

The copyright of this thesis vests in the author. No quotation from it or information derived from it is to be published without full acknowledgement of the source. The thesis is to be used for private study or non-commercial research purposes only.

Published by the University of Cape Town (UCT) in terms of the non-exclusive license granted to UCT by the author.

**The Memory of the Past and the Struggle with the Present:  
An Investigation into the Restorative Possibilities of Providing Public  
Testimony at South Africa's Truth and Reconciliation Commission**

Ahmed-Riaz Mohamed  
MHMAHM007

Supervisor: Pumla Gobodo-Madikizela

A minor dissertation submitted in *partial fulfilment* of the requirements for the  
degree of Master of Arts in Psychological Research

Faculty of Humanities  
University of Cape Town  
April 2007

*The financial assistance of the National Research Foundation (NRF) towards this research is  
hereby acknowledged. Opinions expressed and conclusions arrived at, are those of the  
author and are not necessarily to be attributed to the NRF.*

**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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*History is the science of reality that affects us most immediately, stirs us most deeply and compels us most forcibly to a consciousness of ourselves. It is the only science in which human beings step before us in their totality. Under the rubric of history one is to understand not only the past, but the progression of events in general; history therefore includes the present.*

(Eric Auerbach, quoted in Shukri, 2005, p. 63)

Quotation borrowed from: Shukri, I. (2005). *The Silent Minaret*. Johannesburg: Jacana.

## **ABSTRACT**

The Truth and Reconciliation Commission in South Africa was a central process in the country's transition from repressive apartheid to democratic rule. Despite being a process geared towards the healing of a wounded society, it was also believed to have held individual, psychological significance. Currently, though, there exists little psychological work on the TRC and the associated implications of its testimony-giving process. The aim of this study was to examine the complex issue of healing in relation to the TRC. More specifically, it addressed questions regarding retraumatisation through testimony as well as the immediate and also longer-term effects of providing public testimony by accessing the lived experiences of victims in their post-testimony lives. Semi-structured interviews were conducted with 10 individuals who had experienced a gross violation of human rights and who had provided public testimony to the TRC. Thematic analysis of the interview data reveal themes of traumatisation by human rights violations, presence of social support, testimonial significance and the influence of the post-trauma/post-TRC context. Findings indicate that participants experienced intrusive memories and 'intrusive embodiment' as well as avoidance symptoms in the aftermath of violation, indicating traumatisation. However, the presence of social support in various forms served an important prophylactic function against further difficulty. Regarding testimony, while initially an emotionally evocative process, it held internal significance for the participants who found the audience presence a vital element to their testimonial experiences. However, the period following the TRC was one defined by disappointment and feelings of betrayal by government and the TRC which serve as mitigating factors diluting the positive impacts of providing testimony.

## ACKNOWLEDGEMENTS

First and foremost I must thank my parents and siblings for their unfailing support and encouragement throughout the process of writing this dissertation.

To my friends who have played a central role in keeping me grounded over the past months.

To my supervisor, Pumla Gobodo-Madikizela. Your insights and comments were invaluable and key to the final product. Thank you.

To Dr. Reyna Hernandez de Tubert (Institute of the Mexican Psychoanalytic Association) who generously sent the original manuscript of her article, *Social Trauma: The Pathogenic Effects of Untoward Social Conditions*, to me for use in the dissertation. It is much appreciated. Thank you.

To the National Research Foundation in addition to the University of Cape Town, and the Harry Oppenheimer Institute (Centre for African Studies, UCT) for contributing towards the funding of this research.

To Zukiswa Khalipha and Khulumani Western Cape, your co-operation and assistance in procuring the participants for this study as well as the generous offer of your office as space to conduct the interviews is much appreciated. Poppy, thank you for your assistance with interpretation and translation.

Last but not least, to the participants around whom this research is centred. A humble thank you for taking the time to once again tell your stories and allowing me the privilege of listening.

# TABLE OF CONTENTS

<b>ABSTRACT</b>	<b>i</b>
<b>ACKNOWLEDGEMENTS</b>	<b>ii</b>
<b>TABLE OF CONTENTS</b>	<b>iii</b>
<b>CHAPTER ONE: INTRODUCTION</b>	<b>1</b>
1.1 Effects of Exposure to Human Rights Violations	2
1.2 PTSD and Politically-related Trauma	6
1.3 The Truth and Reconciliation Commission	12
1.4 On Testimony and Healing	14
1.5 ‘Narrativisation’	21
1.6 Testimony & Retraumatism	24
1.7 Betrayal & Retraumatism	28
1.8 Relationship Between Psychological Healing and Reparations	33
<b>CHAPTER TWO: METHODOLOGY</b>	<b>37</b>
2.1 Research Design	37
2.2 Sample	38
2.3 Data Collection	39
2.4 Data Analysis	41
2.5 Ethical Considerations	42
<b>CHAPTER THREE: RESULTS &amp; DISCUSSION</b>	
<b><i>Intrusion, Avoidance &amp; the Dialectic of Trauma</i></b>	<b>45</b>
3.1 Intrusion	48
3.2 Avoidance	52
3.3 Intrusive Embodiment	57
3.4 Loss of Identity	62
<b>CHAPTER FOUR: RESULTS &amp; DISCUSSION</b>	
<b><i>Social Support: A Coping Imperative</i></b>	<b>66</b>

<b>CHAPTER FIVE: RESULTS &amp; DISCUSSION</b>	
<i>The Testimonial Space</i>	<b>83</b>
5.1 Providing Testimony: An Emotional Reconnection	83
5.2 Public Testimony: The Presence of an Audience	91
5.3 The Effects of Testimony	101
<b>CHAPTER SIX: RESULTS &amp; DISCUSSION</b>	
<i>The Post-Trauma Context</i>	<b>110</b>
6.1 Current Difficulties	111
6.2 Reparations	114
6.3 Impoverishment and Retraumatization	117
6.4 Betrayal and Retraumatization	119
6.5 Anger: An Indication of Injury	125
6.6 Lack of Leadership Response as Betrayal	127
<b>CHAPTER SEVEN: CONCLUSION</b>	<b>131</b>
7.1 Lessons Learned	137
7.2 Limitations	143
<b>REFERENCE LIST</b>	<b>146</b>
<b>APPENDIX A: Consent Form</b>	<b>171</b>
<b>APPENDIX B: Interview Schedule</b>	<b>172</b>
<b>APPENDIX C: Reflexivity</b>	<b>174</b>
<b>APPENDIX D: Example of the Thematic Analysis Procedure</b>	<b>180</b>

## CHAPTER ONE: INTRODUCTION

The 20<sup>th</sup> and 21<sup>st</sup> centuries have played host to some of the world's most disturbing atrocities including the Holocaust, 'ethnic cleansing' perpetrated in the former Yugoslavia, the Hutu-Tutsi genocide in Rwanda, the violent civil war in Mozambique as well as the repressive Pol Pot and Pinochet regimes in Cambodia and Chile respectively. The atrocities that have been associated with the apartheid era in South Africa fall among these examples as one of the world's more violent regimes.

The story of the attainment of democracy in South Africa is a narrative not only inclusive of civil conflict, but one characterised by it and the violence that accompanies such conflict. Beginning with the colonisation of the Cape in the mid-seventeenth century and drawing to a close with the violent clashes between the apartheid government and liberation forces in the 1980s, the tale is one pregnant with countless acts of inhumane and savage forms of state-sponsored terror and violations committed to maintain apartheid. These acts included, but were not restricted to, the prolonged detention, severe torture and brutal killing of those intimately embroiled in the intricacies of the struggle for liberation. Anti-apartheid violence though also included bombing sprees leaving in their wake many civilian casualties. As Foster, Haupt and De Beer (2005) estimate, between 1987 and 1993 in South Africa, approximately 16 759 people were killed in politically-related incidents alone. The effects of this political trauma<sup>1</sup> "cross space and time boundaries, negatively affecting

---

<sup>1</sup> Vertzberger (1997) understands political trauma to be highly stressful events caused by behaviours which are politically motivated and experienced by human collectives. As Montiel (2000) points out, in contrast to interpersonal/family trauma, political trauma is perpetrated by individuals or groups with a political agenda "that rationalizes the righteousness of enacting the traumatic event" (p. 94) as was the case with the apartheid government.

other individuals who identify with the political positions of the victims, and remaining for some time in the collective historical memories of the victimized group” (Montiel, 2000, p. 94).

### **1.1 Effects of Exposure to Human Rights Violations**

Research conducted internationally with various populations traumatised by gross human rights violations has shown that exposure to such extremity results in the presentation of psychiatric sequelae. Mollica et al (1998) for example conducted a study assessing the dose-effect<sup>2</sup> relationship between torture and psychiatric symptomatology in a sample of former Vietnamese political prisoners (now refugees) as compared to a control group. Their findings indicate that the tortured group showed higher rates of PTSD (ninety percent) and depression (forty-nine percent) in comparison to the non-tortured group (seventy-nine percent and fifteen percent respectively). The authors also conclude that the results demonstrate a significant dose-effect relationship thus supporting their hypothesis that torture is a major etiological risk factor of PTSD and depression.

Shrestha et al (1998) conducted a study with a similar sample of tortured Bhutanese refugees in Nepal. Assessing for medical complaints, PTSD, anxiety and depression, the authors find that as a group, the tortured refugees suffered more on fifteen out of seventeen DSM-III-R symptoms of PTSD and scored higher on the measures of anxiety and depression compared with a non-tortured control group. Having conducted a logistical regression analysis they conclude that a history of torture significantly predicts PTSD, depression as well as anxiety symptomatology.

---

<sup>2</sup> The dose-effect model of psychological trauma contends that the greater the ‘dose’ of traumatic incident, the greater the psychological effect (McNally, 2003a).

A further study by Weine et al (1995) addressing the psychiatric consequences of 'ethnic cleansing' in the former Yugoslavia among Bosnian refugees shows a similar trend. Results show that seventy-five percent of the sample met criteria for at least one diagnosis on the DSM-III-R. Of these, sixty-five percent qualified for a diagnosis of PTSD and thirty-five percent for a depressive disorder<sup>3</sup>. The authors also find that reexperiencing cluster symptoms were found to be present sixty-six percent of the time and avoidance cluster symptoms fifty-four percent of the time with the two most frequently occurring PTSD symptoms at the highest severity rating being intrusive memories and avoiding thoughts of war. Thus, the effects of exposure to experiences such as torture and other human rights violations associated with the practice of ethnic cleansing appear to result in the presentation of psychiatric sequelae in the form of PTSD and depression among others.

Similar studies which illustrate the extent and effects of exposure to gross human rights violations have been conducted in South Africa. According to figures submitted to the Truth and Reconciliation Commission by the Human Rights Committee (formerly the Detainees' Parents Support Group) 1 750 children under the age of eighteen died as a result of political violence between 1960 and 1989 with a further 517 having died between 1990 and 1994 (cited in Lyons, 1997). In addition, out of an estimated 80 000 people detained without trial under apartheid, approximately 25 percent were children of which a further quarter were tortured while in detention.

---

<sup>3</sup> Dysthymia, major depressive disorder or depressive disorder not otherwise specified.

The perpetration of gross human rights violations by the state in pre-1994 South Africa is an undeniable reality that was brought to light by the work of the Truth and Reconciliation Commission (TRC). The final volume of the TRC's final report published in 2002 is a volume the sole purpose of which is to list, name and identify the victims of gross human rights violations in South Africa between 1960 and 1994. A survey conducted by the Trauma Centre for the Victims of Violence and Torture (TCVVT) in 1998 with a sample of ex-political prisoners in the Western Cape Province alone revealed high levels of exposure to gross human rights violations with well over half reporting police beatings and solitary confinement among others (TCVVT, 1998).

The TRC also found that the anti-apartheid movement, especially the ANC and the PAC, were responsible for gross human rights violations including, among others, the killing of Amy Biehl in Guguletu, the St James Church Massacre as well as the Heidelberg Tavern Massacre. This finding sparked off some controversy with the current president, Thabo Mbeki, who has criticised the TRC for applying 'moral equivalence' to the crimes committed by the apartheid state and the fight to end state repression.

From the TCVVT study's qualitative inquiry it was revealed that the immediate effects of such exposure while in captivity included anxiety, fear, depression, sleep disturbances and concentration problems, suicidal ideation, in addition to somatic complaints (TCVVT, 1998). Mental health problems were also still a concern at the time of the study in 1998. While less severe than in the immediate aftermath of the trauma, these problems persisted and were more intense when being reminded of the

event. Anxiety was a major problem described in the study, but also included was depression, anger and difficulties within romantic as well as social relationships (TCVVT, 1998). Although from a limited sample in terms of size and geographic location, the results from the TCVVT study do appear to show that experiences of gross human rights violations during apartheid have been found to produce symptoms associated with trauma.

These findings point to the possibly pathological effects of exposure to the extremities of human rights abuses. Further evidence is provided by two quantitative studies conducted with victims of gross human rights violations in South Africa under apartheid. Zungu-Dirwayi, Kaminer, Mbanga & Stein (2004) reveal that from their sample of 134 victims<sup>4</sup>, fifty-five percent were diagnosed with depression, forty-two percent with posttraumatic stress disorder and twenty-seven percent with other anxiety disorders. Fifty-four percent of their sample was also diagnosed with more than one disorder. These findings are similar to those made previously by Kaminer, Stein, Mbanga and Zungu-Dirwayi (2001) with a similar sample.

Pillay (2000) also finds in his study of 147 individuals who partook in TRC hearings in Durban, Empangeni, Newcastle and Port Shepstone that most of the participants “met operational criteria for more than one psychiatric disorder” (p. 270). Depending on the area from where the participants testified, between 3.7 and 59.1 percent presented with one disorder, and between 18.8 and 56.2 percent presented with three. Elevated alcohol usage and somatic complaints were also reportedly common among the study’s participants (Pillay, 2000). Thus the results of this study provide further

---

<sup>4</sup> As defined by the Truth and Reconciliation Commission.

evidence for the deleterious effects of human rights violations on the psychological well-being of those exposed to such experiences. The resulting psychiatric and other sequelae, therefore, are clear indicators of the traumatic effect of having experienced gross human rights violations.

These findings from within South Africa that exposure to such extremes of man-made atrocity have definitive traumatic psychological consequences for the individuals involved are consistent with those made internationally (such as Mollica et al, 1998; Shrestha et al, 1998; Weine et al, 1995). Although scholarship on the work of the Truth and Reconciliation Commission has increased significantly over the past decade, there are still gaps in the literature in terms of psychological studies with some notable exceptions seen in the work of Ashraf Kagee (Kagee, 2004, 2005, 2006; Kagee, Naidoo & Van Wyk, 2003), Debbie Kaminer and colleagues (Kaminer et al, 2001; Zungu-Dirwayi et al, 2004) as well as Don Foster (Foster, 2000a, 2000b; Foster, Haupt & De Beer, 2005; Foster & Nicholas, 2000).

## **1.2 PTSD and Politically-related Trauma**

The history of the development of trauma as a field of academic and clinical focus dates back to the work of Janet as well as Freud and Breuer and their 'discovery' and treatment of what they termed hysteria in Freud's female patients. It has undergone much change and growth through the works of Abram Kardiner and Mardi Horowitz to become the much focussed-upon and studied psychological construct it is today (Wastell, 2005). While space does not allow for a detailed historiography of trauma it is important to note that it has had a fairly contested journey to its current formalised conception as posttraumatic stress disorder (PTSD) as it stands in the Fourth Edition

of the Diagnostic and Statistical Manual (DSM-IV) of the American Psychiatric Association ([APA], 1994). This journey it must be noted is one that is far from over due to the inadequacy of the current PTSD diagnosis in taking account of vital socio-political as well as cultural determinants of trauma.

Although in everyday rhetoric an event may be referred to as a trauma, trauma is in actuality not an event per se but is the psycho-physiological response that human beings elicit in response to an 'extraordinary' event (Green, 1990). The human psyche is a dynamic, living and active entity that works in conjunction with the body's autonomic system of defence. It employs mechanisms, as does the body, which help human beings cope with situations which are stressful and therefore possibly threatening to our well-being. As Judith Herman states, "[t]he ordinary human response to danger is a complex, integrated system of reactions, encompassing both body and mind" (Herman, 1992a, p. 34).

*Traumatic* reactions, however, occur when – despite the actions of this adaptive system – there is no change in the situation. When neither fight nor flight is possible, the usual human systems of defence become overwhelmed and disoriented. The victim becomes overwhelmed and is rendered powerless and helpless. Herman (1992a) argues that "[t]raumatic events are extraordinary...because they overwhelm the ordinary human adaptations to life...They confront human beings with the extremities of helplessness and terror, and evoke the responses of catastrophe" (p. 31), which in terms of PTSD symptomatology include the three symptom clusters of intrusion, constriction/avoidance and hyperarousal (Herman, 1992a; APA, 1994).

The diagnostic composite of traumatic responses is compacted in the DSM-IV and labelled Posttraumatic Stress Disorder. The diagnosis not only describes the criteria in terms of symptomatology but also in terms of both an objective (the occurrence of the event) and, importantly, a subjective appraisal of the event which precipitates the trauma (feelings of fear, helplessness or horror). This inclusion of a subjective experience is consistent with McNally's (2003a) review of the concept of psychological trauma. Citing Lazarus et al (1985) he argues that it is "impossible to isolate 'pure' psychological stressors [because subjective] interpretation invariably mediates the impact of environmental events" (McNally, 2003a, p. 96). He goes on to contend that subjective perceptions of distress predict symptoms of PTSD better than the objective.

The above framework, however, assumes that traumatic events are out of the realm of everyday human experience therefore making them the exception and not the rule. Such diagnoses, focussing on what Herman (1992b) has called "relatively circumscribed traumatic events" (p. 377), have been used to understand all traumas. In other words, traumatic experiences which are more chronic and repeated are being viewed through the lens of PTSD which is a conceptualisation that may not accurately encompass the trauma associated with a social milieu defined by repression and institutionalised violence. Hernández (2002) for example notes that while Colombian human rights activists had gone through experiences that were disruptive, overwhelming and threatening and had experienced difficulties in functioning as a result, these responses did not fall into the structure of PTSD. Similarly as Weine et al (1995) note, "Trauma and atrocity may leave their imprint on the traumatized refugee in ways that escape classification in DSM-III-R, but that still

have profound significance for affected persons and their psychiatric clinician” (p. 536).

The nature of the traumatic experiences in South Africa during the apartheid years were of this nature – constant, repeated, unpredictable and chronic. The social atmosphere that defined daily existence for the majority of South Africans was one of violence and oppression which fostered fear and therefore served as a means of social control (Summerfield, 1998). For those who were embroiled in the intricacies of the struggle, in addition to suffering the effects of inhumane forms of torture and aggressive interrogation techniques, their everyday home lives were punctuated with constant police harassment and a lack of stability as a result of having to flee and hide from the security branch of the South African police. The pressure in this context was far from circumscribed; it was systematic, continuous and chronic. As de Vries (1996, p. 407) asserts, “[t]raumas that occur in the context of social upheavals, such as revolutions, civil wars, and uprootings, create profound discontinuity in the order and predictability that culture has brought to daily life and social situations”.

It has been argued that the ‘medicalised’<sup>5</sup> understanding of traumatisation as PTSD ignores the socio-political context in which politically-related traumatic events occur (Hernández, 2002). Montiel (2000) argues that to ignore context regarding the trauma that results from the experience of human rights abuses within the milieu of intense political repression is to fall short of a complete understanding of that trauma. This results in the administering of treatment which is inadequate (Montiel, 2000). Understanding the socio-political context of repression is vital because it provides a

---

<sup>5</sup> A term used by Larrabee, Weine and Woollcott (2003) as well as Humphrey (2000).

meaning-system in which violations occurred (Bracken, Giller & Summerfield, 1995; Comas-Díaz, Lykes & Alarcón, 1998). As Summerfield (1998) has argued, “It is a fundamental premise that what victims of terror and the upheavals of war experience is a function of what these events mean to them, or come to mean” (p. 22). This meaning is essential to the psychological recovery and restoration of victims because it provides purpose to the event. This is so because it allows the victim to rationalise and explain that the event did not happen without reason. For Summerfield (1998), because the trauma of war is a social and communal experience, social memory provides a way of coping because it “carries views of history and identity, of past crises and tests, and paradigms of struggle, heroism and wisdom...” (p. 22). By engaging in social memory, beliefs about having made worthwhile sacrifices during the struggle may be fortified thus cementing a place in history for those who have given up much of their lives for freedom which gives purpose to the irreplaceable losses incurred (Summerfield, 1998). Providing this purpose and meaning to the experience is an important element in trauma recovery and psychological restoration making it an important consideration in this study (Herman, 1992a; Frankl, 1985).

Context is therefore an essential element in the healing process. Firstly, by recontextualising the traumatic experience it provides meaning and contributes to recovery. This process begins within the space of the TRC because as Humphrey (2000) observes, the state politics of pain become inverted by truth commissions so that focus falls on trauma as opposed to terror. “They seek to establish meaning by addressing the pain inflicted rather than through inflicting pain” (p. 9) which may go a long way in creating a safe and supportive space in which the representation of pain in terms of testimony may be enacted. Secondly, the post-trauma/post-conflict context is

also important because it provides the milieu in which recovery and healing occurs. Herman (1992a) informs us that safety and regaining a sense of control over one's life are also vital elements to recovery which are negated if the post-conflict milieu is one of poverty, deprivation and continued societal and community-based violence. Montiel (2000) notes that poor populations (both rural and urban) that have been traumatised by situations of protracted conflict often also have to deal with desperate poverty in their daily post-conflict lives. Thus, "[p]sychological healing approaches need to contend with these contextual realities to make political trauma and recovery interventions applicable to a majority..." (Montiel, 2000, p. 99).

The current study aims to deepen the insights gained from a preliminary study conducted by Mohamed (2005). This study found that the post-trauma context in which the victims found themselves was one of continued deprivation, poverty, unemployment, lack of skills and lack of, or incomplete, education. These contextual factors have played a role in mitigating possible positive impacts that the process of providing their TRC testimony may have had. It can thus be argued that victims have become retraumatised (Hernandez de Tubert, 2006). This finding from the earlier study served as a basis for the current study which examines the meaning that TRC witnesses in this study ascribe to notions of 'healing'. The 2005 study also revealed that the public testimony was of psychological significance for the interviewed victims. However, there are factors outside of the TRC that prevent 'healing' from being fully realised. It is therefore also important to highlight the limitations behind the notion that the simple act of verbalisation of experiences of trauma is sufficient in and of itself to engender psychological healing.

For victims, healing is a complex issue that includes not only being given the space to tell one's story and be heard and acknowledged, but also involves the presence of visible social support as well as reparative measures (De La Rey & Owens, 1998). For victims, if not adequately supported in the aftermath of trauma and also in the aftermath of processes such as the TRC, feelings of abandonment and betrayal may ensue which serve to compound previous trauma (Mohamed, 2005). This therefore raises important questions about the process of psychological healing in the South African TRC context.

### **1.3 The Truth and Reconciliation Commission**

South Africa has come to represent something of an ideal in the international community regarding the manner in which it traversed its transition to democracy. It is a so-called 'diamond in the rough' because of a largely *peaceful* political transition towards a democratic dispensation from one of repression (Allan, 2000). A major element of this peaceful transition was the establishment of the South African Truth and Reconciliation Commission. The TRC was conceptualised as part of the 'negotiated settlement' between the liberation movement and the then National Party-led government in the early 1990s (De Lange, 2000). Institutionalised by the promulgation of the Promotion of National Unity and Reconciliation Act of 1995, the TRC was an attempt by the newly elected democratic dispensation to usher the 'new South Africa' into a period of reconciliation and healing through the processes of truth-telling and the provision of reparations to victims. The TRC undertook to hold *public* hearings whereby victims and perpetrators of human rights violations could provide testimony and break the decades of silence that characterised the years of

apartheid. The most visible part of the TRC therefore became the public hearings and the testimonies they produced (Graybill & Lanegran, 2004).

The TRC's contribution towards South Africa's peaceful transition with its watershed use of public victim hearings inspired other countries emerging from years of violent conflict. Today, truth commissions have become something of a trend in these countries. In the decade since the TRC initiated its mandate there have been several truth commissions set up to investigate violent pasts such as that in Panama, Sierra Leone and East Timor (Brahm, 2004). Truth commissions continue to be established across the globe, sometimes in countries whose conflicts seemed to be unlikely candidates for truth commissions, such as in Colombia. The conflict in Colombia is complex, with no clear links between the kidnappings and mass killings and political ideology. Yet organisations hungry for peace have found the TRC approach to be promising in dealing with the trauma in Colombia and thus initiate healing in the aftermath of mass violence.

Psychology as a discipline has undertaken to try and explain not only why atrocities occur but also to provide models by which to heal, and thus advocate measures by which to prevent future repetitions of, atrocity and the perpetuation of violence and trauma (see for example Weston, 2001). Despite this, however, a question that has not been adequately addressed in the research literature is that concerning the healing that many believe occurs as a result of providing testimony within a truth commission context. The literature on the TRC is lacking in its examination of the psychological impacts thereof, which is a gap the current study aims to address. Building on previous work (Mohamed, 2005) which examined the internal significance of

providing public testimony to the TRC, this study focuses on the TRC and the extent to which it was healing and restorative for deponents.

Much multi-disciplinary research work has been done across the globe resulting in the proliferation of theory on various aspects of atrocity. These include *inter alia* the effects of mass trauma (Bracken, Giller & Summerfield, 1995; Weine et al, 1995; Hernández, 2002; Comas-Díaz, Lykes & Alarcón, 1998; Silove, 1999), the re-enactment of trauma (van der Kolk, 1989), the transgenerational transmission of trauma (Rowland & Dunlop, 1997; Solomon, 1998; Maiello, 2001; Becker & Diaz, 1998; Levav, Kohn & Schwartz, 1998), perpetrator studies (Foster & Nicholas, 2000; Foster, 2000a; Foster, 2000b; Newman, Erber & Browning, 2002; Blass, 1993), forgiveness (Garrard, 2002; Allan, Allan, Kaminer & Stein, 2006; Gobodo-Madikizela, 2003; Montiel, 2002; Gregorowski, 2003) and the effects of providing testimony in the aftermath of gross violations of human rights (Laub, 1992; Laub, 1991; Langer 1991).

#### **1.4 On Testimony and Healing**

The common belief within the structures of the TRC was that by speaking about and revealing one's experiences of trauma under apartheid, healing would occur and it was publicised as such. This is clearly witnessed in the proclamations made by the Commission on the banners uttering phrases such as 'revealing is healing' and 'the truth will set you free'. While these were purely anecdotal claims at the time, there does exist empirical evidence to suggest that the process of testifying about one's traumatic experiences provides some healing (see for example Cienfeugos & Monelli, 1983).

The literature on disclosure of trauma lends support to the claims of the TRC. For instance a study conducted by Pennebaker, Barger and Tiebout (1989) examined the relationship between disclosure of trauma and health among Holocaust survivors. In a sample of thirty-three survivors of the Holocaust who were asked to speak about their personal experiences during World War II for 1-2 hours – controlling for pre-interview health complaints – the findings indicate a positive correlation between degree of disclosure and long-term health (Pennebaker et al, 1989). This indicates it is possible that disclosing a traumatic experience has positive health benefits even if the trauma had occurred decades before as was the case in this study where traumatic experiences had taken place over forty years prior which once again provides some evidence towards the ‘revealing is healing’ contention.

In contrast, Sinclair and Gold (1997) conducted a study which investigated the psychological impact of *withholding* disclosure of child sexual abuse. They find that revealing is not a significant predictor of traumatic symptomatology. Rather, “the extent to which a victim withholds the information when she would like to tell others about it is the better predictor, such that a greater sense of wanting to tell but not doing so is associated with greater symptomatology” (p. 143). Thus, the evidence seems to suggest that withholding disclosure may have a detrimental psychological impact. This lends support to the argument that engaging in disclosure is beneficial. Kahn et al (2002) contend therefore – citing Pennebaker – that “[c]oncealment, which refers to the active inhibition of verbal disclosure, increases one’s stress and therefore susceptibility to stress-related disease...[while] the active disclosure of distress leads to health benefits because writing or talking about distress reduces the harmful physiological work of inhibition” (p. 531-532).

Thus disclosing/verbalising one's traumatic experience does appear to have beneficial consequences and thus testimony, as a form of verbalisation and disclosing, may be a therapeutic agent. Strous et al (2005) for example investigated the clinical benefits of a therapeutic process whereby a detailed videotaped testimony about traumatic experiences would be facilitated in twenty-four elderly Holocaust survivors being hospitalised on a long term basis at Israeli state psychiatric institutions. Findings indicate that the number of patients who met the criteria for PTSD decreased by fifty percent (38.1 percent to 19 percent) from the first interview (pre-testimony) to the second interview (four months post-testimony). Improvement occurred even among those patients who did not meet criteria for PTSD but who presented with posttraumatic symptoms.

The authors also note a significant improvement in relation to the symptom severity of all three PTSD symptom clusters (re-experiencing, avoidance and hyperarousal) as well as a significant reduction in the intensity of these clusters (Strous et al, 2005). They conclude therefore that the study results point towards significant improvements in posttraumatic symptomatology for chronically institutionalised Holocaust survivors. This, they argue, may have a knock-on effect and thus likely result in an improvement in psychosocial functioning and quality of life. The authors suggest that the process of providing this testimony can be a cathartic experience. Furthermore they state that for those providing the testimony, the event "may set in motion a process of self-reflection and a need to share thoughts about past experiences" with those close to them (p. 2292). This results in improvement in posttraumatic symptoms and also may have secondary effects on depressive ideation (Strous et al, 2005). In addition, having the story unburdened and placed into safekeeping places it

permanently on record thus creating a 'living memorial' to allow for remembrance and guard against ignorance. Dori Laub contends the following:

...repossessing one's life story through giving testimony is itself a form of action, of change, which one has to actually pass through, in order to continue and complete the process of survival after liberation. The event must be reclaimed because even if successfully repressed, it nevertheless invariably plays a decisive formative role in who one comes to be, and in how one comes to live one's life. (Laub, 1991, p. 86).

