THE PSYCHOLOGICAL EFFECTS OF DETENTION WITH PARTICULAR REFERENCE TO THE SOUTH AFRICAN POLITICAL DETAINEE

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To Dee, for being there

To Graeme, who has spent his time

And to all other political detainees

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ABSTRACT

The intention of this dissertation is to clarify the psychological processes and effects which operate in the political detention situation, and to outline effective treatment and coping strategies. An overview of research literature and theory is provided, and the importance of viewing detention within a broad socio-political context is emphasised.

In the analysis of the detention situation a number of variables likely to be operative are considered. Solitary confinement, torture, interrogation, reactions to severe stress situations, and uncertainty, unpredictability and uncontrollability are given separate discussion, prior to an attempt to consider the interaction of these variables in the detention situation. This projected picture is compared with case material gathered in the area.

It is noted that political detention is not a uniform experience with a uniform set of effects. Rather, the effects are seen to be dependent on the particular differences in response. Nevertheless, political detention is shown to be commonly both objectively and

subjectively severely stressful, with a strong likelihood of the detainee developing debilitating psychological sequelae. Post-traumatic stress disorder appears to be commonly implicated, and symptoms may persist for many years. Family and community members and organisations to which the detainee belongs suffer not only the effects of the loss of that person, but also the problems of effectively helping him or her to reintegrate.

It is shown that detainees have commonly drawn on a number of resources or strategies to counteract the potentially debilitating effects of detention. The importance of prior preparation for the detention experience to facilitate an accurate appraisal of the situation and better coping is emphasized. Useful strategies that may be learned or fostered are outlined.

A multidisciplinary approach to treatment that acknowledges all of the difficulties and needs particular to any specific ex-detainee, and that draws on as broad a range of available supports as possible, is stressed. Physiotherapy, psychotherapy, medication where necessary and family involvement are recommended. It is shown that much may be learned from Canadian and European units that rehabilitate victims of torture - mainly from South American countries; but that strategies need to be adapted to South African conditions.

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INTRODUCTION

CHAPTER 1

INTRODUCTION

Much international attention and debate was focussed on South Africa following the nation-wide resistance and uprisings of 1985 and 1986, and the subsequent government response. The value of the Rand on international markets declined markedly and there were continued calls for international economic boycotts against the country. Within South Africa, 1559 people had lost their lives in civil and political violence between September 1984 and April 1986 (South African Institute of Race Relations (SAIRR), in "Man dies", 1986). Nineteen eighty five, with the declaration of a State of Emergency in July, saw a large increase in the number of detentions in South Africa. The total figure for the year was in excess of 5 800 (National Medical and Dental Association (NAMDA), 1985), and when the Emergency was lifted on March 7 1986 there were 323 people still in detention under the Emergency regulations (Political Staff, 1986). On April 22, of 113 people in detention under the interrogation provisions of the Internal Security Act, (Section 29 of the ISA, No. 74 of 1982) 40 of these had been detained for longer than three months; 2 of them for 209 days. Of 2 387 Internal Security Act detainees in 1985, only 135 had been charged, of which 30 were convicted

(South African Minister of Law and Order, Mr Louis le Grange, in Political Staff, 1986).

Another State of Emergency was declared on June 12 1986, and the government refused to release the numbers or names of those detained under the Emergency regulations. The Repression Monitoring Group, on July 16, however, estimated the figure to be 3 500 ("Apartheid barometer", 1986). They noted, however, that during the previous Emergency they had underestimated the number of detainees by 57 percent. Finally, on July 16 the government's Bureau for Information reported that there had been 156 "unrest related" deaths in the 34 days since the start of the Emergency ("Apartheid barometer"). *

1.1 AIMS AND RATIONALE

The uprisings, the resultant increase in the number of detentions and the declaration of the State of Emergency in South Africa in 1985 led to a large increase in the number of stress related psychiatric difficulties amongst members of affected communities. This, in turn, led to a growing concern amongst members of the psychological and medical professions as to the immediate and long-term effects of these stressful conditions and their implications for treatment.

Given the above context and the scarcity of recent literature on the subject, this dissertation sets out to help fill the gap in an important but neglected area of

* See page 17

research; that of the psychological effects of the experiences sustained in detention. Attention will also be given to coping and treatment strategies. Space requirements dictate that the primary focus will be on the detainee held in solitary confinement, although much will apply equally to other forms of detention. Section 29 of the (South African) Internal Security Act of 1982 (detention for the purpose of interrogation - see below), is thus of central relevance for this study.

This dissertation will draw together much of the relevant literature and research in the area in order to fulfill its 2 main aims :

(i) to provide a broad theoretical overview and literature background for ongoing active research. (It is hoped to further stimulate such additional research by highlighting neglected areas and by recommending work in these); and

(ii) to provide a lucid, concise and up to date outline of the area relevant to the South African situation, which is likely to prove helpful to ex-detainees, persons who may face the prospect of detention, 'treatment' and prevention teams, and/or relatives and other interested or affected parties.

1.2 THESIS STRUCTURE

The main aim of this chapter, the introduction, is to provide a broad socio-political context within which to

locate the rest of the study. First, an historical overview of South African security legislation will be outlined. The focus will be on those aspects which provide for detention without trial in South Africa today. It will be seen that such detention is just one of many repressive means by which the State attempts to weaken opposition and alternative power bases. Thereafter, a brief introductory consideration will be given to the effects such conditions may have on the detainee.

Chapter 2 will then examine the psychological effects of solitary confinement. In so doing it will critically analyse the traditional concepts of sensory and perceptual deprivation, social isolation and confinement, and show how these, historically, became the most frequently used (but not necessarily most appropriate) analogies to account for the processes observed in the detention situation. It will also document how many studies and anecdotal accounts have uncritically tended to attribute the effects evidenced solely to the above variables (or to solitary confinement alone) without giving due weight to others (such as the physical and psychological methods of interrogation, and uncertainty), which are also likely to have contributed significantly to the picture. Much emphasis will be placed on the distinction between the effects due to solitary confinement (which is generally a situation of sensory

restriction) and those due to other variables (which usually involve an overload on the sensorium). Finally, solitary confinement will also be shown to have a number of different applications, and the effects will be seen to be largely dependent on the social context of the particular application.

The effects of solitary confinement having been examined in Chapter 2, Chapter 3 will then consider the effects of other variables that may also be present in detention situations. Separate discussion will be given to each of interrogation, uncertainty, uncontrollability and unpredictability, and torture.

Chapter 4 will consider the possible contribution of research in the area of stress. It will be argued that, in researching the psychological effects of detention, much can be gained from evidence of the effects of severe stress situations in general. The concept of Post-traumatic stress disorder (PTSD), which has been described by Andreasen (1985) as "the final common pathway reached through a wide variety of relatively severe stressors" (p.918), and its relationship (if any) to a possible "detention syndrome" will receive attention.

