1983) seminal study was the first to show that the approach was found to be helpful for victims of human rights abuses, particularly for victims of torture. This set the tone for further studies such as Agger and Jensen’s (1990) case study which found also that Testimony Psychotherapy was effective for use with refugees in Denmark. Some years later, a qualitative study by Luebben (2003) attested further to the therapeutic utility of Testimony Psychotherapy in working with Bosnian refugees. This is reflected further in Lustig, Weine, Saxe and Beardlee’s (2004) conclusion to their case study of adolescent refugees in the USA, that Testimony Psychotherapy is a safe and helpful therapeutic practice. Quantitatively, Weine, Kulenovic, Pavkovic and Gibbons (1998) have also shown – using objective measures – that Testimony Psychotherapy is successful in addressing symptoms of PTSD in survivors of ethnic cleansing in Bosnia. Similar studies have been done in Mozambique after the civil war (Igreja, Kleijn, Schreuder, van Dijk & Verschuur, 2004) and on Holocaust survivors (Pennebaker *et al*, 1989) which confirm the important role that testimony and narrative play in dealing with the trauma of gross human rights violations.

The aforementioned studies point towards the importance and relevance of testimony in therapeutic settings. Laub (1992), writing about the testimonies of Holocaust survivors who testified *publicly*, points towards the significance of the presence of an audience for those

testifying about political trauma. He argues that this forum is similar in nature to the psychoanalytic process because it is also a medium which provides a listener – a witness – to trauma. The audience is significant because it assumes “the position of one who hears” (Laub, 1992, p. 70). Indeed this is recognised by Winnicott (quoted in Leventhal, 1995) when he contends,

that there must be an empathetic witness to the pain of this traumatic loss, that the person who suffers this loss must be able to give testimony to someone as a way of working-through or processing this loss, and that finally certain "transitional" or "intermediate" objects might be necessary in order to move from the state of dependence and reliance on the Other to a renewed state of self-sufficiency after the traumatic severance...³

This process in Winnicott’s conception is therefore necessarily social and interactional which is an important point because it allows for comfortable jettisoning of this theory of healing to the notion of political trauma as social/collective trauma. Political trauma is experienced collectively, thus working through this kind of trauma is most effective if done so on a level that engages more than just the individual, but the individual-in-context and the individual-in-community. With regards to the TRC, for example, the members of the community (and the commissioners and media) who attended the hearings became the transitional objects Winnicott speaks of and thus facilitated the process of working through. It seems then that *public* testimony could play an important role in addressing the impact of human rights trauma.

It is through the process of re-externalising the event that the victim undoes the entrapment imposed by trauma. Re-externalising can only take effect when there is an other, outside the victim, to whom the story can be articulated and transmitted. The audience acts as a ‘blank screen’ upon which the story of trauma can be projected and contained (Laub, 1991). Further, the public space allows for a process of social acknowledgement unravelling the isolation which entraps victims of trauma (Green, 2009; Staub & Pearlman, 2002). Thus audiences became intimately involved the testimonial process, something Herman (1992) regards as essential to the healing process in working with victims of trauma. Ross (2003), for example, observes how women who testified at the TRC “invited audiences to participate with them in

³ No page number.

performances of memory and meaning, and drew audiences with them in the testimonial process” (p. 35).

1.5 Aim & Research Questions

The aim of the study is to examine the relationship between the experience of testifying before the TRC among victims and survivors of gross human rights abuses, and the objectives that were set out by the TRC. The study will explore the following questions:

1. What has been the enduring effect of the human rights violations suffered by victims and survivors on their daily lives?
2. Did their participation in the TRC alleviate these effects of the participants associated with their experiences of gross human rights violations?
3. How did they experience participating in the TRC, and what did participating in the TRC mean for them?

CHAPTER TWO: METHODOLOGY

2.1 Introduction

The chapter which follows outlines in detail the methodological underpinnings of the present research project. It discusses the chosen research design – a qualitative research perspective – and presents the rationale behind the decision to follow this route. Following this, the procedure followed in choosing the participants for the study will be outlined along with details of each participant presented in Table 1 below. The data collection method – in-depth, semi-structured interviews – and procedure are then discussed, followed by a detailed description of the method chosen for the analysis of the qualitative data collected – thematic analysis. Finally, consideration is given to the ethical issues pertaining to the present study.

2.2 Research Design

This study is concerned with the experience of the process of public testimony by victims and survivors of gross human rights violations at the Truth and Reconciliation Commission (TRC) in South Africa. I am interested in exploring the relationship between the experience of testifying before the TRC among victims and survivors of gross human rights abuses, and the objectives that were set out by the TRC. I have chosen to approach this study from a qualitative research perspective. Qualitative research focuses on the analysis of various forms of textual data, including interviews (Kvale, 1996). The goal in qualitative psychological research is to understand human behaviour in its social context in order to answer the questions: *What is going on in this example of human experience? What is unusual about it?* Qualitative research is therefore interested in understanding real life phenomena and the meanings people construct about their experience from their own perspective; thus, research inquiry begins with the “lived experience” of participants as the data to be presented for analysis. Some scholars in the field of psychology have argued that the need for the exploration of “lived experience” in psychological research is critical if the profession is to contribute meaningfully to solutions to enduring social problems such as violence and its

continuing traumatic effects. Fishman (1999) has called for what he terms a *pragmatic* approach to psychological research and argues that qualitative methods are particularly suited to addressing research questions about real life situations. Wertz (2005) agrees, and points out that the study of the “lived world” must be “radically contextual” because human mental life – “every situation in it and every moment of our psychological lives”—entails various forms of *sociality* as part of its essential structure (p. 169).

The research paradigm that most appropriately responds to these aims is that of interpretivism. This approach “aims to explain the subjective reason and meanings that lie behind social action” because the ontology that underlies this paradigm views reality as something that is in constant flux, shifting and taking on multiple forms depending on the subjective experience (Terre Blanche & Durrheim, 1999, p. 6). It is therefore only through the study of this subjective experience that ‘reality’ can be meaningfully examined.

2.3 Participants

Ten participants were purposefully selected using the following criteria: (i) experience of a gross violation of human rights as defined by the TRC⁴, and (ii) appearance before the TRC to give public testimony at the TRC’s Human Rights Violations Committee hearings. Participants were recruited through a contact at the Western Cape branch of the Khulumani Victim Support Group. All participants were therefore selected from the Khulumani member database at the time using a purposive sampling strategy based on the criteria outlined above, and also potential participant availability. Five of the ten interviews were conducted in English by the researcher, while the remaining five were conducted in English, but with the use of a Xhosa-speaking interpreter – proficient in both Xhosa and English – based at the Khulumani offices. Participants ranged in age from 40s to 60s with an equal number of males and females in the sample. The majority of the participants were African (6), 3 were

⁴ The TRC specified the following gross human rights violations for its process: “killing of a family member, torture of self or a family member, severe ill-treatment of self or a family member, abduction of self or a family member, disappearance of a family member (without return), and associated violations (police detention, raid on property, damage to property, looting) to self or a family member” (Zungu-Dirwayi *et al.*, 2004, p. 255).

Coloured and 1 was White. What follows in **Table 1** below are details of the participants' experiences of gross human rights violations:

Pseudonym	Gender & Race	Details of Violation	Year of Violation, and Incident
<i>Tom</i>	Male, Coloured	Shot by police during a peaceful march. Disembowelled and left for dead – rescued from mortuary when it was realised he was still alive. Disabled due to his injuries and the numerous surgical procedures performed which replaced his damaged organs with artificial organs. Unable to work. Receives state Disability Grant	1976, Part of national uprisings in the Western Cape.
<i>Tracy</i>	Female, Coloured	15-year-old son was the first to be killed in the uprisings in Bonteheuwel on the Cape Flats. He was shot in the back of his head and died later in hospital.	1976, Part of national uprisings in the Western Cape.
<i>Wendy</i>	Female, Coloured	11-year-old son was shot and killed by police in front of their home in Athlone on the Cape Flats in the incident that came to be known as “the Trojan Horse” so called because police disguised themselves as railway workers in order to instigate stone throwing and then justify their use of force.	1985, “Trojan Horse” incident.
<i>Wethu</i>	Male, African	A former leader in the youth movement, he was forced to go on the run after being injured in a bombing instigated by police in order to destabilise anti-apartheid organisations.	1989, Part of repressive Apartheid government’s covert security operations.
<i>Gayle</i>	Female, White	A member of the armed wing of the ANC, uMkhonto we Sizwe. She was accused of, and arrested for, having bombed Khotso House, the headquarters of the South African Council of Churches. She was imprisoned and tortured while still breastfeeding her son.	1987, Part of repressive Apartheid government’s covert security operations to destabilise anti-Apartheid movement.
<i>Gugu</i>	Female, African	Shot in the back in her home during a police raid in the township of KTC. Husband was killed. Son witnessed father’s dead, bloodied body in the back of a van.	1976, “Black Christmas” when the Apartheid army and black vigilante groups invaded the

			black township.
<i>Simon</i>	Male, African	As a schoolboy during a peaceful rally he was shot by police as the crowd was dispersing. He was taken to hospital and remained in a coma for 2 weeks. He was kept shackled to the hospital bed by police for 9 months after which he managed to escape and went into hiding. His arm is paralysed as a result of the shooting and he is now unable to work because of the disability. Receives state Disability Grant.	1986, Part of national uprisings in the Western Cape.
<i>Yaseen</i>	Male, Coloured	During a protest in the township of Crossroads, he was hit on the side of his head by a rubber bullet which dislodged his eye from its socket. Rendered partially blind. Receives state Disability Grant.	1986, Part of national uprisings in the Western Cape.
<i>Zack</i>	Male, African	Had his informal settlement home and shop burnt down during a violent police raid in the township of KTC.	1986, Part of common police invasions into black townships seeking out activists-in-hiding.
<i>Sindi</i>	Female, African	A group of masked men terrorised the township, burning houses and threatening residents. Killed her husband and burned his body. They then entered the house, beat her and set the house alight with her inside, but she managed to escape.	1985, Christmas day attack by black vigilante groups working with the Apartheid-era army.

Table 1: Details of participants' experiences of gross human rights violations

2.4 Data Collection

2.4.1 Mode of Data Collection

Data were collected using in-depth, semi-structured interviews with each participant. The interviews were conducted with the aid of an interview schedule (see Appendix A for a working version of the interview schedule) which was adapted according to what each participant 'brought' to the interview. In other words, provided that the broad areas covered in the interview schedule were addressed there was generous flexibility given to, and

deviation from, the specific questions set out in advance. The broad areas covered included: a brief narrative of what had happened to them, including their response and the responses of others in the aftermath; build up to the TRC; TRC testimony; and post-TRC and how their lives were affected. Whether from the interview schedule, or based on the interview material, questions were asked of participants that attempted to access and clarify what their experience was prior to the TRC, the testimony itself, and then their experiences which followed in order to determine if there was any felt effect, subjectively.

Smith and Osborn (2008) have argued that “[t]his form of interviewing allows the researcher and participant to engage in a dialogue whereby initial questions are modified in the light of the participants’ responses...” (Smith & Osborn, 2008, p. 57). This reflects the flexibility of the semi-structured approach which allows the researcher to probe interesting and pertinent areas which arise, but are not necessarily part of the initial interview schedule. It is a method which allows the participant the space to tell their stories guided by the researcher, but not dictated by the researcher in a rigid manner (Smith & Eatough, 2007). The participant is regarded as the “experiential expert” and is as a result afforded ample opportunity to express their own narratives.

2.4.2 Data Collection Procedure

Each interview was conducted at the Western Cape offices of the Khulumani Support Group and lasted 60-90 minutes. The Khulumani office assistant made initial contact with the participants, informing them of the study and gauging interest. If an interest was expressed, an appointment was set up with the researcher for an interview. On the day of the interview, the details of the study were reiterated and the procedure once again explained before carefully ensuring that participants understood the consent form, and signing. Five interviews were conducted exclusively in English by the researcher. The remaining five interviews were also conducted in English but with the aid of a first language Xhosa-speaking interpreter for Xhosa-speaking participants unable to communicate in English. Following each interview conducted with the interpreter, the Xhosa content of the recordings and the translations thereof were verified by an independent first-language Xhosa-speaker in order to ensure validity and accuracy of the interpreted interview material.

All participants were provided with R100 gratuity for their time and their contribution to the study. On completion, the interviews were transcribed verbatim and validated by reading through each transcript while listening to the tape simultaneously to account for any errors in transcription. For the purposes of the present study, fresh transcripts were re-analysed.

2.5 Data Analysis: Thematic Analysis

The interviews were analysed using Braun and Clarke's (2006) method of Thematic Analysis. Broadly, it is a method that identifies, analyses and reports on patterns/themes within a given body of qualitative data. Furthermore, the method allows for deeper engagement and dimensionality as "the analytic process involves a progression from *description*, where the data have simply been organized to show patterns in semantic content, and summarized, to *interpretation*, where there is an attempt to theorize the significance of the patterns and their broader meanings and implications" (Patton, 1990, cited in Braun & Clarke, 2006, p. 84; original emphasis).

The analytic process undertaken in this study comprised six steps (based on guidelines put forth by Braun and Clarke [2006]) implemented iteratively in order to ensure a rigorous analysis. According to Braun and Clarke's (2006) model of analysis, the first stage/phase of analysis involves becoming familiarised with the data. Interview transcripts are subjected to repeated readings in order to gain a sense of the depth and breadth of their contents through a process of active engagement with the material at hand. The second phase of analysis involves the production of initial codes from the data (Coding). The coding process involves the identification of features of the data that appear interesting. The data are then organised into meaningful groups through this coding process and forms the basis for the development of themes.

The third analytic phase according to Braun and Clarke (2006) involves the induction of themes based on the relationships observed between codes from the second phase. Codes are thus analysed to examine how they might fit together to form an overarching theme. Once the codes have been analysed in this way they are organised into their requisite themes and all relevant data extracts which correspond to each code are collated and organised by theme. The fourth phase in the analytic process is a review and refinement of the themes put together in Phase Three. At this point themes are scrutinised to establish whether they are actual themes (whether they have enough data to support them), whether two themes need to be collapsed into one, or one theme needs to be split into two or more separate themes. This involves re-examining the data at the Coding level to ensure that the collated data extracts appear to form a coherent pattern. If not, then consideration should be given to either reworking the theme, creating a new theme or discarding disparate codes from analysis.

In the next, fifth, phase themes are defined and named in order to capture the essence of what each theme is about in a way that fits into the broader picture and the research questions. Thus it is ensured that there is no significant overlap between themes, and also through the process of theme definition, subthemes are identified within each overarching theme, further refining, and providing additional structure to, the analysis. Themes and subthemes are then given a name used in the final write-up. The sixth and final phase of data analysis is the final write-up of themes. Here the themes are described and illustrated with verbatim quotations as presented in Chapter Three. The discussion of these themes are then weaved together with scholarly literature in an analytic narrative, as presented in Chapter Four.

These guidelines were followed in the analysis of the interview data for the current study. The interview transcripts were all read more than once in order to become immersed in the material. Preliminary patterns and meanings – initial interpretive thoughts – were noted down on the transcripts in the left hand margin which assisted with coding ideas in the subsequent phases of analysis, and in the analytic commentary in Chapter Four. Coding was then induced. Words, sentences, phrases or larger segments of transcript were labelled with a code that represented the core meaning of that segment of data. This process was repeated for each of the ten transcripts which made up the data set to produce a list of codes which would in a later stage be examined and classified into themes based on how codes fit together to

form overarching themes. The product of this phase was a master table of themes which organised the data extracts by theme and by participant so that during the write-up phase it would be easy to identify and reference quotations from participants used to illustrate themes. Ryan and Bernard's (n.d.) "cutting and sorting" (p. 9) technique was used in the construction of this table. Each quotation from the transcripts was identified as being coded as part of a specific theme. The quotations were copied from the transcript into the table with each row representing a participant, and each column representing a theme (a sample extract of the table is presented in Appendix B). It became easier then – as Ryan and Bernard (n.d.) have commented – to "systematically describe how such themes are distributed across informants" (p. 10). Themes were then reviewed, and coding revised before naming themes and writing up the analysis produced in the chapters which follow.

2.6 Ethical Considerations

Ethical approval was obtained for the present study in May 2010. Informed consent was obtained from each participant which detailed, both in writing and verbally at the time of the interview, the aims of the study as well as the possibility that the interview may have required them to recall possibly painful and highly emotive events, thoughts and feelings regarding their TRC testimony and issues surrounding it. Participants were offered the services of the study's supervisor (a clinical psychologist) if they felt they needed psychological support following the interview. Participants were all made aware of their voluntary participation and their freedom during the interview process to abstain from answering questions they were uncomfortable answering; they were also reminded of their freedom to take a break or to withdraw without warning at any point during the interview process. Permission was obtained from all participants to tape record the interviews.

Confidentiality was guaranteed to all participants with all tapes and transcripts labelled with pseudonyms to ensure that participants' identities were protected. Pseudonyms will again be used in this report so as to uphold confidentiality of participants. Due to the intersubjective nature of the research (and qualitative research in general) anonymity could not be guaranteed. Furthermore, the researcher as well as the study supervisor and interpreter were

aware of the participants' identities (something the participants were made aware of as part of informed consent) thus precluding anonymity. Confidentiality was, however, assured and upheld. The present analysis and write-up extends the assurance of confidentiality.

CHAPTER THREE: RESULTS

3.1 Introduction

This chapter presents the results of the present study as derived from the thematic analysis conducted in the analysis phase of the research. The results are organised here according to four major themes (comprised of a number of subthemes) which emerged from the analysis of the interview data. This study set out to explore the enduring impact of gross human rights violations in the lives of the participants. I was interested in investigating whether testifying before the TRC healed them in any way, or contributed to the alleviation the traumatic effects of these experiences, and what participating in the TRC meant for them. Each of the broad themes presented below addresses these aims, the subthemes picking up on the nuances that emerged from the subjective experiences of the participants within these broader themes.

3.2 Loss Due To Trauma

3.2.1 Loss of self/identity

For many of the participants, part of the experience following their instances of violation was related to the associated experience of loss of what was and of who they once were. This is noted by scholars as being a common post-trauma feeling for victims who often report that they no longer feel like themselves (Brison, 1997; Herman, 1992). Wendy and Tracy report having experienced a loss of themselves in this way. They report having changed as people – as having lost their former happy, positive selves to become people consumed by grief and anguish. Tracy, whose 15-year-old son was shot and killed by police in 1976, explains how after his death she became angry at the world – a disposition qualitatively different to how she had experienced herself prior to his death:

I was, you know, I was cross [angry] and...the doctor said to me it is all the shock will come out now, but I was very friendly but like sitting here I was swearing and making jokes before he was shot, but when he was shot

you can't look at me or so then I'll jump down your throat...I changed a lot...