The work of Dori Laub also brings to the fore the paramount importance of the role that the listener plays in the process of testimony. Testimony, in his view, is not truly a testimony without the presence of an addressable other to listen to the stories being transmitted. There must be an intimate bonding, the presence of an *other* (Laub, 1992). The testimony must include a hearer who serves as "the blank screen on which the event comes to be inscribed for the first time" (Laub, 1992, p. 57). Through this process of containment<sup>6</sup>, the listener comes to experience in themselves, the trauma itself which invariably fosters the development of an empathic identification<sup>7</sup> – the cornerstone of psychotherapeutic practice – allowing for the genesis of a healing relationship (Laub, 1991, 1992). The articulation and transmission of the story to another, the literal transferral to another and then reclamation of the story thereafter aids in the reconstruction of the narrative and thus in the healing of memories and

---

<sup>6</sup> The process of taking on another's unmanageable feelings or 'holding'. Casement (1986) argues that "it can be crucial for a patient to be thus held in order to recover, or to discover maybe for the first time, a capacity for managing life and life's difficulties without continued avoidance or suppression" (p. 133).

<sup>7</sup> Tansey & Burke (1989, p. 56) quotes Schafer (1959) as defining empathy in the following manner: "the inner experience of sharing in and comprehending the momentary psychological state of another person".

transcendence from “the evil that affected and contaminated the trauma victim” (Laub, 1992, p. 69).

The use of testimony has been developed as a distinct psychotherapeutic technique called Testimony Psychotherapy. Developed by two Chilean psychologists in the 1980s during the repressive Pinochet regime, this technique was in a sense tailored towards the treatment of the traumatic consequences of human rights violations (Cienfuegos & Monelli, 1983). The three-to-six-session process allows the traumatised individual to tell their story (provide their testimony) in a safe environment, at their own pace and to an empathic listener as expressed by Laub (1992). At the end, a document is produced detailing the individual’s experience which is validated by the victim and therapist alike. This places the experiences in the archives of history and ensures that it will forever be known and remembered and learned from (Cienfuegos & Monelli, 1983).

Following the military coup in Chile in 1973, a centre was set up by a group of mental health professionals in response to the intense need for the treatment of victims of the military regime under General Augusto Pinochet. Ana Cienfuegos and Cristina Monelli in their pioneering study evaluated the use of testimony as a therapeutic mechanism. Their sample consisted of thirty-nine individuals<sup>8</sup> who came to the centre for treatment purposes due to “helplessness, anxiety, sleeplessness, feelings of disintegration, inability to concentrate, impaired memory, specific or generalised fear, social withdrawal, irritability, loss of appetite, and a variety of psychosomatic symptoms” (Cienfuegos & Monelli, 1983, p. 47). The effectiveness of the treatment

---

<sup>8</sup> Relatives of the disappeared, tortured prisoners, relatives of executed prisoners, survivors of execution attempts and returned political exiles.

was evaluated using three categories: *success* (mitigation of most acute symptoms), *partial success* (diminished severity of most acute symptoms, although they do not disappear altogether) and *failure* (acute symptoms unchanged; same complaints continue).

In general, the treatment was judged to be effective among the individuals in the study. Specifically, it was regarded as most successful among those who had survived torture with twelve of the fifteen cases having led to alleviation of anxiety as well as other acute symptoms (two of the fifteen were judged partial successes and one a failure). Partial success was achieved with eleven of the fifteen cases of relatives whose loved ones had been executed and with two of the five returned exiles while complete successes were achieved with two relatives and three exiles (two and zero fails respectively). Thus, the results suggest that the use of testimony as a treatment modality in response to the trauma of gross human rights violations is therapeutic (Cienfuegos & Monelli, 1983).

Agger and Jensen (1990) draw similar conclusions on the basis of two clinical case studies of refugees being treated in Denmark. Luebben (2003) working with Bosnian refugees in Germany also attests to the therapeutic effects of the testimony method and states that “[r]enewed self-worth and self-esteem and the feeling of being active again led to a noticeable improvement in the emotional well-being of our clients. They gained confidence as they became able to face difficulties in everyday life...” (p. 400). Lustig, Weine, Saxe and Beardslee (2004) also report testimony as a feasible and safe therapeutic technique among adolescent refugees in America.

Weine, Kulenovic, Pavkovic and Gibbons (1998) conducted a pilot study which sought to describe the use of testimony psychotherapy in a group of twenty adult Bosnian refugees who had experienced genocidal trauma in the context of 'ethnic cleansing' in the former Yugoslavia. Findings indicate that while the pre-testimony rate of PTSD stood at 100 percent this rate decreased to 75 percent, 70 percent and 53 percent at post-testimony, 2-month and 6-month follow-up respectively. Similarly, the mean severity scores for PTSD symptoms as well as the mean scores for each of the symptom clusters decreased at each follow-up measure along with depression scores on the Beck Inventory. There was also a concomitant increase in scores on the Global Assessment of Functioning Scale which would indicate improved daily functioning in the lives of respondents. This provides evidence to support the contention that testimony may be used as a therapeutic mechanism.

In a further, controlled, study an investigation was launched into testimony as a manner by which to ameliorate symptoms of posttraumatic stress in a sample of 206 survivors of the civil war in Mozambique (Igreja, Kleijn, Schreuder, van Dijk & Verschuur, 2004). Results for this study indicate that on all measures of posttraumatic symptoms at post-intervention, for both the intervention and control groups, scores were significantly lower when compared with pre-intervention baseline measures. It is only at the 11-month follow-up measure that intervention effects are attributable to the intervention group and not the control. Even here, the authors report that the effect is only visible among female participants in the intervention group (Igreja et al, 2004). Thus, while there is a general trend towards improvement after being exposed to the intervention, the study does not show clear treatment effects. However, as the researchers conclude "the question of feasibility of the testimony method if applied in

a poor, rural and illiterate African community can still be of value because there are not many options available to help a traumatised population to recover mental health in such circumstances” (Igreja et al, 2004, p. 256).

However, the work of Herman (1992a) and Brison (1999) suggests that narrativisation of traumatic experiences is essential towards recovery. Pennebaker et al (1998) provides some evidence for these assertions. It is possible then that the negative findings that Igreja and colleagues (2004) make with regards to testimony may be attributed not to the inadequacy of testimony itself but to the untoward social context in which the process of testimony was undertaken. Mozambique in the aftermath of civil war was a country left ravaged with barely a semblance of an infrastructure to rebuild itself. Social collapse and destruction were defining images of post-war Mozambique. Montiel (2000) has argued that context is a vital element to recovery from trauma. Thus, initiating a process of healing in a society still suffering the social effects of civil war may have played a role in the results that Igreja et al (2004) yield regarding the efficacy of testimony psychotherapy because the non-conducive social milieu comes to eclipse the effects of testimony. This is an important point with regards to the current study in light of findings made in the Mohamed (2005) study that show the distress caused to individuals by their socio-economic situations in the aftermath of processes such as the TRC.

### **1.5 ‘Narrativisation’**

The work of Judith Herman (1992a) and Susan Brison (1999) is instructive with regards to recovery from psychological trauma and thus provides a comprehensive explanation behind the efficacy of testimony as a method of psychotherapy for

traumatised populations. Herman (1992a) posits that trauma recovery takes place in three stages – safety, remembrance and mourning (acknowledgement), and reconnection. It is as part of the second stage that “the survivor tells the story of the trauma. She tells it completely, in depth and in detail. This work of reconstructing actually transforms the traumatic memory, so that it can be integrated into the survivor’s life story” (p. 175). Put differently, a process of ‘narrativisation’ is initiated. Constructing a story, as is done in testimony psychotherapy is, according to Pennebaker and Seagal (cited in van Dijk, Schoutrop & Spinhoven, 2003), the crucial point in the recovery process because “[b]y forming a story, particularly when something stressful has happened, the events become organized, more simple and understandable” (van Dijk et al, 2003, p. 369). In short, narrativising traumatic experiences allows the victim to transcend the experience by integrating it into their life narrative, into their identities, into the self.

Brison (1999) speaks of how traumatic events ‘unmake’ the self. The task therefore of recovery is to remake the self. She argues that transforming the traumatic memory into narrative memory through the process of narrativisation allows victims of trauma to remake the self. She suggests that by bearing witness to the trauma through verbalising it, a shift occurs “from being the object or medium of someone else’s (the perpetrator’s) speech...to being the subject of one’s own” (Brison, 1999, p. 39). This in turn leads to the working through or mastering of the traumatic memory. In Brison’s view it is by breaking the ongoing narrative (of our lives) – severing the connections that exist between the past, the present and the anticipated future – that trauma ‘undoes’ the self. It is therefore through telling a first-person narrative of the trauma to another that “the survivor begins not only to integrate the traumatic episode

into a life with a before and after, but also to gain control over the occurrence of intrusive memories” (Brison, 1999, p. 46).

This act of verbalisation is therefore a central feature of the therapeutic journey with victims of trauma because it allows the individual to tell their story in a safe and supportive environment. They are in essence providing a testimony which may be regarded therefore as a form of narrative. Fundamentally, testimony is about telling a story as it occurred. Being given the opportunity to testify allows the victim to tell a story – their story. It is the moment at which victims break their silence. Essentially, within a politically repressive context, the purpose of torture and detentions and other forms of violation is to silence victims (Hayes, 1998). Testimony brings to light the silent suffering of those so grossly violated.

The TRC provided a platform for victims to at their own pace, without coaching, tell their stories to a sympathetic audience for the first time. This is vital to recovery not only because it fosters public acknowledgement and re-establishes a sense of connection with the world, it also allows the experience to become integrated into the life narrative of the individual, thereby normalising it. What the TRC generated was what Irwin-Zarecka (1994) has called a “community of memory”. According to her,

In its most direct meaning, a community of memory is one created by that very memory. For people to feel a sense of bonding with others solely because of a shared experience, the experience itself would often be of extraordinary if not traumatic quality (p. 47)

However, the idiosyncratic element of the TRC – its public hearings – allowed the boundaries of this community of memory to shift from being purely the property of

those who had experienced violation to being that of those listening to the testimonies as well. It is therefore “personal relevance of the traumatic memory, and not personal witness to the trauma [that] here defines the community” (Irwin-Zarecka, 1994, p. 49). Thus, it is the meaning given to the event, rather than experience of the event itself which may create a community of memory which now comes to include the audience. Finding this meaning is essential because as Staub and Pearlman (2002) contend, it “...contributes to a feeling of efficacy, to a positive identity, to positive connections to other people, to an understanding of the world or a world-view that is hopeful and constructive” (p. 226).

This suggests the process of narrating trauma through the TRC hearings restores some order to the traumatic memories, which may continue to affect victims and survivors in their fragmented, unarticulated form. Through the narrative process, witnesses are able to find language to talk about their traumatic experience, but also to reconnect with the difficult emotions associated with the trauma. This opportunity at reconnection may then serve as an opening towards the possibility of integration of the trauma. According to Herman (1992a) one must re-experience the emotions associated with the event in order to gain mastery over them and thus initiate the process of integration and healing. Testimony and psychological healing are therefore undeniably related because the process of providing testimony results in the unravelling of the trauma and paves the way for restoration.

## **1.6 Testimony & Retraumatization**

Recalling traumatic events is known to trigger symptoms similar to the symptoms associated with PTSD. The problem of the dialectic of trauma – the tension between

the intrusive nature of traumatic memory and efforts to avoid the trauma – presents a challenge for narrative processes such as the TRC and other testimony processes. It comes as no surprise therefore, that some studies have found a link between testimony and retraumatisation. For instance, a small study conducted by Silove, Chang and Manicavasagar (1995) with Cambodian refugees found that only 20 percent (four participants) of the sample reported that talking about their story had been helpful in improving their emotional state. Of these four, three found that the relief they experienced was short-lived (Silove et al, 1995). Similarly, Greenberg and Stone (1992) investigated the health effects of emotional disclosure about traumas. Findings show that subjects in the disclosure conditions (compared with a control group) had more somatic complaints (racing heart, upset stomach, acute infections and ulcers among others) as well as higher levels of negative mood immediately after disclosure. There appeared to be no effect of disclosure on the longer term mood states (Greenberg & Stone, 1992).

Herman (1992a) and others have argued for the importance of re-experiencing the details of the event for healing to occur. Similarly, Hamber (1998) argues that it is necessary to re-experience the traumatic event in full detail for psychological healing to be initiated. He cautions, however, that giving testimony is not a ‘cathartic’ event for all. De Ridder (1997) argues with regards to the TRC that while many deponents found initial relief after having testified and unburdened themselves as such, “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 the onset of new symptoms that may be related to the

actual retraumatisation caused by retelling the story”<sup>9</sup> or as Young (2004) puts it, certain deponents felt as if they had become “doubly traumatised” by their testimonial experience (p. 152).

Even for those who did find that the testimony was healing for them, it seems that the testimonial process forms only a portion of the broader process of healing from the trauma of human rights violations. This trauma is highly contextualised in that it is firmly grounded within a particular social and political context (Bracken, 1998; Bracken, Giller & Summerfield, 1995). While testimony goes a large way in recontextualising the experience by providing purpose and meaning to it, some have suggested that this is not sufficient to result in healing (de Ridder, 1997; Hamber, 1998). As Field (1999) contends,

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 (p. 7)

Field (1999) argues that while the TRC claimed to be emotionally healing for the survivors of apartheid, the process did not lend itself to this because it was primarily a politically motivated, legal and administrative process. “This legalism undermined the extent to which the TRC process contributed to healing” (Field, 1999, p. 7) because the psychological was regarded as something of an after-thought or as something that would simply happen as a result of the process. Brandon Hamber

---

<sup>9</sup> No page number available.

(1998) also criticises the TRC for its lack of psychological support services for victims who provided testimony, leaving them (most unable to afford private psychological aid) vulnerable after they had provided what the TRC required of them (Hamber, 1998). The failure of the TRC to provide adequate psychological support for witnesses may have been the biggest contributing factor to retraumatisation (de Ridder, 1997). Based on findings made by scholars who have studied narrative processes and testimony extensively (for example, Herman, 1992a and Laub, 1991, 1992) it would seem that in order for testimony to be effective victims need on-going psychological support in the post-testimony period.

Kagee (2006) cites this lack of structured support as one of the reason behind the findings of his study of 148 black South African former political detainees. The study examined the relationship between statement-giving at the TRC and psychological distress among members of this sample. His findings indicate clinically significant levels of reported distress in both the statement givers and the non-statement givers groups as well as overall. Results from the specific measures of traumatic stress, however, did not reveal mean scores indicative of symptoms. Of those who gave a statement, a total of 64.3 percent indicated that the process of state giving was helping to some degree in relieving their distress associated with their human rights trauma. Despite this though, comparative data between the two groups revealed no significant differences between the mean scores on measures of distress, traumatic stress or physical functioning indicating that the process of state giving at the TRC “did not facilitate the alleviation of psychological symptoms” (Kagee, 2006, p. 21). He explains this in terms of the present concerns of most survivors being life circumstances which do not facilitate healing. He also suggests that the statement-

giving process was too limited and circumscribed in its form to provide the appropriate structure that is necessary for therapeutic efficacy.

### **1.7 Betrayal & Retraumatization**

For many who testified at the TRC's public hearings, subsequent feelings of betrayal and abandonment by the current dispensation are salient. Betrayal is felt both in terms of a lack of acknowledgement and recognition as well as in terms of continuous economic subjugation and poverty. According to Freyd (2005), betrayal trauma is just that – a form of trauma. It is not a response to a traumatic event, it is traumatic in and of itself. Freyd's Betrayal Trauma Theory (Freyd, 1994, 1996, 1997) is a theory which explains the logic behind forgetting childhood sexual abuse. It aims to explain why it is that certain individuals who have been exposed to childhood sexual abuse engage in elaborate dissociation or traumatic amnesia of the abuse.

According to Freyd (1997) a good starting point is an understanding of the functions of pain and the blocking of that pain. Pain, whether it be physical or psychological, acts as a motivator. Pain by its very nature is unpleasant which in turn indicates that something is wrong. Pain therefore motivates us into action – an action that will remove the pain therefore resulting in our survival. It would, however, be maladaptive to experience pain for the express purpose of alleviating it. According to Freyd (1997) then, “[i]nstead, natural systems for blocking pain would be adaptive only if the behavioural consequences of pain in a particular situation are themselves maladaptive” (p. 25). In this sense, the motivation to avoid pain is underscored more by a goal towards survival than pain relief per se.

It is, however, also important to note that pain may lead to withdrawal and sometimes depression as opposed to action. According to Freud's theory of introjected hostility patterns of unhealthy relationships with caregivers prevent the development of a strong and positive sense of self. Thus there is a constant search for approval from others leading to anxiety about separation and abandonment. When such separation or abandonment may occur (even if it is perceived as such), depression ensues. Freud argues that the self-blame and self-hate that accompanies depression are not actually directed at the person themselves but rather at those who have been perceived to have abandoned them. Because 'depressives' are dependent on the approval of others, much of their sense of self is constructed with images of these other so-called "love objects". When they believe that they have been abandoned or rejected by their love objects, anger and hostility is turned inward towards those aspects of the self that is made up of the love objects because of fear of expressing these feelings openly. Thus, the self-blame and self-hate is actually the blame and hate of others who have abandoned them (Nolen-Hoeksema, 2004).

A second point of call is the centrality that attachment and trust play in the lives of human beings (Freyd, 1997). The work of Bowlby (1988) is instructive here because it highlights that in order for human infants and children to survive both physically and mentally, a successful attachment must be made between the child and its caregiver. Because of the importance of attachment, there exists within humans a complex system of emotional, cognitive and behavioural components which ensures the occurrence of attachment. This ensures that a child develops trust and love for the caregivers which naturally results in the showing of affection towards the caregiver

which in turn elicits from them the love, nurturing and protection a child needs (Freyd, 1997).

Human beings have naturally evolved mental mechanisms devoted to detecting cheaters/betrayal<sup>10</sup>. Those who betray us are not looking out for our best interests or survival. Under many circumstances it is therefore “our survival advantage to be highly attuned to betrayals” (Freyd, 1997, p. 26). As a result we feel the need to avoid those by whom we have been betrayed. This is so because the realisation of betrayal leads to intense and uncomfortable emotions such as pain which motivates us to avoid the cheater. As Freyd (1997) argues:

When the betrayer is someone we are dependent upon, the very mechanisms that normally protect us – sensitivity to cheating and the pain that motivates us to change things so that we will no longer be in danger – become a problem (p. 27).

Victims therefore try to block the pain and any awareness of the betrayal so that it can be assured that we behave in such a way as to maintain the relationship we are dependent upon. Information thus becomes blocked from the mental mechanisms that are in control of attachment and attachment behaviour. If, however, the abused child processes the betrayal as per usual he or she would be motivated by the pain to stop interacting with the person by whom they have been betrayed. If this happens, the child’s withdrawal from the attachment relationship may further endanger the life of the child – physically and psychologically (Freyd, 1994).

---

<sup>10</sup> “a betrayal of trust that produces conflict between external reality and a necessary system of social dependence” (Freyd, 1994, p. 312).

It may be argued that betrayal has occurred on two levels within a post-conflict, and even post-TRC, South Africa – albeit on a broader structural plain – and thus has come to result in further retraumatisation and revictimisation of those traumatised originally by the extremities imposed upon them by gross violations of human rights under apartheid. Helen Garrod (undated)<sup>11</sup> has coined the lack of acknowledgement and ignorance shown by current leadership towards those who fought for freedom, political betrayal, which she bases on Freyd’s construct of “betrayal trauma”. It is this form of betrayal that is rife among victims of human rights violations in South Africa today. A further element to political betrayal is what may be called socio-economic betrayal due to the dire circumstances former victims continue to live in as a result of having sacrificed their jobs and educations for the greater good in fighting for liberation. Many have also since been so severely traumatised that they have been unable to work and thus unable to provide for themselves or their families plunging them further into poverty (Mohamed, 2005). The subsequent perceived lack of action and provision of sufficient reparation by the leadership they fought to put in power is seen as a further betrayal. These contextual factors increase the experience of betrayal for those victims who trusted their leaders and believed in their cause but who are now left with nothing.

The act of giving testimony is, therefore, seemingly insufficient in dealing with the effects of the traumatogenic social and political events of the past. Redress in terms of socioeconomic positioning is also an issue that if not addressed may lead to further retraumatisation. This ‘economic betrayal’ is not an uncommon complaint in the South African context among victims of human rights violations. Victims feel as if

---

<sup>11</sup> Retrieved October 12, 2005, from <http://www.helengarrod.com/home/case.htm>

they have been failed by the TRC and the government in terms of the promises made to them of improving their livelihoods and lament their once-off payment of thirty thousand South African Rands as 'reparation' (Hamber, Nageng & O'Malley, 2000; Kagee, Naidoo & Van Wyk, 2003). According to a study conducted by Kagee and Naidoo (cited in Kagee, Naidoo & Van Wyk, 2003), marginalisation in economic terms as defined by lack of access to resources for living a fulfilled life, high unemployment and poor and ineffective healthcare services were foremost issues to respondents in term of their misgivings about the TRC and the current government.

These conditions and concerns serve to compound the ever-present trauma of human rights violations despite having testified at the TRC. This is so because as Ajdukovic (2004) notes, the lack of control over one's life that these circumstances instigates as well as the lack of opportunity to plan one's life "makes people feel disempowered and helpless, in addition to post-traumatic symptoms" (p. 125). Similarly argued by Chapman and Rubenstein (1998), "It is those among the ranks of the oppressed, disproportionately black, powerless and poor, who are in greater need of help. Emotional damage is compounded by time and neglect. If not addressed it will cause dysfunction in society most likely to express itself in mental illness, dependence and violent behaviour" (p. 104). This would then serve to only further impede healing and accelerate levels of retraumatisation. It is therefore vital to address such socioeconomic issues that Montiel (2000) suggests is an important element to recovery from political trauma.

## **1.8 Relationship Between Psychological Healing and Reparations**

Reiterating Montiel, just as the traumatic experience is highly contextualised, the process by which healing needs to occur should also therefore be contextualised in that it must take into account and address not simply the psychological but also the social and economic which may in various ways impact on psychological well-being. As Ajdukovic (2004) puts it:

In addition to their own traumatic experiences, many people have to cope with the fact that they have missing family members, they face unemployment, have very difficult living conditions, insufficient social services and schooling...and loss of personal and professional identity. Lack of control over life and lack of opportunity for planning their lives makes people feel disempowered and helpless, in addition to post-traumatic symptoms (p. 125).

Christina Zarowsky as part of a discussion on ways of making sense of violence and death in Ethiopia asserts that life continues because survival is more of an imperative than is the worry over, and experiencing of, psychological distress (Zarowsky, 2000) which contrasts with Ajdukovic's (2004) contention that such distress is exacerbated by the struggle to survive due to current circumstances. It is, therefore, not the case that survival is not most important but more that survival is made increasingly difficult because current circumstances are aggravating and compounding the previous trauma and engendering a context non-conducive to healing which is evidenced by the findings made by Mohamed (2005). Testimony does therefore not equate to healing if the socio-economic situation is not adequately addressed. De Ridder (1997) therefore asserts that to deal with the trauma of the past it is imperative that the problems of the present be unpacked. Healing is therefore highly complex. Testimony, while undoubtedly essential, is quite simply only the tip of the iceberg. If

the issue of reparations is therefore not included as a point on the healing agenda or is dealt with inadequately then healing in a holistic and enduring sense is threatened which is a point explored by the current study. Reparations, despite being significant in a symbolic sense as a form of acknowledgement, also serve an important practical function by providing some form of financial aid to those whose lives have been severely disrupted (Walaza, 2000)

A study conducted by de la Rey and Owens (1998) exploring the perceptions of psychosocial healing with regards to the TRC is reflective of the idea that healing is not a static, unilateral event. Healing was construed by participants in this study as a process in that it was referred to as a journey and as something that was just beginning. Also though, healing was constructed as modular, multi-layered and multi-faceted. The 'modes of healing' as the authors call it are divided into: story-telling (testimony), reparations and support systems. Healing encompasses all three of these and would be jeopardised if one were missing or lacking. Thus, testimony – while an element within the triad – is insufficient in and of itself to engender healing per se. In reflecting this, the Mohamed (2005) study provided the spring board from which to launch the investigation into healing and its complexities for those who testified at the TRC.

The 2005 study carried out with individuals who had provided public testimony to the TRC was an exploration of the internal significance of public testimony for victims of gross human rights violations. Findings indicated that in the light of undeniable subjective traumatisation, participants' public testimony at the TRC was a highly significant experience for them. The findings, however, also reveal salient feelings of

political betrayal and abandonment by the current dispensation which are conflated with continual economic subjugation and poverty. This confirms findings by de la Rey and Owens (1998) which suggest that healing is an all-encompassing concept including testimony, reparations and support. It is from this point that the current study draws its aims.

This study questions firstly, whether the testimony was significant for the individual. Secondly, it addresses individuals' life experiences following testimony and their experience of receiving reparations. This is done in the light of findings which indicate dissatisfaction, abandonment, socio-economic deprivation and continued difficulty. This work is important in developing an understanding of the process of healing because healing is a vitally important concept in thinking not only about psychological well-being but also broader societal well-being and peace-building in countries emerging from protracted political conflict. Also, because the TRC serves as a model to the international community it is important that research work address issues which may provide constructive criticism and thus recommendations to those countries looking towards the South African model as inspiration.

It is therefore the aim of this research to address the complex issue of healing in relation to the TRC. More specifically, the following research questions will be addressed:

- Was the process of providing public testimony to the TRC a retraumatising experience for victims?
- What were the immediate psychological implications of providing this public testimony?

- Following the TRC, what has been the lived experience of those who partook in the testimonial process?

## **CHAPTER TWO: METHODOLOGY**

### **2.1 Research Design**

Following from the questions that the study aimed to address, the research paradigm most amenable to the explication thereof was the interpretive paradigm. This approach “aims to explain the subjective reason and meanings that lie behind social action” because ontologically it is believed that reality can only be studied through the subjective experiences of the world due to its constant shifting and multiple forms (Terre Blanche & Durrheim, 1999, p. 6). Epistemologically therefore, it is best to take a more empathic, intersubjective and interactional approach towards studying this subjective reality.

An exploratory qualitative research design was therefore used because it is the methodological stance that most appropriately addresses the ontological and epistemological assumptions made by the interpretive paradigm and the aims of the study which tap into participants’ lived experience of trauma, the TRC and the post-TRC context. In other words, this approach allows for the exploration of the subjective realities of individuals through addressing personal experience, and deals with individuals’ personal perceptions or accounts of the events being probed (Smith & Osborn, 2003). The interpretive lens attempts to “harness and extend the power of ordinary language and expression...to help us better understand the social world we live in” (Terre Blanche & Kelly, 1999, p. 123). Central to the interpretive paradigm and its associated methods is the acknowledgement and understanding of context because context is what allows for the meaning behind human actions and experiences to be ascertained. This is highly relevant to this study in light of the

importance of context in understanding the complex responses to human rights trauma. It is here where the importance of an interpretive methodology is highlighted. The mere description of an event belies a true understanding of the socio-political circumstances that led up to it and the allied psych-socio-politico consequences that stem from it. Therefore, by taking an interpretive approach which, through ‘empathic reliving’, allows for the process of ‘recontextualisation’ such an understanding may be gained. It had been argued in Chapter 1 that both trauma and recovery from trauma – particularly in circumstances of protracted political conflict and repression – are highly contextualised experiences. Therefore, a proper understanding thereof is vital which may be gained through an interpretation of the thoughts and feelings as expressed by those who have been exposed to such trauma. It is thus that, as discussed below, one-on-one individual interviews were used as the method of data collection for this study.

## **2.2 Sample**

The sample for this study comprised ten individuals<sup>12, 13</sup> who both suffered gross human rights violations under apartheid as defined by the TRC<sup>14</sup> and who testified at the public hearings of the TRC. Participants were recruited through a contact at the Western Cape branch of the Khulumani Support Group. All participants were therefore selected from the current member database. Khulumani served as an appropriate site for recruitment due to their on-going work with victims relating to their current grievances stemming from involvement in the TRC. The sample was selected using a non-random, purposive/judgemental sampling strategy (Van Vuuren

---

<sup>12</sup> Five male and five female participants.

<sup>13</sup> Six ‘African’, three ‘Coloured’ and one ‘White’ participants.

<sup>14</sup> Family member killed, torture of self or family member, severe ill-treatment of self or family member, abduction of self or family member, disappearance of family member (without return), police detention, raid on property, looting and more (Kaminer et al, 2001).

& Maree, 1999) due to the nature of the selection criteria for participants. Five interviews were conducted in English while the remaining five were conducted in English with the use of a Xhosa-speaking interpreter based at the Khulumani office. While the use of an interpreter may somewhat mediate the empathic connection between the researcher and the participant by distancing the research from the subject, this manner of interviewing was deemed preferable to having the entire interview conducted in Xhosa by an individual who would at a later stage have no involvement in the analysis process. That way the empathic connection between researcher and participant would be negated. However, by making use of an interpreter there was still a level of interaction between researcher and participant. Here, even though the questions were being asked by way of a third party, they were still asked by the researcher directly to the participant maintaining eye-contact and sustaining the empathic relationship despite the possible distancing imposed by language.

### **2.3 Data Collection**

Data was collected using in-depth, semi-structured interviews with each participant. This is in keeping with the epistemological assumptions of the interpretive paradigm. Interviews allow for a more intimate 'knowing' of the participants and is organised in such a way as to "really understand how they think and feel" in a form of interaction that is more natural (Terre Blanch & Kelly, 1999, p. 128). Similarly, as Rubin and Rubin (1995) contend "every step of an interview...opens windows into the experiences of people [being interviewed]" thus allowing the researcher to "understand experiences and reconstruct events in which you did not participate" (p. 1). Such interviews provide insight into the highly subjective and contextualised

experiences of providing public testimony as well as the lived experience in the period following the TRC because it provides the space in which the researcher can feel a sense of empathy and thus recontextualise the participants' experience thereby fostering a more complete and nuanced understanding thereof.

The semi-structured nature of the interview allowed the researcher to keep the interview on track and guide the participant through various themes that needed addressing without placing an imposition on the participant. This was done with the aid of an interview schedule (Appendix B). Each interview was conducted at the Western Cape office of the Khulumani Support Group in Salt River, Cape Town and lasted approximately sixty minutes in duration. The venue was decided upon due to the participants' familiarity with the office thus allowing them to be more comfortable. Appointments for interviews were made with the aid of the Khulumani office assistant who made contact with participants and explained the procedure. However, on the day of the interview I personally explained the procedure once again and carefully made sure the participants understood the consent form they were meant to sign. Interviews were all tape-recorded (with consent).