In Chapter 5 an attempt will be made to unify data obtained from the previous chapters in order to present an integrated view of the effects of possible factors operative in the

detention situation. Although many variables will have been discussed individually, it will be argued that they were somewhat artificially separated (in order to gain clarity). It will be contended further that they should not be viewed as functioning as entities in isolation, but rather as combining to determine the effects of any particular detention situation. Each particular detention situation will be seen to involve its own unique combination of these variables (which may or may not include lengthy periods of solitary confinement), and the effects will be seen to be due to the specific combination, and the social context mediated by individual differences.

Chapter 6 will then proceed to examine strategies that may be used by the detainee in order to help prevent, counteract, or oppose the possible effects. The emphasis will be on those strategies that may be taught, fostered or learnt in order that they may be consciously applied.

Chapter 7 will outline general principles in relation to treatment of the possible effects; and finally, in Chapter 8 a summary and conclusion will be provided.

A case study will be appended and will serve to illustrate and elucidate aspects of the main body of the dissertation.

1.3 AN HISTORICAL OVERVIEW OF SECURITY LEGISLATION IN SOUTH AFRICA

1.3.1 Introduction

Far from being a "new" phenomenon arising in the context of the socio-political uprisings of 1985/86, South African security legislation has for many years allowed for the apprehension of persons without a legal charge. "The history of detention in South Africa demonstrates that it is not simply an authoritarian aberration on the part of an otherwise benign state. On the contrary, detention is directly linked with political events as a central device to control and suppress democratic black opposition to white domination" (Foster & Sandler, 1985, p.1, 2). Looking at the historical aspects of detention in South Africa, these authors go on to document how the introduction of key aspects of security legislation often paralelled, or came as reactions to political events at the time. It is not intended to illustrate this point fully (as space militates against it), but to label it in order to provide a broader context for the brief introduction to the history of South African security legislation that follows.

1.3.2 Historical Aspects

The history should serve, amongst other things, to illustrate that detention without trial is just one of many repressive means that the State has employed (and continues to employ) to challenge and weaken alternative power bases (or organizations opposed to it).

The build-up of security legislation began in 1950 with the Suppression of Communism Act, Act 44 of 1950, (Chaskalson, 1985). In 1953, as a direct response (Foster & Sandler, 1985) to the Defiance Campaign of 1952 (against the threat of removal of Coloured people from the common voters' roll), the Criminal Law Amendment Act (Act 8 of 1953) was passed. It provided for strong measures to deal with civil disobedience; while the Public Safety Act (Act 3 of 1953) allowed for the declaration of a State of Emergency. The first Emergency invoked under this Act followed soon after the Sharpville shootings of 20 March 1960, while 1985 and 1986 respectively saw the declaration of the second and third.

In 1960 the African National Congress (ANC) and Pan African Congress (PAC) were banned. Their increased militancy led to the introduction of the 'Sabotage Act' of 1962 (The General Law Amendment Act 76 of 1962). In 1963 the General Law Amendment Act, (Act 37 of 1963) which included the '90-day detention clause', was passed in order to "break the back of Umkonto we Sizwe and Poqo" (House of Assembly debates, quoted in Foster & Sandler, 1985, p.2), the military wings of the ANC and PAC respectively. It made provision for a series of measures which included detention without trial, a now permanent feature of South African law. Section 17 of the Act stipulated that "no

> with detainees almost entirely in the hands of the security police, was confirmed... (p.44,45).

Indefinite detention without trial was introduced into the South African law books by the passing of the Terrorism Act (Act 83 of 1967). Severe penalties for terrorist activities were proclaimed within an Act that defined these so broadly as to bring "virtually every criminal act within the statutory scope of terrorism" (Dugard, in Foster & Sandler, 1985, p.3). Again the jurisdiction of the courts to order the release of a detainee or to pronounce upon the validity of any action taken in terms of the section was expressly excluded (Rudolph, 1984, p.14); and, according to Rudolph, Section 6 of the Act placed detainees almost entirely at the mercy of their captors by means of a severe restriction of access to them. Foster & Sandler (1985) suggest that the range of detention laws had increased so much by the mid 1970's so as to make it unnecessary to call on the 1953 emergency measures to deal with the nationwide uprisings following Soweto 1976.

1.3.3 The Contemporary Era

The Rabie Commission, appointed in 1979 to investigate all aspects of South African security legislation, ushered in the contemporary era of detention legislation in South Africa. Its report formed the basis for the Internal Security Act (Act 74 of 1982), which served to streamline previous legislation by drawing it together into a single Act (Foster & Sandler, 1985). It provided for four different categories of detention which today remain the central features of South African security law.

Section 29 which re-enacted section 6 of the Terrorism Act allows for indefinite incommunicado detention for purposes of interrogation. It provides that any commissioned police officer of or above the rank of lieutenant-colonel may, if he "has reason to believe" that a person has committed the crime of terrorism or subversion, or the crime of harbouring, concealing or assisting any other person to commit the crime of terrorism or subversion, or that such person is withholding information relating to the commission of any such offence, without warrant arrest and detain such person, or cause him to be arrested and detained "for interrogation" (in Rudolph, 1984). Once detained, the legislation stipulates, the detainee must be visited in private at least fortnightly by a magistrate, and a district surgeon, and by an Inspector of Detainees "as frequently as possible". It should be noted however, that the inquest into Dr. Neil Aggett's death in detention in 1982 revealed that the visits did not always take place as they should have, and that "there was minimal supervision by the more senior members of the Police Force of the interrogation of detainees being conducted by their juniors" (Rudolph, 1984, p.29). Other than by these people, the detainee may not, without the consent of the Minister of Law and Order or the Commissioner of the South African Police, be visited by anyone, including family, friends and legal advisers.Section

29 detention will be the primary focus of discussion of the present study. Section 28, the "preventative detention" clause also provides for indefinite detention (of people who might be 'a danger to the state'), but excludes the interrogation clause. Section 31 provides for the detention of potential state witnesses for up to six months or as long as the trial lasts; and Section 50 allows for the detention for up to 14 days of any person considered to be contributing to a state of public disturbance.

The order invoked under each section may be renewed and detainees may be re-detained under alternative sections. While certain (so-called) safeguards (e.g. visits by State officials and occasional reviews) have been incorporated into the Act, these have been shown to be somewhat inadequate and, in reality, rarely adhered to. (See for example, the notes of the Aggett inquest above, and Lawyers for Human Rights, 1983). The minimal protection provided by a few State officials appears to have failed to prevent certain abuses (alluded to above), and since the 1982 legislation became statute at least six people have died in political detention (Foster & Sandler, 1985).