Tracy describes here a sense of having left something behind – of having lost something of who she was, anger and “shock” having settled in its place. Wendy, whose son was also shot and killed by security police in Athlone, in the infamous Trojan Horse incident, describes a very similar experience of uncontrollable anger and loss incurred due to his death.

Along similar lines Tom – who was virtually disembowled and left for dead in 1976 and was severely disabled as a result – expresses a deep sense of loss in the form of having lost the parts of his identity, and his ‘Self’, that define him as a father and as a man who is able to take on the role of breadwinner in the family, as a result of his experience of trauma:

...I can't stand for my people because the hard times came, the bad times come, the sad times, most of the times it's the sad times when I lie in bed and my wife come, 'daddy we haven't got bread money, daddy isn't there for the children; my heart is sore because I can't work for them you see, I check all the years...what happened to me...your heart is still crying inside man, you can't do anything for your family. I can't even take a broom to help sweep, so bad is this body.

Tom expresses here a deep sense of despair at his loss (“your heart is still crying inside”). His experience of “the bad times, the sad times”, a phrase he repeats in a number of instances throughout the interview points towards the veracity with which he feels, and the ruminative quality of his dysphoric thoughts and feelings. This conveys how these affects come to overwhelm one’s sense of homeostasis and ability to act on the world in a way that is meaningful. His self-efficacy has been lost; he is unable to make meaningful contributions to his family (“I can’t even take a broom to help sweep”), let alone make meaningful contributions to the world around him. This resonates with Wendy’s experience of feeling as if she failed in some aspects as a mother to her living children by her preoccupation with the death of her son who had been killed. Thus the participants have felt little control over their environment, thereby further eroding their sense of agency and control in the world that trauma has torn apart.

Simon – who was shot by police in the back and spent 9 months in hospital, 2 weeks of which he was in a coma – reports similar feelings, following his injuries, of being somewhat obsolete in life – unable to *do* anything, particularly things he was able to do before he was disabled. The shift for Simon, however, runs deeper than simply a physical inability to perform basic actions. The shift for him is also one of identity and purpose in life, and having lost these as a result of his body’s inability. “Everything changing to my life” he says, alluding to a complete sense of disruption and flux. He goes on to describe how:

I can't do anything for myself even...if I throw water, somebody must help me even to do something for eating for me...I can't do anything for myself.

This was significantly different from his pre-injury self who “was feeling very much happy because I was [an] activist...knowing that if we there we have to make things to succeed...”. It is not surprising that Simon speaks this sentiment in the past tense, as something that has been lost to him, something that no longer exists. He was happy once and had a defined identity as an activist which gave him a sense of purpose in his life which was to make things succeed – to improve the country in ways that would improve life for his people. But this had been lost to him after his injury which rendered him unable to perform the basic actions which previously allowed him to act on the world in a way that made a tangible difference:

I never...strong to be in the struggle again because I was paralysed as I had no energy to be...

He laments never being strong again as if to say he is now weak. His weakness and paralysis here speaks perhaps to something that lies beyond simply his physical state of ineffectualness. It speaks to a paralysis of his sense of self and what he is meant to do in the world. He was an activist, but this was lost to him and thus he mourns an identity that gave him purpose.

Resonating with Tom, Simon also expresses a loss of the part of his identity that defined him as a father. Not only is he unable to do anything for himself, and for his country, but he is also unable to do anything for his son for whom he believes he should be able care. Simon’s son

was removed from his home by his mother's family because they believed he was no longer able, after his injuries, to adequately take care of him. Furthermore, they have refused him access to his son, further 'paralysing' his identity as a father. When he visits, he remains outside the house. He is kept on the outside of the house, isolated and alienated from the world that he knows:

They pick him up and they take him away...I go and visit my son but I don't go inside the house, I stand outside...They don't allow me to go in there...they even don't give me the chance to have a son...

Tom speaks further of the sorrow which has been brought upon 'the house', which may serve – psychically – as a representation of himself. A house protects, shelters and contains family – much like what a father 'should' be able to provide. Sorrow having befallen 'the house' may speak toward sorrow having befallen himself:

It's very difficult, yes, sometimes the house is full of sorrow too man, you see, then it's too heavy for me, then I sommer get a heart attack you see because I can't face it, because my body is not the same like a human being outside man, this is very bad because he operate with the plastic tubes and everything inside and I can't eat what my family eat because I have to eat, I live on soft foods...

It seems here as if Tom is bemoaning more than just the loss of self in the sense that he has lost a sense of who he is (identity). He is lamenting something more profound – the loss of his humanity; an almost literal, embodied sense of dehumanisation. He says quite directly that his "body is not the same like a human being". His human qualities have been stripped from him by trauma, and have been replaced by something foreign (plastic tubes) – something lifeless but something that will forever be there keeping him separate from others, and from what he used to be. He expresses the alienation which he feels as a result because he "can't eat what my family eat". He is, by virtue of his disability, entrapped in a position that is outside of a community and precludes entry into it, reifying his sense of alienation and exclusion from humanity that was branded upon him in the moment of trauma. Trauma has thus invalidated his legitimacy as a human being, in the same way that torture renders victims as objects by negating their humanity through the obliteration of the self-concept and distortion of

personality development by bestowing on them worthlessness, degradation, humiliation and intimidation (Hárdi & Kroó, 2011).

...in the bad times, in the sad times, in the hard times...I have to face it everyday like this because I was a normal person, I wasn't like this, I had to work for my family and to stand next to them, as a father to them.

“I was a normal person”, he says as if he no longer can be classified in the realm of those who can be regarded as effectual human beings. He thus has come to feel shame, as a result of not being able to fulfil his role in a system to which he no longer feels part – “I can't face for my family”, he says, expressing this shame. Shameful also is a sense for him of feeling exposed to the world, particularly those parts of himself that should be kept private, thus stripping away at his dignity; a dignity already fragmented by trauma itself:

No, they didn't know where was... I... yes, that was how the government treated the people that time and I was lying for years there in the hospital and they operate on me, and everything they operate on me they put in plastic tubes inside they cut everywhere on the body, they cut away to survive...I use that colostomy bag, I've got 3 bags on my dinges [penis and anus], it's one for the piepie [urine] and one is for the 'aah' sake [faeces]...

He speaks here of parts – physical, but also psychic – of himself having been cut away, and foreign pieces having been placed within himself that are not, and do not feel, normal. Further ‘abnormality’ is expressed in the “3 bags on my dinges” which contain his bodily waste. His words here speak towards a sense of feeling utterly exposed to the world – an explicit and almost illicit display of his insides to the world. It is as if he feels that what should be inside is now open and raw, particularly the ugliness, filth and waste. This is a permanent repetition for him, symbolically, of the day he was shot because then, too the bullet that shot him “took everything inside and it took it outside” by disembowelling him in the street. It is almost as if there is no distinction between what is inside, and what it outside for him. Trauma has obliterated the boundaries which have up until that moment rendered him cohesive, and defined him as a human being.

3.2.2 *The Intrusiveness of Memory*

Over and above their expressions of loss as discussed above, participants in this study also relayed accounts of their experiences of traumatic memory. Participants describe having experienced the intrusiveness of traumatic memory, but also the drive towards avoidance of the memory due to its emotional valence – both cardinal symptom categories of PTSD⁵ as listed in the DSM-IV-TR (APA, 2000). Some participants also gave accounts of the difficulty with wording their experiences. This linked also to the experience of the temporal anomaly that surrounds trauma and the timelessness with which traumatic memory operates in the aftermath of trauma, even decades following the event itself, which is discussed in greater detail in section 3.3.2 below.

Participants spoke of the distressing intrusive memories they found themselves experiencing in the aftermath of the trauma they had endured (DSM-IV-TR Criterion B1). Wethu, for example, reports that he thought about the incident quite a lot in its aftermath. In response to an enquiry regarding this, he responds “Yes...of course I do” almost as if it is unfathomable to him to have *not* had these thoughts. It is as if, for him, the memories have become so commonplace that their presence has become the rule rather than the exception. This speaks to the constant presence of distressing memories of the trauma in Wethu’s life:

[in response to enquiry about the nature of his thoughts]...*Generally negative...and you know like when that thought would come up, it’s an unpleasant thought, it is not nice to think about.*

The experience of the overwhelming and overbearing nature of the traumatic memories is reiterated in Zack’s account of his experiences following his trauma. Reflecting the overwhelmingly intrusive nature of the memory, he says:

⁵ It should be noted that debate continues in the scholarship regarding the controversy around the diagnosis of PTSD (see Bracken, 1998). Major among these is the problematic positioning of victims of political repression as *disordered*, thus pathologising reactions which are adaptive responses to the extremes of torture, genocide and the like (Hernández, 2002). These are important considerations given that the violations addressed in this research are products of the politically repressive apartheid regime. Despite its limitations, however, the features of PTSD as outlined in the DSM-IV-TR provide a helpful conceptual framework with which to structure the responses of participants in this study to their various experiences of violation. The use thereof is therefore not for the purposes of diagnosis, but rather for understanding and shaping, qualitatively, victims experiences.

It was just ruling my life very much terrible if I just started to think about the life...

He speaks of the memories ruling his life as if he has no choice or agency in his experience of the memory. Being ruled refers to one having power over another, and dictating at least to some extent the movements of the one who is being ruled over. His traumatic memories are ruling over him and dictating the way he lives his life, and forces upon him a way of feeling that causes him distress (“very much terrible”) in an uncontrolled way that reifies the powerlessness that Herman (1992) informs us is instilled in the moment of trauma.

Another participant, Wendy, reports on instances in which the overwhelming emotion and depression associated with the murder of her son reached unbearable intensity which prompted her to employ ways in which those affects could be controlled. In the first instance was a visit to the doctor which resulted in a prescription of Valium as an attempt to temper what she was feeling:

I had this doctor...I would just go to him and just sit and cry sometimes and he would just give me tablets you know and I will go home. Valiums, all sorts of tablets they give you. Then I go to my doctor he just gives me tablets because I am forever in this mode and depression and you know and he was treating me like with the Valiums.

Her visit to the doctor points towards the feeling within herself that something was wrong, that what she was feeling was so unbearable and painful that she needed a physician to treat it, to remove the pain that feels as if it lies, and is trapped (“I am *forever* in this mode”), within her body. This speaks also to the embodied nature of trauma which is so literally illustrated by the case of Tom discussed previously. Wendy wanted it to stop, to come to an end. The Valium serves as a form of avoidance for her as it works against the intensity of the affect that arises from the experience of traumatic intrusion.

She speaks of further instances of avoidance that correspond with what has nosologically been established as often part of the symptomatology of a posttraumatic stress response (DSM-IV-TR Criterion C⁶):

...even going to a function where his name is mentioned or whatever and then I would go home and sit and cry...That's why I never, there were times when I just left you know. I wouldn't go to functions or whatever where his name is going to be mentioned, because then I can't handle it you know...

Here she describes how going to social functions in which her son's name was mentioned caused her distress. These functions would act as reminders of the fact that her son was murdered by security police in such a brutal manner. "I can't handle it", she says which necessitates the use of avoidance of places and people that act as reminders of her trauma and cause her psychological distress. Hence her concerted refusal to go to functions at all in an attempt to cope and maintain a state in which she feels in control.

For many, however, this control is thwarted by the constant intrusiveness of traumatic memory. Thus, as is evidenced by participants, there exists an interplay between intrusive experiencing and avoidance of that very intrusiveness in what has been referred to as the "dialectic of trauma" (Herman, 1992, p. 47). As discussed above, following his incident, Wethu experienced negative, unpleasant thoughts which were "not nice to think about". He also describes how he tried to rid himself of these thoughts:

Look what I tried is, the specifics of that night...I've tried to suppress that for quite a while, you know, how we ran out, but it is something that I can't completely...because...there's – in that period, even though things moved very slowly or very quickly you know, you experience one thing after the other...the shouting, the screaming, and there is just that

⁶ "Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness..." (APA, 2000, p. 468). This includes efforts made by traumatised individuals to avoid thoughts, feelings or conversations associated with the event; or an avoidance of places, people and activities that trigger recollections of the event; amnesia, anhedonia; feelings of detachment; restricted range of affect; and a sense of a foreshortened future (APA, 2000).

general panic. It is like staring death in the face, so I've tried to wipe that out of my subconscious, but I couldn't really.

Noticeable here is the particularity of the memories he has. He remembers – vividly it seems – the shouting and the screaming as well as the “general panic” of the time as if he was back in that moment. His memories are not simply a cognitive phenomenon, but are felt in a way that wrenches him back into the past to the intensity that he once again feels, as he did at the time of the incident, like he was “staring death in the face”. This subjective sense of threat to life is a crucial determinant of a posttraumatic response and is re-experienced, as we see with Wethu, along with the affective loading of the memories of trauma. This may in turn play a retraumatising role each time it is re-experienced, causing significant distress, and necessitating the neutralising impacts of avoidance thus setting in motion the dialectic of trauma. The dialectic, although an attempt at balancing the two extremes of the symptomatic spectrum, due to its pendulum-like sway from one side to the next reifies the sense of instability in the victim’s life thus indeed maintaining the distress resulting from violation (Herman, 1992).

3.3 Emotional Intensity On Giving Testimony

3.3.1 Testifying as an Overwhelming Experience

Participants in the study spoke of the TRC – knowingly or unknowingly – in psychological terms. This is not surprising given the manner in which the TRC was marketed to the public in general, and to victims, specifically. The TRC was constructed by its creators and champions as a process that inherently carried with it the ‘powers’ that could heal the wounds inflicted by the trauma of apartheid. Proclamations akin to “the truth will set you free” speaks almost directly to, for example, the feelings expressed in the previous theme of feeling trapped within traumatic memory and thus a need to be set free from the binding reality of the lived memory of trauma. Thus for many victims the TRC was imbued from the outset with ‘fantastied’ powers of psychological transformation. Slogans such as “The Truth Heals” and “Healing Our Past” which donned the banners which signified the Commission’s public hearings shaped the TRC for victims into a ‘convalescent’ space in which they would be

healed and their lives returned to normal. Thus victims felt open to laying bare their pain with the belief that the TRC would heal them and set them free, however painful.

Wendy, for example, describes how the actual process of giving her testimony at the TRC was incredibly painful for her because it evoked in her the unpleasant and overwhelming emotions she described previously – the emotions she went to great lengths to avoid. “The truth is going to come out”, she says reflecting the TRC by-line, but in the same breath she admits that “I was *very* nervous”. The nervousness and anxiety here relates to the fear which surrounds the traumatic memory (Janet, cited in van der Kolk, 1997). Wendy says of the process:

I was very sad you know, it just flooded me, yeah...but then with that know, it was; I wouldn't just speak about it but then as I went to Trudy [psychologist] and then she took me through it and then she taught me how to deal with it afterwards, with my emotions and whatever, because I was always so depressed after speaking about Michael or like even going to a function where his name is mentioned or whatever and then I would go home and sit and cry and...but then I told myself “No” I am not going to do things like that.”

Here she describes the sadness she feels when she speaks about her son, but also that during the process of testimony she felt “flooded” by the emotions. Talking about the experience necessarily involves remembering the events and thus feeling the emotions which accompany it (Hamber, 1998). The process of telling involved reliving the moments in the present. Traumatic memory is activated hence the sense of having felt flooded. However, for Wendy her contact with Trudy de Ridder served an important role because it meant that following her testimony she was able to feel contained and in control of her emotions. This is reflected in her expression of “I told myself ‘No’ I am not going to do things like that”. She told herself ‘No’ which means she was able to take charge of her previously uncontrollable emotional instability and cohere herself enough to feel in control of her life, her memories, and how she feels. Thus, for Wendy, the TRC served an important psychologically supportive function:

It was very emotional...I went to Trudy De Ridder [psychologist], she took me through the thing because actually I never had counselling before...

Thus it was an emotional experience for her because the verbal account of the events evoked the sadness and pain associated with the trauma. She was, however, also able to source solace and containment within the structures of the Commission. She did not receive counselling before, but her contact with the Commission and with Trudy served a counselling function to her. The TRC therefore, for Wendy, is framed within a healing (counselling) modality which fits with her statement that “in a sense it was a relief as well”.

The experience of testifying as an ‘emotional’ experience is, however, one uttered by many of the participants. Some remember how even before testifying the very idea of going to the TRC evoked emotions that would rather have been avoided. Simon, for example, recalls that:

...there was a lady coming to me and tell that I have to go for a statement to the TRC and then they come and take me with a car to that to where the TRC is, but I was very refused and so I didn't want to even talk with anyone. My incident, I won't give details because I know it is not myself, really myself right now, it's just, it evoke me emotionally.

He describes here weariness and possibly even a feeling of having been forced, or felt obligated to testify despite this weariness. He was **told** that he **had** to go to the TRC as opposed to having been **asked** whether he **wished** to take part in the proceedings. Talk around participation in the TRC as being contributory to national reconciliation, but also to personal healing, may have placed additional pressure on victims to testify or give statements despite the psychological distress it may have caused. The very idea, for Simon, of giving testimony evoked in him a strong emotional response to which he responded with resistance and avoidance of the memories tied inextricably to those painful emotions. Furthermore, Simon was unaware of the TRC at this time – “I didn't know because I didn't know the meaning of it”, he says. His ignorance around the TRC may have presupposed his weariness around participation and may have aggravated feelings of anxiety which he later describes. Victims of trauma have a heightened sense of danger (Herman, 1992). Thus that which is unknown may inspire suspicion (weariness), and fear engendered by feelings of being unsafe and exposed, resulting in anxiety, panic and possible retraumatisation. Reminiscent of the previous theme discussed above, Simon says in the above excerpt that he was not himself in that moment. The evocation of the emotions associated with his trauma acted upon him in a way that resulted perhaps in a ‘depersonalisation’ much like the loss of self/identity

participants felt in the aftermath of their trauma (as discussed above). This relates further to what he utters later:

...where I did give up my testimony for the second time [public testimony], but I didn't speak long, I just...not having no words again.