Each of the participants was provided with a gratuity to the value of R100 for their time and their contribution to the study. After each interview, notes were taken regarding issues of reflexivity (summarised in Appendix C). Once the interviews were complete they were transcribed and validated (by reading through each transcript and listening to the tape simultaneously) to make sure that there were no errors in the transcription process.

## 2.4 Data Analysis

A thematic analysis was undertaken as the method by which the interview transcripts were analysed. This is a method grounded firmly in the data itself. The approach takes an in-depth look at the content of the text reducing it “into concepts that are designed to stand for categories” or themes which are then “developed and integrated into a theory” (Corbin, 1986, p. 102).

This approach is a complex multi-layered process of coding and thematising the text so as to develop a deep understanding of the phenomenon under investigation (see Appendix D for examples of each step of the analysis process). The first step (immersion) involved reading through the interview data and ‘immersing’ oneself within it so as to gain familiarity and thus a preliminary idea of the themes emerging from the data. This process and that of checking the transcript accuracy were combined although transcripts were read three times each prior to the commencement of the next step in the analysis process. Step two (coding) is a process in which words, sentences, sections, or whole paragraphs were coded or labelled. The code which was a word or two (sometimes more) acted as a label which represented the syntactical structure it was labelling (i.e. the code would stand for the sentence or paragraph to which it was associated). The codes were words that remained as close as possible to the words in the raw data itself. At times so-called ‘in vivo’ codes<sup>15</sup> were used. This coding process was done for each transcript. After each transcript was individually coded, the codes were listed separately in order to make the next step of categorisation easier. At this point all similar codes – codes that represented elements of data that dealt with a particular theme emerging from the data

---

<sup>15</sup> ‘in vivo’ codes are codes that use the words of the actual participant i.e. from the actual raw data itself.

itself– were grouped together. Once the codes were categorised and listed according to theme, each theme was labelled using a more abstract label to encompass the theme’s content. The actual coded ‘items’ were then copied from the original transcripts and grouped together under the theme headings using a word-processing computer program. The themes were then discussed in relation to the literature (Chapters 3-6) using quotations from the transcripts as evidence. The coding and categorisation process was done both within and between each transcript so as to discern commonalities and explicate differences thus providing an in-depth examination and analysis of the subject matter (Corbin, 1986; Terre Blanche & Durrheim, 1999b).

There is a lack of insight into the process of healing from the perspective of victims on an individual level. This approach allows this gap to be addressed by providing the beginnings of an exploration into the process of healing in the aftermath of human rights violations couched in lived experience.

## **2.5 Ethical Considerations**

All participants in the study were duly informed of the interview and the subject matter that it would address as well as the aim of the study. Specifically, participants were informed that the interview would require them to recall possibly painful and highly emotive events, thoughts and feelings regarding their TRC testimony as well as the short and long-term effects thereof. It was made explicit from the outset that no harm would come to participants and that their involvement in the study was completely voluntary. Participants were given the option of terminating the interview at any point and were also given the option of taking a break should they feel this to

be necessary during the course of the interview. Participants were informed of their prerogative to not answer questions they felt at all uncomfortable answering or were unwilling to answer. Permission to tape-record the interview was ascertained prior to commencement. Participants were also informed that the research report (as well as each participant's respective interview transcript) would be made available to them on its completion and once it had been reviewed.

Given the highly emotive nature of the content being addressed in the interview and the distress it may have resulted in, participants were informed of the availability of the study's supervisor, as a clinical psychologist, both during and after the interview for psychological assistance. Although none of the participants expressed the need or desire for counselling after their interviews. Although some had experience emotional difficulty as indicated in this dissertation, none opted for the opportunity to be counselled provided to them. Many of the participants, despite the difficult subject matter, thanked me for allowing them the space to tell their stories again indicating that it was a positive experience for them. It seems therefore that the participants found the interview process to be cathartic. This is in keeping with the theoretical contention that it is necessary to live through the emotional salience of the memories in order to overcome them and heal (Herman, 1992a). It must also be noted that, in agreement with the National Director of the Khulumani Support Group, participants in this study were offered participation in a Healing of Memories workshop run by the Institute for the Healing of Memories (IHOM) organised via the supervisor of this research as part of their psychological support. The workshop has been scheduled for early June 2007. As quoted by the IHOM website, "Each Healing of Memories workshop is a small but powerful step towards healing the wounds of the past. We

have found that the Healing of Memories workshops contribute not only to personal healing, but also to the healing of interpersonal relationships”<sup>16</sup>.

Confidentiality of information was guaranteed to the participants. Interview tapes and transcripts were labelled with pseudonyms which are also used in this final report unless permission was given by the participant to use their true identities. Due to the intersubjective nature of the interview process anonymity could not be guaranteed. In addition, the researcher, the research supervisor as well as the administrative assistant at Khulumani (also the interpreter for the study) had knowledge as to who the participants were thus precluding complete anonymity. However, all information was kept strictly confidential in that all raw data – interview tapes and transcripts – labelled with pseudonyms were accessible only to the researcher. The interpreter was informed of the importance of confidentiality and that by agreeing to interpret for the study, she was agreeing to keep the information confidential due to the sensitive nature of the subject matter. Having worked with these participants before and with other individuals of similar background, she understood the need for confidentiality and thus agreed.

---

<sup>16</sup> Retrieved May 21, 2006, from [http://www.healingofmemories.co.za/programmes/ihom\\_prog.htm](http://www.healingofmemories.co.za/programmes/ihom_prog.htm)

## **CHAPTER THREE: RESULTS & DISCUSSION**

### ***Intrusion, Avoidance & the Dialectic of Trauma***

Often in the aftermath of exposure to traumatic experiences, human beings elicit psychological responses which serve as the wounded psyche's attempt to come to terms with an extreme occurrence. This is as a result of having been overwhelmed by the inability of the body's natural defences and emergency responses to effect change at the time of danger. Two of the main categories of traumatic response after traumatic exposure listed in the DSM-IV are: re-experiencing and avoidance or as Herman (1992a) refers to it, intrusion and constriction, respectively. This chapter will discuss the presence of such symptomatology in the experiences of the participants in the present study.

It is however, important to note that in light of the controversy surrounding PTSD<sup>17</sup> that the diagnosis has some limitations particularly when applied to cases of protracted, longer-term, chronic trauma (Herman, 1992a, 1992b). Herman argues that a new diagnosis is warranted to encompass the effects of such trauma, one she refers to as Complex-PTSD. Furthermore, Becker (cited in Hernández, 2002) contends that a major problem with the construct of PTSD is its labelling of "victims of political repression, genocide, or torture as *disordered* because of the symptoms they experience" (p. 20). This is ethically problematic because it pathologises reactions which are acceptable, normal and adaptive responses to suffering under the extremity of political repression (Hernández, 2002). These are all important points in light of the present study because of the nature of the traumas experienced in the form of violations perpetrated within the politically repressive apartheid context –

---

<sup>17</sup> See for instance Bracken (1998)

characteristically repetitive, constant, prolonged and community-wide. However, despite the limitations with the PTSD diagnosis, it does provide a helpful reference point from which to gauge the responses of participants in the present study to their respective experiences of violation.

Trauma in psychological terms usually refers to the psychological response elicited when confronted by an event that is extraordinary and out of the range of normal human experience (APA, 1994). The event overwhelms adaptive human coping mechanisms and thus becomes encoded in memory as something extreme, inarticulable and incomprehensible (Herman, 1992a). A traumatic response is elicited because human action during the event is rendered ineffectual due to overwhelming and paralysing feelings of fear which renders the victim helpless. “Psychological trauma is [therefore] an affliction of the powerless” (Herman, 1992a, p. 33).

Trauma is encoded in memory as traumatic memory. Traumatic memory is sensory in nature and imbued with traumatic imagery and intense emotion. It is ‘written’ on the body:

No experience is more one’s own than harm to one’s own skin, but none is more locked within that skin, played out within it in actions other than words, in patterns of consciousness below the everyday and the construction of language. Trapped there, the violation seems to continue in a reverberating present that belies the supposed linearity of time and the possibility of endings. (Culbertson, 1995, p. 170)

The overwhelming nature of the event precludes its integration into normal (narrative) memory (Janet, 1919; cited in van der Kolk, 1997). This traumatic

'memory' is therefore left un-integrated to 'float' in the unconscious and intrude upon conscious life unannounced. Again citing Janet (1894), van der Kolk (1997) argues that a phobia of the memory arises which prevents its integration into a neutral narrative and splits it from ordinary consciousness which leaves them to be experienced as visual perceptions, somatic preoccupations and behavioural re-enactments.

Trauma may also be understood as an interruption of one's life narrative (Wigren, 1994). It is an event that cannot be integrated into the life narrative which is a narrative characterised by fluidity and causal attributions. The process of trauma recovery, healing and restoration involves transforming traumatic memory into narrative memory. Thus by integrating the memory of the trauma into one's life narrative with a past, a present and a foreseeable future, one regains a sense of control and meaning (Herman, 1992a; Brison, 1999).

The findings from this study reveal themes that would suggest the presence of PTSD but interestingly also, while pointing to traumatic effects, do not point to the clear-cut intrusion and avoidance typical of DSM-defined PTSD. This is instructive because it begins to highlight the fault lines that have been debated in the field of trauma. Traumatic effects in the aftermath of political conflict are not clear-cut. For most of the participants for example, the current distress they experience is more in response to their present life-circumstances than to the actual trauma they had experienced years ago. In addition, some of the participants have been living with the traumatic wounds of violation – both physical and psychological – for so many years that they have become different people. While this is not an indication of PTSD, it may

possibly be one of a more complex posttraumatic response to less circumscribed trauma.

### 3.1 Intrusion

Illustrating the uncontrolled nature of traumatic memory, Mr Z, whose home and 'spaza shop' were burned down during unrest in the township of KTC, for instance says of these thoughts and reminders: "*It was just ruling my life very much terrible if I just start to think about the life before as I did tell you that I did start to move*". The distress these thoughts and the aftermath of the destruction he endured caused him to start smoking as a manner of coping: "*...I was not a smoker as I was stressed at the time I started to smoke to see all my things burning without taking **anything** inside my shack...*". This reflects the experience of many participants where the traumatic incident – despite the elapsed time of more than thirty years in some cases – continues to invade daily existence.

The intrusive memories experienced are often experienced with intense, distressing, negative affect. Mr S, for example, refers to the thoughts as something that "*Yes I think about it and it stresses me*" because as he says later regarding remembering of the incident: "*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*". This is part of the reason he provides for initially not wanting to give testimony to the TRC – the emotional evocation, which is a feature of traumatic memory.

These emotions are definitively negative because they evoke the same sense of fear and pain that was felt during the traumatic incident itself. Mr W, who was almost

killed in a bomb explosion of his group's meeting headquarters by the apartheid state, speaks of the unpleasantness of the emotions that accompany traumatic memories and the desire therefore to avoid their recurrent intrusion. On being prompted about whether or not he thought much about the incident Mr W says "*Yes, ofcourse I do*" interestingly making use of the present tense indicating the continued presence of the memories. Reflecting on the thoughts, he recounts them as being "*Generally negative...and you know like when that thought would come up, it's an unpleasant thought, it is not nice to think about it...I have tried to suppress that you know, in my subconscious...because of the generally negative emotions it gives out*". His use of the present tense speaks towards the endurance of traumatic memory despite the passing of seventeen years since the bombing had taken place.

Another example that illustrates this enduring emotionality that accompanies even the deliberate remembering of the trauma is from Mrs S whose husband was killed in 1985 in the township of Guguletu by a mob of masked men. Mrs S in the process of recounting the events surrounding the death her husband, broke down during the interview and required time to regain her composure due to the obviously intense emotional salience of the memories she was conveying to me of events that had occurred twenty-one years before. It would seem that it is not simply the memories that return, but also the emotional associations. It is this that creates the intense unpleasantness and distress and initiates the need to avoid and thus protect the psyche from being overwhelmed. Mrs S describes in great detail the events of the day her husband was killed and the time leading up to his burial at which point she broke down:

*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 of her husband in a grave of cement is the tip of the iceberg for Mrs S – the point at which the emotions of the time become too much to bare. Speaking and remembering the day of the incident and the days leading up to and including the funeral built to a point where words could no longer express the intensity of the day at this point only able to be expressed through the outpouring of the emotions associated with the memory and with the day of violation. After Mrs S was given time to compose herself, she shifted – without being prompted – from speaking about the period of violation to speaking about how she came to hear about the TRC, a less emotionally evocative subject. While this reconnection with the emotions of violation is a painful experience, scholars such as Herman (1992a) argue that it is a necessary and highly important aspect of the recovery process. The re-experiencing of the emotions in a safe and structured space is vital because it allows the traumatised individual to gain control over the memories and associated emotions thus allowing for integration of the traumatic memory. However, this must be done in a safe and supportive environment so that those very emotions do not overwhelm and thus retraumatise the already traumatised individual.

McNally (2003b) as well as van der Kolk and Saporta (1991) note that part of intrusive symptomatology may include the possible presence of physiological reactivity. During my interview with Mrs G, in the main hall of the Community House complex where the interviews were being held, happening simultaneously was loud and lively singing emanating from a trade union meeting. Trade unions in South Africa have historically been linked almost inextricably with the liberation movement

in organising the working class and has thus come to represent a powerful force for change. Thus, still today albeit to a different end, trade union gatherings bare a striking resemblance to political rallies that took place during the tumultuous liberation struggle.

My interview with Mrs G, whose husband was brutally murdered by men who were known to be police collaborators, the 'wit doeke', took place in a room adjacent to the hall where there was a trade union rally. The singing and the stomping in the hall was clearly audible in the interview room. At one point, Mrs G seemed to be distressed to the point where the interview had to be temporarily suspended so that she could regain composure. The familiar sounds emanating from the main hall clearly elicited in Mrs G a physiological reactivity visible in her sudden alertness, increased breathing rate and need to 'cool down' and take a break. Also though was the emergence of intrusive recollections and potent emotions because as she said at the time, the songs were reminding her of what it was like "back then". The effect of the songs here illustrate the so-called phobia of traumatic memory that Janet (cited in van der Kolk, 1997) believes arises thus eliciting the panic-like response evident in Mrs G's reaction to the stimuli. Phobic objects are generally avoided due to the unpleasantness they generate when confronted with them. Thus, in this understanding, when Mrs G was reminded of the atmosphere of unrest by the songs she became confronted with the phobic memory of her violation and thus her panic-like psycho-physiological response.

Both Mrs S and Mrs G's experiences during their respective interviews fit in to what the DSM-IV refers to as "[i]ntense psychological distress (Criterion B4) or

physiological reactivity (Criterion B5)” respectively in response to exposure to “triggering events that resemble or symbolize an aspect of the traumatic event” (APA, 1994, p. 424). Also, Mr Z’s experience of memories that take over and always seem to arise fit in to Criterion B1 of the DSM-IV’s features of trauma which states that “[c]ommonly the person has recurrent and intrusive recollections of the event” (p. 424). Herman (1992a) understands this presence of intrusive symptomatology as the psyche’s own attempt at overcoming or mastering the traumatic event. It is the attempt of the psyche to get to grips with the incident and re-establish the control and psychological equilibrium that was lost at the time of violation. Without the presence of a structured and supportive therapeutic context in which to re-experience these emotions and the memories that precipitate them results in their continued distressing intrusiveness.

### **3.2 Avoidance**

The presence of avoidance strategies is an important characteristic of trauma and is listed in the DSM-IV as Criterion B in terms of the diagnostic features of PTSD. Avoidance is understood as a protective and defensive response to the traumatic memories and the distressing emotions that accompany them. The experience of the original violation is an experience that overwhelms any human capacity to cope with it. Similarly, the threat of traumatic memory lies in its intrusiveness and intense associated affect. These threaten to once again and continually overwhelm the individual in the aftermath of trauma and thus retraumatise. Avoidance, therefore is an attempt by the psyche to protect itself from once again becoming overwhelmed by the memories and emotions associated with the original trauma.

Avoidance strategies used by participants to ameliorate the impact of their re-experiencing were also apparent in this sample. As Mr Y says, “...then I just completely want to refuse about thinking of it because it hurts me and I don't have any solution...”. The only solution is for him not to think about it, one avoidance strategy listed by the DSM-IV (APA, 1994).

Mrs S also made use of avoidance although instead of avoiding the thoughts, she moved away from the area where her husband was burnt to death so as not to be reminded of the incident because as she says:

*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, then I was taken to a doctor, and I couldn't even speak about this, when I tell somebody how it happened, then I get sick again, I must be taken to a doctor and I'm like somebody who's getting mad...I couldn't stand telling people about what happened.*

What is important though to note about Mrs S's statement is the influence that her surroundings and the context in which the event took place has on her distress. This is why she has had to leave the area in which she lived and why she is “scared of everybody”. Part of the apartheid state's scheme was to destabilise communities in order that it may enforce its methods of social control. Part of this then included the co-opting of members of the very communities that were being targeted in order to achieve its repressive aim (including the so-called ‘wit doeke’ that Mrs G refers to as well as ‘askaris’ or traitors). The mob of men who killed Mrs S's husband were part of the community in which she lived thus rupturing the bonds between individual and community that provide a sense of safety and stability to daily life. It is not surprising then to find that on returning to the area as a whole, the base of her community but also the site of trauma, that Mrs S feels as if she is going mad because of the intense memories and painful emotions that it has come to represent. Also not surprising is

her fear of all those around because the men who killed her husband are still out there. The trust within the community has been broken because of the killing of her husband and has thus been replaced with fear. These contextual elements are important in understanding Mrs S's response here. This would seem to support the notion that the decontextualised understanding of PTSD doesn't adequately capture the types of trauma experience by those under politically repressive regimes. It also provides an understanding of the reason Mrs S finds the need to avoid – due not only to the emotionality the site evokes, but also due to fear of the perpetrators and the sense that her community is one that is housing the very men who had killed her husband.

Mrs W whose son, Michael, was one of those killed in the infamous Trojan Horse incident in the suburb of Athlone on the Cape Flats in the Western Cape similarly avoided places that would remind her of him. She says:

*...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...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. I come home...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.*

Evident from Mrs W's statement above is what may fit into what Herman (1992b) refers to as characterological changes in terms of a more complex posttraumatic response in individuals who have experience repeated and chronic forms of trauma. Mrs W's character changed from being one where she was an attentive and loving mother to her children to the point where after her son's death, the distress caused by the constant reminders of him would result in her taking it out on her other children as

she says above: *“I come home...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”*. The distress caused to her by the reminders of her son also then resulted in her isolating herself because she did not want to attend functions that mentioned his name in an attempt to avoid the pain that it would elicit as a result. These characterological changes then also point to a response that falls outside of PTSD.

The DSM-IV, though, lists the avoidance of stimuli, including “deliberate efforts to avoid thoughts, feelings, or conversations about the traumatic event (Criterion C1) and to avoid activities, situations, or people who arouse recollections of it (Criterion C2)” (APA, 1994, p. 424-425), as important elements of the posttraumatic stress response. Mrs W displays clear indications of these features by avoiding functions and the like that would remind of her son’s death. Psychologically, the avoidance strategies serve a function as the psyche’s attempt to protect itself against yet again becoming overwhelmed by events of the day through memory (Herman, 1992a). The threat of becoming overwhelmed is the threat of retraumatisation and a further loss of agency through feelings of fear, helplessness and loss of control as evidenced by the participants in this study in speaking of the memories of their respective violations. For example:

Mr Y: *“...it hurts me and I don’t have any solution...”*

Having no solution is akin to being entrapped. Mr Y is thus entrapped in his inability to solve his problems which thus renders him helpless and powerless to exact change in his life.

While the desire to avoid is strong among those traumatised, attempts at avoidance are often fruitless as the subconscious forces the traumatic memory into consciousness in its own attempt to integrate it into a less aversive, narrative, form (Herman, 1992a). While at the same time in order to not become overwhelmed, strategies by which to avoid places, people, conversations, thoughts, feelings and emotions associated with the event are employed so as to protect the very psyche projecting forth intrusive imagery. Mr W illustrates this tussle between the need to avoid and the inability to do so:

*Look, what I tried is, the specifics of that night...I've tried to suppress that for quite a while, you know...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 it second by second very slowly you know...one thing after the other...the shouting, the screaming, and there is just that general panic...so I've tried to wipe that out of my subconscious, but I couldn't really.*

So we see Mr W's futile attempts at suppression against the intrusive force of the memories of the night their headquarters were bombed. He tells of the vividness of the memories and remembers details of shouting and screaming and speaks of the general panic in present tense as if happening at that moment in the interview while telling. Traumatic memory *is* re-experiencing and thus remembering the event is as if re-living it again in the present time, hence the present tense. Traumatic memory is also, by nature, memory saturated with sensory markers hence his vivid remembrance of shouting and screaming (van der Kolk, 1997; van der Kolk, Hopper & Osterman, 2001). We notice here the contradiction of responses, “the paradox of silence and the present but unreachable force of memory” (Culbertson, 1995, p. 170). This back-and-forth between trying to suppress memory but being confronted with intrusions which lead to re-experiencing – the wrestle between constriction and intrusion – is what

Herman (1992a) refers to as the “dialectic of trauma” (p. 47). She argues that due to the fact that neither intrusion nor constriction leads to any integration of the event “the alternation between these two extreme states might be understood as an attempt to find a satisfactory balance between the two” (p. 47). However, balance is precisely what the traumatised individual lacks, constantly being trapped oscillating between the two states. The resultant instability only serves to further magnify the individual’s sense of helplessness being caught in this self-perpetuating cycle (Herman, 1992a).

While most participants in response to being asked whether they tried to forget or to not think about their experiences responded in the affirmative, Mrs T, whose youngest son was the first child to be killed in the Bonteheuwel unrest in 1976, did otherwise. She says:

*Yes, yes, we talk nearly everyday about it, now too we talk about it, we can't forget it, when I said even if I live a hundred years I will still remember what happened. That's why I can tell you what happened that day...I can't help it, you must think about it, you can't because it is really a shock, that child wasn't a sickly child that I can, he was a young child you know and he wasn't sick so we can't – must remember that. Can never forget it.*

Her words such as “cannot” does not seem to imply ‘intrusions’ but instead, implies a willed desire to keep the memory of her son alive. It is therefore that she “must think about it” because remembering for her gives meaning to the loss of an innocent child. To forget would mean he died in vain.

### **3.3 Intrusive Embodiment**

Also apparent in this sample is the presence of a different kind of intrusion. For some participants, their inability to forget is as a result of their current circumstance in terms of bodily function and socioeconomic context. The latter is addressed in detail

is Chapter Six. With regards to the former though, the current physical state of being as a result of being permanently disabled in some way by the violation experienced serves as a constant and intrusive reminder of the suffering they endured and continue to endure years after as a result. Mr T's story is one that painstakingly illustrates the potency of the effect that his disabilities, due to being shot, have had on his life since 1976.

Mr T was shot in 1976 by an R-1 – a powerful army weapon – while walking down the street during a period of political unrest. The bullet entered his abdomen and virtually disembowelled him on site. In his words:

*...they shot me with a R-1, they used the R-1's in 1976, you don't survive from that bullet, that is what the Army use, not the police use, the Army, that is the guns that they use...and when the gun go in, the bullet go in here and it opened the whole stomach like this, and it opened and everything inside was lying outside, next to me, yes.*

Mr T described how ambulance operators assumed him dead and ordered the van to have him taken to the morgue from where he was subsequently sent to Victoria Hospital after it was deemed that he was still alive. According to Mr T, his parents were unable to find him for months until they discovered him to be in Victoria Hospital. It was here that he had countless surgeries on his abdomen in various attempts to repair the virtually irreparable damage the bullet had caused to his organs. Due to the extensive damage, plastic tubing had to be inserted into his abdomen to replace parts of his intestinal tract and stomach in order that he may live (see Appendix C for reflexive notes on this interview with Mr T).

These tubes and their implications serve as a constant and unavoidable reminder to Mr T of the horror of what had happened to him:

*...they operate on me they put in plastic tubes inside and they cut everywhere on the body...and I passed 8 operations there and the last one, and every time the stomach is swelling up, as I eat, as I drink a cup of tea it come out [the tea does not get digested, it passes straight through the network of tubing and exits] that time, I use that colostomy bag, I've got 3 bags on my dinges [body], it's one for the pieipie [urine] and one is for the 'aah' sakkie [faeces bag] and the one is if I drink tea or water it goes outside again into the bag, and it goes for years like that.*

The nine surgeries and the scars they have left as well as the ever-present plastic tubing that have left his abdomen hard and artificial to the touch in addition to the periodic instances of blockages and leakages all serve to reflect and compound the intrusiveness of traumatic memory for Mr T. Moving past his trauma is a mammoth, likely improbable, if not impossible, task because his trauma resides within him, literally – it has become *embodied*. He says:

*...I was always lying in the bed, I could do nothing...it was very bad man, hard times for me. I'm still in that situation, I can't forget it, even in the sad times I can't forget it, it's very bad.*

Mr T brings to life the words of Humphrey (2000) who states the following:

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

Mr T's distress suggests not only the continuing effects of a traumatic experience that is past, but on-going and present effects of his embodied trauma. His trauma is compounded by his sense of guilt about his mother's death, which he believes was

caused by the stress of caring for him. Here he expresses his deep sorrow about a loss that he believes was caused by his circumstances:

*...it was very bad for her man and she couldn't take it anymore, that was the dinges, it was very bad for her man and she got a heart attack and she died, and I asked the Lord why did He not take me and leave her rather because the pain that I felt was very bad because every day is a sad time for me, the bad times and the hard time for me...*

His self-blame stems from the stress he believes he caused his mother due to the gravity of his bodily dysfunction. Mr T embodies not only his trauma but also his feelings of not wanting to live – he feels that he should have died instead of his mother, displaying his sense of guilt. Victims of trauma often feel as if a part of them had died or as if the person they were before has died (Herman, 1992a). For all intents and purposes for Mr T this is true. He literally no longer carries much of his own internal organs and has been forced to live with plastic, artificial insides. Metaphorically, a part of him has in fact died – the disembowelment may be seen here as representing an ‘emptying out’ of the self resulting in a sense of loss and emptiness. Thus we see both themes of guilt and of loss operating in Mr T’s experience.

Mrs G and Mr Y have similar stories of trauma embodiment. Mrs G was shot while running from police and to this day still has bullets lodged in her body that were never removed. As a result of the bullets she has great difficulty moving around and conducting her daily life. She is on a daily clinic monitoring schedule and has to use two sticks to assist her with walking and pays the doctor out of her pension for injections which boost her immune system. The bullets and these difficulties they

cause are embodiments of the trauma she suffered and serve as unavoidable daily reminders of the day she was shot and her husband killed.

Similarly Mr Y was shot with a rubber bullet on his temple resulting in his eye dislodging itself from its socket causing subsequent permanent blindness. Where he could see before, he now no longer can. As he says:

*I was very much hurt because I was not born like this and I did like to see everything that is happening because I was a comrade, I'd like to see everything that is happening...so now I won't see anything...I did think about it [the blindness] a lot and having a full anger because really right now I can't go anywhere and I want to go...dealing with the events, I can't go anywhere, I can't see anything whatever I can be there, I don't see anything.*

His lack of sight, as something he cannot avoid due to its bodily inscription is a daily reminder not only of the day he lost it but also of the cause and purpose he lost as a result. Due to his blindness, as he says, he could no longer be a comrade who was actively involved in events as he was before and this incites in him anger because he has lost something he cannot regain which for him is in itself traumatic. As a result of his blindness, he feels as if he no longer has real purpose because he can no longer be a comrade and fight for a cause. His blindness though also somewhat signifies captivity in the sense that his blindness as a physical condition keeps him captive, psychologically, by acting as an intrusive reminder of the traumatic experiences of having taken part in the struggle thus entrapping him within the wake of traumatic memory.

For these individuals the embodiment of their trauma parallels the intrusiveness of their traumatic memory. Although it differs in that it is a constant and omnipresent testament and reminder to what had happened as opposed to traumatic memory which

has an ebb-and-flow type nature and is triggered by reminders. Intrusive embodiment precludes forgetting because the body literally and permanently bears the scars and complications thus causing distress because, firstly, it serves as a daily reminder of the painful incident and its affective associations; and secondly, because it has resulted in disability preventing individuals like Mr T, for example, from living a fulfilled life.

### **3.4 Loss of Identity**

For some participants the trauma they had experienced had such an effect on them that they felt they were no longer who they were before the violation. Their very identities were lost as a result of being injured. Mr T's embodiment of his trauma is central to the loss of his previous self. Not only can he not walk, move or even eat like "*a human being outside*", he also tells of the humiliation and shame he feels due to the fact that as a man he can not provide for his family because of his disability due to the effects of his injuries and subsequent surgeries:

*...my heart is sore because I can't work for them you see...the sad times, it's still there, the bad times, your heart is still crying inside man, you can't do nothing for your family. I can't even take a broom to help sweep, so bad is this body.*

As the 'man of the house' he is unable to provide even assistance with cleaning the house because he is bound to his bed most days due to his physical limitations. He does not feel like he can stand up next to his family because he feels ashamed that he cannot fulfil his role of provider and as father – this is something he has to face everyday. He cannot even provide his children with basic amenities and this emasculates him and makes him feel as if he is an ineffectual human being.

*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...what happened to me, why did these things happen to me, that I can't face for my family, you see.*

Mr T has lost a lot. To him he has lost the ability to be an effectual human being and father and husband. These are aspects of his identity that have become null and void because of the violation he endured. His physical state of being has influenced his identity significantly and caused clear distress in his life. Kagee (2004) has noted congruous findings which show that the “expression of distress was particularly the case for persons who suffered physical injuries that resulted in a disability” (p. 628). Mr T’s expression of *“your heart is still crying inside”* is an indication of his distress in terms of what Kagee (2004) calls “local idiomatic interpretations of distress” (p. 628).

Mrs T speaks also of never being the same after the death of her son. Before Christopher’s death she was a happy-go-lucky person, friendly, always swearing and making jokes. However, after he was shot she says *“...you can't even look at me then I'll jump down your throat. 'What do you want from me?' or so, you know? I changed a lot”*. These two instances of a shift in personality and identity as a result of having experienced violation is parallel to what Herman (1992b) refers to as characterological changes in individuals exposed to prolonged trauma. One aspect of these characterological changes are changes in identity which often result in victims feeling as if they are no longer the person they were before or even feeling as if they are no longer human anymore.