There have also been repeated allegations of torture of detainees at the hands of the security police in legal trials, the local and overseas press, and in numerous other publications (See chapter 5), and up until the end of 1983, 54 people had died in political detention (DPSC, in Coleman

& Webster, 1986). Section 50 of the ISA of 1982 was extended by recent legislation (Section 50A of the Internal Security Amendment Act 66 of 1986) that provides for a commissioned officer of or above the rank of lieutenant-colonel to detain an individual for up to 180 days if he "is of the opinion" that such detention "will contribute to the termination, combating or prevention of public disturbance, disorder, riot or public violence ..." (Government Gazette No. 10313, 1986 June 26, p.3). Finally, Section 5A of the Public Safety Amendment Act (No.67 of 1986) provides for the Minister of Law and Order to declare "unrest areas" for up to three months and to "make such regulations as appear to him to be necessary" (Government Gazette No. 10314, 1986 June 26, p.7). He is thus given virtually unlimited powers without having to declare a State of Emergency.

These then are some of the "security laws" which exist in South Africa today. Amongst other things, they enable the State to :

(i) detain without trial for an indefinite period (in solitary confinement) any person who is 'believed to be' withholding information relating to the commission of 'subversion' or 'terrorism',

(ii) ban certain organizations and to weaken others by detaining, banning or placing other restrictions on their leaders; and

(iii) instil fear in ordinary people who might otherwise

wish to voice their opposition.

1.3.4 Summary

This section has :

(i) outlined the central legislation which allows for detention without trial (ranging from brief to indefinite periods and which may also involve solitary confinement) in South Africa today. It has also provided an essential historical overview in order to facilitate an improved contextual understanding of the present legislation,

(ii) suggested, giving evidence, that detention without trial is used by the State as a means of controlling opposition to minority domination. Here it was noted that it is only one of a wide range of 'security' measures used to repress alternative power bases,

(iii) tried to show how the South African government has attempted to legitimize arbitrary detention and banning (and other security measures) by incorporation into the law. Security legislation, however, remains in most cases opposed to the fundamental principle which lies at the heart of the doctrine of the rule of law; namely that the right of personal liberty shall be curtailed only by precise detailed rules administered by independent

courts (Mathews & Albino, 1966, p.19); and finally

(iv) suggested that the minimal safeguards incorporated into the Internal Security Act appear to have failed to prevent both physical and psychological torture on a widespread scale from taking place in South African 'security' prisons today. Detention in South Africa remains a closed system with detainees almost entirely in the hands of the security police.

1.4 AN HISTORICAL INTRODUCTION TO THE EFFECTS OF DETENTION

Given such a context, one may well ask what effects these conditions may have on both the physical and psychological well-being of detainees held under them. In order to begin to answer this question, this study now turns to an introduction to the possible effects, with particular reference to the detainee held in solitary confinement. Again, a brief historical overview provides the essential context for the discussion that follows.

As early as the 1830's statistical evidence began to indicate an increased incidence of physical morbidity and mortality, as well as of mental disturbance among prisoners exposed to rigid forms of solitary confinement (Grassian,

1983). The United States Supreme Court, in 1890, issued a condemnation of solitary confinement on psychiatric grounds.

Reports of individuals subjected to interrogation and indoctrination in the USSR and the People's Republic of China during the 1940's acted as a stimulus for a greatly increased interest in research in this field. The 'conversion' of American POW's in Korea to Communism in the early 1950's and evidence that virtually all had revealed far more in interrogation than the minimum international law required them to (Biderman, 1960), led to a quest on the part of the West to understand the nature of 'brainwashing'. Western psychologists, also confused by the finding that these instances appeared to have occurred at least as frequently where interrogators did not use physical coercion or overt threats of violence or death as in situations where they did, began a number of experiments in the areas of sensory and perceptual deprivation, social isolation, and confinement. They hoped to use their results to better prepare future POW's to guard against the negative effects of these situations, and thus resist 'conversion' and the apparent compulsion 'to talk'. These experiments remained popular throughout the 1960's. Subsequently, however, literature on the subject has been scarce.

The experiences of Nazi concentration camp victims, Vietnam war veterans, and the use by the British in Ulster in 1971

of psychophysiological techniques, particularly isolation methods as the preliminary stage of depth interrogation (Shallice, 1972), provided additional 'real-life' situations in which the effects of detention, solitary confinement and severe stress (amongst other variables) were studied. Finally, recent studies provide direct evidence of the effects of detention and solitary confinement on detainees held under South African 'security' legislation (Foster & Sandler, 1985; Katz, 1982), and on mainly South American torture victims who gained refugee status in centres such as Toronto and Copenhagen.

It was generally found that people in all of the above situations, particularly those who had their external stimulation cut to a minimum, suffered physiological, cognitive, perceptual, and affective impairments. These will be discussed in more detail in the main body of this dissertation.

* On 18 August 1986, the S.A. Minister of Law and Order informed parliament that 8551 persons had been detained in terms of the Emergency Regulations since 12 June 1986 (Cape Times, 19 August 1986). On 1 September 1986 the Minister advised parliament that this figure had increased to 9337; many organisations estimated that the number of persons in fact detained was far higher, the Progressive Federal Party putting the figure as high as 12 000 (Cape Times, 2 September 1986).

THE PSYCHOLOGICAL EFFECTS OF SOLITARY CONFINEMENT

CHAPTER 2

THE PSYCHOLOGICAL EFFECTS OF SOLITARY CONFINEMENT

Chapter 1 introduced the basic aims and rationale for this study; and a broad socio-political context in which to locate it was provided. The central legislation which allows for detention without trial in South Africa today was outlined, and placed within an historical context. Parallels were drawn in order to suggest that the State has used these laws as a means of controlling opposition to white domination, and that there has been an attempt at legitimization of them by incorporation into the law. South African security prisons were viewed as closed systems with detainees almost entirely in the hands of the security police, and open to possible physical and psychological torture and abuse. Finally the question was raised of what effects such conditions can have on both the physical and psychological well-being of detainees held in these circumstances. A brief history of research in the area was provided, and on this basis, it was evidenced that the effects can be extremely negative. Having provided such a context this study will now begin to consider separately the possible effects of various variables that may be present in detention situations.

2.1 AIMS AND STRUCTURE OF THE CHAPTER

This chapter will examine the potential psychological and psychophysiological effects of solitary confinement (SC) on the individual, and will allude to possible reasons for the employment of such conditions in detention situations. An attempt will be made to examine the effects of SC as a variable in itself (i.e. independent of any specific situation).

Suedfeld (1980) has recently challenged the findings by earlier researchers of solely negative effects. The chapter will begin by way of a brief outline of his contentions. They will serve both as an introduction to this chapter and as a springboard from which to illustrate certain important principles in the area. Debate on his contentions will be held over until later.