The unpleasantness for Simon around his testimony rendered him, yet again, wordless. The reactivation of his traumatic memory – a retraumatisation – precipitated the re-experiencing of emotion and sensation that brought forth the ‘lived memory’ of trauma in the form of “speechless terror” – a kind of lexical paralysis with which victims of trauma – and indeed participants in this study – are afflicted (Gobodo-Madikizela, 2008). Simon tells of how he spoke a few words before asking to leave the room. His experience was a distressing one. He too had been counselled just prior to his testimony, as Wendy above. However, Wendy was aware of the TRC, its mandate and its process before she was approached and thus knew what to expect. Simon on the other hand entered the process with uncertainty, fear and resistance due to a lack of insight around what the TRC was and what was expected of him which may have impacted upon his early experience of testifying. Simon says of his testimony:

I didn't know what I must speak about but I was telling myself I am going to speak...but when I'm getting upset because I'm having some on my mind, I get dizzy and my arm always coming out all the time, I don't have anything to remember really but I speak.

It is salient here how the distress he experiences although wordless is expressed as a result through the body. He gets dizzy – in what may be a panic response – as his body expresses its disquiet at the reopening of wounds it would rather have kept safely bandaged and forgotten. His arm keeps on “coming out all the time” – his shoulder dislocates due to his injury – as if to express how disjointed and out of sorts he feels at the surging forth of disturbing emotion despite not having “anything to remember”. The ‘lived memory’ of trauma was thus experienced in full by participants as they testified.

3.3.2 The Wordlessness & Timelessness of Traumatic Memory

A profound subtheme that emerged from the data was a state of ‘stuckness’ experienced by participants – a sense of feeling trapped, immovable and locked – physically and psychologically – within themselves. This ‘stuckness’ is illustrated by Tom in the way he speaks about the effects he has been forced to endure since he has become disabled:

*I could do nothing, and the doctor would tell me ‘you not going to make it’ every time, it was **very bad, hard times** for me. I’m **still** in that situation, I **can’t forget** it, even in the **sad time** I **can’t forget** it, it’s **very bad**...It’s **never** the good times by me man, it’s **always** very bad. I don’t know what is a good time...when I was by the TRC it was the **same thing**, in the **bad times**, in the **sad times**, in the **hard times** because **it’s still in the same time**, in the **hard times**, I have to face it everyday...*

Examining the words Tom uses in this instance reveals a preoccupation with the “the bad times, the sad times” and a profound sense of being stuck in a time warp where “I’m still in that position” and “I have to face it everyday”. His repetition of “bad”, “hard” and “sad” point towards an arrest in a position of helplessness and an ever-present state of hopelessness despite having moved three and a half decades beyond his incident. He is forced to relive the past in the present in a temporal anomaly which defies the laws of time and space and illustrates the timeless nature of traumatic memory reflected on by scholars such as Bohleber (2007), Langer (1997) and Stolorow (2003). He is unable to forget because it is always in the bad times and the sad times. He speaks in a dichotomous, absolute manner – “never”, “always” and “everyday” – which highlights the intensity with which he feels the hopelessness and dysphoria associated with his embodied experience of trauma. This is powerfully conveyed in his lament, “I don’t know what is a good time” – he has lost the good times. Anything that came before the trauma has been obliterated from his consciousness; it no longer exists. His previous life, his history before the trauma, has become insignificant so that he is now defined only in terms of the bad times and the sad times which he suffers everyday to the point where hope is a farfetched fantasy.

Tom's experience of the stuckness which pervades his experience of trauma is perhaps reflected also in what may be interpreted as an alexithymic stuckness. This relates to the wordlessness which often inflicts itself upon victims of trauma in ways which do not allow them to adequately verbalise their experiences of violation. After he was shot and presumed dead, Tom was taken to Salt River mortuary where his mother was asked to collect his body. He describes that experience:

*...she stayed the whole time there, **I can't tell you** how I came out of that place, **I can't tell you** how I come out of that house, Sout Rivier morgue, **I can't tell you** and uh...they tell my mummy that guy is still alive and they put me in Victoria Hospital and I am lying there at Victoria. After **that I can't tell you** how I came to survive because everything inside was all outside and **I can't remember** how I make it to survive...*

Striking in this excerpt is Tom's repeated utterance of the statement "I can't tell you" as if desperately trying to do just what he is unable to. Through his inability to adequately express the gravity of this incident, he reveals an aspect of the nature of his and other participants' experiences of traumatic memory as a form of captivity – an entrapment – that repeats itself and isolates through silence (Culbertson, 1995).

Both Sindi and Gugu also reveal a struggle with the timelessness and wordlessness of trauma as their past intrudes upon their present in ways that have anchored them firmly within the captivity of traumatic memory and the dialectic of trauma. Both these women's experiences of this became apparent not through words, but through action (albeit involuntary) of some sort in the intersubjective milieu of their individual interview sessions with me. Sindi was asked in the beginning stages of the interview if she was able to recount the events of the day her husband was shot in 1985. Her narrative is lengthy and detailed, painting a crisp and tangible picture of the context in which the horror of her experience is situated. She describes waking up that morning and knowing that it was the day she had to attend the funeral of a comrade. She remembers arguing with her husband who did not want to attend the funeral and the pervasive and violent unrest in Gugulethu at the time that posed a real and consistent threat to their lives. Houses were being burnt to the ground and intimidation was rife. Masked men entered their house, took her husband, killed him and burned him. They threatened to kill

her children and beat her before leaving her for dead while setting her house alight. She was only later told that her husband had been killed, and his body burned. She continues:

So that was that, and then the day that my husband was going to be buried, they put my husband into the grave and poured cement because they said those people...was going to dig my husband out of his grave, so they poured cement, and they put some sand on again to make a proper grave for him. And then when <Participant crying>.

The idea and memory of her husband in a grave of cement seems to be the culmination for Sindi of the emotionality surrounding the incident. She required a moment during the interview to regain her composure and calm. It is the point at which the emotion of the time becomes too overwhelming to the extent where words are incapable of conveying the gravity of the memory – two decades after her husband’s murder. What is telling in this moment of re-experiencing, and of wordlessness, is not so much in what is said (as with Tom), but in the way it is conveyed (or not conveyed, as in this case). We notice that for Sindi the telling of her story – and thus necessarily it’s re-experiencing – involves a process of reliving *in the present* the associated emotional pain. Trauma is wordless; it is so extreme and overwhelming that words fall short in its attempt to convey the enormity of the experience (Gobodo-Madikizela, 2008; Harjula, 2002).

Sindi further describes instances of what in professional parlance may be regarded as panic-like experiences during intrusive episodes, particularly when exposed to painful reminders of her husband and his murder. But at the same time she describes her attempts at ridding herself of these distressing experiences and trying to evade their piercing effect:

Because of the area where my husband was burnt, I moved away from there...If I come to the area I was just like somebody who’s getting mad, and then I just run, I’m scared of everybody who I see...I couldn’t even speak about this, when I tell somebody how it happened, then I get sick again, I must be taken to the doctor and I’m like somebody who’s getting mad...I even prayed that God must take it out of me...

The excerpt demonstrates the tugging back and forth between avoidance and intrusion in the distressing impact of the dialectic of trauma. The moving away from where she lived (avoidance), but the “getting mad” when she returned (intrusion) which in turn forced her to “just run” (avoidance) but being overcome by the feeling as if “I get sick again” (intrusion) when speaking about what happened to the point where she tried to not think about it and even prayed to God to take it out of her (avoidance) despite that fact that “I couldn’t even speak about this” (wordlessness).

Striking in the above extract also is the sense for Sindi of trauma as an experience of the body. The reference to feeling “sick” and needing to go to visit a medical doctor as if to remedy a physically-based malady is indicative of the experience of the trauma as being embedded and felt within the body. This is buttressed by her urge to God that He must “take it out of me”. Thus she quite directly expresses the desire to have something removed from her Self, something unpleasant and distressing which has been buried in her body so profoundly that only something as powerful as God is able to remove it completely.

The bodily experience personifies the title of a 1994 paper authored by Bessel van der Kolk entitled *The Body Keeps Score* which is further brought to life by the experience of Gugu during the interview process. As pointed out in Chapter Two all interviews were conducted at the Khulumani Western Cape branch office which is based at Community House in Salt River, part of Cape Town’s Southern Suburbs bordering the City Bowl. Community House is a building complex in which a network of offices are situated housing a number of different organisations including non-government organisations, charities and trade unions, among others. Trade Unions therefore make regular use of the Community House hall for the purpose of holding mass meetings with their rank-and-file members, as was the case on the day of my interview with Gugu. Trade unions in South Africa, historically, have played a central role in contributing towards the liberation movement’s attempts at destabilising the Apartheid government of the time by organising the working class behind the ANC resistance. Trade unions therefore became a powerful and visible force for change and today continue to exert significant influence – in varying and often controversial ways – over decisions made by the current dispensation. Trade union meetings today, however, although with a different aim

nonetheless resemble very much the meetings and rallies held during the period of resistance, imbibed with the singing of freedom songs and the iconic ‘toyi-toyi’ dance.

On the day of Gugu’s interview at the Khulumani office, a trade union meeting was being held in the Community House main hall. This did not, to the researcher’s mind, pose much of a problem to the interview process as the lively singing and dancing, although audible, were not loud or distracting enough to cause any real disruption if the room doors and windows were kept closed for the duration of the interview. The room is a small one with a single large window, and chairs arranged in a row underneath it. Gugu sat on one of these chairs with her back to the window, facing me. Initially Gugu appeared calm and at ease to be where she was, in familiar surroundings and happy to engage me in conversation regarding the interview and its subject matter. As the interview progressed, however, Gugu became increasingly uneasy and distressed to the extent that it was deemed necessary to suspend the interview momentarily to allow her the space to find calm and regain her composure. Correlating with her steady increase in distress and unease was an intensification of the trade union activity only a few metres from where the interview was being held. Gugu, seated right beside the window, was the one closest to the action. Thus, the familiar sounds – to her – bellowing from the hall reignited momentarily in Gugu the lived experience of the past expressed at first as a sudden alertness of her surroundings, increased breathing rate and the need to ‘cool down’ and take time to regroup. Coupled with this was a feeling of being pulled back in time as the songs being sung reminded her of what it was like “back then”. It was only once the singing had stopped that she was able to continue with the interview. Thus, the past-in-present – the timelessness – is something the participants in this study continue to struggle with, wrestling with the enduring impact of deeply embedded traumatic memories.

3.3.3 Psychological relief

Some participants in this study reported feeling a sense of relief after they had provided testimony to the TRC. None of them reported having felt traumatised or psychologically agitated in the immediate aftermath of their testimonies despite having experienced the retelling of their stories as evocative of the emotions and memories of the past they had long since hoped to have forgotten. This particular subtheme remains brief as it seems – although important to participants – to have lost significance given the influence of contextual factors

on their lives which have impacted on their subjective experience of 'freedom'. This latter subject will be discussed in detail below in Section 3.5. The fact that in the interviews the participants were significantly more vocal regarding the subject matter of the latter is telling with regards to what it is that has impacted on their lives most, and what it is they need.

Turning briefly back to the immediate outcomes of having provided public testimony to the TRC; participants felt, in general, a sense of relief once they had been given the opportunity to retell their stories to a sympathetic audience. Wendy, for example, says that she felt good after giving her testimony:

I felt good about; yeah I had that good spirit in me you know, something good came out of it.

Having taken part in the process and told her story she was able to confront the demons of traumatic memory and thus become filled with a "good spirit" – as opposed to the bad spirit that had possessed her before. The TRC is represented here as something of an exorcist because once she had given her testimony she changed, she says:

It changed, I wasn't like sick or whatever, it is just this depression that I had and I didn't know how to deal with it. I just didn't know how. If I was depressed, I'd take my tablets and I'd lie down, and it carries on for a few days and it just, puts me in that vibe.

She describes here the change she experienced after previously having been depressed and having had to take antidepressant medication to cope with the distress because she did not know how to deal with the symptoms. She reports having improved after her testimony to the point where she no longer needed the medication as she felt empowered within herself to deal and cope with her emotions. I had enquired if her change had been an enduring one to which she responded:

In a way yes with the support I had from Trudy. Getting me off the drugs [medication – Valium] was something good for me now. When I look back you know, I can see it did something to me.

Along similar lines Yaseen describes feeling free after he had testified:

I was feeling very much free because I was telling myself to speak out so I didn't to have anything to be hidden behind myself, just to free my soul as I'm expressing myself in front of the people, because what was happening mostly is that I was having no one to speak to about this.

In a similar way to Wendy who refers to a “good spirit”, Yaseen speaks of a freedom within his soul that was brought about by finally being able to “in front of other people” tell his story. Prior to this he had no-one. Again the isolation and alienation of trauma is made apparent here, but the opportunity to relay his narrative to others led to a freedom from isolation. He no longer feels hidden behind (or within) himself, mired down by the weight of traumatic memory. He says: “It was very much better because I did feel also that I was free; I was all the time having that emotionally inside of me” illustrating a freedom from the emotional entrapment of the effects of trauma. He felt after his testimony like he had a more solid sense of agency in that he felt he was given “solutions” – it is as if the TRC gave him a sense of coherence and clarity that had been lost in the chaos of trauma. He says:

I was very much frustrated...before the TRC because I was just telling myself, having this thing inside of me, having no one to speak about it and I remember there was no solution but after I've been to the TRC I did at least feeling free because I see there was some solutions...

He speaks of his trauma as a disease – as a physical entity embedded within. This is reflected in the discussion above of his feelings of trapped with his body and trapped within the trauma that was felt as part of himself. “This thing inside of me” was released by being given the opportunity to let it go. The TRC freed him from his solitude that was held firm by an imprisonment within himself. Speaking his trauma allowed him to feel in control of himself, unlike before when all he was, was “frustrated”. Testimony again here is spoken of almost as an exorcist, not unlike Wendy and thus bestows upon the TRC the power of ritual (Kelsall, 2005).

This is further illustrated by Zack's subjective experience following his testimony at the TRC. His relief is spoken of as a function of his experience of trauma as inherently an experience of the body. He explains how:

I was very much happy and relieved as I finished to give my testimony because I just have something that is, there's something that is taken out of myself what was always keeping myself tense...

In the above extract he speaks of something having been "taken out" of him as if it had been lodged within him. He borrows somatic rhetoric here in a way that evokes images of a surgical procedure having been undertaken to remove a mass that had been making him ill ("tense"). Testimony allowed for a performance of memory that 'dislodged' Zack's trauma allowing him to feel, as he puts it, "rehabilitated":

I was very much rehabilitated after because I was just having a low soul, not having enough appetite because personally if there's something frustrating myself, I don't have an appetite, I lose my appetite. After the TRC I just feel myself cleansed and everything much more way of eating and feeling better.

He continues the language of the body here by speaking of rehabilitation as if convalescing after a serious injury or surgical procedure, slowly but surely having regained an appetite – a bodily function he perhaps feels he now has control over once again – and feeling cleansed perhaps from having felt sullied, spoilt and broken as a result of trauma. Testimony has allowed him to feel whole again and has lifted his soul. Speaking of soul here, as does Yaseen and Wendy, alludes to a deep and profound sense of having been affected by testimony – a shift within the Self towards feeling different to what was felt before testimony alluding to Brison's (1999) contention that while trauma unmakes the Self, the process of verbalising trauma can remake the Self and foster healing. Indeed, as Sindi comments:

I was feeling much better inside of myself; I was feeling much more lighter.

3.3.4 Feelings of Reconciliation vs. Feelings of Anger

Some participants experienced testifying before the TRC as one that allowed them to reflect on the past in terms consistent with the goals of reconciliation in the TRC process. For Wethu, for example, his view around post-apartheid redress was shifted by the TRC. He had initially wanted perpetrators to be punished but through his engagement with, and knowledge around, the TRC he was moved towards a consideration of reconciliation:

...it is only later...I started to understand...that you really have one of two choices. Either retaliation and revenge, or an attempt of reconciliation and the TRC I think was the best vehicle for the second option.

His exposure to aspects of the TRC prior to his own involvement moved within him this view. He witnessed first-hand how – in his perception – others were ‘healed’ through their experience of partaking in the TRC process, and this may be what made the difference for him. Simon, discussed previously, had no sense of the TRC – its purpose, mandate or process – prior to his involvement fostering an unsafe space steeped in fear and anxiety. In contrast, Wethu had positive expectations of the TRC based on the transformative experiences he had witnessed through the media of people “getting healing”. Thus for him, his experience was one ultimately of comfort couched within an ideological belief in reconciliation. This is similar to Yaseen’s expression that “I was encouraged by the other people who gave their testimony before me because they were just giving me some power”. Viewing others testify empowered him, and facilitated his own process. Wethu was then afforded the opportunity to engage a member of the perpetrator community to bring full circle his belief in reconciliation which he believes necessarily involves both sides of the conflict. Wethu says of his shift in opinion on the manner in which apartheid crimes should be addressed:

When I started to see on television the public hearings at the TRC and people asking for forgiveness, I could see that people were getting healing...they knew what happened and that was much more powerful than revenge.

The public displays of forgiveness seem to have been a significant determinant of participants' experiences of the TRC. In contrast, some participants spoke critically of reconciliation and forgiveness. Gayle describes the process as somewhat coercive in the way it 'forced' those who participated to forgive perpetrators in order to portray an image of reconciliation that the world could admire and aspire to. The TRC to her made people vulnerable without protecting them. Even though she – as a heavily involved anti-apartheid activist who had been sent for military training as part of her involvement in uMkhonto we Sizwe⁷ – was educated and aware of the TRC process and what it involved, she nonetheless was unprepared for the attention focussed on the Commission from a number of different sources. This made her feel exposed, vulnerable and perhaps unsupported by the institution:

...what I didn't realise at the time, how much public interest there would be in this...sociologists, psychiatrists, psychologists, religious people...so it sort of like there's so much interest on so many different angles which I wasn't really aware of at the time, and you make yourself vulnerable because they have access to you...

It seems Gayle was unsettled by the fact that many people had "access" to her which may have been experienced by her as intrusive at a time when she felt the need to be in control and contained. This in many ways goes against the first step towards healing from trauma – establishing for victims of trauma a sense of safety (Herman, 1992). The intrusiveness of the public spotlight may have been experienced in some ways as a further violation and thus a disjuncture from the proposition that the TRC was a healing space, which may have resulted in her angry dissatisfaction. She contrasts her experience at the TRC with participation in this research because she felt more respected and appreciative of the motives of the current project; motives which did not involve what it seems she feels was the handing over of one's power to one's perpetrators through the granting of forgiveness. Her seemingly disdainful regard for this process is expressed as follows:

... vulnerable people had to speak...and they said stupid things like 'Oh I forgive them' and then they said to me afterwards "Oh did I say that, what a funny thing to say', because you under pressure, and forgiveness

⁷ uMkhonto we Sizwe (abbreviated as 'MK') was the name given to the ANC's military wing established in 1960 and translates to "Spear of the Nation".

is not something that you should be pressurised to feel, it's something else, and it's not a right or wrong...