For all these participants their various experiences of intrusion as well as avoidance in whatever form serve to indicate their experiences of traumatisation. While none were

formally given a diagnosis of PTSD, the presence of symptoms is apparent and the effects thereof clear. It is also clear that there is no defined or distinctive pattern of symptomatology present across the sample like that set out in terms of PTSD. This observation is in keeping with Daye's (2004) argument that responses to trauma are heterogeneous. This may also lend support to Chapin's (2004) hypothesis and subsequent research findings which suggest that differential posttraumatic symptoms may result from different types of trauma. The range of varying traumatic experiences in the sample is diverse and may thus account for the differential symptom presentations. It must also be noted though that as Breslau, Davis, Andreski and Peterson (1991) contend, for those exposed to traumatic incidents, PTSD as a diagnostic entity only affects a minority.

The experiences of these individuals give credence to the words of Judith Herman that the "terror, rage, and hatred of the traumatic moment live on in the dialectic of trauma" (Herman, 1992a, p. 50). In a study conducted with a South African sample of former political detainees Kagee (2005) notes that these victims, as with the participants in the present study, continue to live with the memories of the disturbing life events they endured and stresses that despite the fact that the resultant distress "may not constitute an actual psychiatric disorder [such as PTSD], it is clear that the quality of life of survivors...has been negatively affected by experiences in detention" (p. 177). In a previous study, Kagee (2004) notes similarly that the expressions of distress of the participants did not necessarily indicate a clinical disorder despite the distress being etiologically related to the experience of violation which is a finding reflected in the present study.

Therefore, from an analysis of the experiences of the participants in this study, traumatisation is apparent. While not in the form PTSD, the presence of intrusive as well as avoidance symptoms – albeit in varied and differential form – are indicative of a traumatic response to an extreme situation which in these cases is exposure to gross violations of human rights. However, the distress experienced by participants in this study – as is the case with the studies conducted by Kagee (2004, 2005) – goes over and above PTSD symptomatology. This is shown particularly in the way that certain participants have come to embody their traumas and are thus forced on a daily basis to face the difficulties that this brings to their lives. As discussed, the embodiment has resulted in definite identity changes in some that are indicative of the characterological changes Herman (1992b) speaks of as forming part of her understanding of a complex PTSD. Also, as will be discussed in Chapter Six, the current socio-economic circumstances of participants are definitive in terms of the distress they continue to experience. It is thus important to note that traumatisation resulting from experiences of human rights violations within a politically repressive context may fall outside of what the diagnosis of PTSD and may encompass aspects of psychological distress that are more complex. To look purely as PTSD is a problematic endeavour as to do so would ignore the more complex, and more enduring, distress.

## **CHAPTER FOUR: RESULTS & DISCUSSION**

### ***Social Support: A Coping Imperative***

In this chapter the issue of social support will be discussed in relation to the experiences of the participants in the study. Social support in this context refers to any form of support including spiritual support, religious support, familial support, support from friends and neighbours, organisational support and/or any possible financial support from any source. Social support is an important mechanism in coping with stressful situations and is critical in the process of recovery from trauma (Herman, 1992a; McFarlane & van der Kolk, 1996; Bracken et al, 1995). For example there is a wealth of research on the positive role that social support plays in coping with an HIV-positive diagnosis<sup>18</sup> and subsequent quality of life (see for example Friedland, Renwick & McColl, 1996; Green, 1993; Schreurs & De Ridder, 1997; Britton, Zarski & Hobfoll, 1993).

In addition, meta-analysis reveals that social support has been shown to have a negative association with PTSD (Ozer, Best, Lipsey & Weiss, 2003). For example, in a study by Lerner, Kertes and Zilber (2005) investigating adaptation and risk factors for psychological distress in immigrants from the former Soviet Union, social support was a significant factor. Their findings show that despite changes in what they refer to as objective parameters of adaptation (employment, housing conditions and acquisition of host language) five years post-immigration, there was little change in the subjective (satisfaction and perceived social support). This correlated with continued psychological distress despite improvement in objective indicators. Thus,

---

<sup>18</sup> Research has shown that being diagnosed as HIV-positive is a highly stressful, even traumatic, experience (Stevens & Tighe Doerr, 1997; Pedersen & Elklit, 1998; Schoennesson, 1992).

this appears to show that the lack of social support is detrimental (or at least is not helpful) in its correlation with increased psychological distress.

In another study making use of a sample of Sudanese refugees in Australia Schweitzer, Melville, Steel and Lacharez (2006) examine traumatic experiences, relocation difficulties and social support as predictors of psychological adjustment. In a regression model predicting PTSD symptomatology, social support was found to be a significant predictor. The association between the social support and PTSD variables are, however, negative indicating that increased levels of support predict decreased levels of PTSD symptomatology. This reflects findings made earlier by Joseph, Williams and Yule (1992) whose results show that provision of crisis support is negatively associated with both intrusion as well as avoidance symptomatology. The authors thus conclude that “social support variables were of particular salience in determining psychological wellbeing...Specifically, the presence of family, and social support from others within the Sudanese community, are significant determinants of mental health functioning...” (Shweitzer et al, 2006, p. 185). This is a significant point because as will be seen in this chapter, community support and solidarity as well as social cohesiveness were important and meaningful factors as perceived by participants in the present study.

Similarly, it has been argued that the *lack* of social support in the aftermath of trauma may act as a catalyst for those exposed to the extreme circumstances resulting in the presentation of PTSD (Seligman, Walker & Rosenhan, 2001). This reflects findings by Richards (2000) in a small sample of victims of armed robbery who shows that a low level of support is associated with follow-up intrusive posttraumatic stress

symptoms (PTSS). This would suggest that not only is the provision of social support – or the perception of social support – critical to recovery but absence thereof could in itself be traumatic and lead to PTSD. As Lerner et al (2005) note, lack of perceived social support was associated with increased psychological distress. Similarly, the negative correlation between social support and PTSD symptomatology in the Schweitzer et al (2006) study indicates not only that high levels of social support are associated with low levels of PTSD but also vice versa – that lower levels of social support are associated with higher levels of PTSD. As Schweitzer et al (2006) note – referring to immigrants separated from extended family who serve as a valuable source of support – “loss of this sense of emotional and instrumental support may be an ongoing trauma to emigrants isolated in exile” (p. 185). Thus social support is important in protecting against the effects of trauma, evidenced not only in provision resulting in improvements, but also evidenced in the way its absence has the counter effect.

The work of Judith Herman is powerful in aiding an understanding of the critical importance of social support as well as its function in regard to trauma and recovery from trauma. Attachment theory such as that proposed by Bowlby (1988) has been highly influential in the field of psychology due to its apt explanation of the link between early attachments and later relationships. In brief, early attachment (such as between child and caregiver) serves as the foundation for human relationships and provides a framework for building a sense of self. Traumatic circumstances threaten these attachments and shatters “the construction of the self that is formed and sustained in relation to others” (Herman, 1992a, p. 51).

The first relationship – that with the caregiver – is vital because it fosters a sense of safety and predictability in the world; a sense of basic trust. It is this sense of trust that subsequently serves as the basis of all relationship systems. This sense of trust is, however, shattered when at the moment of violation the victim's cry for their first source of comfort is not answered. This results in a sense of disconnection because victims feel "utterly abandoned, utterly alone, cast out of the human and divine systems of care and protection that sustain life" (Herman, 1992a, p. 52).

It is thus that social support is critical in the process of recovery from trauma. Because traumatic events, by shattering that basic trust, cause damage to relationships, those that occupy positions in the victim's social network have a significant influence in the outcome of the trauma (Green, Wilson & Lindy, 1985; cited in Herman, 1992a). Responding in a supportive manner to a victim – be it emotional or instrumental/practical – may mitigate the impact of the experienced violation as is evident in the studies cited above. This connects the victims once again with others in their social world and is thus a vital element to recovery (Herman, 1992a). Hence, social support as a source of connection is critical in trauma recovery and serves a distinctively valuable function in the process of restoration.

The role of social support is illustrated in some of the interviews. A range of experiences of social support from church groups, to prayer and to community support were presented. For Mr T, for example, this support came in the form of prayers from friends in the community. In the aftermath of his shooting and coming to grips with his new lifestyle, being prayed for by others was for him a comfort and something he would seek out: *"I go to the church to people...and I ask them can't*

*they pray for me*". It is seen here that the support is sought out in an active attempt to feel connected to something larger in contrast to the isolation and alienation due to his physical and psychological limitations.

Even Mr T's friends from religions other than his own have prayed for him. The fact that some of his Muslim friends have taken thoughts of him to Mecca and prayed for him there as part of their Hajj (pilgrimage) is something he speaks of with pride and great appreciation. He attributes having so many friends to the way he has treated people in the past. "*That is how God live...because His spirit is in me, because His spirit is keeping me alive*" he says. The idea of praying and nurturing that spirit of something bigger and more omniscient within him is something that gives Mr T a sense of self-efficacy and strength: "*It's that what kept me long still yes, the spirit of the Lord yes*". This is almost identical to a case-study reported by Bracken et al (1995) in which a 52-year-old man who had suffered greatly in prison reported that solidarity among fellow detainees and cross-religious prayers provided him a great source of comfort and eased his despair. This form of social support helped him cope with the situation he was placed in and is therefore significant in maintaining his connection to others as with Mr T and his community.

Weaver, Flannelly, Garbarino, Figley and Flannelly (2003) conducted a systematic review of research on religion and spirituality appearing in the *Journal of Traumatic Stress* between 1990 and 1999. Herein they claim that religion and spirituality play a significant role in facing traumatic experiences in that issues of personal faith and religious communities serve as primary means by which traumatised individuals cope with their situations. Citing Pargament (1997) they contend further that "[i]n addition

to offering the social support of community, religion provides a healing means of addressing traumatic experience that can facilitate recovery” (Weaver et al, 2003, p. 216). Thus religion plays an important role in post-trauma contexts which is something we see in Mr T’s experience. While no assessment was done with regards to his formal symptomatology and the effects of his religious support thereon it is clear that his numerous utterings of this form of support was something that meant a great deal to him and eased his distress.

For Mrs G, the support from religious leaders in her community was in response to her practical needs. In her case, the support she received from her church and reverends and pastors was of a concrete, material nature. The church collected money and paid visits to her while she was in hospital and made sure her children were clothed and looked after while she was recovering. For her this was an incredible burden lifted from her not only because she herself was injured but because her husband was also killed in the same incident that saw her shot. It played a large role in helping her cope with the aftermath no doubt because it took care of practicalities but also because it provided an environment for her where it was visible that there was a sense of security and one of safety among people she knew.

This show of what Harper, Stalker, Palmer and Gadbois (2005) refer to as “concrete support” was something that in their study of adults abused as children was categorised under “helpful experiences” (p. 221). Their findings indicate that approximately half of the participants in their study reported that family and/or friends “provided practical day-to-day support that made it easier for them to continue their

recovery process...” (p. 222). These included cooking meals, being taken care of, financial support and also childcare, among others.

Community support is highly evident in the experiences of some participants. Entire communities were affected by the policies drawn up by the apartheid government and hence entire communities were affected by the draconian and brutal enforcement of such policies by the security police. It is therefore unsurprising that entire communities came out in protest to such brutality; combined in solidarity to fight against it; came together to protect their people; and mourned together when they were rendered powerless to do so. For Mr T once again, the community rallied around him after he was discharged from the hospital. He remembers with amazement still the number of people that flocked to his parents' home to the extent where “*there was no place for people to stand*”. For days people came and sat with him and talked with him which is something he says was “*very nice*”.

Mr Z attributes his strength and sense of stability to the support he received from the community after he watched his shack burn down in the township of KTC. After the incident he was literally only left with the clothes on his back, nothing else. The community rallied and provided him with clothing and basic amenities in response.

He says further:

*That was very much better for myself to cope because some other people when they've got those hard times they just think to refuse to be themselves and not to feel to be back again into their real life but I feel, I was feeling very strong and tell myself I'm not going to stay anywhere, I'm going to stay there in KTC as I am staying today.*

For Mr Z the support he received from his community is what grounded him and kept him from succumbing to the stressors which would have, according to him, led to him

not being himself and being unable to go back to life as it was. The support fostered for him a sense of self-confidence (“...I was feeling very strong...”) which allowed him the psychological ability to not only rebuild his home but also his business and therefore his way of life. These findings support Bracken et al’s (1995) contention that the absence of psychiatric breakdown that has been reported in some of the literature on war and violence may be explained with reference to increases in support and social cohesiveness. This social cohesiveness is also something Mrs T and Mrs S experience most saliently.

For Mrs T, community support was overwhelming in the wake of her son’s death not least because he was only a child when he was senselessly shot by riot police in Bonteheuwel. She says that everyone knew Christopher because he always offered help to the people in the neighbourhood with groceries and the like and thus gained a reputation. Everyone knew him and everyone knew Mrs T. Thus after he died, people came in their numbers to pay their respects:

*Everybody came and talked because they know me, everybody knows me, yes...It was important because I was never important, now I’m important, and I’m well known, everybody knows me, yes, but they were very cross because that child was 15 years old...and he was the first child in the Western Cape that they shot.*

Another aspect of community support mentioned by Mrs T was in relation to Christopher’s funeral. She vividly remembers the day of the funeral, awe-struck by the sheer volume of people who were brought by bus to attend to the point where – as large as the church was – there was no place for everyone inside for the service. She finds immense comfort in the fact that when police prevented some buses from leaving Bonteheuwel to attend the funeral, that their occupants made the effort to walk all the way to the church and to the graveyard. As she says in the above

quotation: “*It was important...*”. This display of community solidarity provided Mrs T not only with a sense that there was a community behind her that would be there for her but also that there was one that knew her son and was willing against all odds to pay their respects and honour what he died for and also protest the senseless killing of a fifteen-year-old boy when she herself could not. The social cohesiveness to which Bracken et al (1995) refer is tangible.

What I have called organisational support (support from an organisational structure) was also mentioned by Mrs T in expressing her gratitude to the ANC<sup>19</sup> for helping her at the time of the funeral:

*...I stand with the ANC up till today, because they helped me and they helped me a lot...You know when I was not in a burial [burial scheme] and they help me to put my child, to bury my child. They help me with flowers, they help me with everything...when that child died I thought ‘what am I going to do now?’ but they came forward and they helped me, they helped me with everything. So they said to me ‘sit back Mrs T, we will do it’. But you know a person can’t sit back, I was worried, I was worried and; but they helped me...*

The ANC offered similar help to Mrs S:

*I was helped by the ANC because I didn’t have money, so they gave the coffin and something to eat on the day of the funeral. I only had R80 in my pocket the day when my husband died.*

It is important that the organisation in whose name freedom was being fought for acknowledge the deaths of these two casualties of liberation. Acknowledgement from above as such provides meaning to what seemed like senseless deaths and thus provides meaning to the trauma of the losses incurred. This support and help with the funerals given by the ANC to the families of those killed serves as a tribute of sorts

---

<sup>19</sup> African National Congress

and acts as a statement to the families that their loved one's did not die for nothing. For both community support and organisational support, the social acknowledgement<sup>20</sup> that it fosters is invaluable.

Community support is a vital resource in the aftermath of trauma. In relation to victims of necklace murders and their family members, Gobodo-Madikizela (2004) states that "...the best form of psychological reparation lies in gaining solidarity with their community..." (p. 262). The manner in which the community responds is highly influential in the resolution of the trauma. According to Herman (1992a) bridging the chasm between the traumatised individual and the community involves, firstly, the social acknowledge of which Maercker and Müller (2004) speak and then, secondly, some form of action from the community to assign responsibility for the wrong-doing. For Herman (1992a) then "[t]hese two responses – recognition and restitution – are necessary to rebuild the survivor's sense of order and justice (p. 70). We see both social acknowledgement as well as some form of action in Mrs T's case. The uproar from the community at the death of a teenager and the assistance with the funeral serve as a combined effort to acknowledge wrong-doing but also to show as a community that they knew who was responsible as was evidenced by the fact that a group of young men chased the perpetrator from Mrs T's home when he attempted to make contact.

Another form of support mentioned was support from fellow comrades. This was mentioned particularly by Mr W who was more directly involved in the anti-apartheid activist community. After having their meeting place bombed and being faced with

---

<sup>20</sup> Maercker and Müller (2004) define social acknowledgement as "a victim's experience of positive reactions from society [or the community] that show appreciation for the victim's unique state and acknowledge that victim's current difficult situation" (p. 345).

the reality of having their lives targeted by police operatives, Mr W and his comrades were forced to go into hiding and reduce their meeting one another to a bare minimum so as to reduce the risk of being detected. If even only one of them was being watched they could all be caught and possibly killed if they gathered.

Yet, he says, maintaining contact with his comrades was vital because of the tension that existed between his ideological and political motives and those of his parents who were not interested in “*taking the struggle forward*”. This caused instability in his home life and thus support from his comrades was an important lifeline. He says:

*We felt that...our ideal is to uplift our communities and our society, we should not let even the thought of death destroy those ideals. So the ideal of a new society was higher and still had preference in our lives, and when we came together you know through socials and drives...they generally, they had one bakkie, so all of us had to clamp in that bakkie you know, bravado, and in that way we provided comfort for one another.*

For him it was important to be in touch with one another, to maintain that closeness. “*We didn’t even have to talk to one another. Just knowing that you are there was sufficient*” he says. Comrades, from Mr W’s experience, appear to be a valuable source of support because of the affinity and commonality of experience that being involved not only in a common ideological cause has had but also due to the common experience of trauma. The feeling that because they have all experienced the same trauma and are all at risk of being killed and are all being forced to go into hiding serves as a bonding agent and provides comfort because there are others who understand. Maintained in this dynamic is a sense of connection to a community of others.

Ms G's experience of being in hiding was somewhat different from that of Mr W. For her, isolation and solitude was what characterised her underground experience. In contrast to Mr W, Ms G speaks of self-imposed isolation as an unavoidable necessity towards survival in an environment where she was a prime target: "*You were your own captor. We had the key to our own lives and locked ourselves up basically*" she says. Thus her isolation was one of choice; but one of choice borne out of necessity and survival. Mr W on the other hand sought out contact with his comrades. It is likely that relative to Mr W's involvement which was as part of a group, Ms G's isolation was due to her involvement on a more individual level as a militant operative. It may therefore possibly have been easier and even more adaptive for her to undergo self-imposed isolation than it would have been for Mr W who, without his group in combination with his family's disapproval, may have found it unbearable. What both participants do mention as an important factor in their survival were the ideals for which they were fighting. In a sense their political ideals serve here as a support for them in their time of crisis and danger because it provided a cause and served as motivation. Ms G:

*...I was lucky to have survived, and I think that also propels one to continue because we are lucky to have survived. The very ideal was for which we fought to hold onto those, I can't abandon those same ideals and...yeah...so you know the...you can carry on...*

The fact that Ms G had an infant son at the time is another possibly significant influencing factor in her drive to survive this tenuous period. She speaks affectionately of the strong and inextricable bond she and her son have to this day because of the joint ordeal they both endured while he was only a few months old. She also speaks of the intense difficulty for both of them of having to readjust to 'normal' life afterwards where she would have to leave him and go to work and he

leave her to go off to school. The highly threatening and dangerous context in which this bond was formed undoubtedly fostered one that was 'extra-strength' quality because of her then elevated need to protect her child against obvious and very tangible and real danger. In a sense this bond may also have acted as a form of support because it helped her survive and cope with the situation at hand. This is interesting because trauma tends to shatter bonds between people (Herman, 1992a) where here it bonded mother and child to an almost inseparable degree.

The support of family and friends was also a form of support mentioned by the participants although interestingly not as frequently as other forms of support. In fact, lack of support from family was mentioned more frequently, something Harper et al (2005) also note. In this sample this may be attributed to familial disinterest in the struggle or disapproval of involvement therein. Mr T though received invaluable support from his mother. Mr T refers on numerous occasions to his mother and the extent to which she gave of herself to look after him after he was discharged from hospital:

*...she had to sit night and day with me, 24 hours in my room she's sitting by my bed, she was like a nurse, she did the colostomy bags, everything, giving me medicine, tablets and my soft foods on time, everything. She must clean the stomach, everything...*

While for him this was invaluable – being cared for and nurtured – he also believes that it was the stress of having to look after him that gave her a heart attack and killed her, adding grief to his smorgasbord of difficulties. This has therefore consequently fostered feelings of guilt which in turn compounds his already-present depressive tendencies as a result of his injuries and their debilitating effects which have left him incapable of being a complete human being. It appears the presence of maternal

support and the subsequent loss thereof due to her death is something that ultimately caused Mr T more distress.

In addition, while there was initial support for him, after his mother's death, familial support has lacked. He says that his sisters and brother are very independent people and that *"they don't worry with me, there's nobody who come by me. I have to stay alone..."*. Mr T's feelings of isolation are clear in this statement. Mr S tells a similar story of his mother helping him initially. Despite only having one sister, she is married and cannot support him. However, he lives with his nephew who is the one who helps him everyday and provides his meals. Mr Y's family, he says, were ashamed of him. He therefore could not rely on them and thus turned to his friends who he says were always with him while he was in hospital:

*I did feel very much proudly when they visiting me while I was in hospital day in and day out. My family was very much ashamed and they [his friends] never let me down like they always stay for me, looking after me, they doing everything for me...*

Thus even though his family turned their backs on him, Mr Y had support from his friends which he clearly appreciated. Mr T also refers to support and comfort he received from an important friend of his parents', who told him that *"he is going to make it more easier for me...for the sufferings from the apartheid years"* . This was significant because this friend was an important person in the community at large but also within the activist community in the Western Cape which possibly provided an indication for him that someone of significance was acknowledging his struggle. He speaks of the late Dullah Omar:

*...He was a good friend of my parents. Just before he died he told me I must come to him, he's going to help me...he was a lovely guy, all the people loved him, and his wife Farieda, all the people,*

*like that people, and in the apartheid years, when he stood for cases for all of us and that he never asked for money. He always rather gave us who's poor, that was a very nice guy because he always had a smile on his face, and his wife Farieda, and the day that he died I was at his funeral.*

Unfortunately Dullah Omar passed away before anything concrete could be done for Mr T but for him the simple acknowledgement and recognition and show of support and caring was enough for him. Similarly, the Harper et al (2005) study shows that the majority of the participants mentioned that emotional support was helpful towards recovery most saliently from friends, especially friends who had been through similar experiences.

Social support such as that experienced within this sample within a traumatic social milieu has been associated with decreased traumatic reactions (Regehr, Hill, Knott & Sault, 2003; Bracken et al, 1995; Ozer et al, 2003). It is especially significant in trauma experienced within the context of political repression. As Summerfield (1998) argues, a defining characteristic of modern political unrest is the “creation of states of terror to penetrate the entire fabric of economic, sociocultural and political relations as a means of social control” (p. 10). Initially, only known activists were targeted and ‘eliminated’ but as unrest escalated the use of terror became less discriminatory thus tearing apart entire communities damaging the social fabric on a large scale (Summerfield, 1998).

This fits with the so-called ‘psychology of liberation’ perspective which uses the term ‘social trauma’ in reference to “injurious historical and societal dynamics maintained in a mediated interaction between the individual and society” (Hernández, 2002, p. 17). The individual presentation of problems is seen as a consequence of the

structural violence perpetrated by repressive regimes causing structural disorganisation (Hernández, 2002). The very aim therefore of such violence is to destroy a sense of community and of identity. Thus social support, community solidarity and social cohesiveness in the aftermath of violence and social trauma (Hernández, 2002) or political trauma (Montiel, 2000) may serve as a vital element in mitigating the effects thereof by countering the tendency of such experiences to destabilise and break apart the social fabric. Due to the fairly significant levels, and various forms, of support within this sample it is not entirely surprising therefore that there is no formally diagnosed PTSD. Although the presence of certain PTSS is still apparent as discussed in the previous section. Generally though the support received in the period following violation appeared to mean a great deal to the participants and plays some role in the ability to cope with their experiences.

According to McFarlane and van der Kolk (1996), “[e]xternal validation about the reality of a traumatic experience in a safe and supportive context is a vital aspect of preventing and treating posttraumatic stress” (p. 25). The idea of safety and security is key to recovery from trauma along with being able to reconnect to a community of others (Herman, 1992a). Social support is in turn central to the process of re-establishing both the safety as well as the connection.

Traumatic events call into question basic human relationships. They breach the attachments of family, friendship, love, and community. They shatter the construction of the self that is formed and sustained in relation to others. They undermine the belief systems that give meaning to human experience. They violate the victim’s faith in natural or divine order and cast the victim into a state of existential crisis (Herman, 1992a, p. 51).

Therefore, in the aftermath of trauma, human beings are left highly vulnerable feeling disconnected from the world. Their sense of self, shattered, can only be re-established into its original form as it was done initially, in connection with other people (Herman, 1992a). It is thus that social support is vital because it re-establishes the world as a safe place and relationships as trustworthy. Social support is therefore a vital coping imperative – one available to the participants in this study in the period following violation. Social support is one of the three important modes of healing according to the typology proposed by de la Rey and Owens (1998) based on the TRC testimonies of victims as well as interviews with TRC commissioners and non-governmental organisations working with victims of human rights violations in South Africa. As part of the typology, social support plays a role in the healing process for those victims traumatised by such violation. A second element to this typology is that of story-telling which serves as the subject matter of the next chapter dealing with the space the TRC provided for doing so through the process of public testimony.

## **CHAPTER FIVE: RESULTS & DISCUSSION**

### ***The Testimonial Space***

The most visible and publicised aspect of the entire process of the Truth and Reconciliation Commission was by far its network of public hearings held across the country. The hearings were such a vital and tangible part of the TRC that the testimonies they elicited became emblematic of the country's suffering and also its process towards restoration. The testimonial process and effects thereof are the subjects of this chapter in relation to the participants in this study. The chapter examines firstly the difficulties some participants had providing testimony due to the emotionality of remembering events that had been suppressed years before. Secondly, due to the public nature of the hearings the audience comes to play a role in the testimonial process. Thus, the chapter examines also this role of the audience and its importance. Finally, the chapter examines the effects of participating in this testimonial space on those providing the testimony.

#### **5.1 Providing Testimony: An Emotional Reconnection**

As discussed previously, a defining characteristic of traumatic memory is its intense emotional salience resulting in distress and avoidance (or attempted avoidance) of these memories and associated triggers. Herman (1992a) argues that those who have experienced trauma struggle with what she calls the "dialectic of trauma" discussed in Chapter Three. The struggle between intrusion and avoidance responses is what defines this dialectic. She contends that with the passage of time, in order to adapt and not overwhelm the ego (and therefore, survive), avoidance comes to predominate the dialectic and victims are able to live their lives without the intense emotional salience of the intrusive memories. In other words, what Elbert and Schauer (2002, p. 883) call

“cold memories” (the knowledge of events in our lives) come to predominate over “hot memories” which are linked with emotions such as fear and sadness which are painful affective experiences tied to the original trauma.

Active remembering of the traumatic event – taking oneself back to the time of violation – is an experience that for those victimised reconnects them with the pain they had experienced at the time; pain now removed from consciousness. Konradi (1999) for instance finds that seventy-five percent of interviewed rape survivors in her study reported giving testimony in their cases to be “an intensely emotional experience” (p. 51). For these women, the most frequently reported source of intense emotion was recalling their experiences of rape. For them, reconnecting with the emotions was abrupt, unpredictably experiencing feelings of pain, anger, hatred and fear among others.

In this study, Mrs S for example says: “*It was painful at first; as I was saying whenever I talk about this I just get sick*”. Similarly, Mrs W claims her testimony to have been “...*very emotional...*” and sad for her because speaking about the loss of her son flooded her with memories she long wanted to ‘forget’. For years she had avoided places, people, events and conversations that would mention his name because it would remind her and bring back painful memories. Now at the TRC she was forcing herself, despite the pain, to remember. These participants are, as Langer (1991) contends, “concerned less with the past than with a sense of that past in the present” (p. 40).

Remembering 'reactivates' the dormant emotions such as fear, helplessness, powerlessness and sadness that are definitive in determining traumatisation. The DSM-IV states that subjective experiences of fear, helplessness or horror have to be reported by victims in order for a diagnosis of PTSD to be made (APA, 1994). Brewin, Andrews and Rose (2000) in this regard have shown that among victims of violent crime, intense levels of these three emotions strongly predict the later development of PTSD. Thus, these emotions are central in determining levels of traumatisation. The reactivation and re-experiencing of these emotions may therefore be a retraumatising experience. Hence the concerns expressed by De Ridder (1997) regarding the possible retraumatising effects of providing TRC testimony.

It is, however, not only the actual process of testimony that may result in reactivation but also the prospect of providing testimony (Laub, 1991). It is therefore not surprising that some individuals find the need to bury into the unconscious the "hot memories" of the past traumatic events they are being confronted with thereby avoiding their conscious experiencing. Mr S tells of how he slept all day at home in order to get his mind off his testimony and thinking about what he has for long not wanted to think about: "*I sleep whole day home*" due to the telling of the story which he says "*evoke me emotionally...I'm getting upset*".

Thus, the pain and possible retraumatisation associated with remembering and re-experiencing the incident through giving testimony – even the mere prospect of telling – is something that elicited an avoidance response for Mr S in order that he not become overwhelmed once again by the fear and helplessness. This reflects what Laub (1992) contends in relation to Holocaust survivor testimony: "The fear that fate will

*was just like somebody who's getting mad, and then I just run...Whenever I get to this story, I couldn't stand telling people about what happened.*

We see in this statement Mrs S's avoidance in response to "getting mad" as a result of being exposed to reminders of the event. We get a sense of her need to avoid because of the salience of the traumatic memory. Yet, despite the intensity of remembering, it was important for her to tell her story:

*It was important to me because I was also thinking that, maybe there are some people thinking that why did those people only kill my husband, and I was also in the house, why didn't they kill me as well, and the children. Why did they only kill him? So, if I say it myself in front, at least they will know how it happened because that time it wasn't a good time for no one, the apartheid. And to the White people, to the Police whatever, it was right for them, a Black killing another Black, so if I tell them how it happened, so they will see, it really, it was the apartheid, because no one was arrested, it just ended like that.*

It was also during the interview that I discerned a noticeable sense of urgency in her desire to refer back to and tell the story of violation. While the telling was clearly visibly emotionally intense for Mrs S during the interview, her constant and almost automatic backtracking towards aspects of the traumatic event itself even when that was not the focus of the question being asked is indicative of her desire to tell the story despite its intensity, despite her avoidance of reminders of that very memory. Herein lies the paradox of the need to avoid due to the intensity of affect while also needing to tell the story. Mrs S's example illustrates the observations Gobodo-Madikizela (2001) makes of other victims and survivors who partook in the TRC's testimonial process:

...there is a sense of urgency to talk about the past among many of those who have suffered gross violations of human rights. Sometimes retelling a story over and over again provides a way of returning to the original pain and hence a reconnection with the lost loved one. Evoking the pain in the

presence of a listening audience means taking a step backwards in order to move forwards (p. 27).