Thereafter, the origins of the use of SC as a means of obtaining information and evidence will be outlined. This will facilitate an understanding as to why, historically, its solely negative potentials have been stressed. A definition of the term will then be provided. Out of it will flow the reasons for the inclusion of the following sections, which deal with research in the areas of sensory and perceptual deprivation, social isolation and confinement. These are the traditional experimental analogies of the SC situation.

The shortcomings of these analogies, the complexities caused by a multiplicity (and often lack of uniformity) of terms,

and some of the immense methodological difficulties associated with experiments in this area, will also briefly be alluded to.

Next, consideration will be given to SC in various different social contexts. The effects of SC will be shown to be dependent upon both the specific conditions of isolation and the particular social context of the process (mediated of course by individual differences). First then, discussion will be given to SC for the purposes of punishment, quarantine, and rehabilitation of criminals in the prison setting. Some reference will be made to isolation and quarantine as used in mental institutions. This will be followed by an examination of SC for the purposes of interrogation and indoctrination - the area of greater significance for this study.

Finally, in conclusion, salient points relevant to the detention situation will be reiterated, and placed within the context of the following chapters.

2.2 INTRODUCTION

Solitary confinement has been described as a form of torture (Lucas, 1976), as the preparatory stage for the extraction of confessions in interrogation (Storr, 1960), and as an extreme punishment and breakdown process (Shallice, 1974).

After observing the practice in America, Charles Dickens wrote :

> I hold this slow and daily tampering with the mysteries of the brain to be immeasurably worse than any torture of the body... because its ghastly signs and tokens are not so palpable to the eye and sense of touch as scars upon the flesh.

Mathews and Albino (1966), after briefly reviewing the history and experimental findings on solitary confinement, were led to conclude that for most people it was an unpleasant stressful experience and that it "may constitute a blasphemous assault upon a man's spiritual being" (p.25).

More recently, however, Suedfeld (1974, 1975a, 1975b, 1978, 1980), has questioned the above contentions and has suggested that these earlier researchers tended to ignore the possible positive potentials of solitary confinement. While he acknowledges its possible deleterious effects (especially when used for the coercive purposes of interrogation and indoctrination), he feels that when used as a rehabilitative technique in prison settings it has many things to commend it. "The severity and duration of the treatment can be strictly monitored and controlled to prevent harm to the individual, and it need not be either psychologically or physically dangerous or painful" (1978, p.111). Here he makes "a moral decision that individuals who are insane, out of touch with reality, beserk, or unjustifiably and uncontrollably violent, should be treated in such a way as to reduce these characteristics.... If

solitary confinement can be helpful in this context, it should be used under the guidelines described previously" (p.109). This "moral decision" however immediately lays him open to criticism. Foster (in press), for example, contends : "As SC in prisons would largely be a method of behaviour change under fairly coercive conditions this too should be questioned" (p.23).

At this point it appears superfluous to continue to debate Suedfeld's arguments. Space alone rules against a fuller explication. The later discussion on effects of SC will however provide additional evidence for more comprehensive answers. These will, therefore, be attempted at a later stage. Here, it will suffice to extract from his contentions useful points that illustrate important principles in the area.

Suedfeld (1975a, 1980) also goes to some lengths to demonstrate that both social isolation and 'sensory deprivation' (and here these are distinguished from SC) may have positive applications. Here he cites examples of what he calls its successful use in the clinical treatment of phobias and eating disorders, and also in treatment aimed at a reduction in smoking.

The solely negative effects evidenced by others, he contends, have been due to a confusion of SC with a large number of other "treatments", which are sometimes applied in

conjunction with isolation but are just as easily and even more frequently used in its absence. As examples of works that make such errors Suedfeld cites the papers of Lucas (1976) and Shallice (1974), referenced above. The latter, which is concerned with the treatment of detainees in Ulster, uses its findings as a springboard for an attack on the use of sensory deprivation. This Suedfeld contends is both "illogical and baseless" (1978, p.108) as the effects evidenced could equally have been explained in terms of other variables present that were unrelated to sensory deprivation (e.g. forced standing for up to 16 hours, lack of food and water, intensive interrogation, insults, physical assaults and loud noises). Clearly then, some of the effects previously ascribed solely to solitary confinement may thus be due, at least in part, to other confounding variables. If we look at the actual effects of solitary confinement we therefore find a great scarcity of acceptable works.

To where do we then turn in order to reconcile the apparently conflicting stances outlined above? What does the evidence on the effects of SC tell us, and what points need to be made at the outset in order to facilitate a critical examination of the evidence?

To answer the last question first, as noted by Suedfeld, it needs to be stressed that the context in which solitary

confinement occurs is of crucial importance. This chapter will illustrate that it is not a single entity with a unitary set of effects. Rather, the effects depend on specific conditions of isolation and the social context of the process (Foster, in press) (e.g. clearly, solitary confinement for the purposes of political interrogation, and solitary confinement as a rehabilitative technique, are not the same). It therefore becomes essential to distinguish between varying conditions and their differential effects. (This chapter will do just this). Such a contention should be kept constantly in mind when reading what follows. It also goes a long way towards answering the first question posed above (i.e. it suggests that these positions are not in fact conflicting. They merely emphasize different aspects and uses of SC).

At this juncture it needs to be reiterated that although this chapter will deal with the effects of SC in general, the context of most relevance to this study is its use during the detention of political prisoners (detained without trial in South Africa). In such situations other variables too are of great significance, and can only be artificially separated from that of SC. It is hoped that this chapter (in dealing with SC as a separate entity) will also help the reader speculate as to the possible reasons for its use in South African security prisons. Partly in order to facilitate this, this study turns now to an outline of the origins of the use of SC as a means of obtaining

information and evidence. Provisional answers to the earlier questions will become apparent throughout this chapter, while more comprehensive ones will be attempted in the concluding paragraphs.

2.3 THE ORIGINS OF SOLITARY CONFINEMENT AS A MEANS OF OBTAINING INFORMATION AND EVIDENCE

A recent analysis (Suedfeld, 1974, in Suedfeld, 1980, p.95) categorized the most common current uses of SC under four major headings :

(1) indoctrination and interrogation

(2) quarantine

(3) punishment, and

(4) rehabilitation.

Such a categorization (by nature of the specific goal of SC) was felt to be most valid, as in the majority of cases it was observed that the "treatment" was imposed by the authorities with a specific goal in mind. Category one, due to its significance to this section and the study as a whole, will receive additional attention here.

Solitary confinement as a means of obtaining information and evidence was apparently first used by the Papal Inquisition. The Tsarist secret police in Russia thereafter used it as a technique of investigation and 'reform', prior to its more extensive use for the same purposes by the secret police in post-revolutionary Russia. There it became standard

practice. (Hinkle & Wolff, 1956). Evidence suggests that it was used upon the accused in the notorious purge trials of the thirties and late forties. The Chinese communist regime 'inherited' many of the techniques of their Russian counterparts, and American soldiers held captive by the Chinese during the Korean war became victims of these practices. In the West, SC originated as a punishment for offences against prison discipline; a method to attempt reformation through enforced contemplation. In the United States there have been several successful legal challenges to the use of SC due to its alleged psychiatric consequences. The US supreme court issued a condemnation of the practice in 1890.