Her own experience of the TRC – she feels – was one cloaked in silence and half-truths from her perpetrators. She was essentially denied the possibility of forgiveness in her own process of coming to terms with what had happened because of the fact that her perpetrators were unwilling to give enough of themselves and show enough of their humanity by admitting fully their wrong-doing. She was not afforded the same ‘mind space’ as Wethu to engage with the possibility of forgiveness. She remains therefore perhaps unmoved in her pain and mired within the anger that was forged in the moment of trauma at having been rendered powerless to protect either herself or her infant son from harm.

In 2006, some years after the conclusion of public TRC hearings, one of the apartheid-era government ministers – Adriaan Vlok – who had masterminded Gayle’s framing, arrest and torture undertook to seek forgiveness for his crimes. He did not, however, approach all his victims but instead conducted a ‘feet-washing’ ritual with a single high profile victim which garnered significant media praise and attention. Gayle, however, was left wanting. She feels his use of the high profile victims as representing all victims was a ploy to absolve himself in the public arena without having to actually engage with those he violated:

I'm finished with, around Khotso House⁸ and Vlok, so hmmm...I don't want to hear 'I'm sorry' from him, I don't a fuck feel sorry for him too. I don't think he is. I think he's an absolute slimeball. He sits there, he doesn't look in one's face, he sort of like cowers, he's like presented as this damn hero now, I think it's sick. He's painted as this perpetrator's hero...It's a lot of bullshit if you ask me.

Gayle’s anger is palpable in this particular extract. Her anger it seems stems from an ‘invisibilisation’ – having been rendered once again subjectless and unseeable – through Vlok’s actions (or lack of action). “He doesn’t even look in one’s face”, she says, as if calling him to recognise her as a subject whom he has injured and who is still grappling with the powerlessness he thrust upon her in the dark, dirty and diseased cell into which she and her

⁸ Khotso House was the former headquarters of the South African Council of Churches which was bombed by security police in 1988. Gayle was framed by the security police for having played a significant role in the bombing.

infant son were forced during her detention. Not looking into her face denies that she even exists, let alone that she has been violated. Torture is designed to strip one's humanity to base levels; it is the ultimate denial of humanness (Hárdi & Kroó, 2011). Vlok's disregard for her humanity is perhaps experienced by Gayle as a further violation. This she finds unbearable and infuriating and thus rejects any form of contrition.

3.4 The TRC Process As Collective

3.4.1 Significance of the Presence of Others: A Sense of Safety

The most significant aspect of the participants' experiences of the TRC process as communal was their experience of a platform – the public hearings – that provided a physical and psychological space and opportunity for reconnection. Enquiry centred around the significance of their testimonial processes, and what it was that they felt was most important to them about this and what had made the biggest impact on them. Many of the participants mentioned in one way or another a sense that having had an audience presence allowed them to feel connected to something important and safe. Wendy speaks particularly of the importance to her of being surrounded by other 'Coloured' people at the hearing in which she gave testimony. She admits being quite anxious (eager) "just to get it out" as if to invite others in her testimonial space to partake in witnessing her trauma because:

...for me, it was, in a sense it was a relief as well because it was like Coloured people sitting in front, you know...It was like a bit of security for me, it's my colour, because for years I've been going to court in and out and facing the police that shot Michael and it was Boere you know, and so they just didn't do anything for me. Even though I sat in court and you know they will look at you and I was so scared... everybody is talking this big words...I only went to school till about standard five, so here I am sitting in court...and I am looking at them but I you know, don't function...

In the above excerpt Wendy explains the sense of relief she felt at her public hearings because she had the safety and security of her own community with her in real-time. The reason this was a significant factor for her was due to her previous experience of the justice system during apartheid in the period following her son's death. She describes the fear she experienced in the presence of the "Boere"⁹ who had killed her son. That she uses the term "Boere" is perhaps not insignificant as the term continues to connote something derogatory, hated and indeed feared. Being among the "Boere" in the court system seems to have reified for Wendy her position of powerlessness which was highlighted by her sense of feeling out of her depth in a process she felt unable to understand fully. Her insufficient education placed her at a disadvantage when in court "everybody is speaking these big words" that she was simply unable to understand thus compounding the powerlessness she felt around the "Boere" resulting in a profound sense of unsafety. She explicates further:

I was always scared of them, I was always scared of them because he's a White guy, and that's the way I grew up, being scared of the Whites, and even though they killed my son, I'm still scared of them...It was said in court that they weren't...they don't need to own up who shot who in the Struggle...that was their right...here I was sitting in the dock, the mother...and I feel I didn't have that right to ask who shot my son...

Again she reiterates the fear she had around the White police who had killed her son. More profound, however, is the powerlessness she expressed in feeling unable to ask who had shot her son. She felt she did not have the right to ask. The apartheid state had denied her the right to ask who had killed her son and this maintained her in a position of subjectlessness, without an identity; a nobody as described by Brison (1997). Her experience of the TRC, however, contrasts starkly with this as the sociality it entailed, including an audience made up of members of her community, allowed her to feel the opposite. That is to say she began perhaps to feel part of a community again, reconnected to caring others from which she felt alienated by her experience of trauma, allowing herself the safety to become once again the subject of her own story and re-establish herself within an identity. This kind of community support is an important resource in aftermath of trauma (Gobodo-Madikizela, 2004).

⁹ "Boere" is the Afrikaans word for 'farmer' but during apartheid came to be used as a derogatory term for Afrikaans-speaking 'White' South Africans. Although not imbued with the same 'weight' as terms such as "Kaffir" or "Darkie" used to derogate 'Black' people it was – and sometimes continues to be – used in a similar way against Afrikaans-speaking 'white' South Africans.

Tracy reveals similar feelings about her experience of public testimony. To her, testifying with other, prominent members of the geographical and activist community was significant because it made her feel a sense of importance within herself:

...and the day we had to sit because everybody was there who was shot behind...like Ashley Kriel, their family, all the families was sitting there...I feel important, I feel VIP because they listen to me and take notice and some of them write down notes too...

Testifying in this platform availed her with the opportunity to feel a sense that she was part of something. She began perhaps to feel part of a community – as Wendy did – and thus a sense of reconnection with others after the relationship had been severed in her moment of trauma. Being among others who understood what she had gone through seems to have given her a sense that she was not alone in her experience, that others have experienced the same and thus understood what she may be going through. She mentions, however, the name of Ashley Kriel which is significant because of the importance he held for the community of Bonteheuwel – Tracy’s home – particularly during the political turmoil of the 1980s.

Ashley Kriel, known as the Ché Guevara of the Western Cape, was a young activist – and member of uMkhonto we Sizwe – from Bonteheuwel who was a vociferous advocate against the apartheid state. Prior to his murder Kriel was forced into hiding in order to avoid capture by the security police. On 9 July 1987, however, in an execution orchestrated by one Jeffrey Benzien, Ashley Kriel was killed at the age of 20. Kriel’s contribution to the anti-apartheid struggle was highlighted by Nelson Mandela in his historic first speech after being released from prison (delivered from the City Hall in the centre of Cape Town), and his leadership has been recognised by the Institute for Justice and Reconciliation in conjunction with the University of the Western Cape who annually host the Ashley Kriel Memorial Lecture. Ashley Kriel, therefore, is a significant figure in Struggle history particularly in the Western Cape and even more so in the community of Bonteheuwel. Testifying alongside his family at her TRC hearing bestowed upon Tracy a subjective feeling of importance and status because it may have felt to her as if the story of her son’s death was significant enough to be heard alongside the heroic story of Ashley Kriel. Like so many victims of trauma, making sense of

their experience and finding meaning in the experience is of utmost significance in the process of coming to terms with and working through the violation (Frankl, 1985). Perhaps this gave some meaning to her experience of the inexplicable loss of a child who had still so much to offer the world – he was as important as Ashley Kriel. They died for the same cause. He too is a hero.

Tied to this is also an expression from Tracy of feeling at the TRC hearing – by others being present, looking at her, noticing her – as if someone was finally listening to her story. The culture of silence which Hamber (1998) and Hayner (1994) recognise as often surrounding the narratives of victims of trauma was broken by the TRC for Tracy and this silence would remain broken because the commissioners were taking notes meaning that there right before her eyes a record was being created of the fact that her son was killed. This document serves as an acknowledgement of violation which was reinforced by the response she received from the audience – one of applause (“they clapped hands”) – experienced as recognition of abuse and a celebration of triumph. The social acknowledgement and importance she felt speaks perhaps towards a feeling of empowerment and increased self-esteem, but also, importantly, a feeling of once again being able to identify with – and being supported by – a community. Thus the audience played an important role in Tracy’s testimony which would have lacked significance had the process been held in private precluding the possibility for social acknowledgement, engagement and identification.

Simon’s experience of the audience at his hearing was congruous in many ways with Tracy, particular with regards to feeling a sense of pride and empowerment as a result of audience response to their stories. Despite his initial fear and uncertainty around the TRC Simon says with some delight of the audience:

It was just a crowd with gloating hands and saying ‘Viva!’...they raise my spirit when they sang ‘Viva!’ and I just feel like I’m a warrior.

Simon invokes the rhetoric of the struggle in this description – perhaps being reminded of a time when he felt part of a bigger purpose. He refers to the audience as a “crowd” as if at a political rally who, in response to his story, were passionately shouting “Viva!” which made him feel like a warrior. This lies parallel to the applause Tracy received in response to her

testimony. Simon actually uses the word “warrior” to describe what he felt like; warrior being a title imbued with power and status. It seems then that Simon felt a sense of empowerment and self-esteem during his testimony, contrasting sharply with his sense of fear, anxiety and uncertainty approaching testimony, thus pointing towards the significance of the audience in his experience of the testimonial space of the TRC.

3.4.2 Shared Pain: The Importance of Social Acknowledgement

Part of what this response from the audience was, was – as with Tracy – an acknowledgement of the trauma, the resultant pain and also of survival. Acknowledgement and validation are aspects of TRC public testimony which other participants also mention as having been a notable function of the audience presence. For Sindi, there was an additional presence she appreciated – God. Although she does not mention God per se, she highlights the fact that her testimony was delivered in a Church. More importantly, it was a church filled with people:

We were told there will be lots of people, it was going to be done at the church, everybody listened, so I wasn't scared...There were lots of people because it was a big hall, at the church, where we were testifying.

She finds comfort in the church milieu perhaps feeling as if something is watching over her and containing her, emotionally, through what was a difficult process of retelling. The supportive structure created a safe space for to her go about telling the story that had shattered that very safety for her in the moment of trauma. She seems to have felt further supported by the presence of the audience who listened to her, facilitating the construction of the safe space which in turn dissipated any fear and anxiety (“everybody listened, so I wasn’t scared”).

Sindi introduces a further element here through which, in an intimate way, the audience acts as direct witness to the pain of the traumatised. The idea that “everybody listened” and that, as Wethu phrases it, “it was good to let them know because so that they can also hear the truth and not you know entertain rumours and whatever”, ushers in the possibility of engaging with the audience in an unspoken exchange that allows for empathic connection. Sindi continues by explaining further why having others there to receive her story was meaningful to her:

I felt that they were also sore like I am, they were dealing with the same thing as I, because they were my comrades, they were my families, my friends at the TRC. It was important to me because I was also thinking that maybe there are some people thinking that why did those people kill my husband...So if I say it myself in front, at least they will know how it...When I am listening to some other people's stories, I just think that I'm not alone; I'm not the one who have only something bad on that side there...

The fact that there were others there who were “sore like I am” (referring both to other victims, but also to audience members who identified with her) was important because it felt it seems as if she was able to connect with those who understood what it is she was going through meaning she was not alone in her pain. The empathic connection she felt from audience members is a significant point as it is the moment during which reconnection with caring and compassionate others occurs. Audience empathy is a display of solidarity and compassion in alliance with the victim in recognition of the objective fact that violation occurred, but also a deeper recognition and understanding subjectively of the pain and loss suffered. The empathic identification on behalf of the audience is only possible in interaction with the testimony givers. It is therefore an essential aspect to testimony (Laub, 1992).

Furthermore, Wethu undertook during his testimony to actively engage with members of the community who had betrayed him as a result of having been co-opted by the security police. He relays the story of how he had been given the opportunity to cross examine a former gangster who had informed on him to the police. The gangster was someone he knew, someone he had grown up with. Although having been advised against the cross examination he decided to go ahead anyway:

And what I did is I sat directly opposite him and I looked him straight in his eyes and I started reminding him, during my cross examination, I reminded him of the background to the relationship we built up, you know we belonged to the same soccer club. I spoke about the good things we've done in the community. I spoke about the good things he had done in the community. And I said I've always had the impression that he was sincere to what he's done to the community, and he started

acknowledging that and then I could comfort him about the incident and he actually ended up complementing me you know during his testimony...he, in a sense acknowledged my presence...

In sitting directly opposite him and making direct eye contact it seems Wethu was trying to access something within this former gangster that would allow him to see a part of him that could be absolved. He spoke of the good times, and the good things this man had done in the community to remind him of the things he had done that made him human. It was Wethu's attempt perhaps at finding a commonality between the two of them that would represent a reconnection not only with a time that was good, but also with a community that was good. He saw some of this when this man "acknowledged my presence". In the interview I was interested in what Wethu's perception was of why this man had shifted from being flippant in his testimony to being more grounded in the cross examination. He responds:

I think he knows for a fact that I've never done anything wrong, I have always been good to him and he's actually disappointed me as a person by working for these guys, and allowing himself to be used, and I knew that if I appealed to his innermost emotion that I will get some remorse from him.

It seemed important for Wethu that he express his disappointment at this man. Disappointment implies that he must have felt some form of emotional investment in him (and, psychodynamically, implies further that the perpetrator perhaps needed Wethu to be invested in him). Thus a significant intersubjective connection existed between these two parties that seems to have allowed for movement in the relational field between them (Stolorow & Lachman, 1987). Wethu indeed seems aware of the centrality of appealing "to his innermost emotion" as that is where he knows the shift needs to happen if he is going to regain his sense of self and thus feel able to apologise for his wrongdoing. Wethu believes – in saying that he allowed himself to be used – that the gangster gave up his agency, his sense of self, himself as a subject and actor in his own life to be controlled and puppeteered by others. Part of moving forward for them both was about re-establishing a human connection that would serve a rehumanising purpose for the perpetrator and a restorative and supportive function for Wethu (Gobodo-Madikizela, 2003). He recognises thus in saying later that:

To me it was extremely important...because I'm not a person that would go and shoot someone or hurt someone physically. You know some of my

youth members always felt that if they saw him, they felt that they could kill him, and I wouldn't get revenge through things like that. So my revenge and also closure and healing also comes also through engaging and appealing to his innermost emotion.

Tom reports not remembering much about his testimony because on the day he was overwhelmed with physical discomfort. It is instead his 'performance' within the interview room and as part of the intersubjective field that is instructive here with regards to testimony. In the process of describing to me the profundity of the embodiment of his trauma, Tom felt the needs to demonstrate:

I can open it for you, you can see, I would like you to see because everything inside is plastic. It's like this [showing injury]... can you see, and it's swelling inside, it's very sore...can you see, if you like, you can feel how hard it is, with your hand, you can feel here, it's very hard...now all the... now you feel here again, it's very soft here, no feel here, that is where the plastic tubes is sitting and it's very bad because everything inside here is plastic because this side; my navel is not sitting like your navel on your stomach, it's sitting this side, it's not sitting in the middle, it's sitting very bad, because they tried to battle for my life, to try to keep me alive, that is why it is like that.

This exchange ignites the intersubjectivity described by Stolorow and Lachman (1987) as Tom pulls me, as the other, into the space by affecting me in order to in turn affect him. Tom wanted me as the empathic other to touch his trauma that he has embodied and that has lived within him ever since. This it seems it another form of testimony. Testimony as has been addressed above is a narrative, oral process that involves verbal expression of traumatic experience. We see from Tom that the need goes beyond that of verbal expression, that there is a crying out for a *connection* – a relationship, a deeper understanding couched in a relational space that allows for the other to *feel with* the victim the pain of violation.

3.5 Feelings Of Betrayal Following The TRC Process

A contradiction of sorts exists in the experiences of those who testified at the TRC. As discussed above, they found significant value in the process and in giving public testimony and experienced relief and an internal freedom as a result. However, longitudinally, the participants in this study have developed grievances which have in some ways sullied the value they had found in the TRC initially. Almost all participants expressed in relation to government and the TRC salient feelings of betrayal on the one hand, and a sense of abandonment on the other, which stems mostly from broken promises and unmet expectations, which have brought to life Newman's prophetic warning that

[o]ne of the biggest dangers facing the Truth and Reconciliation Commission is high expectations. It is crucial people understand that the Commission is just one mechanism through which to facilitate reconciliation, and that it goes as far as possible in delivering justice and compensation to people who have suffered. If so, the Commission could make an important contribution to building a human rights culture in South Africa (Newman, 1995, p. 7).

3.5.1 Unmet Expectations

Wendy for example laments that she expected to go to the TRC, give her testimony and that government would then play its role in providing victims with adequate compensation. Her primary reason for participating in the TRC was not monetary compensation, but the fact that her expectations were left unmet left her feeling once again unseen:

Actually I expected...actually when they said we are going to testify and whatever and then the government, they making up the report, that's the way I understood it, we going in and then the government is going to like give us whatever; and I was happy to do that you know, because I felt my son lost his life for this country and at least they must look at me now, give me something for what I went through because when Michael died...I never was paid, the government didn't look after me or give me anything you know...then the 30 000 came and...it went.

Given that her son lost his life for this country, she was expecting that someone in power would show her some more regard and recognition for her loss but instead she is left feeling as if his death was trivial and unimportant to those for whom he died. She continues to feel unseen just like trauma renders victims unseen and unheard, maimed and ‘invisibilised’ by perpetrators. She is reminded of how the apartheid government provided no help or assistance following the court case that resulted from her son’s death. They didn’t look after her in the same way that she feels the current government has not looked after her. This has left her angry:

I feel angry sometimes but then I just let it go, it’s not the end of my life, it’s just you know, as long as I have strength and I can go and work...but sometimes you feel angry, for me as a mother...you know you lost your son, in fact I never had a son after him...yeah, it makes you angry.