A second example is that of Mrs W who described her testimony to have been “...very *emotional*...” and sad for her because speaking about the loss of her son flooded her with memories and emotions she long wanted to ‘forget’. She tells of how for years she avoided events that would mention her son’s name or people that would remind her of him because the pain associated with his memory was too overwhelming and emotionally-laden. Mrs W clearly illustrates the avoidance factor in the recall of traumatic experiences which is listed in the DSM-IV as Criterion C. According to this manual, one of the major symptoms of trauma is the “persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness” (APA, 1994, p. 424). Here Mrs W illustrates this avoidance due to the ‘flooding’ she experienced at being reminded of her son:

*I was very sad you know, it just flooded me, yeah...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. 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.*

Despite this, however, she says she was “*anxious, yeah to get it out*” because “*for me, the truth is going to come out and I can have my say*”. It was therefore important for her to speak her truth and confront the traumatic memory because it would break her silence. As intense as the process of remembering was as illustrated by her use of the word “flooding” and her subsequent feelings of depression as a result, her anxiousness to tell appears to have eclipsed this and the avoidance it initiated.

This mirrors the paradox of which Culbertson (1995) speaks – that of silence and the simultaneous desire to tell despite the unspeakability. In her words, she refers to it as “the paradox of silence and the present but unreachable force of memory” (Culbertson, 1995, p. 170). Otherwise phrased, it is the paradox of avoidance and the present desire to tell but the struggle to do so due to the tendency of trauma to escape vocabulary but also due to the intense emotionality that continues to infiltrate the trauma story (which necessitates the avoidance to begin with).

The re-experiencing is, however, a necessary evil in the psychological process towards recovering from trauma (Hamber, 1998). In order to “[reweave] the contents of hot memories back into cold-memory networks” so that relief from the “burns of psychological trauma” (Elbert & Schauer, 2002, p. 883) may occur, it is important that the emotions associated with the event be felt and lived through. This forms part of attempts by victims at mastering the trauma and reintegrating it into the life narrative. Mastery and reintegration are central to recovery because they provide the victim with the sense of having gained control over the intrusive and negative emotionality of the event. The fear and horror thrust upon victims during the traumatic event render them helpless and powerless at the moment of violation resulting in loss of control over the situation. Thus, by gaining mastery over the traumatic memory and its associated emotionality, that sense of power and control may be regained thus aiding recovery (Herman, 1992a; Brison, 1999; Wigren, 1994).

The experiencing and also the subsequent expression of these emotions is also important in its role as a tool by which to communicate to a listener an experience that may be inarticulable. The experience of violation is so overwhelming that words

cannot describe or capture appropriately what happened (Gobodo-Madikizela, 2003; Herman, 1992a). Scarry (1985, cited in Young, 2004) describes the relationship between trauma and language as being mutually incompatible. In order for one to survive, the other must be separated from it. Pain therefore has the ability to destroy language, hence wordlessness<sup>21</sup>. Mrs S for example during my interview with her had difficulty describing for me the events of the day her husband was killed and at one point broke down in tears due the intensity of what she was feeling at the time. For her, the emotional expression was the only manner in which she was able to communicate the trauma she had experienced because words alone were not able to encompass the totality and extremity of her pain. Her emotional reconnection in itself is, therefore, testimony.

Similarly, Mr T (as described in Appendix C) felt the need to show me his scars in order to make the extent of his experience real for me as listener. Words alone could not describe the gravity of his experience and thus only the scars of what remained behind provide a form of testimony in the absence of words. I played an important part then in witnessing his physical testimony. The listener (or audience in terms of the TRC hearings) therefore plays an important role in receiving this communication because it fosters in the listener the vital expression of empathy which serves a function in the dialogic space of testimony that is paramount towards the process of recovery. This serves as the subject matter of the following section.

---

<sup>21</sup> But, importantly, the reverse is also true – that the expression in language of that pain, destroys the pain being articulated.

## 5.2 Public Testimony: The Presence of an Audience

A distinctive element of the TRC as compared with previous truth commissions was the public nature of its hearings. This is highly significant because it is in the audience presence that much of the significance of testimony lay for participants. Dori Laub argues that the process of bearing witness to a trauma and living through it is one that includes (and necessarily must include) the listener – “Testimonies are not monologues”, he says, “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. 70-71; original emphasis). It is the combination of the witness telling and the listener listening and understanding that stimulates healing (Friedman, 2000; Laub, 1991). Part of this is the manner in which the audience responds to the victim’s story. Nelson (1991) contends that the audience can have a positive impact on victims who are speaking their traumas by way of acting as a sounding board and source of validation.

The listener/audience acts as a ‘screen’ upon which the trauma comes to be projected. By virtue of listening, the audience “comes to partially experience the trauma in [itself]” (Laub, 1992, p. 57). As Langer (1991) understands it, “They [testimonies] impose on us a role not only of passive listener but also of active hearer...This requires is 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” (p. 21). Similarly, writing about women and the TRC, Ross (2003) argues that audiences become invited to participate with victims in the “performance of memory” (p. 35) and thus draw the audience along with them in their process of giving testimony. This active hearing took place at the TRC via the outpouring of emotion

discussed in the previous section to the point where the audience members felt a semblance of those emotions in themselves evidenced by their reactions of horror and outrage. Similarly though, audiences were also at times exposed to demonstrations of violation such as in the case of Tony Yengeni who at his hearing requested that the 'wet bag' method of torture be demonstrated, by the man who used it on him, Jeffrey Benzien, for the Commission. Thus audiences were exposed also to the literal performance of trauma allowing for first-hand identification with the victim and solidarity. In the words of Young (2004):

To bear witness to apartheid's traumas is to be offered the opportunity to participate in the experience of pain, and in narration's triumphant testament to survival. It is to affirm one's own humanity 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... (p. 155).

Humphrey (2000) notes that the appeal of testimony for the listener concerns the manner in which it allows for personal connections with events they were not directly apart of. The listener, therefore, "takes up something of the speaker's life-experience" (Larrabee, Weine & Woollcott, 2003, p. 368). This identification serves as the basis for empathy and may be part of the reason testifying is experienced as cathartic or relieving – because the intense emotions are in a sense 'passed on' and held by the listener through a process referred to psychodynamically as 'containment' (see Gibson, Swartz & Sandenbergh [2002] for a comprehensive discussion of this construct). Without this empathic other "who can hear the anguish of one's memories and thus affirm and recognise their realness" the victim's story becomes annihilated

(Laub, 1992, p. 68). It seems therefore that the presence of an audience is central to the process of giving testimony.

Mr S confirmed the significant role that the audience presence plays for witnesses who have suffered trauma because they were there to listen. The crowd was important in raising Mr S above his trauma and raising his self-esteem:

*...they raise up my spirit when they sang 'viva' and I just feel like I am a warrior*

The reaction from the audience was one of support and solidarity which was a display for Mr S of appreciation for his story and acknowledgement of his experience. The singing or shouting of "Viva" during the years of the struggle was a motivating and inspiring element to political rallies and other gatherings. Thus, its use in the hearings is not surprising as a show of support and solidarity. It clearly made Mr S feel part of a community of others once again and made him feel as if his story was one of importance. It is this that made him feel like a warrior. Feeling like a warrior after testifying as opposed to a distinct avoidance of the prospect before is for Mr S a significant step toward recovery – he has been empowered by his story. Trauma as has been discussed renders victims powerless and helpless due to the crippling fear created by the overwhelming moment of violation. After the violation victims continue though to be entrapped in a state of helplessness by their experiences due to the unpredictable and intrusive nature of traumatic memory. Thus, empowering victims may undo this sense of helplessness and aid towards the process of transcending the effects of trauma. The title of 'warrior' is one of strength, honour and power. The fact that Mr S uses this term to describe what he felt like as a result of testifying publicly is indicative of getting his power back which makes it a vital process towards his and possibly others' recoveries. Nelson (1991) confirms this in

her study of incest victims who find that the positive responses from those listening to their stories had positive effects on those telling their stories which included the raising of self-esteem.

Mr Z also speaks of others' presence at his hearing as being empowering for him. It was empowering for him because he felt he wasn't alone in telling his story because there were also others willing to tell theirs. On the other hand it was empowering for him because the perpetrators were also present to give their testimony:

*What was really exciting me and feeling myself much happy, even the perpetrators were also there to give their own testimony on behalf of the victims they did victimise in the 1986 incident.*

This perpetrator presence is one of importance because for Mr Z it levelled the playing fields as such: *"I see ourself as united, being equal because we were all sitting on the same bench, next to each other"*. Being equal meant that the perpetrator no longer had the power; the ones that had inflicted the state of powerlessness upon him that defines trauma now no longer had that power. Hence Mr Z's testimonial empowerment which he expresses as follows: *"I was very much happy and much empowered to see even those who didn't want to tell us about the things were also there all ready to give their testimony themselves"*. This contrasts with the experiences of rape victims court appearances which often leave them feeling retraumatised and disempowered (Campbell, 2006; Campbell et al, 1999). This is likely because of the possible lack of a warm, receptive, sympathetic and empathic audience in a court of law particularly in the case of rape where audience are concerned less with supporting the victims than with the extraction of truth and fact. The TRC in contrast to this was designed to provide a space that served as a safe environment where witnesses would feel acknowledged and validated. Thus, audience

presence seems to be a vital element to the therapeutic effects of providing testimony regarding one's trauma.

For Mrs W providing testimony at the TRC was a facilitative process unlike her experiences of the apartheid judicial system. She speaks of the fear she felt going in and out of court, having to face the police who killed her son – so-called white faces she had learned to demonise and fear – without anyone to support her. Her use of the word “boere”<sup>22</sup> to refer to these policeman is an indication of the antagonistic dynamic that existed between police and the non-white public during apartheid and thus speaks towards this antagonism and fear Mrs W felt while in court after her son's killing. As she says:

*... 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...*

This, in combination with the complex legalese, made her feel insecure because she often did not know what was happening, compounding her sense of lacking control due to the trauma of losing her son: “*I'm sitting there and I; yeah they like everybody is talking this big words and I didn't; I only went to school till about Standard 5, so here I am sitting in court and everybody is speaking these big words, and I am looking at them but I you, don't function...*”. At the TRC, however, the overwhelming presence of ‘her people’, as with Mrs T, provided a sense of comfort and safety.

---

<sup>22</sup> The literal translation from Afrikaans would be “farmer”. However “boere” as was used in apartheid South Africa by non-whites as a derogatory manner in which to refer to Afrikaans-speaking whites. It is a term tantamount to the use of “darkie” or “kaffir” to refer to black individuals.

Mr W notes a similar sentiment. He reports that even the TRC panel at his hearing was sympathetic which was important because it facilitated his story-telling process. This is so because the TRC made an attempt to create trust via establishing a tone of safety and caregiving which “meant departing from the neutral and remote tone of a court” (Minow, 2000, p. 246). Reflecting this, Mr W points out the difference of the TRC hearing from a formal judicial proceeding which especially during the apartheid years was generally cloaked in an antagonistic ethos and was not facilitative in terms of providing victims space to tell their stories or society the space to listen – both vital aspects towards recovery from trauma. This is undoubtedly part of why rape survivors find their judicial processes highly negative and retraumatising (Campbell, 2006). The ‘victim-friendly’ approach of the TRC ensured that those providing testimony experienced a sense of containment, care and empathic connection with the audience. This is a central point that Laub (1992) makes in relation to the experiences of witnesses when they testify before an audience. This, according to Campbell (2006) is absent in the case of providing testimony in the context of criminal justice. She illustrates this with examples from victims of rape who she describes as becoming revictimised by the hostile environment of the courtroom (Campbell, 2006).

The power of the audience presence is *felt* even when the witness cannot visually experience the audience response. In Mr Y’s case who, despite being blind, says “*As I don’t see it [the audience], but what I did feel, there was a lot of people inside there...*”. Thus, not being able to physically see the audience was not an impediment because he could still perceive or ‘feel’ that they were present which was enough because it still showed him that people were there in solidarity with him to listen to his story. He also finds comfort in there having been other deponents at the hearing

giving testimony because this provided security for him – he felt that he was not the only “*one who is having such problem*”.

For Mrs T an important element to her testimonial process was not just audience presence but as Mr Y mentions, the presence of other families who had been through similar experiences. This gave her comfort and made it easier for her to tell her story because she felt understood and safe among her community. This social support is important in the healing journey of victims because it re-establishes a sense of safety in the world that was shattered by the occurrence of trauma. The support during testimony from a community that during the struggle fought for one another and protected one another also unravels the sense of abandonment and isolation that the experience of trauma instils in victims thus reconnecting them to a community and re-establishing a sense of trust and continuity to life (Herman, 1992a). As observed by Humphrey (2000), “Faith 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 creation, therefore, of what Irwin-Zarecka (1994) has called a “community of memory”<sup>23</sup> or what Agger (1994, cited in Larrabee et al, 2003, p. 372) calls a “wordless fellowship”<sup>24</sup> is important in maintaining this sense of bonding due to the shared experience. The bonding re-establishes the attachments that were severed by the traumatic event and thus re-establishes for the individual a sense of belonging, a sense of having a place in a world that is stable and predictable and safe.

---

<sup>23</sup> As discussed in Chapter One

<sup>24</sup> This refers to a sense of togetherness/fellowship that develops out of a mutual recognition of the experience of violation that victims of political violence have been faced with (Larrabee et al, 2003). It is wordless often due to the inarticulate nature of trauma but may still be formed due to the empathic connection made between the teller and the listener.

Mrs T also felt somewhat important because she testified alongside the family of Ashley Kriel. Ashley Kriel was a highly enigmatic and charismatic youth struggle leader on the Cape Flats who was shot and killed by police in the 1980s. He was looked up to by many activists and thus after his death occupies a coveted space for his involvement. Thus for Mrs T to tell her story alongside that of Ashley Kriel's family was a special and meaningful experience. Their story validated her own. This in combination with the emphatic audience response of clapping and shouting which displays empathy, contributed to her sense of being listened to: "*Well I feel important, I feel VIP because they listen to me and take notice*". This feeling of importance is indicative of increased self-esteem. By associating her story with that of Ashley Kriel means that it is as acknowledgeable, it means that her son is viewed in the same kind of light as that of Ashley Kriel. That the audience "*listen to me and take notice [of me]*" as well as Ashley Kriel's family meant that they, for her, viewed the stories as having equal standing. The recognition that this allows is important because it, on the one hand, situates her son's death as a tragic event, but one that occurred for the greater good as did Ashley Kriel's; and on the other hand it fosters remembrance and memorialises her son in the memories of an audience who may now associate him with the memory of Ashley Kriel.

Mrs S also felt at ease giving her testimony because she felt supported both by the audience presence and the fact that her hearing took place in a church. Her connection with the church stems back to the support she received from the religious leaders in the aftermath of her husband's death (as discussed in Chapter Four). It is thus not surprising that the church served as a source of comfort during testimony:

*I wasn't [scared], because we were told that there will be lots of people, it was going to be done at the church, everybody listened, so I wasn't scared.*

Mrs S felt the audience response to be one of empathy and understanding: *"I felt that they were also sore like I am, they were dealing the same thing as I, because they were my comrades, they were my families, my friends at the TRC"*. Their presence was important and significant because to her it meant that there was the possibility that people were thinking about the incident in which her husband was killed. It was also important that they got to listen to her version of events as she experienced it because the 'official' version was not accurate in her view. In the official version, the black-on-black violence was just that. However, according to Mrs S, this is exactly what the police wanted everyone to believe. By telling her story, she could set the record straight and show that *"it was the apartheid"*. It may on the surface have seemed like black-on-black violence but it was fundamentally the security police that were responsible for the death of her husband.

Hamber (1998) and Hayner (1994) note that one of the main aspects of repressive, totalitarian regimes is the development of a so-called 'culture of silence'. This is characterised by misinformation and enforced silence of the 'official story' which has been destructive because it has resulted in the exclusion of individuals from social, political and emotional life. This has in turn left victims feeling misunderstood and as if no-one is willing to hear their story (Hamber, 1998). Thus, providing the safe space in which to break this silence is an important step towards alleviating these feelings. This is clearly the case for Mrs S above.

Being able to set the record straight and make sure people knew what really happened was also an important point of why giving testimony was important for Mr W: “...it was good to let them know because so that they can also hear the truth and not you know entertain rumours and whatever”. It was significant for him therefore that there was an audience present to bear such witness because it served as an acknowledgement which is an important step in helping victims heal from political trauma (Staub, 2004). Pakman (2004) argues that it is through the process of giving testimony that memories once again become social entities that allow for social discussion of the event and validation. Although, as Minow (2000) points out, a commission cannot create the therapeutic bond such as that between client and therapist, what it can do is foster public acknowledgement which is the “basic precondition before individual survivors can reestablish the capacity to trust other people and to trust the government” (p. 246).

In fact, Mr W says, “to be honest I wish there were more people there”. What was also important for him though was that the audience were visibly gripped by his story on the one hand, and on the other hand that his mother, as part of that audience, was finally after ten years getting the chance to hear what he had gone through. The outpour of emotion and support from the audience was important in a display of empathic identification and containment. As he says:

*...and I had a generally receptive response from the audience, and many people came up to me after this just to congratulate me about my version of the events*

Given his fears of “will they believe me?” in anticipation of his testimony, this show of solidarity and support went a long way towards allaying those fears and empowering him to reclaim his story as his own. This he says was highly positive for

him: "...it gives you a sense of vindication, finally there is closure...you can let go of this incident". This audience response as with the audience response in Nelson's (1991) study was something that meant a great deal to Mr W and allowed him to 'let go' because his story had clearly elicited a reaction in others that showed him they believed and respected his story and appreciated the telling. By connecting those who suffer with those who feel the need to respond to those who have suffered, there comes to exist the possibility of social change. As Humphrey (2000) argues, "The truth of suffering is offered as a source for rewriting national history, and for recreating a moral community" (p. 9). The telling of these stories establishes persons in relation to one another within a context of a shared moral code that distinguishes between right and wrong (Cobb, 1997; cited in Humphrey, 2000). This then aids in the establishment of a sense of safety for victims due to the agreement of a moral code whereby what is right and what is wrong is established thus preventing the possible recurrence of such violation.

### **5.3 The Effects of Testimony**

Following from these positive experiences of testifying at the TRC, in the immediate aftermath of testimony most participants report having experienced a significant sense of relief and restoration as a result of having spoken their trauma (Orr, 1998; Young, 2004). Mr S for example says that he felt normal<sup>25</sup> again. Despite the loss of his arm and the bullets still in his body he felt "*less stressed*" and, once again, normal. This is

---

<sup>25</sup> 'Normal' in the context of trauma is not as simple as the re-establishment of life as it was before. Reintegration of trauma implies that the experience becomes integrated into the life narrative of the victims. In other words it becomes apart of the victims life story (as opposed to be an extraordinary and unusual event). Thus, the trauma will always be a presence although in a form devoid of intrusiveness and negative emotionality. It is thus that Herman (1992a) notes, "...the moment comes when the telling of the trauma story no longer arouses quite such intense feeling. It has become a part of the survivor's experience, but only one part of it. The story is a memory like other memories, and it begins to fade as other memories do. Her grief, too, begins to lose its vividness. It occurs to the survivor that perhaps the trauma is not the most important, or even the most interesting, part of her life story" (p. 195).

similar to Mr Z's experience of feeling "rehabilitated" after his testimony. He was happy and relieved as he finished his testimony because:

*...there's something that is taken out of myself what was keeping myself tense.*

Or in Mrs S's words:

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

Mrs T also speaks of feeling "a bit better" after having the burden lifted. However, she says that despite being better she will never forget what happened. She will continue to speak about it to keep her son's memory alive. This is therefore unlike intrusive memory because it is willed and desired. It is used in a sense towards recovery, and as a memorialisation for her son.

Being given the space to speak openly and being listened to were important elements contributing towards feelings of being 'set free'. For Mr Y this was central:

*I was feeling very much free because I was telling myself to speak out so I didn't to have to be hidden behind myself, just to free my soul as I'm expressing myself in front of people, because what was happening mostly is that I was having no one to speak to about this...It was very much better because I did feel also that was free; I was all the time having that emotionally inside of me.*

Thus the presence of the audience was undeniably central to his process of being set free from his frustration and feelings of there being nobody to talk to and no solutions. The presence of the empathic other is therefore of paramount importance because it provides a container for those unspeakable truths and emotions, and fosters acknowledgement of wrong-doing. The testimonial platform also allowed Mr Y to find and exercise the voice he was not allowed previously. As Hayes (1998) reminds us, the extreme repression during apartheid precluded any form of expression about

atrocities. Breaking this code of silence is thus a significant step in the process of moving forward. By allowing the breaking of silence, testimony plays a role in establishing a space for acknowledgement and thus holds significance for those providing it.

To Mrs G the TRC process in general and her testimonial involvement in particular was an acknowledgement, by government, of her violation. Despite being tired after testifying she says she was very happy. Telling her story meant that the nation knew her name and the government acknowledged her incident which was reinforced by her receipt of reparations:

*...I was feeling very much better from my anger...better inside my soul and to know that Government knows the incident that I was injured from the struggle.*

Again here, acknowledgement fosters a sense of trust and safety which are important steps in the process of coming to terms with, and integrating, politically-motivated traumatic experiences (Minow, 2000). It is especially important that she feels as if the government acknowledged her trauma because these are the leaders that the liberation movement produced and were who the freedom fighters fought to put in power. Acknowledgement from them of her violation gave it meaning because it serves as a display of gratitude and is a statement that her husband did not die in vain and that she was not injured for no reason. This contrasts starkly with the sense of political betrayal felt by participants in a previous study who did not receive acknowledgement from struggle leaders and were thus distressed and angry (Mohamed, 2005). It must be noted though that all but one of the participants in the previous study were directly involved in the activist movement two of whom took up arms as youth to fight for a cause they believed in. They were young and gave up their childhoods and educations

to fight for a better life. The effects of traumatic exposure and their lack of education and skills have rendered them obsolete in terms of being able to work for a living. Despite their irreplaceable sacrifices, they received no recognition or acknowledgement from the leaders they gave up their youths for. The direct link between their life circumstances now and their political activism is what differentiates them from the participants in this study who were generally less involved or were civilian casualties of unrest (aside from Ms G who was a military operative). It is thus that the betrayal concerns of the present participants are of a different nature (as will be discussed in Chapter Six) because generally their lower levels of activism have precluded their sense of having been betrayed and abandoned as a result of lack of acknowledgement of involvement and sacrifice. Rather, their betrayal is concerned with their current socio-economic circumstances despite having had little or no political involvement, but having been injured in politically-driven violence nonetheless.

Mr W speaks of feeling vindicated and finding closure through giving his testimony. His experience was “*very effective in a positive sense. It has really brought closure to me, real closure about that incident*”. He claims that after providing his testimony he would no longer respond to violent incidents on TV as if they were happening to him. His hypervigilant and hyperarousal responses allayed after having verbalised his trauma. There was a definite change for him post-testimony; he felt “*much more free after the TRC hearing*”, less trapped by his hypervigilance, by his memories. These findings reflect those of studies conducted making use of testimony psychotherapy as having reduced posttraumatic symptomatology in situations of political conflict (Cienfuegos & Monelli, 1983; Agger & Jensen, 1990; Weine et al, 1998; Igreja et al,

2004). Here it appears that providing testimony has had a direct impact on the alleviation of symptoms that are associated with PTSD.

The psychoanalytic constructs of cathexis, abreaction and catharsis are helpful in understanding this sense of relief many victims have felt in the aftermath of their testimonies. Drever (1983) defines cathexis as an “[a]ccumulation of mental energy on some particular idea, memory, or line of thought or action” (p. 35) which is something that is necessary when providing testimony on traumatic incidents. It is necessary that energy be focussed on the incident so that effective and complete release and integration may take place. It is also therefore necessary that one re-live the experience in order that it may be released which is a process known as abreaction<sup>26</sup> which ultimately results in catharsis which is the “discharge or release of repressed emotions resulting in the alleviation of psychological tension” (Kosmicki, 2000, p. 49).

The goal, however, of psychotherapy in dealing with trauma is to reintegrate the fragments of the traumatic memory through the process of narrative completion (Wigren, 1994) of trauma. Wigren (1994) argues that everyday experience is processed in the form of a narrative; one that establishes meaning through the connectedness between events and characters that evoke, as well as account for, emotion. Events are also episodically organised which divide experience into its component parts linking certain experiences together while also keeping them separate from others. One then draws conclusions from these episodes that guide behaviour and make contributions towards the continued formation of a worldview

---

<sup>26</sup> Defined formally as “a clinical phenomenon in which experiences of trauma are recollected, often after a period in which they have not occupied conscious attention. During recollection, the experience is one of reliving the memory. Intense emotions are often felt and expressed” (Horowitz, 2000, p. 5).

and sense of personal identity (Wigren, 1994). In other words, “[e]mplotment, the activity and operation of a narrative, organises the life events and experiences into a coherent, ever-evolving life story” (Neimeyer & Stewart, 1996, p. 360) which allows an individual to understand and adaptively respond to life experiences.

Problems occur though when narratives are incomplete because they have been disrupted and thus prevented from operating in its usual manner (Wigren, 1994). Trauma is such a disrupting agent resulting in incomplete/interrupted narratives resulting in turn in the surging forth of traumatic memory. People contain emotion by creating narratives. Thus when memory is in its narrative nature, affective responses are contained because the emotion is linked to an event that is specific to certain time, place, character and meaning (Wigren, 1994). Traumatic memory is, however, not linked in this way and thus its intense, unpredictable, intrusive emotional character. The re-establishment, therefore, of a narrative seems to play an important role in the integration of traumatic memory. As Wigren (1994) observes, “the highly charged affect will ultimately be organized – that is both expressed and contained – only when the story of the traumatic experience can be fully told” (p. 418).

In Brison’s (1999) view though, in order for self-narratives to be constructed, the presence of a willing and able audience is essential in hearing and understanding the words of the traumatised as intended. It is thus that testimony is a central process because this form of narrativisation necessarily involves the presence of a listener whether in the form of a therapist in terms of testimony psychotherapy as discussed below or in the form of a public audience as displayed at the TRC. Therefore, “[b]y constructing and telling a narrative of the trauma endured, and with the help of

understanding listeners, the survivor begins not only to integrate the traumatic episode into life with a before and after, but also to gain control over the occurrence of intrusive memories” (Brison, 1999, p. 46).

The aptly named testimony psychotherapy is geared specifically towards victims of gross human rights violations. The goal of this therapy is to allow the individual in their own time to testify to their experiences. By so doing they incorporate it into their life narrative while simultaneously creating a written document which will exist as evidence of their trauma. Their trauma is in a sense memorialised in a way that allows others to view their experiences and learn from it. The few studies conducted using the testimony psychotherapy method show that it does have positive effects for the alleviation of the symptoms of trauma (Cienfuegos & Monelli, 1983; Agger & Jensen, 1990; Weine, et al, 1998; Igreja et al, 2004). As Young (2004) asserts, “[t]he chronological structure of narrative is reassuring, for it promises a move away from trauma towards coherence and a future that is not implicated in the events of the past” (p. 158). This is encompassed in Mr S’s claim that he felt normal again after he gave his testimony.

As Brison (1999) argues, 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 their recalling, and helping the survivor to remake a self” (p. 40). She does, however, also point out that the narration of one’s experiences is not always a therapeutic endeavour and may very well not in and of itself be sufficient for complete recovery from trauma. The narrativisation process does, however, make significant contributions to the recovery process

(Brison, 1999). There are important post-trauma factors, most importantly the post-trauma context, that may influence the path to recovery as will be discussed in Chapter Six.

The findings discussed within this chapter indicate that for participants in this study, the testimonies they gave were for them generally subjectively positive experiences. Despite initially finding it difficult and emotionally evocative, the process resulted in feelings of being set free and relieved of their emotional distress. The public aspect – the presence and response of an empathic audience – was key to this outcome. There were no reports of severe re-experiencing incidents during testimony other than the initial emotionality. Thus, judging from this, no retraumatisation (in terms of posttraumatic symptomatology) as such occurred as a result of providing testimony. This differs from those experiences of rape victims who partake in the judicial system who have been found by Campell (2006) and Campbell et al (1999) to experience revictimisation and intense distress as a result of their experiences of testifying at their court appearances. The importance of a supportive context is central to this distinction.

As noted previously, however, the milieu of the TRC hearings was one much more conducive towards victim story-telling. Not only was there no antagonistic cross-examination by a prosecutor – one aspect rape victims find most traumatic (Campbell, 2006) – but there was also both pre- as well as post-testimony support provided to those giving TRC testimony albeit limited (Hamber, 1998). At the TRC as we have seen, there was also the presence of a supportive and empathic audience which is often not the case in situations of rape. The provision of a safe space to tell the story

was encompassed in the TRC public hearings. De la Rey and Owens (1998) include the element of story-telling as one of the three modes of healing in their typology. In this sample not only was this opportunity presented, but the process itself was one which held significance for participants and meant a great deal. However, while the immediate post-testimony period did not reveal any retraumatisation, the following chapter will explore the longer-term consequences for victims of having given testimony to the TRC which indicate that issues related to socio-economic context emerge as salient and distressful elements which may impede the ability to move forward and transcend the traumatic effects of human rights violations. Testimony initiated a process of integration which has allowed individuals the space and opportunity to begin moving forward. However, it is possible, allied to this, because the human rights trauma has begun the integration process, that issues of long-standing socio-economic subjugation come to light compounded by salient feelings of betrayal and abandonment by the current dispensation.

## **CHAPTER SIX: RESULTS & DISCUSSION**

### ***The Post-Trauma Context***

The individual experience of public testimony may be personally empowering and provide emotional rewards through social recognition of one's pain but this does not necessarily add up to healing as an enduring outcome (Humphrey, 2000, p. 14).