In 1966 Mathews and Albino wrote : "...there appears to be no evidence that solitary confinement has been used in Western democratic systems of justice for the purpose of procuring information and evidence" (p.23). In 1971 the use by the British in Ulster of psychophysiological techniques, particularly isolation methods as the preliminary stage of depth interrogation received international publicity and condemnation (Shallice, 1972). Ulrika Meinhof was found hanged in her cell in West Germany in 1976 after many months of intense SC. Shallice (1974) quotes the Minister of Justice for the State of Hesse as saying : "We must keep the prisoner temporarily ... under isolation in order to make it possible for the prosecution

to achieve a proof without any loophole so that it will stand up in court".

This somewhat brief (and incomplete) history merely lists the origins of SC as a means of obtaining information and evidence. It hardly even alludes to its possible effects, yet, in itself, it serves as an explanation as to why SC is viewed with such sinister overtones (particularly when used for the above purposes). The question as to why SC was (and still is) used in these instances in order to extract information still, however, remains largely unanswered. Why is it such a successful accompaniment to interrogation? Answers will become far more clear during the discussion on the potential effects of SC below. First, however, an attempt to define the concept will be made.

2.4 DEFINITION

Any examination of the effects of SC requires that the term be defined. Isolation, confinement, segregation, solitude, sensory and perceptual deprivation, and solitary confinement (amongst many others) have been used interchangeably by authors writing in the area. Often the differences have only been semantic, but this has led to confusion as to exactly what procedures were being referred to.

In South Africa there has been some debate as to whether security law prisoners are held in solitary, single or segregated confinement. Some people have argued that the

term 'solitary confinement' should only be applied to punitive confinement in an isolation cell in terms of sections 79 and 80 of the Prisons Act 8 of 1959 (Riekert, 1985). In this study the term as defined by Thoenig (1972) will be used.

> Solitary confinement (is) the separate confinement of a prisoner with only occasional limited access by other persons, to an environment which is stripped of all but the basic necessities for maintining life and which is generally restrictive of light, sound, diet, reading material, exercise, and occasionally temperature.

Quite clearly both the above instances fall within the ambit of this definition. It also includes the important factors of social isolation, sensory and 'perceptual' deprivation, and confinement. It is useful to distinguish between these.

Social isolation refers to the isolation of an individual from social interaction, while confinement involves restricted mobility of the person. Sensory deprivation (SD) is the total reduction in sensory stimulation. Perceptual deprivation (PD) involves attempts to reduce the patterning and meaningful organization of sensory input while maintaining a somewhat normal level of input (e.g. white noise). Suedfeld (1980) argues that this latter factor should possibly be treated as overstimulation due to its constant high level of input. As such it should not strictly be regarded as an element of SC. The literature has rarely made much of this distinction, and hence it would

be too great a task to separate clearly the two concepts here. Where differences in effects have been readily found, these will be stressed.

These (four factors) are the experimental analogies most often used to account for the processes and effects of the detention situation. They may however not be the most appropriate analogies, and will depend on the actual techniques used for interrogation and confinement (Foster, in press). Further, experimental subjects have generally been university students of above average intelligence, education and socio-economic status. They lead active lives high in sensory stimulation, and have little experience of confinement and monotony. Detainees may or may not be of similar standing. Experiments have usually been of extremely short duration (for obvious ethical reasons) and those who partake do so willingly, usually with the knowledge that they may quit at any time, and with faith in well-intentioned 'confiners'. Nearly all of these variables have been shown to be significant independent variables with major effects of their own (See mainly Chapter 3). Detention situations also include both the threat (fear) and the possibility of additional factors in conjunction (e.g. psychological and physical abuse, fatigue, uncertainty, and hunger). Caution should thus be taken in drawing parallels from one situation to another.

Nevertheless, every SC situation consists in part of its own unique combination of these 'analogies'. The effects evidenced depend on the particular combination, specific conditions of isolation, and the social context of the process, mediated of course by individual differences. Research in all of the above areas is thus relevant to any consideration of the effects of SC. The 'analogies', however, are common to all SC situations, be they for the purposes of rehabilitation, interrogation, punishment, or quarantine.

This section, therefore, begins with an examination of basic research in this area. (The 'analogies' will receive

[redacted]

generalizations to the SC detention situation should be kept constantly in mind (i.e. the effects evidenced reflect those after relatively brief periods of time only, with fairly extreme levels of reduced sensory input, and most importantly, with the use of voluntary subjects).

2.5 BASIC 'SENSORY DEPRIVATION' RESEARCH

2.5.1 Introduction and historical perspective

Work in the area has encompassed three major types : (i) experimental work with infrahuman species (ii) experimental work with human beings, and (iii) observational, including self-observational reports, from

real-life situations. (Zubek, 1969). Early studies in the field were based on observations of animals under reduced sensory and/or social input, children reared in institutions, and anecdotal accounts of individuals performing monotonous tasks. It was the reports of individuals subjected to interrogation and indoctrination in Russia and Communist China that acted as the major stimulus for extensive research in the area.

Viewed in historical perspective research in the field can usefully be divided into three phases (Foster, in press). The first, the 'discovery stage' during the 1950's produced bizarre and dramatic results including vivid visual hallucinations, severe anxiety and psychotic-like symptoms. Many of these more bizarre effects were not repeated in subsequent studies, once methodological procedures that produced 'anxiety sets' were revised. It was noted that aspects of these early procedures induced high levels of anxiety in the subjects even prior to the commencement of the experiment (e.g. "panic buttons" that allowed for escape, and the signing of legal release forms in case of damage by the procedure). During the second phase of research, roughly between the late 50's and end of the 1960's, there was a major refinement of techniques. An awareness of the complexities of variables involved and the complexity of their interactions, led to the finding of most of what are today known as the reliable effects. The third phase, since about 1970, is characterized by a marked

decrease in research and the prominence of an American researcher, Suedfeld. He has attempted to demonstrate the possible positive applications of isolation and 'sensory deprivation'.

The vast literature in the area has been reviewed many times. Some reviews have been extensive enough to cover also anecdotal accounts written by prisoners in SC, explorers in remote areas, and solitary navigators. Experimental methods have included subjects confined in rooms, respirators, and water tanks; sitting, lying down or floating; in total darkness, diffused light, or subdued light; in silence, with reduced sound or with white noise; for minutes or weeks, allowed some or no movements, and with apparatus attached or relatively unhindered. (Nash, 1979) (The effects of these conditions have been to produce absolute reduction of, or reduced patterning in, various sensory modalities). Methodological problems have been immense, and methods have varied greatly, yet there has been a suprising uniformity of data. What then are the findings of reduced environmental stimulation research (REST to use the term coined by Suedfeld, 1980)?