She feels angry that her son died, and that it is made to feel like he died aimlessly, for nothing. But the anger is directed at government because of the fact that government is not doing its duty. It is not protecting its charges and making sure they have what they need – this is something she could never do to her own child. The anger is directed at an attachment figure who has betrayed the attachment bond by not providing for the basic needs of those entrusted to its care (Davenport, 1991). She lost her son and did not have the opportunity to make things right (“I never had a son after him”) but government has the opportunity to make things right with regards to those in its care, but it has not, and this angers Wendy. She feels abandoned by government because they have not met her basic needs, rendering her unseen.

Tom carries forward the underlying idea of the TRC and government as a caretaking figure in the lives of those who were affected by the gross violations of human rights meted out during apartheid. In his understanding the TRC was meant to “look after” him and nurture him in a way akin to parent and child. The TRC was supposed to – in his view and expectation – provide him with the means to live a life that resembled something normal and sustainable:

The pain is coming, you see...they say they going to look after me, they going to give me a special pension, I mustn’t worry, they going to pay me out, nice man...and afterwards I am waiting and they give me, in 2004 they gave me R30 000 and I never see that pension also, and I check oh,

this money is not going to last for me because I can't stand for my people because the hard times came, the bad times come, the sad times, most of the times it's the sad times when I lie in bed and wife come 'Daddy we haven't got bread money, Daddy isn't there for the children?'. My heart is sore because I can't work for them you see...Actually if the TRC opened...if the TRC opened that time and uh, they told us they are going to look after us as the victims, they going to see that the government is going to look after us and it was never like that, it was never like that.

Tom's sense of brokenness is salient in this excerpt. His expectation that he would be looked after by the TRC was, on the one hand the consequence of having been led to believe that victims would receive elaborate compensation for their loss (including pensions, healthcare and education), but it is also perhaps a deeper expression by Tom of a *need* to be looked after by the TRC – a need to be made whole again, to feel safe and coherent, and to be put back together and restored. His brokenness and 'uselessness' (in his eyes) are highlighted in his inability to perform basic functions for his family denying further his identity as a man and as a father, reifying his sense of utter powerlessness. The unmet expectations and broken promises felt perhaps like a betrayal to Tom; a betrayal that led to feelings of having been abandoned by the caregiver who was meant to look after him, leaving him feeling neglected and worthless, subhuman and much like he did in the aftermath of his trauma. Tom it seems may have been retraumatised by the TRC's empathic failure (Freyd, 1996).

Zack highlights similar points as Tom above. He feels as if he was misled by the leaders into believing that he would receive more than a simple once-off lump sum of R30 000. They were led to believe there was more money but only received a very small amount which was not enough. His expectations were left unmet:

The TRC...I don't know if it was because the leaders that they didn't give us the right information because some of the money that we did get, it was not enough, there was much more money that was mentioned...The TRC has disappointed me because they supposed...and they promised us about the health, especially we disabled people...but nothing happened on that, those promises and what is very much disappointing...when you

go where they were in their offices they are no longer there so you don't know where you go for your...

It is clear here that Zack (and others) viewed what the TRC had proposed (or hoped to provide) as promises of material assistance. Zack was therefore expecting to receive – based on what he viewed as a promise – some more monetary compensation and healthcare. These compensations are of particular importance because they address the basic needs of those who would receive them. In the light of the fact that the TRC is viewed as an entity that, as Tom has put it, is meant to look after (and by extension love, care for and nurture) victims the failure to meet basic needs is felt as a betrayal and an abandonment (Freyd, 1996; Garrod, n.d.). That when he tried to seek the nurturance and the attention of the Commission they were not there for him (“when you go where they were in their offices they are no longer there”) further solidifies the abandonment and despair at the loss of an attachment.

The debilitating effects of disability are starkly and saliently illustrated by Tom thus bringing to the fore the significance to these participants of having disability addressed, given that the disability came about as a result of the trauma experienced. Simon is unhappy with what he received because the effects he experienced outweighed the compensation he received:

They only gave us money, this small money...and it was like change, which doesn't reimburse my blood and my disability right now. I was staying 2 months not talking, 3 weeks in a coma, that was the difficulty of my life, so it seems like there's nothing done for myself, much important...we don't know who's going to help us but we still waiting for help, but we really don't know where the help will come...Yes, it makes me angrier because I have lacked something...

The ‘small change’ he received does not, he says, reimburse his blood. It is not enough and so it feels as if nothing has actually been done to help him. He expresses a sense of feeling like he is in limbo, not knowing who will help him – almost as if he is in a coma again, trapped within the helplessness of his situation. This reflects Wendy’s sense of feeling unseen by those in power. It makes Zack feel angry because his needs are not being met. “I have lacked something”, he says, as if to say that psychologically he is lacking a sense of feeling safe because those who are meant to be ensuring his safety and his sense of security in the world

have failed to do so. His psychological needs are not being met. The mention of his blood not being reimbursed speaks also to feelings of not being appreciated for what he had sacrificed. This is consistent with Wendy who has felt betrayed by the fact that her son died for this country but that what she received was not worth her son. His death meant more. Indeed Tracy reiterates that the R30 000 “is not worth our children”:

Now I told them what happened and so they, after a long time they say that they going to pay out but they didn't say that amount of money. They said more than that, and I when it was paid out, when I went to Parliament, they said to me...R30...R30 000 they going to pay us, and they all was cross the people who, because it is too little money, it is not worth our children, and I said well it is little money but I must put up with it. It is better than nothing I still said but, and then I took it and afterwards I pay my everything; my debts and everything, and afterwards we didn't hear from them again.

Tracy's statement is telling because although she was unhappy about the fact that she received so little which to her was not worth the life of her son she felt she had no choice but to accept it because she needed the assistance, however small. This highlights the impoverished context in which many of the participants live. She later describes how she was in arrears on all her bills and that once everything had been paid off there was nothing left of the R30 000 reparations payment to sustain her further. Her husband was the one who took care of the administrative tasks but he has since died leaving her solely responsible for payments which she is unable to make because she has no support; she cannot even afford a pair of new spectacles which she needs. Thus it seems as if the reparations made had very little practical impact on the lives of those it was meant for.

Furthermore, the embodied trauma precludes – and this is exemplified by Tom – the possibility that restoration to a former state is even possible. The continued entrapment within a broken body – and broken spirit – holds him anchored in a position of powerlessness worsened by feeling as if he has been abandoned by those he was expecting would “look after” him. Part of the problem according to Hamber (2000) is the fact that reparations are often viewed by policy-makers as a form of concrete assistance, and is treated as such. Its value as a form of symbolic reparation or emotional responsiveness is lost. In this view,

government identifies itself more in its role as a service provider, than as a caregiver which impacts on victims experience of government as a caregiver (or lack thereof), setting the stage of the disappointment, betrayal and abandonment observed here.

3.5.2 Abandonment & Helplessness

Contrasting with the above accounts, Gayle's concerns and grievances do not centre around reparations but they do reflect the betrayal and abandonment felt by the other participants. This is not particularly surprising given that Gayle is of a higher socioeconomic status than are any of the other participants in the study. Her material concerns and economic context is not of primary concern to her and thus her grievances around the TRC differ accordingly. Essentially, Gayle feels as if, since the advent of democratic rule, she has been left out in the cold after her intense and highly committed involvement in the anti-apartheid struggle. In some ways her experience is similar to those of some of the other participants who have been unable to access officials to follow up on and find out about what might be happening with reparations and so forth. Gayle has been left in limbo, trying to gain access to those people she had fought aside, but who are now in positions of power in government:

...you know there are like, for example, Charles Nqakhula who I worked with in the military (MK), and I tried to reach him around an interview that he's done...and I was stonewalled by his PA and his spokesperson. I couldn't get to him...there's no support visible, there's unspoken support, there's absolutely unspoken support. I know exactly, it's the ordinary people on the street, and it's that kind of feedback that I get which reinforces my will to continue but I think sometimes you like it to come from certain quarters, it's certain feedback that is really the stuff you looking for.

The above excerpt seems to indicate that she experiences feeling unseen and rendered invisible by the lack of access to those she considered equals. She feels isolated in her lack of support from those from which she needs support. This is akin to Wendy and Tracy who feel their sons died for nothing; Gayle may feel that her sacrifices were not worth anything given that now others do not even acknowledge her.

It is not surprising then that she finds comfort in the work she does in regards to Khulumani in which she has taken an active interest and leadership role. Her work at Khulumani (this is the “people on the street” to whom she refers) allows her to be seen and appreciated. It bestows upon her an importance and a purpose that has been denied her by the lack of acknowledgement by her former colleagues and comrades. Indeed Tracy says of Gayle:

She is always talk to me...sy het altyd moed vir my in gepraat en vir my gelaat...die laaste Saterdag in die maand is daar 'n meeting, “you coming to the meeting?”, and I did...

(She is always talk to me...she always spoke some strength into me...there is a meeting the last Saturday in the month, “you coming to the meeting?”, and I did...)

Gayle has thus played a significant role in Khulumani and is revered by its members as being a champion for their cause, advocating for them, giving them voice when they feel they have none and allowing them to be seen. This is her ‘survivor mission’ in which she has come, as Herman (1992) observes, to transform the ugliness of her tragedy and her current disquiet by making it the basis of advocacy. This kind of activity “offers the survivor a source of power that draws upon her own initiative, energy, and resourcefulness but that magnifies these qualities far beyond her own capacities. It offers her an alliance with others based on “cooperation and shared purpose” which acts thus as a canvas for reconnection (Herman, 1992, p. 207). This in turn it seems allows her to be seen and to forge an identity for herself as separate from those she is now no longer able to rely on. It is in this context that her abandonment is felt most strongly, and she too expresses anger at this loss:

I can't even get by their first layer of defence you know, and it makes me angry actually, I feel hurt and angry by the current state of affairs...there are people who I should be communicating, should be able to, should have access to talk to, and I don't. So I feel angry about it. I'm still angry.

The anger really, as above, originates from the pain (“hurt”) of having lost the attachment to an important other (Davenport, 1991).

CHAPTER FOUR: DISCUSSION

4.1 Introduction

The previous chapter presented in detail the findings from the interviews conducted with the 10 participants in this study. The results were organised, following an in-depth Thematic Analysis, into four main themes. In summary, participants experienced the effects of trauma in forms commonly associated with PTSD such as intrusive recollections and avoidance phenomena. However, they also reported experiences of phenomena that fall outside of the nosological construction of PTSD. For example, victims expressed their experience of having lost their identities as a result of violation. Some also expressed experiences of the wordlessness and timelessness of trauma that have kept victims trapped within the confines of traumatic memory, precluding the possibility of healing and moving on, entrenching the hopelessness and powerlessness generated by trauma. As overwhelming as testifying before the TRC was for many of the participants, the process of testifying brought about a sense of psychological relief, although there was some tension between some who embraced the idea of reconciliation, and those who were consumed instead by anger. Overall though, testifying was a positive and meaningful experience, which the participants attribute to having felt safe within the structures of the TRC by having members of a caring community with them in their moments of pain. This allowed in many ways the possibility of social acknowledgement and shared pain, which initiated the process of reconnection of bonds with communities that were severed by trauma, contributing to the healing process. Following the TRC, however, victims report feeling betrayed, exemplified in their unmet expectations of the TRC which have left them disappointed, hurt and perpetually powerless. This is compounded by participants feeling as if they have been abandoned by important figures, fostering anger and resentment which works against the positive impact of testifying before the TRC. These findings will now be discussed in relation to relevant literature. The discussion is structured by, and organised according to, the research questions posed in Chapter One.

4.2 The Enduring Effect of the Trauma of Human Rights Violations on Daily Life

The following discussion centres around the first stated research question: *What has been the enduring effect of human rights violations suffered by victims and survivors on their daily lives?* Although traumatisation has traditionally been operationalised within the positivist paradigm in terms of PTSD as it stands in the DSM, PTSD as has been pointed out by scholars such as Summerfield (1998) is an inappropriate composite aggregation of the psychological impact of trauma. This is so argued because it does not capture the nuances involved in the subjective experience of traumatisation. In accordance with studies conducted with victims of mass trauma (for example, Mollica et al, 1998; Pillay 2000; Shrestha et al, 1998; Weine et al, 1995), this study has shown that victims of gross human rights violations in South Africa do experience ‘symptoms’ associated with PTSD such as intrusive memories and avoidance phenomena. However, they also report experiences which are not encompassed by this diagnostic label but which have been associated – in the literature – with trauma and manifestations of traumatic memory. In this particular study participants’ experiences of the effects of trauma were expressed in terms of loss as described in the previous chapter – loss of self, and loss of control in the form of the intrusiveness of traumatic memory.

Trauma is often described in terms of loss and within this description is the sentiment expressed by victims of trauma that they have lost who they were before the trauma (Brison, 1997; Herman, 1992). These experiences of shifts within the self – a sense of no longer being the same – is connected to what Susan Brison (1997, 1999) refers to as the ‘undoing’ or ‘unmaking’ of the self or what Jeffrey Kaufmann might call an “annihilated” self (Kaufman, 2002, p. 209) in response to trauma. When the trauma is interpersonal as it was during apartheid – that is, if it is inflicted upon one person onto another – the connections are severed not only between the self and the other person, but between self and the rest of humanity.

Victimisation casts those victimised as objects devoid of agency, whose subjectivity has been rendered useless (Brison, 1997; Hárdi & Kroó, 2011). This is something felt particularly in Wendy’s experience of having been stripped to nothingness by the “boere” who killed her

son. Thus Herman (1992) contends that trauma destroys one's belief "that one can *be oneself* in relations to others" (p. 53; original emphasis). With this in mind it is argued that one is unable to be oneself after trauma even *to oneself* because the self exists in relation to others (Brison, 1997). Given that with interpersonal trauma those relations have been severed, one's identity is thrown into flux leading to a sense of feeling as if one is forever changed, and different to how one was before the trauma. This may explain, for example, Wendy's and Tracy's experiences of having changed, of having become a different person following the deaths of their respective sons – in Tracy's words: "*I was very friendly...making jokes before he was shot, but when he was shot you can't look at me or so then I'll jump down your throat...I changed a lot...*"

What also came across potently, and with strong emotion, in the interviews was a sense of having lost not just a sense of who one once was – as with Wendy and Tracy – but also of having lost one's humanity. This is expressed as the loss of a sense of being human and the ability to act on the world with agency and meaning as a result of trauma, as with Tom and Simon. Tom's experience is particularly illustrative here in the way it captures in an embodied way the impact of trauma. In many ways his experience brings to life the very etymology of the term 'trauma' which, as Garland (1998) points out – from the Greek – refers to "a piercing of the skin, a breaking of the bodily envelope" (p. 9); a rupture of the boundary which protects, guards and shelters what is within, from the foreignness and danger of what is outside. As Tom says: "*...my body is not the same like human being outside man, this is very bad because he operate with the plastic tubes and everything inside...*". Quoting Scarry (1985) Vassallo (2008) has noted with regards to the embodied memory of war and violence – reflecting Tom's experience – that " '[w]ar is relentless in taking for its own interior content the interior content of the wounded and open human body' ...by revealing the interior of the body to be inhabited by the content of war" (p. 194). Tom has literally internalised the violence taking within himself the "content of war" which continues to reverberate through his lived experience in ways that continually negate his sense of self.

The body as the perpetual site of trauma is clearly, as evidenced by a number of participants in this study, an important feature of the manner in which the impact of human rights violations intrudes on the lives of victims. What Humphrey (2000) calls the "aesthetics of

political terror” thus plays itself out to maintain the severed relations between self and other. He notes that

political violence not only terrorises through actual injury or fear but also traumatises by inscribing the memory of that violence in the bodies of its victims. The aesthetics of political terror conspire to leave victims with a personal nightmare that drives pain deeper, silencing them in their isolated and secret worlds, creating a metaphysical landmine designed to re-injure and torment long after the original act of violence has passed (Humphrey, 2000, p. 7).

This elegant capturing of participants’ experiences highlights the continued and pervasive nature of their bodily experience. Indeed Brison (1997) too recognises the self as embodied and that one’s relationship to one’s body affects one’s self. Feelings of not being who one was before relate to a different post-trauma relationship to one’s body which may be perceived as antagonistic, as an enemy and as a site of increased vulnerability. In Tom’s case, for example, his loss of identity is tied almost directly to a troubled and almost hateful relationship to his body which has failed him in so many ways. The intensity of his awareness of his bodily experience is as Brison (1997) notes, “akin to the pain of Kafka’s (1948) ‘harrow’, cutting the condemned man’s ‘sentence’ deeper and deeper into his body until it destroys him” (p. 20). The inscription of the memory of trauma onto and into the body here is perhaps a feature similar to the prison-like tattoos that were painfully etched onto the skins of victims of the holocaust, acting as constant and permanent reminders of the horror of a time many would prefer to forget.

This constant reminder is perhaps a concretised and materialised form of traumatic memory, a manner in which the psyche communicates its disequilibrium. It is an embodied communication of the traumatic memory normally associated with trauma. This too was expressed by participants in the study who described the intrusiveness and pain of the memories associated with their violations, but also the avoidance of those memories as a way of coping with the pain. It is this which most closely resembles findings from the studies of victims of gross human rights violations cited above the findings of which converge to show that symptoms of PTSD are prominent.

Psychological trauma may be regarded as a psychic response that is elicited when one is confronted by an event that results in fear, horror and threat to life or bodily integrity (APA, 2000). Such an event is overwhelming to the adaptive mechanisms of coping that human beings employ automatically in times of stress. The memories of traumatic events are therefore encoded as extreme, inarticulable and incomprehensible (Herman, 1992). The response is regarded as traumatic when human action at the time of the event itself is rendered ineffectual as a result of the overwhelming and paralysing fear which renders one helpless. It is thus that trauma is referred to as “an affliction of the powerless” (Herman, 1992, p. 33). Trauma is encoded in memory as traumatic memory the nature of which is sensory and imbued with fragmented traumatic imagery and intense emotion. The overwhelming quality of the traumatic event prevents its integration into narrative, declarative memory (van der Kolk, 1997). The traumatic memory is thus left unintegrated to ‘float’ freely in the unconscious, intruding upon conscious life intermittently, without control presenting itself as the intrusive symptoms of PTSD.

The overwhelming nature and intrusive quality of the memory is all-consuming in the way victims of trauma are ‘taken over’ by its intensity. Indeed Zack expresses how “*it was just ruling my life very much terrible...*”. Herman (1992) conceptualises intrusive symptomatology as an attempt by the traumatised psyche at gaining mastery over its uncontrollable, noxious and emotionally intense content. It is the attempt of the unconscious to come to terms with the incident and re-establish the control that was lost during the moment of trauma, re-establishing equilibrium and intrapsychic homeostasis. Without the structured and emotionally containing space of a therapeutic relationship, however, the memories continue to intrude in a distressing and uncontrollable manner. This is perhaps the reason victims of trauma turn to a second ‘preoccupation’ which represents the second cardinal group of symptoms designated to make up PTSD – avoidance – as a way of coping.