The previous chapter discussed testimony and the significance thereof for those who participated in the process of providing their narrative in a public arena to the TRC. While the data show that for the study's participants, their testimonials processes were of great significance to them, this chapter discusses the post-trauma and post-TRC context which may play a possibly mitigating role in terms of the positive impacts testimony have had on victims thus compounding previous human rights trauma instead of assisting in its alleviation.

The socio-economic contexts in which most of the participants in this study have lived and continue to live have played a large role in determining the long-term impacts that providing public testimony to the TRC may have had on their lives. The life experiences of these individuals have been, and continue to be, defined by poverty and deprivation due partially to the permanent effects of the violations suffered under apartheid. The effects of being entrapped by poverty serve to only further compound the previous trauma experienced, causing distress thus impeding the process of moving forward. Ajdukovic (2004) has argued that "[a]s individuals heal and communities reconstruct, both need to look for ways of integrating painful

experiences in such a way that it contributes to the feeling of safety and self-worth of individuals, and stability and a sense of commonality for communities. In other words, the social context needs to be seen as safe enough to facilitate recovery” (p. 126). A social context defined in terms of lack, economic insecurity, poverty and deprivation defies this possibility.

## 6.1 Current Difficulties

For many of the participants in this study the physical complications they have been forced to endure as a result of their respective violations have resulted in the need for long-term medical care. Thus, for these participants, over and above the distress caused to them by the injury in terms of ‘intrusive embodiment’ as discussed in Chapter Three, there is the added burden of incurring medical costs for which they themselves have to pay despite not being able to work due to the injuries or due to old age. As Mrs G says: “...*I always use my pension money to go to the doctor. I’m still looking for some more money to look after myself*”. Mr Z notes that he can not pay for a doctor because doctors are too expensive: “...*you must have a doctor, you see now I have one arm, no, I can’t pay for a doctor...pay a lot of money for the doctor*”. These medical costs fall in addition to the other day-to-day costs of living that these individuals have to pay in order to survive, which for Mrs T has been a struggle since her husband died of cancer in 2006 leaving her in arrears on many of her accounts. She says:

*When you pay everything and – look like for instance rates, the rates and water, mine is behind...my husband is dead now and he was supposed to pay it and he never paid it because the horses were there...to go to [referring to her husbands death] – and he didn’t, and now it is all behind because I haven’t got the money...I am on my pension only.*

Mr T for example lists the following monthly costs he has to ensure are paid despite being on none other than a disability grant of R830 per month:

*...I have to give the Council, I pay R284 a month rent, then I have to give, the phone bills works out over R100 a month and the light I'm buying is over R100 a month and I only get R830 a month...*

The mention of receiving government grants was a common utterance and an important one because for recipients of the grants, it is a form of government support. As mentioned, Mr T receives a disability grant as does Mr S. Mr T also receives two Child Support Grants for two of his children while others such as Mrs T and Mrs G receive Old Age State Pensions. These are important in providing for individuals a sense of security and being support and held by their government. According to Hellen Garrod, government is an important player in the everyday lives of the citizens it serves because it is viewed by them as the caregiver. Providing this assistance is vital because it gives a sense of being cared for by one's caregiver re-establishing the connection and attachments severed by trauma. Also, by contributing towards the rebuilding of society, the provision of social assistance is an important part of psychosocial healing as proposed by Weston (2001) in her model of healing from trauma in the aftermath of ethnic cleansing. The provision of financial security by government contributes towards the re-establishment of a milieu of safety, security and predictability that was lost at the time of violation. This facilitates healing from trauma (Herman, 1992a; Weston, 2001).

However, of the participants receiving grants, all lament that these are wholly inadequate because they are used to pay debts and bills and expenses after which there is nothing left to provide any kind of support for the household: "I get a

*disability grant; there is a disability grant that I get. Even that disability grant is not enough because I'm also now having a son*" (Mr S). Mr S finds it difficult to provide for his son because the income he receives pays expenses and leaves little for anything else. This therefore threatens the security generated by the provision of the state social assistance by creating a context in which the distress resulting from continued economic burden is still highly salient. Also, the inability to provide for one's family is an aspect of the post-trauma context that further disempowers victims therefore causing distress and impeding the possibility of restoration. Kagee (2004) argues that "[s]uch distress affects the quality of life of people in fundamental ways and is tied to their ability to address their basic needs. At a psychological level, inability to address basic needs invariably has an effect on respondents' sense of self-worth..." (p. 629). Mr T illustrates this in relation to his family:

*Now sometimes if I'm so sick or so man then they come to me 'daddy, look I haven't got that, can daddy buy me a tracksuit' or a takkie or like that man, then my heart is so sore for them because look if I've got money then I have to buy for my kids or so man, it's very hard for me man, you see to do things like that, what happened to me, why did these things happen to me, that I can't face for my family, you see...*

Participants also mentioned that they received little or no financial support from family members in order to help them. Mr T for instance says that his siblings are very independent, *"they don't worry with me, there's nobody who come by me...I have to look alone for my own bread money, everyday for my children to feed, it's very hard for me"*. Mrs T similarly mentions that while her daughter does work, she is married and has two children for whom she has to work and support. Mrs T has to thus live on what is left of her state pension after paying monthly expenses: *"My daughter is, she is married, she has her own house and the other daughter she was;*

*because she'd got 2 children, she must work for them, I live on my pension now". Mrs S tells a congruous story of how with her R820 monthly state pension she has to maintain an eight-person household without help from anyone else other than some financial input from her one daughter and son:*

*...there's no-one helping. I'm old; I'm only getting the old age grant, R820 a month. And my son and my daughter, my two grandsons and my two granddaughters, and my two great grandchildren are staying in the house.*

This serves to foster feelings of further isolation and abandonment. The family is the primary source of attachment, nurturing and safety. Trauma severs the attachments bonds formed and thus causes the disconnection of which Herman (1992a) speaks. Thus, victims of trauma feel isolated, alienated and abandoned. The provision of support, particularly from the family, provides the roots for the reconnection of the attachment bonds and re-establishing a sense of belonging and stability. However, the lack of such of such support may serve to exacerbate feelings of abandonment and isolation in a post-trauma context impeding the healing process in the aftermath if processes such as the TRC.

## **6.2 Reparations**

These factors are linked to the feeling by many of the participants that the once-off lump-sum TRC-linked reparation paid out by the government was inadequate in making any real difference in their lives or easing their distress. It may even have exacerbated it by creating the expectation of support and then not delivering. The amount of R30 000, some participants feel, was not an adequate amount to compensate for the wrong-doing as pointed out by Mr S and Mrs T respectively:

*They only gave us money, this small money...which doesn't reimburse my blood and my disability right now. I was staying 2 months in not talking, 3 weeks in a coma, that was the difficulty of my life, so it seems like there's nothing done for myself...(Mr S).*

*...it is too little money, it is not worth our children, and I said well it is a 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...I think they should have give more money to us, money is so small and little today that you can't do nothing with money you know. (Mrs T).*

Also, as Mrs T points out, the reparation pay-out did not solve any of their current problems because they are still suffering due to impoverished circumstances which the payment only eased in a limited and short-term manner.

From Mrs T's words we see the inadequacy to her of the reparations she received, but also the importance of the payment in terms of the limited help it did offer. Her statement confirms Hamber's (2000) contentions that financial reparation is often seen, by both policy-makers and victims, as a form of concrete assistance qualitatively different from symbolic reparations such as memorials and tombstones:

However, the reality is that seldom will the sums of money granted equal the actual amount lost over the years when a breadwinner is killed, and it is questionable whether the material reparations granted will dramatically change the life of the recipient. In essence, material reparations are merely another form of symbolic reparation, albeit particularly welcomed by the majority of the destitute survivors who are living in conditions where any amount of money will be appreciated<sup>27</sup>

---

<sup>27</sup> No page number available. Retrieved April 25, 2006, from <http://www.wits.ac.za/csvr/papers/paprepbh.htm>

Mrs S mentions how she is forced to live with eight people in her home which she was unable to complete repairing after it was burnt at the time of violation because the money she received as reparation was used up:

*...its was half done, then I tried to finish up my house, then the money was finished, and then thereafter there's no one helping. I'm old; I'm only getting the old age grant, R820 a month. And my son and my daughter, my two grandsons and my two granddaughters, and my two great grandchildren are staying in the house*

Similarly for Mr T, after having paid – from the reparations pay-out – outstanding accounts incurred over years, there was no more money:

*...for years I owed people money, like my wife was all the years also in debt man and I took from that money and I squared every small item up from us man, and I bought furniture and all the stuff, but that money don't last long...*

As a result, after the reparations payment was used up the participants were in very much the same position as they before receiving the money. Generally, reparations are meant to restore one to a pre-trauma state. However, the pre-trauma state was one of poverty and deprivation due to the economic subjugation of people of colour by the apartheid government. Therefore, even the pre-trauma state was non-conducive. It is also argued that the aim of reparation is to restore dignity (Orr, 2000). However, as we will see below when victims such as Mr T are unable to feed their families despite having received reparation their dignity and self-worth are once again threatened thus negating the positive impacts of receiving it.

While these acts of reparation serve as an important form of acknowledgement which is vital in the process toward recovery, it has also been noted that reparation in any form “can never bring back the dead or be guaranteed to converge with, and ameliorate, all the levels of psychological pain suffered by a survivor” (Hamber &

Wilson, 1999<sup>28</sup>). To an extent predicting some of the findings in this chapter, these authors note that in the aftermath of political trauma on such a large scale, it should be expected that victims' unsatisfied demands will arise because of the vastly different psychological needs of victims (Hamber, 2000; Hamber & Wilson, 1999). The pressure of disparate demands makes it difficult for all, or even most, to be met particularly by a fledgling democracy. This having been noted, in the subjective, lived experiences of victims, their day-to-day lives post-apartheid have changed little from their day-to-day lives during apartheid fostering disappointment and anger rooted in the failure of government to deliver on promises that were engendered by the TRC.

### **6.3 Impoverishment and Retraumatization**

The combined circumstances of having been economically subjugated for decades and thus forced into poverty, disability due to human rights violations that has taken away the ability to work, small government grants and the lack of financial support from family serve to place some participants in a state of economic entrapment and deprivation. Furthermore, especially for Mr T, the resultant inability, as a result, to support his family compounds his feelings of uselessness and being an ineffectual father that have been instilled in him as a result of his disabilities. This sense of shame, humiliation and emasculation are captured by his words: *"It's very bad for me man, because if I was a solid man then I had worked for my family. I am the key to the door of the house. I have to stand for my wife and for my kids but I can do nothing...I can't face for my family"*. He expresses much distress at not being able to provide and not being able to fulfil his role because he has no means by which to do so. Thus, while part of the aim of giving the space to provide testimony and then subsequently

---

<sup>28</sup> No page number available

providing reparation is to restore dignity, it is clear that such dignity becomes threatened once again by the difficulties experienced by victims who are unable to provide for their families. He is also concerned for his family who have no financial security for after he dies, which for Mr T is a daily threat:

*...but that money don't last long because, look my kids haven't got even properly clothes and that man...for all the years they were on mealie meal, they live on that food, in the morning it's mealie meal food for them, sometimes there's no food like potatoes or meat, like that for them to eat man, and they must eat it [mealie meal] in the morning, in the afternoon and at night they have to eat it, it's very hard man, was it for me...And that money the government gave, that R30 000, it's up...and here I'm still sitting with the pain...I can die any minute, but my people, my family, my wife and my kids are not secure. It's very bad for me man, because if I was a solid man then I had worked for my family...*

These findings are in keeping with those made by Kagee (2004) who undertook to document the present concerns of survivors of human rights violations in South Africa who reveal definite economic concerns which are verbalised as causing more current distress than posttraumatic symptomatology. Reflecting the findings in the current study, Montiel (2000) has argued that poor populations, both rural and urban, which have come to be traumatised by protracted conflict are forced to grapple with circumstances of dire poverty in daily life. This makes it consistently difficult for those who are struggling with survival to transcend the trauma because the impoverished conditions in which they live and lack of resources with which to be liberated from it threaten the healing process by entrenching powerlessness. In Walaza's (2000) words, "dire social circumstances make it difficult for individuals to deal with traumas on an ongoing basis. Impoverished living conditions and lack of available ways to escape these, of course, further threaten the process of healing" (p. 253). Reflecting on the situation in the former Yugoslavia Ajdukovic (2004) notes the

following which is illustrative of the situation in post-apartheid and even post-TRC South Africa:

In addition to their own traumatic experiences, many people have to cope with the fact that they...face unemployment, have very difficult living conditions, insufficient social services and schooling...and loss of personal and professional identity. Lack of control over life and lack of opportunity for planning their lives makes people feel disempowered and helpless... (p. 125).

The lack of foreseeable future and the unpredictability that arises out of these circumstances are features of trauma (APA, 1994). Furthermore, trauma being an “affliction of the powerless” (Herman, 1992a, p. 33), these circumstances could therefore be regarded as traumatic, and as retraumatising victims already traumatised by human rights trauma because of the lack of control they feel due to their inability to plan a life for themselves and their families. Thus their impoverished circumstances serve as a secondary trauma, which thus serves to compound the original trauma despite having provided invaluable testimony to the TRC. Such circumstances come to stifle the process of integration set in motion by the narrativisation of trauma through public testimony.

#### **6.4 Betrayal and Retraumatization**

These are the most salient concerns and sources of distress in the post-trauma context of the participants in this study. These concerns though are linked to others related to various post-TRC grievances which have also come to act as impediments towards the transcendence of human rights trauma. For the majority of participants their post-TRC grievances relate to the TRC itself and the disappointments, broken promises and

unmet expectations that have arisen out of their involvement in the process. Aside from the disappointments regarding the insufficient reparations paid to them, other concerns include what Mr Z understood as promises of housing and health services which were never followed through:

*The TRC has disappointed me because they supposed; and they promised us about the health, especially we disabled people, we were going to have people whose going to do home visits and home care but nothing happened on that, those promises...*

Although there were no such promises made, by asking victims what they would like help with, the TRC created an expectation which, when not fulfilled, was felt by victims, subjectively, as a disappointment and a betrayal.

Mr T feels dejected because the TRC told him they would ensure that he would be looked after; that victims in general would be looked after. In his perception, the TRC “told us they are going to look after us, as the victims, they are going to see that the government is going to look after us and it was never like that, it was never like that”. Mr T’s use of the term “look after us” is instructive because it indicates that he views the government as a parental body, as a caregiver. In his mind, the government can make life easier for him by providing him with medical assistance or providing greater financial support so that he may purchase items that would make his life easier because “my body is very bad”. For Mr T the government is not taking care of him so there is no security for him. The government not providing these services for Mr T may be viewed as tantamount to a parent not nurturing, or neglecting, their child. This may then be viewed as a betrayal of the attachment relationship, or in terms of this study a betrayal of the loyalty shown to the government by Mr T through his suffering and sacrifice. This then serves as a source of distress.

According to Hernandez de Tubert (2006) the social, institutional, political, and cultural environments experienced by an individual exerts considerable influence on their behaviour and subjective experience. She contends that the social system is viewed as an object as understood in psychodynamic terms and thus plays a role in containing the experiences of those it is mandated to protect and serve. The relationship that ensues as a result may be viewed then as akin to that between mother and child (paralleling Mr T's experience of the government as his caregiver). Citing Searls (1960) she notes therefore that the self comes to establish an object relation with the social system (Hernandez de Tubert, 2006). Thus, 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 individuals 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). One of these failures is when the social system (including very importantly, government and institutions such as the TRC) does not contain, nurture and provide protection for those in its care in the form of lack of assistance for those in poverty, social turmoil and economic crisis among others.

Generally when one human being refuses to help a fellow human being in distress a betrayal of the human bond is felt. Hernandez de Tubert argues that this betrayal is worse though when it is the government that ignores or 'abuses' those in dire straits because the leaders were elected into power specifically for purposes of fostering "a better life for all"<sup>29</sup>. Leaders are elected so that they may act as representatives of the

---

<sup>29</sup> One of the ANC's election slogans

people thus imposing upon them a moral mandate to “speak in the name of those who cannot speak for themselves, and to act in that of those who cannot do so. When they honor their commitment, this is a source of vitality and hope for the population at large; when they do not, it breeds desolation and despair” (Hernandez de Tubert, 2006, p. 4). Therefore, if the suffering of victims is not acknowledged, insult becomes added to injury thus compounding the trauma with further socioeconomic and other injustice as has been seen in the participants within the current study.

Some participants attempted to follow up on their disappointments but were left feeling abandoned, forgotten and betrayed. Mr Z for instance speaks of how limited he felt his reparations payment was (“*that was peanuts*”) and how he had written a letter to the then Minister of Justice to find out what had happened to the money the victims were meant to get but to no avail. In his words:

*I was writing a letter to the Minister of Justice, to Maduna that time, to Pretoria, there was no return letter that come to me for a long time...I don't know what happened with that money, this money was there...it was very lot of money for the TRC. I don't know what the other money, where is it. My house, I can't do it finish, it's broken; I never pay this money, so I don't know what can we do...”*

Clear in his statement is his feeling of helplessness (“*I don't know what we can do*”) that has been engendered by the alienation he feels from the leaders who have the answers as to the questions he has. He also tried contacting the TRC offices because “*they did not do their promises*” but found only that the offices were closed leaving no avenue or forwarding address by which to take forward his claims. This has disappointed Mr Z and resulted in feelings of abandonment and betrayal by a process which had promised to protect and look after those who had suffered for their country. These disappointments and discontents are not unique to this sample and are reflected in the findings of studies conducted by Hamber, Nageng and O'Malley

(2000) as well as Kagee, Naidoo and Van Wyk (2003) with victims who had participated in the TRC process. The latter, for example, note that the respondents in their study “expressed considerable dissatisfaction with the manner in which the TRC was conducted [because]...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” (Kagee, Naidoo & Van Wyk, 2003, p. 228) thus conveying the perception that government did not appreciate the sacrifices made by those who partook in the liberation struggle, thereby in turn fostering feelings of betrayal.

Mrs W feels similar betrayal after losing her son. On being asked her feelings around reparations she says: *“It actually meant nothing, it lifted me a bit and that was it”*. She receives no other assistance from Government and feels as if she is invisible to them despite the loss she has incurred as a result of a struggle without which they would not be in power:

*...my son lost his life for this country and you know...the other guys don't even look at me you know, and I feel it is my son's life that lifted theirs; so that they can sit there today...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...*

Mrs W is a single mother and therefore struggles to make ends meet. She seeks some assistance from the Government for which her son lost his life. Not only this, but she seeks acknowledgment of her suffering from Government which she and other mothers of the Trojan Horse victims feel they have not received. This angers her because she lost her *son* and that's an irreplaceable loss. The very least that could have been done was an acknowledgement from above and some assistance. The circumstances she finds herself in are for Mrs W what causes her current distress. She

states categorically that “*actually I wouldn’t say that it was this thing of Michael that brought it back, sometimes you have other problems in your life and then you also get depressed*”. Thus, the current problems in her life regarding her socio-economic struggles are what is causing her to become distressed. This cannot be disentangled from her feelings of betrayal and abandonment by government because it is the lack of support from this source that serves as its point of origin. They are therefore vital considerations.

It is essential to consider these feelings of betrayal because as the work of Freyd (1994, 1996, 1997, 2005) – discussed in Chapter One – informs us, the experience of betrayal by a caregiver is in itself traumatic. In brief, the betrayal of the attachment between ‘child’ and ‘caregiver’, that which sustains life and ensures survival, is a traumatic occurrence. Borrowing from this theory of betrayal trauma, Hellen Garrod has proposed what she calls “political betrayal”<sup>30</sup>. She argues that as citizens in a democratic society we look towards those we have voted into power to take care of us and protect us. Thus if our leaders mistreat us or neglect us in any way, that attachment bond is threatened and suffering may occur (Hernandez de Tubert, 2006). For the participants in this study, many feel that the government has not looked after them or nurtured them as illustrated in Mr T’s lament, “*they [the TRC] 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*”. What has exacerbated the betrayal is the incorporation into the equation of the political struggle, the sacrifices and losses that many incurred for the government who have now betrayed them by not providing adequately enough and not making good on its

---

<sup>30</sup> Retrieved October 12, 2005, from [www.helengarrod.com/home/case.htm](http://www.helengarrod.com/home/case.htm)

promises. These individuals can therefore be said to have been even further traumatised through the lens of political betrayal trauma.

### **6.5 Anger: An Indication of Injury**

The broken promises, unmet expectations and inadequate reparations policy also serves to foster feelings of anger and resentment towards the TRC and towards Government, a further indication of betrayal. Mr T is angry because he is in intense pain and still has to suffer everyday while those in senior positions live comfortably:

*...now what about the people who was shot during apartheid years who must still sit with the pain, he haven't got the pain like this, he haven't got a; he can eat proper food but I can't eat proper food. I've got a family that I must sort out, he get paid from the government every month to sit in that office, but what about me who get a small money from the government?...They can sleep lekker in the night, but what about me? ...*

This highlights the continued economic injustice perpetrated in post-apartheid South Africa. Economic subjugation was part of the apartheid regime's tactic to generate and magnify structural inequality in society by ensuring that non-white citizens be entrapped in impoverishment. For this to be continued into the post-apartheid period is counter-productive towards moving forward and dealing with the trauma of the past. As Weston (2001) argues, "Reconstruction of war-torn societies needs to be done with the healing process in mind, and in a way that avoids 'reinforcing inequality'" (p. 13). This has not been the case in South Africa. Instead, the continued entrapment of many former activists in circumstances of poverty serves to generate further hopelessness and powerlessness which acts as an agent of retraumatisation and prevents the process of healing.

Mr S is angered at the conflicting and incoherent communications he has with people in charge who keep him confused. He is upset that he can get nothing processed and is confused by the different instructions he receives from different people. This leaves him feeling flustered and shut out:

*I never get...I never get contacted from them because I was always contacting them, reminding them and I was like phoned them, they don't answer but I never get any full answer...Yes it makes me angrier...mostly they just keep me very much confused if they talking this and tomorrow they talking other things, so they make me more upset.*

In both Mr T and Mr S's cases, a note is warranted on the tone with which these two participants expressed their misgivings. For both during the interview the sense of frustration and anger was palpable in the atmosphere of the interview. Mr T's body language, despite his 'closedness' due to his disability expressed a tension, an intense emotionality which, coupled with the change in his tone of voice from one of passivity to one of near-aggression as well as desperation, is indicative of the anger that lies behind his words. Similarly with Mr S, there was a sadness to his tone of voice when speaking of the disregard he has been shown by the structures of government that have not paid him the attention he deserves. Yet, the tension in his body language was indicative of his frustration and associated anger at hitting the brick walls and being shunted from pillar to post.

Anger has its origins in the instincts of self-protection within a context of interpersonal aggression (Wiseman, Metzler & Barber, 2006). People become angry for various reasons including, according to Lazarus (1991; cited in Wiseman et al, 2006), instances when a person is faced with an injustice. It is therefore unsurprising that the participants in the study are angry. The injustices and betrayals that have been perpetrated against them after their initial trauma have in themselves been traumatic

and thus fostered this anger. As Davenport (1991) contends, “A safe assumption is that their [victims’] 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). Anger is an indication that the person has been wronged and that corrective steps need to be taken. However, hopelessness and helplessness that is characteristic of victimisation precludes any action on the part of the victim to rectify the damage done. Anger, is therefore the only resource available (Davenport, 1991). Feeling and expressing this anger is potentially an important source of self-empowerment for victims because, on the one hand, it mitigates the reduced self-esteem victims usually feel, and on the other hand, it is a form of ‘punishment’ for the perpetrator which provides for the victim a sense on control (Davenport, 1991). Based on this theoretical framework, the anger expressed by the participants in this study is likely indicative of socio-economic injustices perpetrated against them in the post-trauma and post-TRC context by the government. As discussed above, these injustices may be traumatic in themselves and have thus retraumatised victims who through anger are providing another form of testimony relating to another form of trauma because the significant effects of their original TRC testimony are being undermined.

## **6.6 Lack of Leadership Response as Betrayal**

It is helpful to note the contrast in the types of concerns that Ms G expresses as compared with the other participants. For her, socio-economic concerns do not feature not least because she is a financially secure woman with a stable job, skills and yields from a higher socio-economic bracket. With her survival not threatened by impoverished circumstances, her grievances lie elsewhere. In her case, Ms G’s

disappointment and sense of betrayal and abandonment stems from her lack of access to former comrades who are now in important positions in government. These are people who fought alongside her and who went through similar experiences as she did but who now are not accessible. While there is strong behind-the-scenes support from these people, there is a distinct and palpable lack of active, visible support from former comrades who are now in senior positions in society. She says that by speaking openly and actively about what happened to her she is taking risks for which “*there’s no support visible, there’s unspoken support, there’s absolutely unspoken support*”. She goes on to say:

*I know exactly, it’s 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 stuff you looking for.*

She feels abandoned by the leadership because they are unwilling to listen and acknowledge her despite her severe suffering at the hands of the security police. She wants that feedback from them and yet it does not come leaving her feeling betrayed and angry. “*I can’t even get passed their first layer of defence*” she says, which makes her angry and feel hurt because these are people she should have access to not only because it is a democratic right to do so but also because these are people who should understand what she has gone through because they are who she fought alongside, and fought for. These are feelings are similar to those expressed by participants in the Kagee (2004) study who feel dissatisfied with the current political situation in the country in the sense that the former struggle leadership have forgotten and abandoned the members of the political organisation of which they are or were apart. He illustrates that for many of his participants, their responses conveyed feeling that the

political organizations for which they had worked had abandoned the ideals and the interests of the rank and file membership. Many among the leadership of these political organizations had made their way to political power in post-apartheid South Africa and a sense emerged that they had forgotten the personal sacrifices for the advancement of the anti-apartheid movement. (Kagee, 2004, p. 630).

The conduct and accessibility of the former struggle leadership is therefore an important factor in victims feeling supported and secure in the post-trauma context (DePrince & Freyd, 2002; Mohamed, 2005). These organisations served as the caregivers to many activists and are thus important sources of support and comfort for many. Activists gave up the safety and security of a family to fight in the liberation struggle. Thus, the activist community – the political organisation as well as the comrades within them – became like family and served the same functions of providing a sense of safety, security and support. Thus, the sense of abandonment by the leadership of these organisation felt by many who had fought in the struggle, despite liberation, is traumatic in terms of betrayal trauma.

Thus as, DePrince and Freyd (2002) argue, consideration must 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, or otherwise devaluing the individual’s experience” (p. 77). It is therefore unsurprising that the lack of response Ms G receives from senior officials is viewed and felt as a betrayal which in turn has resulted in the expression of anger indicating, as above, psychological injury. This is especially significant for her because of the important protective function the

organisation played in her survival during her tenure as a military-trained member of the armed wing of the ANC.

Thus, for the participants in this study, the process of restoration in the aftermath of human rights trauma is not a linear one. For most participants socio-economic concerns are of particular salience in their post-trauma and post-TRC contexts even a decade after the TRC's inception. In ten years their lives have not changed at all as a result of having taken part in the TRC process. In fact, the data suggest that they have become retraumatised by their impoverished circumstances which have rendered many helpless and hopeless in addition to the retraumatisation of betrayal and disappointment. Although de la Rey and Owens (1998) include reparations as a third mode of healing in their typology, it is clear that the reparations pay-outs to these participants ultimately contributed towards distress because it did not include longer-term, more sustainable measures which would have had a more meaningful and enduring effect on their lived experiences. It is clear then that circumstances of impoverishment, deprivation and socio-economic subjugation in the aftermath of trauma are severe hindrances towards the process of transcending human rights trauma. Furthermore, such circumstances serve to retraumatise thus creating further distress, reducing quality of life.

## **CHAPTER SEVEN: CONCLUSION**

The TRC served as a repository for the testimonies of those victimised by gross violations of human rights committed during apartheid. It aimed to carry the South African people into a new era free from the trauma of the past by healing society through the process of collective catharsis through truth-telling. The vehicle, though, by which this shift in societal woundedness would take place was through the traumatised individual. It is on this dynamic – the individual providing testimony – that this research has been centred. It was the broad aim of this study to address the issue of ‘healing’ and restoration for victims of gross human rights violations as a result of having taken part in the TRC process through providing public testimony. In doing so the research set out to address three questions:

1. Was the process of providing public testimony to the TRC a retraumatising experience for victims?
2. What were the immediate psychological implications, for victims, of providing this public testimony?
3. Following the TRC, what has been the lived experience of those who partook in the testimonial process?

Following the exposure to violation (as defined by the TRC), the data from this study reveal that victims were traumatised by their respective gross violation of human rights. The study did not assess for PTSD because its methodology was geared towards eliciting the subjective experiences of participants with regards to the various aspects of violation and the TRC. The participants in this study experienced a certain level of traumatisation due to their exposure to gross human rights violations. While

objectively there was no presence of PTSD, there was subjective experience of posttraumatic 'symptoms' related to trauma. The sample generally showed experiences of intrusive memories in the aftermath of violation characterised by a sense of such memories taking over and dominating the lives of those afflicted. As theoretically predicted, these memories were imbued with an unpleasant affectivity that caused distress. The memories were sometimes so imprinted in the lives of those victimised that for some the emotionality of the event continued to infiltrate their current existence and for others, there existed still the remnants of physiological reactivity to reminders of a time defined by violence and trauma.

It is therefore not unusual to find that many of the participants in the study also made use of avoidance strategies with which to cope in some way with the intensity of the traumatic memory so as to preclude the possibility of becoming overwhelmed once again by the experience. The avoidance of thoughts, of places and of people and conversations or situations that would remind these victims of the events in which they had suffered pain and helplessness is indicative of traumatisation. However, despite these attempts at avoidance, what was also apparent was the futility of these attempts at forcing the memory of violation from consciousness displaying something of a 'dance' between intrusion and avoidance referred to by Herman (1992a, p. 47) as the "dialectic of trauma" which further entraps the victim in their attempt at overcoming their experiences.

Further impediments to transcending the trauma of violation were the presence of 'intrusive embodiment' and the current life circumstances of victims which reflect the intrusiveness of traumatic memory. The former refers to the physical inscriptions that

the trauma has left on the bodies of the victims resulting in further entrapment by the memories of violation due to the visible and very real scarring and permanent bodily damage caused by the original point of trauma. The latter refers to the state of poverty and economic subjugation that victims continue to live in as a result of decades of being denied the rights of citizenship. These factors influence subjective feelings of trauma and distress because they serve as reminders of a past that would rather be forgotten and threaten retraumatisation.