2.5.2 Perceptual Effects

One of the dramatic findings of the pioneer Hebb (1955) studies was the presence of gross disturbances in the appearance of the perceptual environment (Zubek, 1973, p.13). Subjects, after experiencing several days of PD,

emerged reporting movements in the visual field, changes in shape and size of objects, accentuated or diminished depth of perception, and distortion of human faces. Subsequent studies however failed to replicate these findings.

Various hallucinatory phenomena, mainly visual, were also reported. Zuckerman (1969) in an extensive review of the literature on hallucinatory effects noted extremely conflicting reports. These he felt were due largely to definitional differences and he thus coined the term 'reported visual sensations' (RVS's) in an attempt to gain uniformity. He advocated two categories, Type A of an illusionary nature (e.g. flashes of light and geometric forms), and Type B (meaningful objects, people and scenes) which seemed to signify greater cortical involvement. Generally, the majority of the long-term (1 to 66 day) studies have reported a total absence or a rare occurrence of both types of RVS phenomena. Extremely vivid dreams, daydreams, fantasies, hypnagogic and hypnopompic imagery, have however been fairly extensively reported (Suedfeld, 1980). The duration of SC seems to be associated with the occurence of all perceptual phenomena, with longer periods resulting in increased frequencies, and a progression from simple to more complex percepts.

2.5.3 Cognitive Effects

Extensive procedural problems have marred research in this area. Cognitive effects have been found to be transitory

in nature, and have been seen to diminish during the administration of long test batteries. Although certain cognitive abilities are impaired, others appear to be facilitated or improved by (brief) sensory deprivation periods. REST seems to maximally impair those performances which require active reflection and manipulation of ideas. Common complaints are a difficulty in concentration and organization of thoughts, and an inability to think clearly.

Recent research however has implied that this is not a universal phenomenon. An important variable seems to be motivation and reason for participation in REST (This finding may have implications for coping in detention situations even though detainees participate against their will). More highly motivated subjects appear less afflicted. The majority however report that plans to think creatively result in no desire to concentrate. Thoughts instead drift in random sequence, and it becomes difficult to think about any topic for a length of time. "While sensory deprivation (also) raises the desire to think and speak, at the same time it appears that deprivation techniques disrupt the organized flow both of intrinsically motivated cognitive behaviour and of its overt indicator, speech" (Sandler, 1981, p.6).

Improvements have been noted with certain memory tasks involving meaningful stimuli, and particularly rote learning and recall (Zubek, 1973). Suedfeld (1980) suggests that

the use of (brief) REST environments as soon as possible after learning may thus be beneficial. Highly structured performances (e.g. retention and learning) seem to be unaffected or facilitated by REST; moderately structured ones (e.g. problem solving and arithmetical calculation) slightly affected; while complex and relatively unstructured ones (e.g. projective measures, word association, and tests of verbal fluency and creativity) show marked impairment. The effects of sensory deprivation are, also, generally less than those of perceptual deprivation.

Finally, another type of performance that may have some implications for coping in detention, remains largely untested; that is, that involving high-level creativity. Suedfeld (1980) states that there is much anecdotal literature on the possible positive effects of isolation and reduced stimulation for this type of thinking. "The list includes a great number of artists, scientists, philosophers, and religious and political leaders.... Clearly, the usefulness of REST in facilitating the productivity of ...creative individuals deserves careful exploration" (p.43).

2.5.4 Susceptibility to Persuasion and Influence

One of the most consistent findings of REST research is that of a general heightening of susceptibility to influence. This may be one of the major reasons for its recently reported potential as a therapeutic technique. Here it

should be recalled that the major impetus for a marked increase in research in the area in the 1950's was the 'conversion' of American POW's in Korea. (It should however be noted that it is now well documented that the coercive persuasion techniques used in Korea relied on excessive, rather than solely decreased stimulation). Both primary suggestibility (e.g. body sway, autokinetic effect) and hypnotizability have been found to be increased, and have remained so for up to 21 days after experimental sessions (Ritchie, 1976, in Suedfeld, 1980). Less intelligent and conceptually less complex subjects appear to be more affected. This finding appears to have implications for the clinical treatment of individuals not usually considered the best candidates for psychotherapy.

REST research has dealt almost exclusively with attitudes of little importance or relevance to the subject. Extreme caution should therefore be taken in generalizing from it to the possibility of inducing changes in opinions and beliefs that involve a firm commitment on the part of the subject. (Suedfeld, 1980).

2.5.5 Time Estimation

Findings generally show an underestimation of time spent under REST conditions. Those who are extremely stressed by the environment, however, appear to overestimate. These estimations do not depict the actual experience of the flow of time, where a feeling of timelessness is common. In

situations of longer duration it appears important to attempt to keep some knowledge of the passage of time. Such reference points (temporal relationships) help one maintain a degree of ones own identity and existence.

2.5.6 Motivation Effects

It has fairly consistently been found that there is an increase in stimulus-seeking behaviour (of both meaningful and non-meaningful stimuli) during and subsequent to periods of REST (Foster, 1986). This seems to be an increasing function of how long the subject has been in REST prior to the availability of the stimuli. Stimulus-restricted subjects are even willing to listen to counterattitudinal propaganda messages under these conditions. "It appears that a REST participant may consider any input better than none" (Suedfeld, 1980, p.57).

The need for information also appears to generalize across modalities. Extreme values of stimulus information in a particular modality is thus likely to reduce the desire for information in another modality. Jones (1969) postulates a theory of homeostasis "in the sense that both relatively high and relatively low levels of stimulus information induce drive states which motivate responses serving to maintain some intermediate level of information transmission" (p.206). Information also appears to be the incentive sought, rather than stimulus complexity.

Sugimoto's (1967, in Suedfeld, 1980) findings may be of more relevance to detention situations (of longer duration than REST experiments). His subjects initially attempted to maintain normal ego functioning (under stimulus deprivation conditions) by moving and vocalizing, but an eventual deterioration appeared unavoidable. Toward the end of the experiment (lasting 72 hours) there was a general replacement of activity by quiescence and sleep. Finally, motivational effects vary considerably among individuals.

2.5.7 Physiological Effects

The most consistently reported finding in this area is that of a change in EEG activity regardless of duration of REST condition. There is a progressive decrease in mean alpha wave frequency with time in isolation, which persists for some time after termination of REST. Changes as a result of perceptual deprivation appear more marked than during sensory deprivation, and large individual variation has been observed. Increases in the amount of REM sleep, too, have been noted, as has an almost general decrease in body weight during prolonged periods of isolation.