Wendy’s experience here is poignant as she speaks of avoiding places, and people, that remind her of her son, and particularly of the loss of her son: “*I wouldn’t go to functions or wherever his names is going to be mentioned, because then I can’t handle it you know...*”. The memory itself is too painful to bear, and the only way of removing it is to avoid it completely because as she says, “*I can’t handle it*”. Teleologically, this is the aim of avoidance

symptomatology – as a protective, defensive response to the intrusive symptoms and associated distressing emotions. The nature of the intrusive symptoms recalls the threat of the original trauma and threatens to once again and continually overwhelm the victim and “rule my life terrible”, and thus re-traumatise. Avoidance therefore represents the psyche’s attempts at protecting itself from becoming repeatedly overwhelmed by the threat (Herman, 1992).

Avoidance, however, prevents ultimate integration of the trauma thus paradoxically holding in place the traumatic sequelae it is aimed at quashing. For many, despite the avoidance, the intrusion persists as the psyche attempts to purge the memory. This was evidenced by Wethu whose attempts at suppressing the forceful intrusiveness of the memories were futile. The vividness he describes illustrates that traumatic memory is a *re-experiencing* and thus remembering is as if re-living the past in the present. Traumatic memory is by its nature encrusted with sensory indicators hence the lively and realistic recall of the shouting and screaming of the night Wethu’s incident took place (van der Kolk, 1997; van der Kolk, Hopper & Osterman, 2001). The suppression-reliving back-and-forth tussle – the juxtaposition of intrusion and avoidance – is a display of the dialectic of trauma. Herman (1992) argues that neither intrusion nor avoidance in isolation brings about any kind of integration of traumatic memory, thus the dialectical interplay between the two is the attempt of the unconscious to find a suitable balance between the polarised extremes. The constant oscillation between the opposing affective states, however, traps victims in a state of imbalance and instability further magnifying their sense of helplessness, caught in a self-perpetuating cycle (Herman, 1992).

What is also significant is the obliteration of the boundaries of time wrought by traumatic memory. The constant intrusion – causing the constant reliving of the trauma as if in the present – negates the decades that have passed, pulling victims back into the past while in the present. The timeless quality of trauma was thus evident in their daily re-experiencing of the intrusiveness of the memories. This issue of timelessness is described in terms of temporality by psychoanalyst, Robert Stolorow (2003, p. 160):

...it is the ecstatic unity of temporality – the sense of stretching along between past and future – that is devastatingly disturbed by the experience of

psychological trauma. Experiences of trauma become freeze-framed into an eternal present in which one remains forever trapped, or to which one is condemned to be perpetually returned through the Portkeys supplied by life's slings and arrows.

He argues that because the very structure of temporality is altered by trauma, the trauma victim lives in a different kind of reality – the world is experienced in a way that is not comparable with the world of others which is felt and compounds a sense of alienation and isolation from others imposed by trauma – “Torn from the communal fabric of being-in-time, trauma remains insulated from human dialogue” (Stolorow, 2003, p. 160) – thus explaining, for example, Tom's deep sense of being outside of the community of human existence as well as his entrapment within traumatic memory. This paralysis of psychic activity in a sense renders frozen the traumatised person's sense of time and results in an “internal temporal standstill” (Bohleber, 2007, p. 342) or what Langer (1995) refers to as a “a uniquely imprisoned persistence [that] cannot overflow the blocked reservoir of its own moment” (p. 16). Feeling stuck in the past has negative consequences for identity formation (or reformation in the cases of these participant), self satisfaction and achievement all of which seem to afflict the participants in this study in profound ways (Holman & Silver, 1998).

The sense of being stuck in the past – the sense of stuckness expressed by participants – is linked at least in part to trauma as an experience of the body. Trauma is inscribed on the body, and its effects felt within the body. It is thus perhaps not surprising then that the body was used as the proverbial mouthpiece for story-telling, a vessel through which testimony was carried. Sindi's interview as described in the previous chapter demonstrates this. We see in her example that the experience, although not spoken, is nonetheless conveyed (much like the desperate attempts by Tom through his repetition of “I can't tell you” which conveys what he is unable to tell) in what may be viewed as a “performance of memory” (Ross, 2003, p. 35). Sindi stops talking and unable to verbalise her pain in words, she ‘performs’ or ‘enacts’ it through her tears as her voice breaks at the point where words no longer can capture the trauma she has experience. We are thus, as Gobodo-Madikizela (2001) points out, forced “to see that the real story – the *real* story of a violent political past – will be found in the emotional scars carried by thousands of victims and survivors who reflect daily on the

destruction visited upon their lives by a brutal political system” as she has observed in many victims of apartheid-era violence who partook in the TRC (p. 28).

In a similar way, Gugu was unable to express in words what she was experiencing in the moment, but her bodily experience conveyed the message. The body, through a psychophysiological response to a reminder of a traumatic context, ‘remembers’ (and ‘performs’, wordlessly) the impact of trauma which in turn forces forth the re-emergence of the distressing imagery and terror associated with it (van der Kolk, 1994). Almost three decades after the event had taken place, a reminder acts as a time machine of sorts which simultaneously holds the victim in the present while wrenching them back into the past in which the images are brought back to life and the affects felt in an exact way. Gugu’s traumatic past was therefore relived in the present thus illuminating the ‘stuckness’ in a further display of the temporal anomaly that is typical of traumatic memory – its timelessness – conveyed through the body.

Not only does Gugu’s experience call forth the timelessness and disruption in temporality that trauma causes for its victims; it also demonstrates the wordlessness and loss of language that results. The experiences of Tom, Sindi and Gugu described in the previous chapter denoted what has come to be known as the unfinished business of trauma (Gobodo-Madikizela, 2008). When trauma occurs it ruptures profoundly the fabric of psychic life producing what van der Kolk (1996, cited in Gobodo-Madikizela, 2008, p. 173) has called “speechless terror”. This language of trauma is what Harjula (2002, p. 200) refers to as a “language within a language”. It is a silent language that settles in the empty spaces between words that disrupts speech – its rhythm, content and structure. The language is therefore “hidden between the words [and] speaks about the very essence of trauma – about a bodily experience and the meaning of trauma to the wholeness/disruption of self” (Harjula, 2002, p. 200). The so-called *lived memory* of trauma is thus conveyed through this silent language (Gobodo-Madikizela, 2008).

What I was direct witness to with Tom, Sindi and Gugu was this lived memory as it was played out before me in something of a re-enactment. Caruth (1995, 1996) refers to traumatic memory as an experience which is ‘unclaimed’. To her understanding, trauma is an event that

is experienced so acutely and unexpectedly that it cannot be fully 'known' and so it remains, in part, out of consciousness until it imposes itself repeatedly in intrusive symptomatology (Caruth, 1996). Re-enactments in whatever form is a manner in which the psyche attempts to deal with the unfinished business of trauma; that which cannot be fully known and "expressions of that which cannot be spoken – that which is as yet 'unclaimed'" (Gobodo-Madikizela, 2008, p. 174). It is perhaps an acting out of the struggle to find language to express the helplessness, powerlessness and anguish suffered by victims of man-made trauma. It is, as Caruth (1995) posits like a wound that is crying out to tell us the story of a rupture that is not otherwise accessible (or 'known'). It remains unknown until it can be expressed through intrusion which is disruptive, distressing and reinforces the victim's subjective sense of lack of control.

Thus, from the participants' experiences, the effects of the trauma of human rights violations on their lives has been significant. They have experienced 'symptoms' consistent with those identified in individuals with PTSD, but also show more nuanced effects which do not fall within a PTSD framework. These latter effects appear to be more enduring and in participants' experiences seem to have a more significant and deeper emotional impact. This points then to the importance of understanding these effects, as it is only in doing so that addressing them can be done in ways which are designed to be effective. Indeed it highlights the necessity to look beyond the confines of PTSD (albeit not to disregard PTSD) in order to adequately address trauma resulting from political conflict.

4.3 Did Participation in the TRC Alleviate the Effects of Violation?

The discussion that follows has as its focus the question of whether victims' participation in the TRC alleviated the effects of human rights violations on the participants. Although seemingly a straightforward question, there is no straightforward answer. This is due to the complexity surrounding the perpetration of gross human rights violations within the socio-political context forged by the apartheid state. It was a context specifically created in order to subjugate race groups deemed less desirable, and is a legacy South Africa continues – to this day – to wrestle with, and to free itself from. At the coalface are these victims who struggle

with the interaction of the effects of their trauma and the impact of the socio-political and socioeconomic legacy of apartheid.

The TRC in its final report, based on recommendations offered by the Reparation and Rehabilitation Committee, proposed that government provide reparations for victims in the form of *inter alia* monthly pensions, healthcare and housing in an attempt to restore for them a sense of dignity that had been taken from them as a result of years of racialised subjugation, and also gross violations of human rights. This created expectations among victims that they would indeed be receiving these forms of redress, which in turn led to disappointment and feelings of unmet expectations, when these were not delivered. The participants in this study expressed this disappointment but what was more potently expressed was the underlying idea that the TRC and the government would look after victims of human rights violations – a role that victims feel was not fulfilled. Tom, for example, expected to be looked after by the government which stemmed from his sense of brokenness rooted in his trauma. He uttered in a number of occasions: “...they say they going to look after me...”. This expectation – although unintentionally created by the TRC – is also though an expression by victims of trauma of a *need* to be looked after; a need to be restored after trauma has obliterated the attachments required to ensure physical and emotional survival.

According to Heinz Kohut’s theory of Self Psychology, the Self is cohered in relation to attachment figures known as selfobjects (Banai, Mikulincer & Shaver, 2005). A cohesive sense of self is established only if selfobject needs (for love, for nurturance and a sense of belonging and togetherness) are met in the context of an empathic relationship. The TRC’s empathic failure as a selfobject in Tom’s case, for example, resulted in the reinforcement for him of a sense of feeling inhuman and ineffectual. His subjective feelings of brokenness and uselessness are highlighted in his inability to perform basic functions for his family denying further his identity as a man and as a father, reifying his sense of utter powerlessness. The unmet expectations and broken promises are perhaps felt like a betrayal to victims of trauma; a betrayal that leads to feelings of having been abandoned by the caregiver who was meant to protect and nurture, causing feelings of neglect and worthlessness, of being subhuman much like Tom did in the aftermath of his trauma. The participants it seems may have been retraumatised by the TRC’s empathic failure, regardless of testimony.

Although reparations payments of R30 000 were made by the government to victims of human rights violations, this was a far cry from what was expected, and what was impactful, psychologically. Tracy highlights the fact that once debts and payments had been made, the payout was exhausted and felt as if it had not even been there in the first place: *“It is better than nothing I still said but, and then I took it and afterwards I pay my everything, my debts and everything, and afterwards we didn’t hear from them again”*. After many years of poverty, the lump sum received barely scratched the surface in making an impact for those who had incurred decades worth of debt. Reparations are meant to repair and restore to a former state the lives of those affected by trauma and they are bestowed in order to restore the dignity of those whose dignity was stripped of them by violation (Orr, 2000). Indeed the fight for compensation is fuelled by a desire in the victims for power over the perpetrator that eliminates the humiliation of trauma (Herman, 1992). Yet, for these participants dignity remains elusive as the poverty they endure on a daily basis holds dignity at arm’s length. *“...and it was like change, which doesn’t reimburse my blood...it seems like there’s nothing done for myself...”*, says Simon. Mollica (1988, p. 312) has argued that the “new story [is] no longer about shame and humiliation” but it instead transformed into a story about dignity and virtue. However, this stands in contrast to the ultimate experiences of the victims in this study whose dignity and sense of virtue remains as ruptured as it was prior to their testimony at the TRC. Rather than having “[regained] the world they have lost”, as Mollica (1988, p. 312) puts it, they remain shackled to the world they have always known – that which defies dignity and abnegates virtue.

The R30 000 lump sum served to further highlight for these participants their continued deprivation and sense of having been abandoned and forgotten by the leaders who were meant to be taking care of them. Nothing has changed or shifted for them which strips away at the meaning made during the testimonial process that their sacrifices had been *for* something – for a *better* life. The dire circumstances in which many of the participants live “make it difficult for individuals to deal with the traumas on an ongoing basis. Impoverished living conditions and lack of available ways to escape these, of course, further threaten the process of healing” (Walaza, 2000, p. 253). The lack of control over life and ability to plan life due to socioeconomic subjugation perpetuates the cycle of helplessness and powerlessness initiated

by trauma (Ajdukovic, 2004). Thus the social context plays a significant role in the way healing from trauma plays itself out pointing towards the importance of addressing the social in addition to the psychological when dealing with the aftermath of trauma in impoverished contexts (Montiel, 2000). Indeed this has been recognised by influential public figures such as Mamphela Ramphele as well as former acting chairman of the TRC, Dumisa Ntsebeza, in South Africa who have highlighted the continued disparity between rich and poor, the continued entrenchment of those in poverty and the need for addressing *psychosocial* pain (van der Fort, 2010).

Furthermore, the embodied trauma precludes – and this is exemplified by Tom – the possibility that restoration to a former state is even possible. The continued entrapment within a broken body – and broken spirit – holds victims anchored in a position of powerlessness worsened by feeling as if they have been abandoned by those they were expecting would “look after” them. Part of the problem according to Hamber (2000) is the fact that reparations are often viewed by policy-makers as a form of concrete assistance, and is treated as such. Its value as a form of *symbolic* reparation or emotional responsiveness is lost. In this view, government identifies itself more in its role as a service provider, than as a caregiver which impacts on victims experience of government as a withholding and even an abandoning/rejecting caregiver.

This abandonment is felt beyond the economic sphere, with victims feeling as if the leaders who they looked up to or comrades who they fought beside do not recognise their sacrifices and losses. This lack of acknowledgement and invalidation, results in victims feeling as if their experiences of trauma were meaningless and without purpose; they feel betrayed. These feelings are in line with the findings in Kagee’s (2004) study of victims who partook in the TRC process. His participants revealed strong dissatisfaction with the current political climate in terms of the way in which the former struggle leaders have forgotten and abandoned the rank-and-file members of the liberation organisations who fought to secure them in positions which would ultimately – it was hoped – result in a better life (Kagee, 2004). The manner in which the former struggle leadership conducts itself as well as its responsiveness and accessibility to victims is an important factor in contributing to the latter feeling supported and secure following atrocity (DePrince & Freyd, 2002). Given Gayle’s and others’

experiences of feeling abandoned, consideration must therefore be given to the “influence of the response that the survivor receives from others following the event. Betrayal may come in the form of disbelief, minimizing (sic), or otherwise devaluing the individual’s experience” (DePrince & Freyd, 2002, p. 77). The betrayal fosters anger – as Gayle displays openly – which essentially is an expression of pain at having lost the attachment to an important other (Davenport, 1991).

Mexican psychoanalyst, Reyna Hernandez de Tubert, has recently advanced a theory of the psychological impact of untoward social circumstances which helps to explain the unhappiness expressed by participants in reaction to the inadequate response from government following the TRC. In this ‘ecological’ theory, she proposes that the social, institutional, political and cultural environments within which an individual exists exert important influence on their behaviour and their subjective experience of the world (Hernandez de Tubert, 2006). From this view the social system as a whole is experienced by the individual as an ‘object’¹⁰ and thus necessarily plays a central role in containing the anxieties of the constituents encompassed within its mandate. The (object) relationship that emerges and develops, then, is reminiscent – emotionally – of that between mother (social system/government) and child (individual/victim). It is perhaps not surprising then that Tom, for example, has very clear expectations of the government taking care of him – as a caregiver should. The self, therefore, establishes an object relation with the social system (Hernandez de Tubert, 2006). She argues then that as a mother should do for a child,

The social system should respond to the basic needs and sufferings of individuals and groups, first by acknowledging their very existence, and then by taking the necessary actions in order to solve them...Therefore whenever society and its limitations fail to act as a container for individual and groups, this generates a trauma, which can be compared with the baby’s experience of a failure in mothering” (Hernandez de Tubert, 2006, p. 2).

What she describes here is what Kohut would refer to as an empathic failure (Banai *et al.*, 2005). One of these “failure[s] in mothering” is when the social system – in the present case, government, and the TRC as institutions of power – does not contain, nurture and provide protection for those in its care through, for example, inadequate assistance for those in

¹⁰ As understood within Object Relations Theory. Put simplistically, an Object is an attachment figure.

poverty, social turmoil such as violence and abuse, as well as economic crises. These failures lead to a deep sense of abandonment, resulting in the anxieties that are meant to be contained by the caregiver, overwhelming the individual as a result.

In general, when one human being refuses to help another in distress a betrayal of the human bond is felt. This is a key element of interpersonal trauma, which results in the desecration of attachment bonds and the isolation and sense of being rendered invisible that so many victims feel. This betrayal is worsened though when it is the government that fails to heed the needs of those in dire straits because of the fact that its leaders were chosen, and elected into power, by the constituency for the specific purpose of making sure that their needs are met (Hernandez de Tubert, 2006). A moral mandate is therefore imposed on government to “speak for those who cannot speak for themselves, and to act in that of those who cannot do so. When they honor (sic) their commitment, this is a source of vitality and hope for the population at large; when they do not, it breeds desolation and despair” as we observe in the participants in this study (Hernandez de Tubert, 2006, p. 4). This is particularly salient in societies emerging from mass atrocity as the already traumatised society has its trauma compounded by the empathic failures of government further entrenching it in powerlessness.

The disappointments and discontent expressed by participants in this study can be understood within the framework of the above theory as victims have spoken of the government and the TRC in this care giving capacity, as if it is a parent. These findings are in keeping with that of other studies conducted in South Africa with victims who had participated in the TRC process (Byrne, 2004; Hamber, Nageng & O’Malley, 2000; Kagee, Naidoo & Van Wyk, 2003). Byrne (2004) found that unmet expectations, particularly around material, economic and medical assistance, were probably the primary concern for the survivors in her study who participated in the TRC process. In line with this Kagee *et al.* (2003) note that the participants in their study were considerably dissatisfied with the TRC’s conduct as “its efforts resulted in negligible changes in the lives of survivors. Specifically, expectations that the TRC had raised concerning reparations that survivors would receive for having suffered during apartheid remained unmet” (p. 228). These unmet expectations convey the perception that government and the TRC did not appreciate the sacrifices made by those who partook in the liberation struggle, thereby in turn fostering feelings of betrayal.