Despite the presence of these 'symptoms' among the participants in the study, there was also no mention made of diagnosed PTSD. This is attributed to the increased ability to cope with the distress of trauma due to high levels, and significance to participants, of various types of social support from a number sources in their post-violation lives. Included among these are religious support, concrete support (in terms of clothing, food and child-minding), community support, organisational support from the liberation movement (particularly the ANC) and support from fellow comrades. According to De La Rey and Owens (1998) the presence of support is one of the three integral modes of healing key to ameliorating the suffering of trauma. However, while the presence of support in this sample was significant in the aftermath of the trauma itself, this was not evident in the lives of participants a decade after the TRC process had completed which may exacerbate the distress cause by the impoverished circumstances in which they live.

A second mode of healing proposed by De La Rey and Owens (1998) is that of storytelling. This relates to the process of providing testimony to the TRC which involved the telling of the story of violation in as much detail as possible so that it

could be documented and heard as it had happened. Psychologists such as de Ridder (1997) have raised concern that the process of providing testimony to the TRC may have been one that resulted in the retraumatisation of victims in the form of a resurfacing of symptoms and problems related to the original trauma. This research has shown that the process of providing testimony was, for those partaking in the study, an emotional experience during the actual telling. The remembering of what had happened initiated the process of reconnecting the emotions of the day with the memories which was a painful experience but is one that facilitates integration. Hamber (1998) and Staub (2000) have noted thus that this is a necessary step in order to overcome trauma. For the participants though, no mention was made of any resurfacing or worsening of 'symptoms' in the weeks or months following their testimony. Thus it appears as if there the process of testifying was not a retraumatising one as understood by de Ridder (1997) but was more experienced as part of the healing process.

In fact, the process of providing testimony was one that held particular significance for those in this study. Giving testimony at the TRC meant that the story of trauma would be transmitted to an audience. The creation of a "community of memory" was an element that gave the testimonial process great importance. Being given the opportunity to break decades of silence on a platform geared towards supporting victims in a space that was facilitative was central to the story-telling process which fostered acknowledgement and the restoration of dignity: "In remembering the past, speaking about it, and listening to the stories, interviewees suggested that a process of acknowledgement occurs through which victims are honoured for both the pain that they have suffered and their role in the struggle against apartheid" (De La Rey &

Owens, 1998, p. 267). In addition, it served the purpose of restoring the moral order of society by providing the foundation by which such atrocity may never reoccur thereby also instilling a sense of safety.

Being provided with this testimonial space in which there existed the presence of an empathic other ready to hold and contain the painful experiences being transmitted by victims was an element to the process that contributed a great deal to the psychological implications of providing testimony. As a result of testifying, the participants in this study expressed having experienced a significant sense of relief and of being liberated and set free from the entrapment of traumatic memory. Empathy and containment are central elements to the psychotherapeutic process and the emotional processing of traumatic events and thus play a large role in the experience of psychological release. Testifying is therefore distinctly significant for those who provided the testimony. It has at very least provided the initial step towards integrating the traumatic experience. However, concern has been raised about follow-up support services that the TRC has been unable to provide for those who testified (Hamber, 1998; de Ridder, 1997). The psychotherapeutic process is not a once-off purging of traumatic experience but involves telling and retelling until the remembering of the violation is no longer something that elicits intense affective and physiological responses (de Ridder, 1997). Providing testimony alone is therefore an incomplete therapeutic endeavour without any follow-up psychological support services.

However, as discussed, the participants in this particular study did not mention any re-emergence of symptoms in the months and years following testimony. However, this

lack of articulation does not mean that they were not present. It may mean simply that they have become eclipsed by more pertinent current circumstances and the need to survive in a context of poverty and deprivation. Now, the TRC, the nation, the world having heard the stories of violation, the traumas have at very least begun to become integrated into the life narratives of those victims who provided testimony. Thus, the original violations are less of a salient feature in the post-TRC context although not completely 'forgotten' as evidenced by the physiological and emotional responses still elicited by some participants more than a decade after the TRC hearings. Generally though, the current circumstances of the victims who testified which are related to feelings of political betrayal and abandonment become more significantly focussed upon because they exert the more immediate and distressing influence following testimony. Despite the provision of concrete financial reparations by government, this once-off lump-sum reparations payment to victims was not a satisfactory settlement for many who feel they were taken for granted and have been abandoned.

De La Rey and Owens (1998) cite the provision of reparations as a third mode of healing in their typology gleaned from the experiences of victims who partook in the TRC process. However, for many victims in this study, in response to the TRC which had asked them what they would like assistance with in their lives (and thus created a reasonable expectation), feelings of betrayal followed the reparation they received because they felt disappointed by unmet expectations in terms of lack of sustainable and long-term measures of reparation such as healthcare and housing which they had requested. Many victims are unable to work because of disability caused by the original violation, others are elderly living solely on old age pensions with no additional financial support from family. Houses have been left incomplete and

families cannot be supported. These are very real concerns for the victims and are a source of distress in themselves because they engender helplessness and disempowerment which are defining elements of trauma. Due to the linkages between these circumstances and the TRC as well as the struggle, these feelings relate to those of betrayal which fosters anger which is in itself an indication of wrong-doing and injustice. Betrayal is, therefore, traumatic in and of itself; thus victims have become retraumatised not in terms of symptomatology but in terms of betrayal and current life circumstances which serve to compound the original violation and may threaten the process of integration of human rights trauma. The lived experiences of participants following the TRC have been defined significantly by further suffering in terms of the socioeconomic conditions in which they have found themselves thus making the process of moving beyond the original trauma a difficult one therefore impeding restoration and healing.

### **7.1 Lessons Learned**

While the presence of all three modes of healing proposed by De La Rey and Owens (1998) was apparent in the experiences of those who partook in this study, there are important factors which prevented effective healing from taking place. With regards to social support, while present during the aftermath of the actual trauma and possibly preventing the presentation of PTSD, the social support has waned since to a negligible rate. For all intents and purpose, social support effectively no longer exists for those previously traumatised by human rights violations in the past. Part of this though includes support of a professional, psychological nature. The TRC's testimonial process addressed the story-telling element of the healing typology. While effective in engendering psychological relief and acknowledgement, and while it did

not result in the re-emergence of symptoms as such, it may be that participants may have been better able to cope with current circumstances if they had been provided with structured psychological support in the years following their TRC testimonies. As for the third and final mode of healing, reparations. While provided, it is clear from the expressions from victims in the study that the desired aim of symbolically providing acknowledgement and re-establishing dignity while providing financial assistance, was not achieved. Instead, it made more salient the problems victims were living with and magnified feelings of helplessness, lack of control and disempowerment. Colvin (2000) pertinently points out the argument by some “that the idea of healing is meaningless in the context of ongoing victimisation through poverty”<sup>31</sup>.

It is therefore vital that more sustainable and appropriate forms of reparation be addressed in instances where victims are situated in contexts defined in terms of poverty and deprivation. It is these very contexts that need addressing so that healing from the trauma of human rights violations may occur effectively. Thus, focussing attention on continued, regular support services including community measures (including facilitated mediations between victims and perpetrators as well as the provision of a space for public dialogue) , as well as more focussed psychological services (such as psychotherapy and counselling), in addition to broader more structural measures such as housing, healthcare and a more effective system of social services may go a long way in creating a milieu more conducive towards healing in light of the effects of ‘intrusive embodiment’ of trauma which is in and of itself something that would warrant future investigation. It is also important that

---

<sup>31</sup> No page number available. Retrieved April 25, 2006, from <http://www.wits.ac.za/csvr/papers/papcolv.htm>

mechanisms be put in place that allows for the development of skills which could serve the dual function of providing purpose to the daily lives of those feel they have nothing to give and also to possible increase levels of employability and this empowerment.

The provision of reparations is important, but it should adopt a more holistic approach including these structural elements, as well as more individualised elements such as special pensions. Included though should be symbolic measures such as commemorative days that may serve as aspects of rituals of healing, and memorials which honour the experiences and losses of those who have suffered. As Hamber (1995) has argued, “symbolic representation of trauma, particularly if the symbols are personalised, can serve a psychologically restorative function and the reparations granting process can facilitate a process of coming to terms with the traumatic event and symbolise an individual’s mastery over it”<sup>32</sup>. It must be noted that the South African government has begun the process of symbolic reparation through the erection of memorials such as the Trojan Horse Memorial in Thornton Road in the suburb of Athlone on the ‘Cape Flats’ in Cape Town where the incident took place as well as large-scale (albeit controversial) renaming of buildings, streets and the like after struggle heroes. Importantly though, these measures should not be instituted at the expense of reparative measures that will have concrete and tangible effects on the lives of victims.

Any lessons learned from this study are important in providing commentary on the replicability of processes such as the TRC. It seems from the findings of this study

---

<sup>32</sup> No page number available. Retrieved April 25, 2006, from <http://www.wits.ac.za/csvr/papers/papsldog.htm>

that such endeavours are necessary in light of the findings which show that the exposure to the experience of gross human rights violations is one that results in traumatisation not only in the immediate period but also in the years that follow, thereby causing psychological distress. It is also apparent that the TRC and its testimonial space were particularly significant for those who partook in the process of giving testimony. The *public* hearings of the TRC – one of its most significant and idiosyncratic elements compared with previous truth commissions – were significant in this regard because the presence of an audience at hearings created the platform for acknowledgement and containment and thus served an important function along the journey towards healing. It is thus a central consideration for future such endeavours to include as part of the process the use of public sessions. Being given the space to break years of silence and tell the story of violation in a safe, receptive and facilitative space is key to victims' feelings of being liberated from a form of bondage – freed from being entrapped by traumatic memory.

However, to assume that the provision of this space is sufficient in dealing with the trauma in its entirety would be a mistake. This study has shown that the longer-term implications of partaking in the TRC were in fact counter to the process of restoration and healing. This was so not in terms of a re-emergence of symptoms; instead, it presented in the form of feelings of betrayal and abandonment that victims have felt in the aftermath of the TRC in addition to continued entrapment in the cycle of poverty. The response of governments in the post-democracy period to the sacrifices made by victims during the struggle for liberation from repressive political rule is a vital element towards the healing process. Lacking this, victims feel abandoned, forgotten and used by a system that they believed in and had hoped would usher in an era of

change and betterment. This has served as a form of retraumatisation. In addition to this, victims in South Africa yield from communities that have for decades actively been socially, economically and politically subjugated as a means of social control so as to further the aims of 'Afrikaner nationalism'. Thus, at the time of liberation in 1994 the levels of inequality between white and black in South Africa were exceedingly high. Over and above the state-imposed economic inequality, victims and their families often sacrificed much in order to fight for a future that it was hoped would bring them prosperity and freedom from the subjugation under apartheid. It is thus that the importance of reparations measures becomes important in the process of healing from the trauma of human rights violations. This is so because, firstly, it acts as a form of acknowledgement and recognition by the leadership of suffering, loss and sacrifice; and secondly, it provides a form of practical and tangible support for victims thrust into poverty partially by the struggle for freedom.

The South African government ultimately provided lump-sum payments of thirty thousand South African Rands to those victims who had submitted applications for reparations to the TRC despite expectations raised about the possible provisioning of healthcare and housing (which in the experience of victims were never delivered upon). As a result of these unmet expectations though, many have felt disappointed and cheated by the TRC and the government who they had sacrificed so much for during the years of the struggle for a life they had hoped would be bettered. Many victims therefore, despite the lump-sum payment, continue to be entrapped in a cycle of poverty thus further entrenching the already well established structural inequality created by the apartheid state. Poverty and the helplessness and lack of ability to plan

one's life that it fosters is yet another form of traumatising which impedes the healing process.

It is thus that the vital issue of reparations be addressed in a way that avoids re-traumatisation through the perpetuation of structural inequality. This is in keeping with Mamdani's (1996) criticism of the TRC's definition of violation as having been narrowly focussed on specific instances of torture or detention and the like. He questions how healing may occur without addressing issues of forced removals, pass laws as well as racialised poverty and wealth because these are the very issues that have resulted in the subjugated positions of many victims. It is vital that these etiological factors be addressed in addition to more sustainable forms of reparation so as to ensure longer-term security for former victims so that they may live lives free from the helplessness, powerlessness and instability that is definitive of trauma. This needs to be done in addition to the provisioning of space in which to provide testimony and also in addition to the acknowledgement by leaders of the suffering of victims who had fought to bring them to power. A further consideration as mentioned elsewhere is the availability of support structures for victims in the period after testimony. Testimony invariably elicits in victims strong emotions which may result in re-traumatisation if not adequately addressed in a safe and supportive environment after testimony. Thus the availability of support in the aftermath of testimony is vital. This may also then aid in lessening the impacts of the possible failure of governments to provide adequately for victims.

These are therefore vital considerations with regards to the possible replicability of processes such as the TRC. It is of paramount importance to note the while

participants in this study did find their testimonial processes to be of importance and personal significance, these sentiments were eclipsed by the more salient issues of betrayal, abandonment, continued poverty and inequality. Despite the limitations of the current study, these findings are significant and are virtually identical to those made by Kagee (2004) which points to a general expression by victims of such grievances. This makes it a point that warrants attention in terms of further research so as to bring awareness, and offer solutions, to future such endeavours regarding problems which have occurred in having undertaken analogous processes in other countries of the developing world such as the South African TRC.

## **7.2 Limitations**

- The relatively small sample size of ten may have threatened generalisability of the study findings. However, with regards to qualitative research the question is more one of transferability than that of generalisability. Transferability here refers to the ability to transfer these findings onto situations of similar context (Durrheim & Wassenaar, 1999) which it is believed is possible. Also time and resource limitations precluded the procurement of a larger sample.
- This study is partially retrospective because it refers in part to events that took place up to a decade prior to the interview. Memory and recall may not have been reliable. But as Giorgi and Giorgi (2003) argue, retrospective accounts are valuable because it allows us to tap into the “psychological meaning as lived by the participant” (p. 30).

- The subject matter of the interviews was, for some, a highly emotive experience and thus may have made it difficult for them to express themselves in words effectively. However, the presence of Poppy, the interpreter, who also served as 'comforter' served as a resource participants used to calm down and collect themselves.
- The use of an interpreter, while necessary because half of the interviewees were exclusively Xhosa speakers, may have introduced some bias into the data because the stories were being mediated through her. However, it was requested of her that she stick as closely as possible to what the interviewer was asking and then to the interviewees response. Also, making use of an interpreter always introduces the danger of distancing the researcher from the participants who need interpretation. This in turn threatens the intersubjective experience. I was aware of these possible problems and thus had to make extra effort to maintain the empathic bond. Elements such as maintained eye contact between researcher and participant, attentive listening by me as well as my asking of questions directly to the participant were attempts to close the possible distance created by the inclusion of a third party mediating the exchange.
- It is believed that the inclusion in the sample predominantly of individuals living in circumstances of poverty leaves no basis for comparison. While only two participants yielded from economically stable backgrounds, their experiences and concerns post-TRC were qualitatively different to those majority who came from impoverished backgrounds. The inclusion of a comparison group as such of individuals from a higher economic bracket may have provided a secure basis for comparison.

- The study did not employ rigorous validation strategies due predominantly to time and resource constraints. Had such constraints not been an issue, it would have been preferable to have the interpretation of the data validated by the participants themselves to ensure correspondence. The closest the study could get to this was by using the TRC transcripts of the participants in the study and in Mrs G's case an additional secondary source, to triangulate the data and thus cross-reference experience.

## REFERENCE LIST

- Agger, I. & Jensen, S.B. (1990). Testimony as ritual and evidence in psychotherapy for political refugees. *Journal of Traumatic Stress, 3*, 115-130.
- Ajdukovic, D. (2004). Social contexts of trauma and healing. *Medicine, Conflict and Survival, 20*, 120-135.
- Allan, A. (2000). Truth and reconciliation: A psycholegal perspective. *Ethnicity & Health, 5*, 191-204.
- Allan, A., Allan, M.M., Kaminer, D. & Stein, D.J. (2006). Exploration of the association between apology and forgiveness amongst victims of human rights violations. *Behavioural Sciences and Law, 24*, 87-102.
- American Psychiatric Association. (1994). *Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition)*. Washington DC: APA.
- Becker, D. & Diaz, M. (1998). The social process and the transgenerational transmission of trauma in Chile. In Y. Danieli (Ed.), *International Handbook of Multigenerational Legacies of Trauma* (pp. 435-445). New York: Plenum Press.
- Blass, T. (1993). Psychological perspectives on the perpetrators of the Holocaust: The role of situational pressures, personal dispositions, and their interactions. *Holocaust and Genocide Studies, 7*, 30-50.

Bowlby, J. (1988). *A Secure Base: Parent-Child Attachment and Healthy Human Development*. New York: Basic Books.

Bracken, P.J. (1998). Hidden agendas: deconstructing post traumatic stress disorder. In P.J. Bracken and C. Petty (Eds.), *Rethinking the Trauma of War* (pp. 38-59). London: Free Association Press.

Bracken, P.J., Giller, J.E. & Summerfield, D. (1995). Psychological responses to war and atrocity: the limitations of current concepts. *Social Science & Medicine*, 40, 1073-1082.

Brahm, E. (2004). Truth Commissions. Retrieved March 15, 2007, from [http://www.beyondintractability.org/essay/truth\\_commissions/](http://www.beyondintractability.org/essay/truth_commissions/)

Breslau, N., Davis, G.C., Andreski, P. & Peterson, E. (1991). Traumatic events and posttraumatic stress disorder in an urban population of young adults. *Archives of General Psychiatry*, 48, 216-222.

Brewin, C.R., Andrews, B. & Rose, S. (2000). Fear, helplessness, and horror in posttraumatic stress disorder: Investigating *DSM-IV* criterion A2 in victims of violent crime. *Journal of Traumatic Stress*, 13, 499-509.

Brison, S. (1999). Trauma narratives and the remaking of the self. In M. Bal, J. Crew & L. Spitzer (Eds.), *Acts of Memory: Cultural Recall in the Present* (pp. 39-54). Hanover: Dartmouth College.

Britton, P.J., Zarski, J.J. & Hobfoll, S.E. (1993). Psychological distress and the role of significant others in a population of gay/bisexual men in the era of HIV. *AIDS Care*, 5, 43-55.

Campbell, R. (2006). Rape survivors' experiences with the legal and medical systems: Do rape victim advocates make a difference?. *Violence Against Women*, 12, 30-45.

Campbell, R., Sefl, T., Barnes, H.E., Ahrens, C.E., Wasco, S.M. & Zaragoza-Diesfeld, Y. (1999). Community services for rape survivors: Enhancing psychological well-being or increasing trauma?. *Journal of Consulting and Clinical Psychology*, 67, 847-858.

Casement, P. (1986). *On Learning from the Patient*. London: Tavistock.

Chapin, M.G. (2004). Violence exposure in home and community: Influence on posttraumatic stress symptoms in army recruits. *Journal of Community Psychology*, 32, 527-541.

Chapman, A. & Rubenstein, L.S. (Eds.). (1998). *Human Rights and Health: The Legacy of Apartheid*. New York: American Association for the Advancement of Science.

- Cienfuegos, A.J. & Monelli, C. (1983). The testimony of political repression as a therapeutic instrument. *American Journal of Orthopsychiatry*, 53, 43-51.
- Colombo, M. (2003). Reflexivity and narratives in action research: A discursive approach. *Forum: Qualitative Social Research*, 4, no pagination.
- Colvin, C.J. (2000). 'We Are Still Struggling': *Storytelling, Reparations and Reconciliation after the TRC*. Unpublished research report written for CSVr, Khulumani Victim Support Group & TCVVT. Retrieved April 25, 2006, from <http://www.wits.ac.za/csvr/papers/papcolv.htm>
- Comas-Díaz, L., Lykes, M.B. & Alarcón, R.D. (1998). Ethnic conflict and the psychology of liberation in Guatemala, Peru, and Puerto Rico. *American Psychologist*, 53, 778-792.
- Corbin, J. (1986). Coding, writing memos, and diagramming. In W.C. Chenitz and J.M. Swanson (Eds.), *From Practice to Grounded Theory: Qualitative Research in Nursing* (pp. 102-119). Menlo Park, California: Addison Wesley.
- Culbertson, R. (1995). Embodied memory, transcendence, and telling: Recounting trauma, re-establishing the self. *New Literary History*, 26, 169-195.
- Davenport, D.S. (1991). The functions of anger and forgiveness: Guidelines for psychotherapy with victims. *Psychotherapy: Theory, Research, Practice and Training*, 28, 140-144.

Daye, R. (2004). *Political Forgiveness: Lessons from South Africa*. Maryknoll, New York: Orbis Books.

De Lange, J. (2000). The historical context, legal origins and philosophical foundation of the South African Truth and Reconciliation Commission. In C. Villa-Vicencio & W. Verwoerd (Eds.), *Looking Back Reaching Forward: Reflections on the Truth and Reconciliation Commission of South Africa* (pp. 14-31). Cape Town: UCT Press.

De la Rey, C. & Owens, I. (1998). Perceptions of psychosocial healing and the Truth and Reconciliation Commission in South Africa. *Peace and Conflict: Journal of Peace Psychology*, 4, 257-270.

DePrince, A.P. & Freyd, J.J. (2002). The harm of trauma: Pathological fear, shattered assumptions, or betrayal? In J. Kaufman (Ed.), *Loss of the Assumptive World: A Theory of Traumatic Loss* (p. 72-83). New York: Brunner-Routledge.

De Ridder, T. (1997). The trauma of testifying: deponents difficult healing process. *Track Two*, 6. Retrieved March 22, 2006, from [http://www.ccr.uct.ac.za/archive/two/6\\_34/p30\\_deridder.html](http://www.ccr.uct.ac.za/archive/two/6_34/p30_deridder.html)

deVries, M.W. (1996). Trauma in cultural perspective. In B.A. van der Kolk, A.C. McFarlane and L. Weisaeth (Eds.), *Traumatic Stress: The Effects of*

- Overwhelming Experience on Mind, Body, and Society* (pp. 398-413). New York: The Guilford Press.
- Drever, J. (1983). *The Penguin Dictionary of Psychology*. New York: Penguin Books.
- Durrheim K. & Wassenaar, D. (1999). Putting design into practice: writing and evaluating research proposals. In M. Terre Blanche and K. Durrheim (Eds.), *Research In Practice: Applied Methods for the Social Sciences* (pp. 54-71). Cape Town: UCT Press.
- Elbert, T. & Schauer, M. (2002). Burnt into memory. *Nature*, 419, 883.
- Field, S. (1999, June). *Memory, the TRC and the Significance of Oral History in Post-Apartheid South Africa*. Paper presented to the International Conference on “The TRC: Commissioning the Past”, University of the Witwatersrand, Johannesburg, South Africa.
- Foster, D. (2000a). Entitlement as explanation for perpetrators’ actions. *South African Journal of Psychology*, 30, 10-13.
- Foster, D. (2000b). The Truth and Reconciliation Commission and understanding perpetrators. *South African Journal of Psychology*, 20, 2-9.
- Foster, D., Haupt, P. & De Beer, M. (2005). *The Theatre of Violence: Narratives of Protagonists in the South African Conflict*. Cape Town: HSRC Press.

- Foster, D. & Nicholas, L. (2000). Cognitive dissonance, de Kock and odd psychological testimony. *South African Journal of Psychology*, 30, 37-40.
- Frankl, V. (1985). *Man's Search For Meaning*. New York: Simon & Shuster.
- Freyd, J.J. (1994). Betrayal Trauma: Traumatic amnesia as an adaptive response to childhood abuse. *Ethics & Behavior*, 4, 307-329.
- Freyd, J.J. (1996). *Betrayal Trauma: The Logic of Forgetting Childhood Abuse*. Cambridge, Massachusetts: Harvard University Press.
- Freyd, J.J. (1997). Violations of power, adaptive blindness and Betrayal Trauma Theory. *Feminism & Psychology*, 7, 22-32.
- Freyd, J.J. (2005). *What is Betrayal Trauma? What is Betrayal Trauma Theory?*. Retrieved October 12, 2005, from <http://dynamic.uoregon.edu/~jjf/defineBT.html>
- Friedland, J., Renwick, R. & McColl, M. (1996). Coping and social support as determinants of quality of life in HIV/AIDS. *AIDS Care*, 8, 15-31.
- Friedman, M. (2000). The Truth and Reconciliation Commission in South Africa as an attempt to heal a traumatized society. In A.Y. Shalev, R. Yehuda & A.C. McFarlane (Eds.), *International Handbook of Human Response to Trauma* (pp. 399-411). New York: Kluwer Academic/Plenum Publishers.

Garrard, E. (2002). Forgiveness and the Holocaust. *Ethical Theory and Moral Practice*, 5, 147-165.

Garrod, H. (undated). *Betrayal Trauma*. Retrieved October 12, 2005, from <http://www.helengarrod.com/home/case.htm>

Gibson, K., Swartz, L. & Sandenbergh, R. (2002). *Counselling and Coping*. Cape Town: Oxford University Press.

Giorgi, A. & Giorgi, B. (2003). Phenomenology. In J.A. Smith (Ed.), *Qualitative Psychology: A Practical Guide to Research Methods* (pp. 25-50). London: Sage.

Gobodo-Madikizela, P. (2001). Memory and trauma. In J. Edelstein (Ed.), *Truth and Lies: Stories from the Truth and Reconciliation Commission in South Africa* (pp. 25-31). Milpark: M & G Books.

Gobodo-Madikizela, P. (2003). *A Human Being Died That Night: A Story of Forgiveness*. Cape Town: David Philip.

Gobodo-Madikizela, P. (2004). The rupture of necklace murders: A need for psychological and broader strategies of reparation. In E. Doxtader and C. Villavicencio (Eds.), *To Repair the Irreparable: Reparation and Reconstruction in South Africa* (pp. 256-264). Cape Town: David Philip.

- Graybill, L. & Lanegran, K. (2004). Truth, justice and reconciliation in Africa: Issues and cases. *African Studies Quarterly*, 8, 1-18.
- Green, B.L. (1990). Defining trauma: terminology and genetic stressor dimensions. *Journal of Applied Social Psychology*, 20, 1632-1642.
- Green, G. (1993). Editorial review: Social support and HIV. *AIDS Care*, 5, 86-103.
- Greenberg, M.A. & Stone, A.A. (1992). Emotional disclosure about traumas and its relation to health: Effects of previous disclosure and trauma severity. *Journal of Personality and Social Psychology*, 63, 75-84
- Gregorowski, C. (2003). *Understanding Forgiveness in the Context of Political Violence: Five Case Studies from South Africa*. Unpublished Honours Thesis, University of Cape Town, South Africa.
- Hamber, B. (1995). *Do Sleeping Dogs Lie?: The Psychological Implications of the Truth and Reconciliation Commission in South Africa*. Paper presented at a seminar, Centre for the Study of Violence and Reconciliation. Retrieved April 25, 2006, from <http://www.wits.ac.za/csvr/papers/papsldog.htm>
- Hamber, B. (1998). The burdens of truth: An evaluation of the psychological support services and initiatives undertaken by the South African Truth and Reconciliation Commission. *American Imago*, 55, 9-28.

Hamber, B. (2000). Repairing the irreparable: Dealing with double-binds of making reparations for crimes of the past. Retrieved April 25, 2006, from <http://www.wits.ac.za/csvr/papers/paprepbh.htm>

Hamber, B., Nageng, D. & O'Malley, G. (2000). "Telling it like it is...": Understanding the Truth and Reconciliation Commission from the perspective of survivors. *Psychology In Society*, 26, 18-42.

Hamber, B. & Wilson, R. (1999). *Symbolic Closure through Memory, Reparation and Revenge in Post-conflict Societies*. Paper presented to the Conference on "Traumatic Stress in South Africa", Johannesburg, South Africa. Retrieved April 25, 2006, from <http://www.wits.ac.za/csvr/papers/papbhrw.htm>

Harper, K., Stalker, C.A., Palmer, S. & Gadbois, S. (2005). Experiences of adults abused as children after discharged from inpatient treatment: Informal social support and self-care practices related to trauma recovery. *Families in Society: The Journal of Contemporary Social Services*, 86, 217-225.

Hayes, G. (1998). We suffer our memories: thinking about the past, healing and reconciliation. *American Imago*, 55, 29-50.

Hayner, P.B. (1994). Fifteen truth commissions: 1974-1994. *Human Rights Quarterly*, 16, 597-655.

- Herman, J.L. (1992a). *Trauma and Recovery: From Domestic Abuse to Political Terror*. London: Pandora.
- Herman, J.L. (1992b). Complex PTSD: a syndrome in survivors of prolonged and repeated trauma. *Journal of Traumatic Stress, 5*, 377-391.
- Hernández, P. (2002). Trauma in war and political persecution: expanding the concept. *American Journal of Orthopsychiatry, 72*, 16-25.
- Hernandez de Tubert, R. (2006). *Social Trauma: The Pathogenic Effects of Untoward Social Conditions*. Unpublished manuscript.
- Horowitz, M. (2000). Abreaction. In A.E. Kazdin (Ed.), *Encyclopedia of Psychology Volume 1* (pp. 5-6). Washington, D.C.: APA.
- Humphrey, M. (2000). From terror to trauma: Commissioning truth for national reconciliation. *Social Identities, 6*, 7-27.
- Igreja, V., Kleijn, W.C., Schreuder, B.J.N., Van Dijk, J.A. & Verschuur, M. (2004). Testimony method to ameliorate post-traumatic stress symptoms: Community-based intervention study with Mozambican civil war survivors. *British Journal of Psychiatry, 184*, 251-257.

Institute for the Healing of Memories. (2006). Programmes: Healing of Memories: The Workshops. Retrieved May 21, 2006, from [http://www.healingofmemories.co.za/programmes/ihom\\_prog.htm](http://www.healingofmemories.co.za/programmes/ihom_prog.htm)

Irwin-Zarecka, I. (1994). *Frames of Remembrance: The Dynamics of Collective Memory*. New Brunswick and London: Transaction Publishers.

Joseph, S., Williams, R. & Yule, W. (1992). Crisis support, attributional style, coping style and posttraumatic stress symptoms. *Personality and Individual Differences*, 13, 1249-1251.

Kagee, A. (2004). Present concerns of survivors of human rights violations in South Africa. *Social Science & Medicine*, 59, 625-635.

Kagee, A. (2005). Symptoms of distress and posttraumatic stress among South African former political detainees. *Ethnicity and Health*, 10, 169-179.