2.5.8 Other Effects

Both fine and gross motor co-ordination appear to be impaired by prolonged deprivation periods. Other fairly common and consistent findings include : the development of a 'childish sense of humour'; exaggerated emotional reactions; excessive irritation by small things; brooding on

imaginary injustices; a high degree of restlessness; reminiscence and vivid memories; temporal disorientation; anxiety; boredom; and negative changes in self-appraisal (Zubek, 1969). Finally, reaction time has been found to be slowed after about a 2 day period of sensory deprivation.

2.5.9 Isolation Endurance

Considerable variation in individual reactions to and tolerance of an impoverished sensory environment have been consistently reported, yet there has been a failure to find systematic personality predictors of these differences. A possible explanation for this is the finding that personality traits as predictors of response in extremely stressful situations appear to be of little use (Lucas, 1976; Scrignar, 1984).

Suedfeld (1978) states that if the REST situation is explained to the subject in a calm and reassuring fashion (and procedures that evoke fearful responses even before the commencement of the experiment are removed) quitting rates drop to about 5% (from the 33% fairly consistently reported in American studies). Suedfeld (1980) has also found marked cultural differences in response to REST conditions. Westerners, he suggests, appear to interpret more readily the natural (coping) reactions to lower stimulation as signs of imminent 'breakdown' and therefore tend to induce secondary anxiety reactions. Again, expectation appears to play a mediating role. This, of course, may have important

implications for coping in detention situations, as it would seem that those who interpret their reactions as normal ones (to an abnormal situation) are less likely to suffer secondary effects (See Chapter 6).

Those who show a positive reaction to opportunities for thinking about life and the meaning of things seem to be stronger in isolation tolerance, while creative and cognitively complex subjects tend to show lower decrements to REST conditions (Myers, 1969).

Previous experience of isolation may also help a person adjust and provide some protection against its effects (Lucas, 1976, p.158). This is however not a universal effect, and McGrath (1970) suggests that prior negative experience may serve to exacerbate the stress associated with the re-occurrence of the stress situation.

Finally, knowledge of expected duration of SC has consistently been found to be a major mediator of the effects experienced. Those who are uncertain as to the length of the experiment tend to suffer greater debilitation (Francis, 1964).

2.5.10 Relative Effects of Confinement, Social Isolation, and Sensory Restriction

Experimental REST conditions of necessity include exposure of the subject to physical confinement and social isolation,

as well as reduced sensory stimulation. Some attempts have been made to separate the effects of the various conditions.

Social isolation as a separate entity does not lend itself well to laboratory study. Small isolated groups have however been studied, and difficulties in satisfying social needs, coping with interpersonal stress, and suppressing aggression have been evidenced. These are particularly marked if combined with isolation (Haythorn, 1973). Zubek (1973) in a series of experiments that attempted to separate the effects of social isolation and confinement and compare these with sensory deprivation, found symptoms of a 'hallucinatorylike' nature, inefficient thought processes, subjective restlessness, worry, reminiscence and vivid memories, and changes in body image and self-appraisal to be associated solely with confinement. Temporal disorientation, feelings of hostility and loneliness were associated solely with isolation; while persistent and vivid dreams, sexual thoughts and speech difficulties were found to be due to a combination of social isolation and confinement. EEG change appeared to be produced half by confinement and half by sensory deprivation, with social isolation apparently not implicated. Zuckerman et al (1968) reported the effects of sensory restriction alone to consist of an anxiety reaction related to cutting off of normal sensory ties with reality and the appearance of unusual perceptions and ideas.

Finally, perceptual deprivation appears to produce greater cognitive and perceptual impairment than sensory deprivation, while the latter is more often associated with reports of visual and auditory sensations, dreams and feelings of unreality and anxiety.

2.5.11 Summary

It is thus evidenced that voluntary subjects exposed to REST conditions generally experience deleterious effects. There is however some evidence to suggest that brief periods of sensory deprivation may also have beneficial effects on a small range of perceptual and cognitive functions. It may, too, be useful in a number of controlled clinical situations. Sensory deprivation has enabled some people to gain a much better understanding of their problems and a more effective way of solving them. It does however appear that these benefits are unlikely to be evidenced after 'long' periods of REST. The general pattern seems to be increasing debilitation over time.

Individual differences in response are also marked, with knowledge of duration of REST conditions and expectation playing large mediating roles.

Major problems in the use of experimental sensory deprivation as an analogue to SC were outlined in some detail. While REST is implicated in all instances of SC, the two should therefore not be confused. Even in the

anecdotal literature written by prisoners in solitary confinement, explorers in remote areas, solitary navigators, and the like, it is impossible to gain a view of the effects of isolation and monotony uncontaminated by danger, physical privation, and uncertainty. Caution should thus be taken in drawing parallels from one situation to another. It is however "by now clear that extensive clinical observations of the psychopathological effects of solitary confinement anticipated quite strikingly the more formal experimental work on sensory deprivation" (and for obvious reasons) (Grassian & Friedman, 1986).

2.6 EFFECTS OF SOLITARY CONFINEMENT IN PRISON SETTINGS

2.6.1 General considerations

It has previously been stated that any effects of SC will depend on the specific conditions of isolation and the social context of the process. It is thus incorrect to talk of "pure" effects of SC. The specifics of each particular situation must be acknowledged.

The effects of REST were outlined in some detail as they are always implicated (to some degree) in detention situations. This is probably less true of research on convicts in SC in prison settings (be it for punishment, rehabilitation, or quarantine). The examination of the effects of these conditions (which follows) will thus be relatively brief.

Of prime importance is to extract those details which are of relevance to the detention situation.

Grassian (1983) after conducting clinical interviews with 14 resident inmates exposed to "punitive" SC at Walpole State Prison, Massachusetts, was led to conclude "that rigidly imposed solitary confinement may have substantial psychopathological effects." (p.1453). The median duration of confinement was 2 months, and the prisoners were exposed to sensory deprivation by the closing of a solid steel door to their cells and complete restriction of radio, TV and reading material.

In a more recent paper (Grassian & Friedman, 1986) he synthesized the Walpole observations, a review of German reports between 1854 and 1909 (that described hundreds of cases of psychosis which were deemed to be reactive to the conditions of imprisonment), and the recent literature. Here he concluded that there was a strikingly consistent psychopathological syndrome associated with SC. This syndrome was seen to include :

(i) Massive free-floating anxiety
(ii) Hyper-responsivity to external stimuli
(iii) Perceptual distortions and hallucinations in multiple spheres (auditory, visual, olfactory)
(iv) Derealization experiences
(v) Difficulty with concentration and memory

(vi) Acute confusional states, at times associated with dissociative features, mutism, and subsequent partial amnesia for those events

(vii) The emergence of primitive, ego-dystonic aggressive fantasies

(viii) Ideas of reference and persecutory ideation, at times reaching delusional proportions

(ix) Motor excitement, often associated with sudden, violent destructive or self-mutilatory outbursts

(x) Rapid subsidence of symptoms upon termination of isolation (Grassian & Friedman, 1986, p.54).