This sense of betrayal is an important consideration because – as the work of Jennifer Freyd informs us – betrayal by a caregiver or attachment figure is traumatic in itself (Freyd, 1996, 2005). What lies at the core of Freyd’s theory is essentially a betrayal of the attachment bond that exists between child and caregiver. Trauma threatens survival and safety, both of which are evolutionary imperatives that are ensured by the establishment of a secure attachment relationship. If the attachment figure is the perpetrator of that trauma, a betrayal of the attachment bond is experienced and results in distress as the one meant to nurture and protect is in fact the source of violation. Adapting the theory, Hellen Garrod has proposed a ‘political betrayal’ which corresponds with Hernandez de Tubert’s contention around the specificity of betrayal felt towards government leadership. Garrod (n.d.) argues that as citizens in a democratic society we turn to those who we have voted into power to take care of our needs and keep us from harm. If these leaders are neglectful of us, that attachment bond is threatened resulting in anguish, as well as anger. The anger expressed by many of the participants above – Gayle in particular – is significant because it is a representation and display of hurt at the loss of an attachment. Davenport (1991) proposes with regards to trauma that “anger is a reaction to the depth of the psychological injury, and that it is inextricably mixed with other reactions such as terror, shame [and] helplessness...” (p. 140). The hopelessness and helplessness that punctuates trauma victims’ experiences prevents them from taking any action to address the wound. Anger is thus regarded as the only resource available to victims and confers on them self-empowerment and self-esteem (Davenport, 1991). Thus anger serves an important function. Anger tells a story, and is in itself therefore an important form of testimony that requires expression and acknowledgement in ways that will empower victims, restoring self-esteem (Davenport, 1991).

It seems thus that although (as discussed in the section that follows) victims found significant value in the process of giving testimony – both in terms of the process and the outcome – the question surrounding the longer-term alleviation of suffering is more complex. Although the past trauma continues to impact their lives, the fact that the participants in this study are more preoccupied and distressed by their current circumstances is significant in pointing towards the gravity thereof. The anger observed is an expression of abandonment and betrayal by those deemed as nurturers. This is a retraumatising experience for victims. Indeed the

powerlessness and helplessness that this fosters in victims by maintaining them in social circumstances which are defined thus is retraumatising in itself given that trauma is an “affliction of the powerless”. Despite the positivity of, and value to victims in, having given testimony, the present circumstances – including the abandonment and betrayal – play a significant mitigating role in sustaining the positive impact, playing indeed a psychologically harmful role. Thus, while the testimonial process was itself a meaningful experience the response following the testimony from government was harmful, compounding the previous trauma with additional socially-generated trauma.

4.4 The Experience of the TRC, Testimony and its Meaning

The following discussion centres around the third, and final, stated research question: How did victims of human rights violations experience participating in the TRC, and what did participating in the TRC mean for them? There are no known in-depth local, empirical studies which have addressed, interpretively, the subjective experience of the testimonial process of TRC. This study is an attempt to begin to stimulate scholarship in this arena. What emerged from the data can be organised into two major parts the first focussing on the experience of testifying in terms of its emotional significance, and the second focussing on the psychological impact of the testimony (including what, for participants, underlies this impact).

For many, the experience of testifying was extremely difficult because it felt as if they were pulled back into the time warp of traumatic memory as described above. Afflicted by the timelessness, and wordlessness of trauma, the memories flooded back resulting in the reliving of moments of unbearable emotional pain. However, as Brison (1999), Herman (1992), Felman and Laub (1992), and Laub (1991) have theorised, trauma needs articulation and verbalisation to an Other, however painful the process. This is how trauma can be made ‘knowable’ – telling the story in all its detail to a listener. Therefore, “testimonial narratives or ‘witnessing’ about trauma provide moments that illuminate the victim’s traumatic experiences in a way that not only helps the victim to integrate the trauma into their lives, but, perhaps most importantly, invites others to bear witness to another’s pain and suffering” (Gobodo-

Madikizela, 2008, p 175). The re-experienced emotion here can be understood as the psyche's attempt to reclaim the unclaimed experience, to borrow Caruth's (1995, 1996) terminology. These emotional displays during testimony have been argued by some as being retraumatising (De Ridder, 1997). However, proponents of narrative testimony in the aftermath of trauma point out that re-experiencing the emotion and the memory is a necessary part of the process of integrating the trauma (Hamber, 1998). Indeed with regards to the TRC, Gobodo-Madikizela (2001) has argued that "[e]voking the pain in the presence of a listening audience means taking a step backwards in order to move forwards" (p. 27). What Elbert and Schauer (2002) refer to as 'hot' memories – linked with emotions such as fear and sadness which are painfully tied to the original trauma – become reactivated, causing distress because they are of the traumatic incident, threatening the loss of power and control. The 'hot' memories have, therefore, to be woven back into cold memory networks which involves living through the emotional retelling (Elbert & Schauer, 2002). This is the theoretical basis for a therapeutic technique used successfully to treat Sudanese refugees (Neuner, Schauer, Klaschik, Karunakara & Elbert, 2004), Romanian survivors of political violence (Bichescu, Neuner, Schauer & Elbert, 2007), Somali refugee children (Onyut et al., 2005) and others. This living through is essential because survival of, and mastery over, the terrifying emotions and fear of annihilation is what restores a sense of control and agency in victims' lives that was lost in the moment of trauma (Brison, 1999; Herman, 1992; Wigren, 1994).

Despite this painful reliving, participants experienced the testimonial space in important ways which held significance and value for them. For some it provided the space to consider forgiveness. Wethu is an example of such an experience of the TRC. Herman (1992) points out that victims are often revolted by the fantasy of revenge (criminal trials in Wethu's case) that they bypass their outrage and instead turn to a fantasy of forgiveness in an attempt at empowerment. "The survivor", she argues, "imagines that she (sic) can transcend her (sic) rage and erase the impact of the trauma through a willed, defiant act of love" (Herman, 1992, p. 189). Furthermore, Gobodo-Madikizela (2003) extends this argument and posits that victims *need* to confer forgiveness as it is part of the rehumanisation process for them which restores in them a sense of power once held by the perpetrator – the power to make effective and important change in the world.

Victims of trauma often reach out for the opportunity to forgive. Indeed Wethu sought a coming together and meeting of subjectivities, connecting on a level transcendent of traumatised and traumatiser. Gobodo-Madikizela (2003) proposes that empathy lies at the core of this healing and contends that:

The power of human connectedness, of identification with the other as 'bone of my bone' through the sheer fact of being human, draws us to 'rescue' others in pain, almost as if this were a learned response embedded deep in our genetic evolutionary past. We cannot help it. We are induced to empathy because there is something in the other that is felt to be part of the self, and something in the self that is felt to belong to the other (p. 127).

As recognised by participants in this study, this process requires that both sides come together and 'meet' on a level that acknowledges wrong-doing, pain caused and a common humanity that fosters an empathic connection between dehumanised and dehumaniser which initiates reconciliation and healing. It is necessarily a relational/intersubjective process, co-created by both sides of the relational dyad to produce forgiveness (Gobodo-Madikizela, 2008). Without the 'buy-in' from one side the process is incomplete and may result in continued 'unfinished business'. Whether those who participated in the TRC felt compelled to forgive given the discourse of forgiveness by the TRC itself, or whether forgiveness came about as part of an organic process of healing continues to be a debate. This is indeed highlighted by Gayle who, in contrast to Wethu, expresses anger towards the TRC and disdain for its process due to feeling exposed, vulnerable, uncontained and exploited for the purposes of forgiveness and reconciliation. Her perpetrator did not afford her the opportunity to consider forgiveness. He approached other victims but not her, which may have resulted in Gayle feeling rejected, or not worthy of this opportunity. This may be the root of her resistance to forgiveness in general, and her anger due to what may have been experienced as a second dehumanisation as being unworthy of the opportunity to forgive and to re-establish her humanity. Thus, the coming together, the meeting of subjectivities and the human connectedness which are lacking in her experience, are central to the subjective process of forgiveness and reconciliation for victims of trauma it seems.

Coming together for participants, however, extends beyond that between victim and perpetrator. Indeed what came across strongly, as perhaps even more significant, was the coming together between victim and the community from which they had been alienated by their experience of trauma. Public testimony at the TRC provided an important platform upon which this process of reconnection could occur. This kind of community support is an important resource in the aftermath of trauma, providing a sense of safety to victims as reflected by Wendy: “...for me it was, in a sense it was a relief because it was like Coloured people sitting in front, you know...It was like a bit of security for me, it’s my colour”. Gobodo-Madikizela (2004) suggests that solidarity with one’s community is the best form of psychological reparation. It allows for social acknowledgement of violation and also the assignation of wrong-doing thus taking a moral stance against the violation alongside the victim, mending the bonds ruptured by trauma (Herman, 1992; Maercker & Müller, 2004).

The experience of the audience presence by participants in this study highlights the centrality of social acknowledgement in the subjective importance that they assign to their testimonies. Staub (2004) in his post-genocide reconstruction work in Rwanda points towards the significant role of acknowledgement in aiding victims’ healing from political trauma. Pakman (2004) has argued that memories once again become social entities through the provision of testimony and this allows for social discussion and validation. Minow (2000) cautions that a truth commission is unable to create a therapeutic alliance as is possible between a therapist and client. She does believe, however, that it can and does create the space in which public acknowledgement can be fostered which in her view is the “basic precondition before individual survivors can re-establish the capacity to trust other people and to trust the government” (Minow, 2000, p. 246).

Acknowledgement brings to the fore what has been hidden and stands counter to denialism or distortions of historical event which perpetrator communities may inflate in order to maintain control and abdicate accountability (Green, 2009). Social acknowledgement is not simply a didactic exercise, it is an interaction which provides recognition and confirmation of what has happened and is the foundation of reconciliation. Without it victims continue to feel unseen and invalidated, exacerbating anger and bitterness (Green, 2009). Given that the trauma of apartheid was collective in nature, it follows therefore that social acknowledgement is central

to addressing the effects of this trauma as it follows that healing too should occur on a collective plane.

Humphrey (2000) observes that “[f]aith in collective catharsis from individual revelation of trauma describes a political project that seems to offer victims, isolated by violence and fear, the chance to be reconnected with the community by sharing their pain” (p. 9). This sharing provides the platform for the formation of what Irwin-Zarecka (1994) calls a ‘community of memory’ in which people feel a sense of bonding with others because of having shared in the memory of trauma and begin to engage actively with the content thereof (Simon & Eppert, 1997). Cole (2010) argues that having transpired in public, the hearings of the TRC implicated the audience drawing them in as active witnesses, participants as performers on the testimonial stage (the clapping of hands; the exclaiming of “Viva!”). In her view the Commission realised an important ideal – *ubuntu* – by weaving together the giver and receiver of testimony (Cole, 2010). Quoting Albie Sachs, Cole (2010, p. 92) highlights the profundity of this intertwinement:

But the voices were our voices. The tears were our tears. The emotion – it was the emotion of everybody. And it had a register and resonance that you certainly don’t get in court trials, which are very formalized (sic) and stylized (sic) – so this had a much more open quality.

To Laub (1992) testimonies are only testimonies if they occur in the presence of a witness: “Testimonies are not monologues, they cannot take place in solitude. The witnesses are talking to *somebody*: to somebody they have been waiting for for a long time” (Laub, 1992, p. 70-17; original emphasis). Healing is stimulated by the combined effort of the witness telling and the listener listening and understanding, and demonstrating this (Friedman, 2000; Laub, 1991).

By acting as a sounding board and source of validation, the audience has a positive impact on the traumatised teller (Nelson, 1991). The audience acts as a ‘screen’ (a permeable one) upon which (and into which) the trauma comes to be projected. By listening, the audience comes to take within itself the trauma being conveyed (Laub, 1992). Thus, testimonies “impose on us a role not only of passive listener but also of active hearer...This requires us to suspend our

sense of the normal and to accept the complex immediacy of a voice reaching us simultaneously from the secure present and the devastating past” (Langer, 1991, p. 21). This is exemplified by Sindi’s statement of “*I felt I felt that they were also sore like I am, they were dealing with the same thing as I*”.

Bearing witness to apartheid’s atrocities offers the opportunity to participate in the experience of pain and the testament to survival. One’s own humanity is affirmed in this process by “bearing witness to the sense of pain that was a part of the oblivion of the past, and to overcome the temporal and spatial chasm that excludes one from the victim’s past suffering. It is an affirmation of solidarity in pain, a solidarity bridged across time by means of the structure of the narrative” (Young, 2004, p. 155). This identification serves as the basis for empathy, and thus for containment. It is through containment that the distressing affect can be processed, reflected upon and transferred back to the teller in manageable form (Boulangier, 2005). The audience performs this containing function and transforms for the victims through an empathic exchange the unpleasant affect associated with trauma into that which can be managed. The audience as the collective agent of empathy is therefore central to the restorative prospects of testimony.

Indeed the relational nature of testimony was brought into the research not only in what participants said of their experience. My own subjective experience with Tom as described in the previous chapter, in which he reached out to me physically, spoke volumes as to the importance to victims of being provided such an opportunity for engagement with another. The exchange between Tom and I ignites the intersubjectivity described by Stolorow and Lachman (1987) as Tom pulls me, as the other, into the Space by affecting me in order to in turn affect him. Tom wanted me as the empathic other to touch his trauma that he has embodied and that has lived within him ever since. This it seems is another form of testimony.

Testimony as has been addressed above is a narrative process that involves verbal expression of traumatic experience. This is the testimony which Laub (1991, 1992), Langer (1991) and others promote. However, this form of testimony does not take into consideration other aspects such as the profound experience of trauma as one within the body such as which Tom

and others in this study have experienced, and the manner in which this impacts on testimony or may require testimony in a way that is different. By reaching out to me Tom calls the attention of the listener. It is a “look at me, listen to me” calling that he secures through the performance of memory which engages the listener in an exchange. However, there is a second part to this engagement. This second tier is an invitation by the victims to the listener to touch the pain they have been forced to endure. Thus it seems it is not just the simple presence of a listener to witness pain that is important, but also the desire in victims for the listener to *connect* with that pain to elevate the exchange into the intersubjective field, which is transformative. This is an important area which requires further investigation as it begs the question about what *else* is possible – and indeed necessary – regarding testimony beyond the oral expression thereof.

Overall, participants experienced a sense of psychological relief after they had provided testimony to the TRC. Their responses were characterised by a sense of something having been released, set free and lifted from their emotional bondage. Feeling free, having been released from the captivity and from feeling “tense”, trapped and frustrated speak to a purging of something unpleasant. Psychoanalytic discourse provides useful constructs which explain the sense of having been set free or released from tensions expressed by the participants in this study – cathexis, abreaction and catharsis. Drever (1983) explains that cathexis involves “[a]ccumulation of mental energy on some particular idea, memory, or line of thought or action (p. 35). This is necessary for catharsis to take place and essentially refers to the underlying process that would occur during the process of verbalising trauma, priming the integration of the memory. This prepares the abreactive process which Horowitz (2000) describes as a clinical phenomenon in which the traumatic experiences are recollected – relived essentially – along with the intense emotions. The result, then, of cathexis and abreaction together is catharsis which is the outcome of a painful process but which represents the “discharge or release of repressed emotions resulting in the alleviation of psychological tension” (Kosmicki, 2000, p. 49) – relief.

A possible mechanism underlying this change is the ‘narrativisation’ of traumatic memory – the integration of the fragments of traumatic memory into a linear narrative through the process of narrative completion (Wigren, 1994). Everyday experience is processed in the form

of a story – a narrative – in which meaning is established through the connections that exist between events that evoke and account for emotion. Furthermore, events are organised in episodes in which experience is divided into its component parts linking experiences together, but also keeping them distinct from others. Conclusions are thus drawn from these episodes of one's life that guide behaviour and affect and contribute towards the continual development of a worldview and a sense of personal identity (Wigren, 1994). The process of “emplotment” – the action of narrative – thus “organises life events and experiences into a coherent, ever-evolving life story” which allows one to gain an understanding of the world and respond adaptively to life experiences (Neimeyer & Stewart, 1996, p. 360).

Problems arise when narratives are incomplete due to disruptions which prevent them from operating in a usual manner (Wigren, 1994). An example of such a disruption is trauma which results in interrupted narratives which in turn results in the surging forth of traumatic memory. Emotions are contained through the creation of narratives. When memory is in its narrative form, emotional responses are contained because the affect is connected to an event that is specific to certain time, place, character and meaning (Wigren, 1994). Traumatic memory defies this norm and is disconnected, fragmented, intense, unpredictable and intrusive in a way that does not present as narrative linearity. Reestablishing a narrative plays an important role in the integration of traumatic memory as “the highly charged affect will ultimately be organized (sic) – that is both expressed and contained – only when the story of the traumatic experience can be fully told” (p. 418).

For a narrative to be fully told, therefore, one needs language. Testimony provides the opportunity for finding the language to create a narrative. Thus transforming traumatic memory is also a process of undoing the lexical paralysis that afflicts victims of trauma by filling the spaces between words unravelling the images and affects of trauma lodged therein. Language is social because it is through language that human relatedness occurs. Finding language, then, assists also in the re-establishment of connectedness and because the self is constructed through social interaction, the self is also re-established through narrative (Brisson, 1997). It is argued that narrative memory is “an act on the part of the narrator, a speech act that defuses traumatic memory, giving shape and temporal order to the events recalled, establishing more control over the recalling, and helping the survivor to remake a self”

(Brison, 1999, p. 40) addressing the loss of Self participants expressed. This allows one to become the subject of one's own story as opposed to the object in someone else's, thus resulting in feeling a sense of freedom from captivity.

Thus victims in this study found relief in the immediate aftermath of their testimony as a result of having been given the opportunity to discharge their trauma-laden affects through the narrative process of testimony. It set them free and allowed the process of remaking the Self. However, the significance of testimony went beyond the relief experienced and extended into the centrality of the collective nature of public testimony. This provided the opportunity for empathic engagement and coming together in a ways that facilitated a reconnection with a community from which victims are alienated by trauma. The validation and social acknowledgement fostered in this exchange are significant in making victims feel understood and contained. Testimony therefore is necessarily a collective process, in response to a collective trauma if it is geared towards healing and reconciliation.