Kagee, A. (2006). The relationship between statement giving at the South Africa Truth and Reconciliation Commission and psychological distress among former political detainees. *South African Journal of Psychology*, 36, 10-24.

Kagee, A., Naidoo, A.V. & Van Wyk, S. (2003). Building communities of peace: The South African experience. *International Journal for the Advancement of Counselling*, 25, 225-233.

- Kahn, J.H., Lamb, D.H., Champion, C.D., Eberle, J.A. & Schoen, K.A. (2002). Disclosing versus concealing distressing information: Linking self-reported tendencies to situational behavior. *Journal of Research in Personality*, 36, 531-538.
- Kaminer, D., Stein, D.J., Mbanga, I. & Zungu-Dirwayi, N. (2001). The Truth and Reconciliation Commission in South Africa: Relation to psychiatric status and forgiveness among survivors of human rights abuses. *British Journal of Psychiatry*, 178, 373-377.
- Konradi, A. (1999). "I don't have to be afraid of you": Rape survivors' emotion management in court. *Symbolic Interaction*, 22, 45-77.
- Kosmicki, F.X. (2000). Catharsis. In A.E. Kazdin (Ed.), *Encyclopedia of Psychology Volume 2* (pp. 49-51). Washington D.C.: APA.
- LaCapra, D. (2001). *Writing History, Writing Trauma*. Maryland: Johns Hopkins University Press.
- Langer, L.L. (1991). *Holocaust Testimonies: The Ruins of Memory*. New Haven & London: Yale University Press.
- Larrabee, M.J., Weine, S. & Woollcott, P. (2003). "The wordless nothing": Narratives of trauma and extremity. *Human Studies*, 26, 353-382.

- Laub, D. (1991). Truth and testimony: the process and the struggle. *American Imago*, 48, 75-91.
- Laub, D. (1992). Bearing witness or the vicissitudes of listening. In S. Felman and D. Laub (Eds.), *Testimony: Crises of Witnessing in Literature, Psychoanalysis, and History* (pp. 57-74). New York & London: Routledge.
- Lerner, Y., Kertes, J. & Zilber, N. (2005). Immigrants from the former Soviet Union, 5 years post-immigration to Israel: Adaptation and risk factors for psychological distress. *Psychological Medicine*, 35, 1805-1814.
- Levav, I., Kohn, R. & Schwartz, S. (1998). The psychiatric after-effects of the Holocaust on the second generation. *Psychological Medicine*, 28, 755-760.
- Luebben, S. (2003). Testimony work with Bosnian refugees: living in legal limbo. *British Journal of Guidance & Counselling*, 31, 393-402.
- Lustig, S.L., Weine, S.M., Saxe, G.N. & Beardslee, W.R. (2004). Testimonial psychotherapy for adolescent refugees: A case series. *Transcultural Psychiatry*, 41, 31-45.
- Lyons, B. (1997). The Trojan Horse. *New Internationalist*, 298. Retrieved January 27, 2006, from <http://www.newint.org/issue298/southaf>

- Maercker, A. & Müller, J. (2004). Social acknowledgement as a victim or survivor: A scale to measure a recovery factor of PTSD. *Journal of Traumatic Stress, 17*, 345-351.
- Maiello, S. (2001). On the transgenerational transmission of trauma and violence. *Psychoanalytic Psychotherapy in South Africa, 9*, 13-21.
- Mamdani, M. (1996). Reconciliation without justice. *Southern African Review of Books, 46*, 3-5.
- McFarlane, A.C. & van der Kolk, B.A. (1996). Trauma and its challenge to society. In B.A. van der Kolk, A.C. McFarlane and L. Weisaeth (Eds.), *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society* (pp. 24-46). New York: The Guilford Press.
- McNally, R. (2003a). What is psychological trauma?. In R. McNally (Ed.), *Remembering Trauma* (pp. 78-104). Cambridge: Harvard University Press.
- McNally, R. (2003b). Memory for trauma. In R. McNally (Ed.), *Remembering Trauma* (pp. 105-124). Cambridge: Harvard University Press.
- Minow, M. (2000). The hope for healing; What can truth commission do?. In R.I. Rotberg and D. Thompson (Eds.), *Truth v. Justice: The Morality of Truth Commissions* (pp. 235-260). Princeton: Princeton University Press.

Mohamed, A. (2005). *An In-depth Analysis of Stories from South Africa's Truth & Reconciliation Commission: Examining the Internal Significance of Public Testimony in the Aftermath of Gross Human Rights Violations*. Unpublished Honours Thesis, University of Cape Town, South Africa.

Mohamed, A. (2006). *The memory of the past and the struggle with the present: The TRC as a basis for opening dialogue*. Paper presented to the Conference on "Narrative, Memory & Forgiveness: Reflecting on Ten Years of South Africa's Truth & Reconciliation Commission", Cape Town, South Africa.

Mollica, R.F., McInnes, K., Pham, T., Smith-Fawzi, M.C., Murphy, E., & Lin, L. (1998). The dose-effect relationship between torture and psychiatric symptoms in Vietnamese expolitical detainees and a comparison group. *Journal of Nervous and Mental Disease, 186*, 543-553.

Montiel, C.J. (2000). Political trauma and recovery in a protracted conflict: Understanding contextual effects. *Peace and Conflict: Journal of Peace Psychology, 6*, 93-111.

Montiel, C.J. (2002). Sociopolitical forgiveness. *Peace Review, 14*, 271-277.

Neimeyer, R.A. & Stewart, A.E. (1996). Trauma, healing, and the narrative emplotment of loss. *Families in Society: The Journal of Contemporary Human Services, 77*, 360-375.

- Nelson, M. (1991). Empowerment of incest survivors: Speaking out. *Families in Society: The Journal of Contemporary Human Services*, 72, 618-624.
- Newman, L.S., Erber, R. & Browning, C.R. (2002). *Understanding Genocide: The Social Psychology of the Holocaust*. Oxford: Oxford University Press.
- Nolen-Hoeksema, S. (2004). *Abnormal Psychology*. London: McGraw Hill.
- Orr, W. (1998). PTSD and the Truth and Reconciliation Commission. *The South African Journal of Continuing Medical Education*, 16, 142-143.
- Orr, W. (2000). Reparation delayed is healing retarded. In C. Villa-Vicencio and W. Verwoerd (Eds.), *Looking Back, Reaching Forward: Reflections on the Truth and Reconciliation Commission in South Africa* (pp. 239-249). Cape Town: UCT Press.
- Ozer, E.J., Best, S.R., Lipsey, T.L. & Weiss, D.S. (2003). Predictors of posttraumatic stress disorder and symptoms in adults: A meta-analysis. *Psychological Bulletin*, 129, 52-73.
- Pakman, M. (2004). The epistemology of witnessing: Memory, testimony, and ethics in family therapy. *Family Process*, 43, 265-274.
- Pennebaker, J.W., Barger, S.D. & Tiebout, J. (1989). Disclosure of traumas and health among holocaust survivors. *Psychosomatic Medicine*, 51, 577-589.

- Pederson, S.S. & Elklit, A. (1998). Traumatization, psychological defence style, coping, symptomatology, and social support in HIV-positive: A pilot study. *Scandinavian Journal of Psychology*, 39, 55-60.
- Pillay, B.J. (2000). Providing mental health services to survivors: a Kwa Zulu-Natal perspective. *Ethnicity & Health*, 5, 269-272.
- Regehr, C., Hill, J., Knott, T. & Sault, B. (2003). Social support, self-efficacy and trauma in new recruits and experienced firefighters. *Stress and Health: Journal of the International Society for the Investigation of stress*, 19, 189-193
- Richards, D. (2000). Brief report: Symptom severity, personal and social variables after armed robbery. *British Journal of Clinical Psychology*, 39, 415-419.
- Ross, F.C. (2003). *Bearing Witness: Women and the Truth and Reconciliation Commission in South Africa*. London: Pluto Press.
- Rowland-Klein, D. & Dunlop, R. (1997). The transmission of trauma across generations: Identifications with parental trauma in children of Holocaust survivors. *Australian and New Zealand Journal of Psychiatry*, 31, 358-369.
- Rubin, H.J. & Rubin, I.S. (1995). *Qualitative Interviewing: The Art of Hearing Data*. Thousand Oaks: Sage.

Schoennesson, C.N. (1992). Traumatic and adaptation dimensions of HIV infection. *Journal of Psychology and Human Sexuality*, 5, 1-12.

Schreurs, K.M.G. & de Ridder, D.T.D. (1997). Integration of coping and social support perspectives: Implications for the study of adaptation to chronic diseases. *Clinical Psychology Review*, 17, 89-112.

Schweitzer, R., Melville, F., Steel, Z. & Lacherez, P. (2006). Trauma, post-immigration living difficulties, and social support as predictors of psychological adjustments in resettled Sudanese refugees. *Australian and New Zealand Journal of Psychiatry*, 40, 179-187.

Seligman, M., Walker, E. & Rosenhan, D. (2001). *Abnormal Psychology*. New York: W.W. Norton and Co.

Shrestha, N.M., Sharma, B., van Ommeren, M., Regmi, S., Makaju, R., Kamproe, I., Shrestha, G.B. & de Jong, J.T.V.M. (1998). Impact of torture on refugees displaced within the developing world: Symptomatology among Bhutanese refugees. *Journal of the American Medical Association*, 280, 443-448.

Shukri, I. (2005). *The Silent Minaret*. Johannesburg: Jacana Media.

Silove, D. (1999). The psychosocial effects of torture, mass human rights violations, and refugee trauma: Towards an integrated conceptual framework. *Journal of Nervous and Mental Disease*, 187, 200-207.

- Silove, D., Chang, R. & Manicavasagar, V. (1995). Impact of recounting trauma stories on the emotional state of Cambodian refugees. *Psychiatric Services, 46*, 1287-1288.
- Sinclair, B.B. & Gold, S.R. (1997). The psychological impact of withholding disclosure of child sexual abuse. *Violence and Victims, 12*, 137-145.
- Smith, J.A. & Osborn, M. (2003). Interpretative phenomenological analysis. In J.A. Smith (Ed.), *Qualitative Psychology: A Practical Guide to Research Methods* (pp. 51-80). London: Sage.
- Solomon, Z. (1998). Transgenerational effects of the Holocaust: The Israeli research perspective. In Y. Danieli (Ed.), *International Handbook of Multigenerational Legacies of Trauma* (pp. 69-83). New York: Plenum Press.
- Staub, E. (2000). Genocide and mass killing: Origins, prevention, healing and reconciliation. *Political Psychology, 21*, 367-382.
- Staub, E. (2004). Justice, healing, and reconciliation: How the people's courts in Rwanda can promote them. *Peace and Conflict: Journal of Peace Psychology, 10*, 25-32.
- Staub, E. & Pearlman, L.A. (2002). Healing, reconciliation, and forgiving after genocide and other collective violence. In R.G. Helmick and R.L. Peterson (Eds.),

*Forgiveness and Reconciliation: Religion, Public Policy, and Conflict Transformation* (pp. 205-227). Philadelphia: Templeton Foundation Press.

Stevens, P.E. & Tighe Doerr, B. (1997). Trauma of discovery: Women's narratives of being informed they are HIV-infected. *AIDS Care*, 9, 523-538.

Strous, R.D., Weiss, M., Felsen, I., Finkel, B., Melamed, Y., Bleich, A., Kotler, M., & Laub, D. (2005). Video testimony of long-term hospitalized psychiatrically ill Holocaust survivors. *American Journal of Psychiatry*, 162, 2287-2294.

Summerfield, D. (1998). The social experience of war and some issues for the humanitarian field. In P.J. Bracken and C. Petty (Eds.), *Rethinking the Trauma of War* (pp. 9-37). London: Free Association Books.

Tansey, M.J. & Burke, W.F. (1989). *Understanding Counter-transference: From Projective Identification to Empathy*. New Jersey: The Analytic Press.

Terre Blanche, M. & Durrheim, K. (1999). Histories of the present: social science research in context. In M. Terre Blanche and K. Durrheim (Eds.), *Research in Practice: Applied Methods for the Social Sciences* (pp. 1-16). Cape Town: UCT Press.

Terre Blanche, M. & Kelly, K. (1999). Interpretive methods. In M. Terre Blanche and K. Durrheim (Eds.), *Research in Practice: Applied Methods for the Social Sciences* (pp. 123-146). Cape Town: UCT Press.

The Trauma Centre for Victims of Violence & Torture. (1998). *Apartheid's Violent Legacy: A Report on Trauma in the Western Cape*. Cape Town: The Trauma Centre for Victims of Violence & Torture.

Truth and Reconciliation Commission/Department of Justice. (2002). *Volume 7: Truth and Reconciliation Commission of South Africa Report*. Cape Town: Juta.

Van der Kolk, B.A. (1989). The compulsion to re-enact the trauma: re-enactment, revictimisation and masochism. *Psychiatric Clinics of North America*, 12, 389-411.

Van der Kolk, B.A. (1997). Posttraumatic stress disorder and memory. *Psychiatric Times*, 14. Retrieved February 20, 2007, from <http://www.psychiatrictimes.com/p970354.html>

Van der Kolk, B.A., Hopper, J.W. and Osterman, J.E. (2001). Exploring the nature of traumatic memory: Combining clinical knowledge with laboratory techniques. *Journal of Aggression, Maltreatment and Trauma*, 4, 9-31.

Van der Kolk, B.A. & Saporta, J. (1991). The biological response to psychic trauma: Mechanisms and treatment of intrusion and numbing. *Anxiety Research*, 4, 199-212.

- Van Dijk, J.A., Schoutrop, M.J.A. & Spinhoven, P. (2003). Testimony therapy: treatment method for traumatized victims of organized violence. *American Journal of Psychotherapy*, 57, 361-373.
- Van Vuuren, D. & Maree, A. (1999). Survey methods in market and media research. In M. Terre Blanche and K. Durrheim (Eds.), *Research in Practice: Applied Methods for the Social Sciences* (pp. 267-286). Cape Town: UCT Press.
- Vertzberger, Y. (1997). The antinomies of collective political trauma: A pre-theory. *Political Psychology*, 18, 863-876.
- Walaza, N. (2000). Insufficient healing and reparation. In C. Villa-Vicencio & W. Verwoerd (Eds.), *Looking Back Reaching Forward: Reflections on the Truth and Reconciliation Commission of South Africa* (pp. 250-255). Cape Town: UCT Press.
- Wastell, C. (2005). Trauma. In C. Wastell (Ed.), *Understanding Trauma and Emotion: Dealing with Trauma Using an Emotion-focussed Approach* (pp. 1-27). New York: Open University Press.
- Weaver, A.J., Flannelly, L.T., Garbarino, J., Figley, C.R. & Flannelly, K.J. (2003). A systematic review of research on religion and spirituality in the *Journal of Traumatic Stress: 1990-1999. Mental Health, Religion & Culture*, 6, 215-228.

- Weine, S.M., Becker, D.F., McGlashan, T.H., Laub, D., Lazrove, S., Vojvoda, D. & Hyman, L. (1995). Psychiatric consequences of "ethnic cleansing": Clinical assessments and trauma testimonies of newly resettled Bosnian refugees. *American Journal of Psychiatry*, 152, 536-542.
- Weine, S.M., Kulenovic, A.D., Pavkovic, I. & Gibbons, R. (1998). Testimony psychotherapy in Bosnian refugees: A pilot study. *American Journal of Psychiatry*, 155, 1720-1726.
- Weston, M.C. (2001). *A Psychosocial Model of Healing from the Traumas of Ethnic Cleansing: The Case of Bosnia*. Unpublished paper, The Kvinna till Kvinna Foundation.
- Wigren, J. (1994). Narrative completion in the treatment of trauma. *Psychotherapy: Theory, Research, Practice, Training*, 31, 415-423.
- Wiseman, H., Metzl, E. & Barber, J.P. (2006). Anger, guilt and intergenerational communication of trauma in the interpersonal narratives of second generation Holocaust survivors. *American Journal of Orthopsychiatry*, 76, 176-184.
- Young, S. (2004). Narrative and healing in the hearings of the South African Truth and Reconciliation Commission. *Biography*, 27, 145-162.

Zarowsky, C. (2000). Trauma stories: Violence, emotion and politics in Somali Ethiopia. *Transcultural Psychiatry*, 37, 383-402

Zungu-Dirwayi, N., Kaminer, D., Mbanga, I. & Stein, D.J. (2004). The psychiatric sequelae of human rights violations: A challenge for primary health care. *The Journal of Nervous and Mental Disease*, 192, 255-259.

# APPENDIX A

## CONSENT FORM

Dear sir/madam

My name is Ahmed, I am a student at the University of Cape Town completing my Masters research in psychology. I am conducting this research on issues surrounding the public testimony of people who testified at the Truth and Reconciliation Commission and the question of healing and also reparations. The interviews will explore aspects of your testimony as well as aspects of your lives and experiences immediately following your testimony to the TRC as well as a decade later (including the interim period).

By participating in this study it is possible that certain possibly painful and traumatic and emotionally charged memories may arise. If you feel that you may need assistance in this regard I will gladly provide you with the contact details of the supervisor of this research, Pumla Gobodo-Madikizela, a trained clinical psychologist, who will provide assistance.

Participation in this study will not bring harm to you. All information gained from the interview (which should last approximately 90 minutes) will be kept strictly confidential. Only I as the researcher will have direct and unlimited access to the interview tape and transcripts which will be labelled with pseudonyms to protect identities. Any reference made to interview material in the final report will be done using pseudonyms (unless you explicitly state that you wish for your real name to be used). Unfortunately complete anonymity cannot be assured because I as the researcher have knowledge as to your identity. All information you provide during the interview though will be kept *strictly* confidential.

Your participation in this study is completely voluntary. During the course of the interview feel free to take a short break if you wish to do so. You may also refuse to answer any questions you may feel unwilling or unable to answer. You are also free to terminate the interview at any point should you wish to do so.

The interview will also be tape-recorded (with your permission).

---

I, the undersigned, understand what has been outlined above and agree to participate in the study.

\_\_\_\_\_  
Participant

\_\_\_\_/\_\_\_\_/2006

\_\_\_\_\_  
Researcher: Ahmed-Riaz Mohamed

\_\_\_\_/\_\_\_\_/2006

## **APPENDIX B**

### **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?)
  - Tell me about your dreams at the time.
  - Did you ever try to not think about it?
  - Tell me about the conversations you had about the incident (probe further)
  - What was your family's/friend's/neighbours' response to the incident and in the period following it? (follow up)
  - Describe for me the response you received from the community at the time. (funeral arrangements etc...moral support etc etc...religious support)
- 
- Tell me about how you came to hear about the TRC
  - What did you think the Commission was about?
  - Describe for the type of conversations you had about the TRC.
  - Tell me about your decision to make a statement to the TRC and what making the decision as like for you.
  - What was is like giving your statement to the statement-taker?
  - What do you remember most about that day?
  - Can you remember how the statement-taker reacted to your story while you were telling it? (Describe)
  - How long was it between the time you gave your statement and providing your public testimony?
  - During this time, did you think about giving testimony?
- 
- Describe what it was like on the day you gave your public testimony.
  - 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?
  - What was it like telling your story to an public audience?
  - Do you remember how the audience members responded to your story while you were telling it? Can you describe some of it for me?
  - Tell me about some of the questions the TRC members asked you during your testimony.
  - 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 as your life affected?**
- **What was the impact of testifying compared to your life and experience before the TRC?**
- **For how long have you been a member of Khulumani?**
- **What encouraged you to join Khulumani/Why did you join Khulumani?**
- **What role does Khulumani play in your life?**
- **How has Khulumani tried to help you?**

## **APPENDIX C**

### **REFLEXIVITY**

My subject position within this research is determined very much by my father's involvement during the struggle as a lawyer working for one of the only firms in Cape Town defending anti-apartheid activists in the Western Province at the time. From a young age I was exposed vicariously to the extraordinary and chaotic experiences that accompanied the political activism of the time – secret meetings, sheltering activists, funerals of those killed and mass political rallies. This in some way is the reason I drifted towards this research area to in my own way connect with those my father left after he stopped practicing law in post-1994 South Africa. Many of the participants in my research were quite familiar with the firm for which he worked which served as an entry point towards accessing their experiences. This provided for the participants the level of comfort and safety which facilitated their process of once again telling their stories. Although I was a stranger to these people (aside from Mrs T with whom I had worked previously), my own connection to 'that time' and to people who were involved in looking after the best interests of activists broke down barriers. This allowed for a process unencumbered by participants' feelings of discomfort at an outsider intruding upon their stories which may have been the case if I had been completely removed, without a history or connectedness to the struggle. Mr T and I bonded, for example, over the fact that we both knew Dullah Omar personally and that we both attended his funeral.

My interview with Mr T on the whole though is one that I will never forget because of the impact his story and his pain have made on me. The following extract, quoted

from a paper I presented at a conference in November 2006, captures the essence of this experience:

*“At one point in the interview Mr T lifted his shirt and began to show me his scars from the nine surgeries he had had. Surgeries as a result of being virtually disembowelled by a bullet from an army gun in 1976 while walking down the street. After lifting his shirt he then took my hand and wanted me to feel his abdomen, he wanted me to feel how on certain spots it was hard because of all the plastic tubing within him while on other spots it was soft because there was no plastic tubing. Mr T wanted me to touch his trauma that he has so literally been forced to embody. He wanted me as the receiver of his story, the empathic other, to acknowledge the reality of his trauma and his struggle. Researching victims of gross human rights violations within a qualitative frame of reference is a task that exposes one to the extremities of human experience. It forces the researcher as the receiver and container of such raw subjectivity to confront what Dominick LaCapra calls one’s “empathic unsettlement” (LaCapra, 2001, p. 41)” (Mohamed, 2006).*

I was unprepared that day for what it is I was going to hear. While it may not be possible to completely ‘prepare’ oneself for acting as a container to such stories of extremity, it is possible to bracket one’s emotions and oneself off from the teller’s experience to a degree in order to maintain the narrative-giving process. However, cases like Mr T’s when he took my hand, he took me with him into his world. This took empathy to an entirely new level, it made the concept a very real one. My internal reaction was one of horror. I did not want to touch this man. My psyche did not want to have to cross that line into his experience for fear of being overwhelmed even further through touching his trauma. And yet I did. While resisting, I also felt an incredibly strong sense of sorrow and compassion for this man who had suffered so much. He wanted me to feel his trauma, he wanted possibly to feel a sense of connectedness and I felt as the receiver of his story that providing him with this was the very least I could do. Mr T’s story and the interview touched me deeply and I

found myself even during the writing process having to take time out, feeling overcome by the intensity of his pain.

Mrs S's interview was an emotional one for her and one that elicited in me feelings of helplessness in response. When, during the interview, she began to become emotional, despite the need to acknowledge and note this emotional response, I struggled with my urge to want to comfort her. Holding back, I suspended the interview for a little while so that she could compose herself with the help of Poppy (interpreter) acting as 'comforter'. I felt helpless as I was the one forcing her to yet again dig into and unearth what she has tried to bury. Yet comforting her may have crossed a line which may have jeopardized the integrity of the interview so I maintained a level of distance. While one part of me wanted to comfort her, another part resisted. Acting as a 'container' taking on someone else's pain at some point results in you as the container reaching a threshold – that point where taking on the other's experience is no longer possible. The container is in a sense full. As a container, I was 'full' and thus resisted crossing that interpersonal line by making physical contact with Mrs S. Having been given time to compose herself, the interview continued as normal. Had I made contact, I am not sure I would have been able to continue conducting an effective or useful research interview. Also, had I reacted with visible emotion, it may have been counterproductive in such a confined and highly intense intersubjective space.

My experience with Mrs G was an interesting one because she and I elicited similar responses during her interview in reaction to the same stimuli. During the interview, in the main hall of the venue we were making use of there was a trade union gathering

with singing and dancing ('toyi-toying'). This aroused in Mrs G a psycho-physiological response because it reminded her of the atmosphere of the riots that took place during the struggle in the townships. The interview had to be suspended until the singing stopped so that Mrs G could relax and regain a sense of equilibrium. Interestingly, during this period, I had a similar response to hers. When I was younger I was exposed to a number of mass political rallies which were loud, sometimes rowdy, possibly even dangerous gatherings. While I was never hurt or placed in direct danger, the sense of fear and tension was still present. On hearing those similar songs and impassioned atmosphere of the trade union meeting, that same sense of fear was resurrected. I felt myself become tense and only realised after Mrs G's response, the cause. While she did not know what was happening with me, I knew what was happening with her and thus could relate and empathise more easily at that moment.

There was not one interview out of the ten conducted for this particular research project that I did not need to spend time afterwards processing the content and the experiences not only of the interview itself but the experience of having spent an intense hour to ninety minutes taking on the pain and distress of others. Far from being an impediment to the research process, this served as a motivating factor and allowed me to express their experiences in a way that would have been impossible using 'objective' quantitatively oriented methods. While I was well aware of the fact that the interview process was far from being a counselling or therapy session, the show of gratitude from the *participants* towards me was an affirming experience that further entrenched my belief in this work.

It is without question that my experience of the intersubjective space, my own subjectivity influenced my handling, and interpretation, of the interview material yielded from my interactions with the respective participants. Language and experience is constructed in dialogue, in interaction, by partaking in the social exchange of an interview setting in the case of this research (Colombo, 2003). Thus, my stance towards the interview material was similarly 'coloured' by my own experience of this intersubjectivity. My stance towards the analysis of each transcript was one that was taken from an empathic point of reference that allowed me to resituate myself in the space of the original interview albeit involuntarily so. It is not entirely possible to negate the influence of one's own emotional cues in trying to understand the experiences of others. When, in situations of unbridled subjectivity, containment and empathic unsettlement, one has ready access to the strong emotions that are elicited in oneself. These emotions serve as something of an indication as to the feelings of those who had experienced the actual trauma. They therefore influence the manner in which the data itself is understood and interpreted. It is noted though that this is an important aspect of qualitative research, and of interpretive research, in that it allows for a reasonable level of recontextualisation and thus, understanding.

If I am to take Mr Titus as an example once more, my own subjective of that experience remains to this day to be one of, on the one hand, horror, and on the other hand, intense compassion. The moment at which I touched his wound – literally – was the moment his story became apart of mine. I felt that sense of horror, but also his sadness and hopelessness. While I do not dare to assume my own experience of his story was nearly as intense as his own direct experience thereof, the 'snapshot' I received of those emotions was enough to provide for me an understanding of what he

has been going through over the years. It allowed me to interpret his words and his actions in the interview from a point of view approximating his own. Me touching him imprinted in my memory that affective experience and thus during the process of analysis and interpretation allowed me to return to that state thereby facilitating it.

## APPENDIX D

### EXAMPLE OF THE THEMATIC ANALYSIS PROCEDURE

#### STEP ONE: IMMERSION



#### STEP TWO: CODING

##### Extract 1: Mr T

Yes, when I came out, yes, I had to say thank you, I went to the church to say thank you, and even the people, the Muslim friends or so man, making duah, they say they go to Makkah (Mecca), they going to make duah, everything for me man, and go to Jerusalem. You see I've got Christian friends, I've got Muslim friends, I've got all over friends man. The people like me, it's how your dinges is man, hoe jou gesindheid is met die mens. Jy moet maar altyd vrede in jou in het so laat die volgende een ook vrede het vir jou. That is how God live.... because HE'S spirit is in me, because HE'S spirit is keeping me alive. because uh, like yesterday I could not stand up, like Friday Shelley said that I must come to her but I could not go to her, i was very sick, and I couldn't stand up, I was very bad and uh... I could not go, and I told my wife, uh, she must just go around the corner, to go to my sister now and ask her, until I pay now man, just now until I pay, she has to go buy some tablets and some ointment to rub me, now she came back and she told me her husband say he can't give money to the family, I told her it's alright, don't worry, the Lord is going to see me through, don't worry, yes.... and later, after that there came a man to the door, and he knocked on the door and he said he want to do some prayer work, pray over my body and so on, and I let him in and he prayed and he put some dinges here in front, and he salfed me out man, and he said that I mustn't worry, that one of the days I am going stand up, that I am going to walk man, but I must walk very slow, take it very easy man, you see?

Church  
Duah  
Makkah  
HE's spirit  
Very sick  
Dependent  
Can't give money  
Lord  
Prayer

CODES

##### Extract 2: Mrs T

P: They help me yes, not the policeman, the ANC helped me a lot, they stand by me and we were always voting, you know so the ANC told me "look what the Boere done, you still want to". I say "oh no I've got nothing to do with them", I was cross, I stand with the ANC up till today, because they helped me and they helped me a lot.

I: How did they help you?

P: You know when I was not in a burial and they help me to put my child, to bury my child. They help me with flowers, they help me with everything.

I: Tell me about the funeral?

P: The funeral was, I wasn't in a burial, when that child died I thought what am I going to do now but they came forward and they helped me, they helped me with everything. So they said to me "sit back Mrs Truter we will do it", but you know a person can't sit back, I was worried, I was worried and; but they helped me, all the time and now after all these years Shirley, she helped me, because they promised me they going to put a tombstone down my child's grave and they never done that, so I got cross, "I say you people promised me and promised me", and Shirley, people from [unclear] helped me to put the tombstone on and the unveiling, and it was beautiful, now I can, everybody can go there and go and look now, for the tombstone. Now it's alright, now I must struggle now for my husband to have a tombstone.

I: Tell me do you remember the funeral?

P: Yes I remember the funeral, yes; lot's of people were there. We were by the Anglican Church and it is a big church but there wasn't place because everybody was there, and we hired the buses and so the people say "look, look there's privates too". they would see we do anything, and then they put the one buss off, and the children walked to the graveyard, from Bonteheuwel they walked till there. Everything was quite alright.

ANC help  
Burial  
Help with everything  
Shirley  
Tombstone  
People  
Walked

CODES

STEP THREE: CATEGORISATION/INDUCING THEMES

Broad theme: SOCIAL SUPPORT

**Sub-theme:** *Religious Support* – church, duah, makkah, HE's spirit, Lord, prayer

**Sub-theme:** *Community Support* – People, walked

**Sub-theme:** *Organisational Support* – ANC help, burial, help with everything

Note: This is based on only two short extracts from two interviews to illustrate the mechanistic process behind the thematic analysis of data in this study. Hence, the difficulty in picking out overlapping or common themes.

At this point, all the interview material that relates to each code are copied and pasted into their respective themes which are then used in the discussion in dialogue with existing literature.



**STEP FOUR: DISCUSSION OF THEMES**

See Chapter Four for a detailed discussion of the above themes relating to Social Support.