CHAPTER FIVE: CONCLUSION

5.1 Introduction

South African society has endured unspeakable acts of violence perpetrated during a campaign of terror under apartheid by agents of the security police against activists (and their families) who sought to bring an end to the repressive regime. The trauma endured during this time caused profound rupture in the social fabric, resulting in a fragmented and wounded society struggling to remain afloat. It was in this broken context that democracy dawned in 1994 and into which the TRC was born to address the effects of years of gross human rights violations and racial divisions to – through a process of collective catharsis and the sharing in collective memory – usher in a new era of reconciliation, peace and healing. This was done through public hearings during which victims came forward, and before a public audience, gave testimony regarding their experiences of violation during apartheid. The overall aim of this qualitative study was to examine the relationship between the experience of testifying before the TRC among victims and survivors of gross human rights abuses, and the objectives that were set out by the TRC. The specific questions that were explored were:

1. What has been the enduring effect of the human rights violations suffered by victims and survivors on their daily lives?
2. Did their participation in the TRC alleviate these effects of the participants associated with their experiences of gross human rights violations?
3. How did they experience participating in the TRC, and what did participating in the TRC mean for them?

This chapter will begin by presenting some concluding remarks based on the findings of the research presented in previous chapters. It will then engage briefly in a discussion of the present study's limitations before presenting the researcher's reflexive commentary in line with qualitative research methodological procedure.

5.2 Concluding Remarks

All participants in this study were victims of gross human rights violations that were perpetrated by the apartheid state either during the 1970s or 1980s. The nature of the violations encountered in this study (as defined by the TRC) ranged from the killing of a family member (usually a child or spouse), torture, severe ill-treatment and police detention. All participants had provided public testimony to the TRC and had thus been established – officially – to have been victims of a gross violation of human rights. The findings reveal that the experience of such violation had a significant impact on these participants, affecting them in a variety of ways. The participants' stories show that they indeed experienced traumatisation in the aftermath of violation. The purpose of the study was not to assess specifically for diagnoses of PTSD or other trauma-related psychopathology, however, but instead explored the subjective experience of the effects of violation.

Some of the participants indeed did experience 'symptoms' akin to those that one might find in a posttraumatic syndrome defined in the DSM. Participants experienced distressing memories along with potent and unpleasant associated emotions that transported them back to the moment of trauma. The memories had an intrusive and pervasive quality to them that felt to participants as if their lives were ruled by the offensiveness of traumatic memory. Still others experienced in the present the physiological reactivity on being exposed to reminders of a time and context in which the trauma had occurred. Given the distress that intrusion causes it is not surprising then that participants also report having employed strategies with which to try and avoid the memories, emotions associated with, and reminders of, the trauma endured. These were all attempts at preventing becoming overwhelmed once again. Participants report having avoided thoughts, places, people, conversations and situations which reminded them of the trauma in which they had suffered such pain and helplessness. Some, however, were unable to hold at bay the traumatic memory, experiencing the impact of the dialectic of trauma which involves a repetitive 'dance' between intrusive symptoms and avoidance which results in feelings of further lacking control and self-efficacy.

Apart though from the cardinal intrusive and avoidance aspects of traumatisation other features were also evident in the experiences of the participants. These include the wordless quality of trauma in the way that words and language have failed victims in adequately describing and representing the trauma, thus allowing it to continue its disruptive

reverberation through victims' lives. This is linked with some participants' experience of traumatic memory as timeless through descriptions of being situated within the present while being wrenched back into the past, stuck and unable to envision a future.

An important, but intensely distressing, impact of violation is the profound manner in which trauma may be embodied by the victim. This was exemplified by a number of participants in this study who felt that they had in fact lost who they once were as a result of the bodily impact of trauma. Loss of bodily function, loss of identity and loss of self were significant threads, speaking to the loss many participants underwent in response to the effects of trauma on their lives. This was particularly the case for one participant which stood out strongly among the other narratives. Further research is required in this area to examine the extent to which embodiment is in fact a consequence of trauma and the impact this has on victims' lives in order to inform the ways in which it may be possible to address, psychologically and otherwise, the varying difficulties for victims following trauma. Overall, trauma has had an enduring impact, psychologically, on the lives of victims evident decades after the events resolved.

These impacts served as the backdrop against which participation in the TRC was to occur. Most participants viewed the TRC in a positive light as an opportunity to heal and be freed from the burden of traumatic memory through telling their stories, allowing the full truth to be heard. They thus participated openly and willingly in the process as they viewed their participation as contributing to the national ideals of reconciliation and healing. It seems they viewed the process as important and thus were willing to endure the pain of retelling their stories. Indeed some have argued that the re-living of the memory in a safe space is necessary step in recovery from trauma. The space was also viewed as supportive and safe, affording the opportunity for engagement and forgiveness, and thus for healing. Of particular significance though was the construction of the TRC as a communal/collective process which involved both victim and audience in an interchange that resulted in transformation. The space provided the opportunity for social acknowledgement of violation through the verbalisation thereof thus reconnecting victims with a community of caring others, freeing them from the isolation they experienced prior, and allowing them to begin to make meaning from their experiences. This was facilitated by the feeling that the audience understood, empathically, what they had been through, facilitating a sense of having felt heard and contained.

The focus though in the literature has been on the impact of oral testimony with little consideration having been given to other forms of testimony (other than literary works). Given the evidence of embodied trauma in this study, further research is required to explicate the ways in which the testimonial space may be altered in order to engage this embodiment as it is clear that this aspect of traumatic impact has immense significance for those who are forced to endure it. Verbal testimony – although significant – is evidently not always sufficient in these cases thus pointing towards the importance of exploring further options to address the distress.

Participants though did report that testimony had a positive impact on their lives. Many report that they felt a great sense of relief, or a subjective internal sense of having been freed from captivity. Thus it seems victims do experience some cathartic effect following trauma. The TRC was, however, not a strictly therapeutic space – it was a once off narrative sharing. Further research may be warranted, therefore, to examine and explore the longer term impacts of having provided testimony to assess the individual, psychological value of this practice. At very least though it seems the TRC provided the beginnings of a process of integration of traumatic memory into a coherent and linear narrative. What is evident though from the study is that the process of dealing with the effects of mass atrocity is a complex one involving many layers. Participants' grievances around reparations and their feelings of betrayal and abandonment coalesce to complicate the healing process pointing towards a model of posttrauma reconstruction that is multilayered and comprehensively ecological and systemic in its approach. This is something the TRC was unable to provide – indeed it did not set out to do so but it is something to consider if making claims towards national reconciliation and societal healing. Thus in some respects the TRC's objectives and victims experience of the process and effects thereof do correspond, but in other important ways, they do not. This needs careful consideration given that the TRC is viewed so highly internationally, and is used as a model example for other societies emerging from conflict and are seeking avenues towards reconciliation and reconstruction.

5.3 Study Limitations

The sample size for the study is 10. While the small sample size is regarded as a threat to generalisability in quantitative research, the concern in qualitative research is less with generalisability than it is with transferability. Transferability in this instance refers to the

ability to transfer findings from one context onto a similar context which it is believed possible in the proposed study of post-apartheid (post-conflict) South Africa. (Durrheim & Wassenaar, 1999). Other societies seeking post-conflict redress may benefit from work such as this, particularly those in the developing world, who face similar social problems.

The present study is also retrospective relying on the memory of participants for their experiences of testifying at the TRC in addition to their current experiences of post-Apartheid South Africa. The notion of 'lived experience' implies that which is ongoing and contemporary, exploring the meaning constructed by participants of their experiences of the phenomena under investigation. The participants in this study have, however, at least in part, been asked to recall from memory experiences that occurred in the past. However, at the same time Giorgi and Giorgi (2003, p. 30) note that retrospective accounts are valuable because it allows us to tap into the "psychological meaning as lived by the participant".

Having previously analysed the data, the risk is that previous findings will have influenced the induction of themes in this instance of reanalysis. However, the researcher entered the current process 'blind' without consulting any previous analyses in order to as far as possible avoid the influence of preconceived ideas based on earlier analysis. The use of fresh transcripts, randomly arranged, and a new research focus, it is believed allowed for an unbiased lens.

Language is an important limitation in this study. The interviews conducted in English or Afrikaans were all conducted by the researcher who has a fluent command of both languages and hence feels that barriers were negligible. However for those interviews conducted in Xhosa the use of an interpreter was a necessity. Thus a third person was involved in the interview process, mediating between the interviewer and the interviewee thus possibly allowing for bias. It was requested of the interpreter to stick as closely as possible to what the interviewer was asking, and in return to do the same in regards to the participants' responses. Measures were taken, however, to ensure the validity of the translated interview content, as discussed in Chapter Two. Aside from this, the inclusion of a third person (and the language barrier itself) may serve to have distanced the researcher from the participant. However, by

maintaining eye contact with the participant throughout the interview and directing questions in the first person directly to the participant (as opposed to directing them at the interpreter) went some way in bridging the possible distance as well as establishing and maintaining rapport and empathy with the participant

The issue of retraumatisation is an important one to consider here for those who undertake to study such processes in terms of victim experiences. Further research is required to explore some of the ethical quagmires that may arise in working with victims of trauma. This is particularly relevant within the qualitative paradigm which generally requires the detailed retelling of stories which in the case of traumatised individuals therefore runs the risk of retraumatisation in the same way for which de Ridder (1997) and Hamber (1998) have criticised the TRC. It is even more pressing given that until recently there has been a distinct absence of ethical guidelines for those engaging in interview-based research; particularly with traumatised populations (McSherry, 1995). A number of questions thus arise. Given that the literature speaks of retelling evoking distressing emotions which may retraumatise, why then are we undertaking to conduct research of this kind? What does participation in this kind of research mean for victims/participants? And in turn, what does it mean for researchers who are placed at risk for vicarious traumatising? In accordance with ethical practice the researcher informed all participants prior to, and on the day of the interview, of the sensitive nature of the material and of the risk of retraumatisation. Furthermore, all participants were offered the services of a clinical psychologist for debriefing if they felt they needed this following their interview. Thus informed consent was obtained, and measures put in place to support participants if so required.

5.4 Reflexive Commentary

My own subject position in this research has been informed in many ways by my own experience of apartheid in terms of having had intimate contact with a community of activists who played significant roles in the Struggle. My father was himself involved in the Struggle both as a lawyer who defended activists in court but also as an active member of the United Democratic Front. Thus I was reared with a specific ideology regarding human rights and equality, but I was also exposed vicariously to the 'mechanics' of the anti-apartheid activism of the time (e.g. secret meetings, sheltering activists-in-hiding, funerals of those killed, mass

political rallies). It is perhaps not surprising then that my research is constellated around the TRC and its work. Many of the participants in this particular study were warmly familiar with the law firm for which my father worked as it was the only law firm which – at that time – was doing almost exclusively the work of defending anti-apartheid activists in the Western and Eastern Cape provinces. Indeed some of the participants were his clients. I was unaware of this intimate connection until much later, during the interview process, when during casual conversation the subject of the firm came up. This I feel facilitated the rapport of the interview significantly. It relaxed and in some ways comforted the participants to know that me – as an extension of the firm – was there in a compassionate capacity “doing good work”. My initial presence as (perhaps) an outsider coming in was dispelled by this connection. Tom and I bonded somewhat, for example, over the fact that we both knew Dullah Omar personally. Gayle’s activity during the Struggle meant that she had herself encountered my father numerous times in the 1980s. Thus my connection, it seems, assisted the process overall rather than hindered it in any way.

My interview with Tom is noteworthy as I think it highlights an important quality to this kind of research which serves a function that lies beyond simply research and extends into the realm of *socially responsive* qualitative research. Although now five years later, the interview I conducted with Tom continues to remain with me, his pain having been imprinted on my psyche in a profound way. The moment described earlier – when Tom invited me to touch him – is a moment I was unprepared for on the day of the interview. I was not prepared to be hit so powerfully by the pain he had been holding for so many years. I had not been prepared to experience the force of the empathic identification – I was inadequately bracketed off from his emotion and became overwhelmed in the “empathic unsettlement” (LaCapra, 2001, p. 41). I experienced, internally, what can be referred to as the countertransference in this moment as a sense of revulsion and horror – I did not want to touch him, I did not want to have to take that on. This was an important moment because it provided me with the invaluable insight into how others may be treating him, and how and why he might – as he describes – feel so isolated in his inhumanity. I, however, simultaneously felt a deep sense of compassion for him and I felt compelled to reach out to touch his abdomen and feel his embodied trauma. He was inviting me not just to listen, but to *feel*. And so I did. This intersubjective moment served a purpose that extended beyond what simple research is able to do – it served as an important opportunity for Tom to reconnect with someone who was willing and able to empathise and show compassion towards him. It serves a healing function, albeit a small one. This points to

the continued need for victims to be given the chance to tell their stories – in whichever form they choose – and calls on communities and organisations to provide this space. It also raises the questions of vicarious traumatisation for researchers who endeavour to undertake this kind of research. Further research is required to examine the impact of retraumatisation and vicarious traumatisation on participants and on researchers, respectively. The ethical quagmire here is significant and further study may play an important role in regulating the way in which this important kind of research is conducted, protecting the psychologies of both participant and researcher.

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APPENDIX A: DRAFT INTERVIEW SCHEDULE

- Before the TRC, in the time following the incident, describe for me if you can what life was like for you.
- Did you think about what happened/the incident much? (What kinds of thoughts did you have about the incident?)
- Did you ever try to not think about it?

- Tell me about how you came to hear about the TRC
- What did you think the Commission was about?
- During this time, did you think about giving testimony?
- How long has it been since you testified before the TRC?

- How would you describe your experience of testifying before the TRC?
- How did you feel about the audience presence and the commissioners?
- What did it mean to you to have an audience listening to your testimony?
- What encouraged you to tell your story at the public hearing?
- Is there any moment during your testimony that stands out in your memory? Tell me about it.

- Describe what it was like when you stepped down and were done giving your testimony. Imagine that moment and describe to me what it felt like.

- When you look back now after you testified, how was your life affected? How would you evaluate the impact of the TRC in your life?

APPENDIX B: TABLE OF THEMES (SAMPLE EXTRACT)¹¹

	<i>Psychological Impact of HRVs</i>	<i>Experience of Testimony following Trauma</i>	<i>Outcome of Testimony</i>
Wendy	<p><u>Loss & Mourning:</u></p> <p>I come home and I feel this lump in my throat, but then I won't just sit and cry there, I will come home and then I, yeah, then I just take it out on my kids. I shout at them you know. I used to do that, take it out at home.</p> <p>What I mean is my children actually suffered when I wasn't there. I had 2 daughters and uh...there are certain things that I sit and I think sometimes I missed when they grew up, and I wasn't there.</p> <p><u>Nature of Memories:</u></p> <p>I had this doctor that will just...I would just go to him and just sit and cry sometimes and he would just give me tablets you know and I will go home.</p> <p>...even going to a function where his names is mentioned or whatever and then I would go home and sit and cry and...but then I told myself "no" I am not going to do things like that. That's why I never, there were times when I just left you know. I wouldn't go to functions or whatever where his name is going to be mentioned, because then I can't handle it you know....</p>	<p><u>Psychological Process:</u></p> <p>Anxious, yeah, just to get it out, and for me, it was, i a sense it was a relief as well because it was like Coloured people sitting in front, you know.</p> <p>I was very sad you know, it just flooded me, yeah...but then with that you know, it was; I wouldn't just speak about it but then as I went to Trudy and then she took me through it and then she taught me how to deal with it afterwards, with my emotions and whatever because I was always so depressed after speaking about Michael...</p> <p><u>Social Process:</u></p> <p>It was like a bit of security for me, it's my colour, because for years I've been going to court in and out and facing the police that shot Michael and it was Boere you know, and so they just didn't do anything for me. Even though I sat in court and you know they will look at you and I was so scared, because I was brought up that way you know to be scared of the police and the white people, so I'm scared. I'm sitting there and I, yeah...they like, everybody is talking this big words, and I am looking at them but I know, don't function, and in another sense I'm sitting there half</p>	<p><u>Relief from Psychological Distress:</u></p> <p>I felt good about it; yeah I had that good spirit in me you know, something good came out of it.</p> <p>It changed, I wasn't like sick or whatever it is just this depression that I had and I didn't know how to deal with it. I just didn't know how. If I was depression, I'd take my tablets, and I'd lie down, and it carries on for a few days and it just, puts me in that vibe.</p> <p>I: And this you say improved after you gave testimony?</p> <p>W: Yes. In a way yes, with the support I had from Trudy. Getting me off the drugs was something good for me now. When I look back you know, I can see it did something to me.</p> <p><u>Betrayal/Abandonment:</u></p> <p>Actually I expected...actually when they said we are going to testify and whatever and then the Government, they making up the report, that's the way I understood it, we going to go in and then the Government is going to like give us whatever; and I was happy to do that you know, because I</p>

¹¹ Please note that this sample is reproduced from the original preliminary table, prior to the revision and renaming of themes and subthemes hence the difference in theme and subtheme titles when compared to the results presented in Chapter Three. The three columns on the right represent the overarching themes. The underlined titles within the columns denote subthemes within the overarching themes. The participant's name (pseudonym) is depicted in the far left column. These are extracts taken from my interview with Wendy.

<p><u>Emotional Disturbance:</u></p> <p>Valiums, all sorts of tablet they give you. Then I go to my doctor he just give me tablets because I am forever in this mode and depression and you know and he was treating me like with the Valiums,</p> <p>Yes, since the incident, and then it was about 10 years, 15 years, whatever, I was on tablets for a long time you know, that's why my kids grew up, my other kids grew up and I wasn't even, you know aware them, because I'm in that state then I take tablets and then I go lay down.</p>	<p>drugged so you know.</p> <p>I was always scared of them, I was always scared of them because he's a White guy, and that's the way I grew up, being scared of the Whites, and even though they killed my son, I'm still scared of them. I was thinking of hitting them, you know they had the; it was said court that they weren't...they don't need to own up who shot...that was their right...here I was sitting in the dock, the mother...and I feel I didn't have that right to ask who shot my son...</p>	<p>felt my son lost his life for this country and at least they must look at me now, give me something for what I went through...and then then 30 000 came and...it went.</p> <p>Because like we all struggled you know, we've all been through the Struggle and look at us...not that I'm saying have mercy on us but everybody has got their story to tell and at the end of the day I feel that Government should sit still and look at is as well.</p> <p>Because we are the parents, the people that sacrificed a lot.</p> <p>It's just to make our lives a bit better – not that I'm saying that I want to give up my job and love off the grants because that Government is, you know, but at least make life better for my other kids.</p> <p>My life is still the same, for me, it's still the same, nothing's changed...it's still the same, it hasn't changed that much. What changed in my life is what I didn't to myself, what I, you know, what I worked for, and whatever, you know.</p>
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