Walters, Callaghan, and Newman (1963), however reported no adverse effects of SC in a study which employed prisoner volunteers for at most four days. Grassian and Friedman (1986) make a valid point :

> No attempt was made in that study to describe psychological variables predisposing certain prisoners to volunteer, nor to describe the presumably unique response of prisoners and prison guards to a situation known by them to be clinical and experimental, rather than punitive. (p.53, 54).

This bears relevance to all such experiments that employ voluntary subjects.

In a later experiment, Ecclestone, Gendrau, and Knox (1974), also using voluntary convict subjects (who spent 10 days in SC), found low levels of stress using biochemical and physiological measures. There was also an increase in the consistency of cognitive differentiation as measured by the

Repertory Grid Technique. The sample was however somewhat biased as the 7 subjects who quit within the first few days were merely replaced.

Foster (in press) cites a more extensive recent study by Suedfeld et al (1982) that found (using 103 subjects) that longer time in SC was associated with increased levels of hostility, distrust and suspicion. On subjective stress measures there were however no differences between convicts who underwent SC and the ratings of those in the general prison environment. Some subjects reported conditions to be anxiety-arousing, frustrating, and disorienting, while others mentioned segregation as a chance to meditate, concentrate, and work on personal problems. There was thus a wide spectrum of reactions to isolation and SC. The authors, in conclusion, stated that SC was tolerable and occasionally beneficial, and that there was no evidence to support the hypothesis that SC was universally aversive or damaging to inmates. The subjects employed in this experiment volunteered to comment, after having been previously confined for punitive, protective, or "administrative" reasons.

2.6.2 Solitary confinement for the purposes of quarantine

An area in which there appears to be less controversy is SC for the purposes of quarantine; to protect prisoners from being harmed by fellow inmates, to protect other individuals from the prisoner being isolated, or to facilitate

observation in order to prevent the prisoner from being isolated. The second kind of case, however, carries with it the danger that 'protection' may be used as a euphemism for confinement that is administratively (or otherwise) convenient for the authorities. Another related field is the quarantine that is relatively common within seclusion rooms in inpatient psychiatric settings. This is, of course, not strictly (by the definition used in this study) an instance of SC (as it does not take place, necessarily, within the prison setting) but, rather, controlled sensory deprivation. It has generally been used on schizophrenics, who have been shown to become less psychotic when exposed to such conditions (Grassian & Friedman, 1986; Harri, 1959; Suedfeld & Roy, 1975).

2.6.3 Solitary confinement as a rehabilitative technique

Solitary confinement as a rehabilitative technique has already received some discussion. It appears to have had its origins in the 19th century prisons in which it was argued that solitude made it possible for the prisoner to hear the 'inner voice of his conscience', and hence repent. Suedfeld (1980) cites a number of examples (e.g. Glynn, 1957; Scheckenback, 1976; Suedfeld & Roy, 1975) which he suggests have successfully converted isolation as punishment into solitude as a therapeutic measure. In all of these, where the duration and severity of the 'treatment' was strictly controlled, some of the goals of rehabilitation were achieved (e.g. various inmates were able to reduce

their medication levels significantly, were free of disciplinary actions, and were behaving in such a way as to be recommended for parole). Conformity levels were raised. Little comment, however was made on effects during isolation, or on the effects of confinement on prisoners particularly vulnerable to it (see below). Suedfeld (1980) nevertheless concludes : "There has not been sufficient research to demonstrate how useful restricted stimulation may be as a rehabilitative technique. But there appears to be enough in the way of preliminary data to indicate that it is worth a thorough test" (p.108).

2.6.4 Summary

Evidence of the effects of SC for the purposes of punishment, rehabilitation and quarantine in prisons has been presented. The data again appears somewhat mixed, and is partly determined by the purpose. Differences in methodology and variables such as duration of SC (studies using longer duration generally revealed increased deleterious effects) and degree of sensory deprivation, are also of significance. The voluntary nature of participation, too, appears to be an essential mediating variable that requires further elucidation (i.e. those experiments that were seen not to use voluntary subjects generally resulted in far greater debilitating effects being evidenced - See Chapter 3). It also has controversial moral implications in the case of rehabilitation.

Further, the prison environment itself necessarily imposes some reduction in the range of available environmental stimulation. There is a lack of control and power over the environment and there are stringent demands for compliance both from officials and from the rest of the prison culture. Penalties for violation are often severe. Resultant levels of anxiety therefore tend naturally to be higher than those experienced in 'free society'. Grassian and Friedman (1986) make another important point. From their experience, personality types encountered among the prison population may also be especially vulnerable to SC, and therefore may display greater psychopathological effects.

> More primitive forms of hysterical and acting-out personalities arrange for themselves a constant barrage of external stimuli as a means of defending against disturbing internal events; sensory deprivation seriously deprives them of this means of defence... and when these defences prove ineffective, episodes of uncontrollable, destructive, often self-mutilatory behaviour may supervene. (p.60)

In conclusion, one can only agree with Suedfeld's (1980) contention, that for greater clarity the "whole area is one in which specific research, using the conditions, populations, confinement durations, and other variables extant in the actual SC procedure, must be conducted much more intensively than has been done so far." (p.114). Real-life situations do however appear to reflect the overstatement of the case for a lack of positive effects.

2.7 SOLITARY CONFINEMENT FOR THE PURPOSES OF INTERROGATION AND INDOCTRINATION

It now remains to examine the effects of SC when used for the purposes of interrogation and indoctrination. A brief history of the origins of SC as a means of obtaining information and evidence has already been outlined.

Present-day techniques seem to have been derived directly from those used centuries ago. For example, it it well known that the treatment of political prisoners by the KGB in Russia is traceable to methods used by the Tsarist secret police (Suedfeld, 1980). Further, Shallice (1972) showed that the Ulster techniques operated according to general principles similar to the KGB's. The Ulster techniques were more sophisticated merely as a result of the application of new scientific research and principles. Fine (1984) quotes South African security police Major T.J. Swanepoel (in 1969) as saying : "In many ways our (interrogation) methods are the same as the Communists', psychologically speaking, but for a different reason" (p.156).

It is necessary to grasp the aims of any particular confinement, interrogation or indoctrination process in order to understand the range of effects. The goal of KGB methods is said to be the preparation of a confession (true or false) in which the prisoner must believe (Hinkle & Wolff, 1956). The Chinese communists appear to go a step further, and have as their main aim the development of a relatively long-lasting change in attitude and behaviour. Finally, in South Africa, it would appear that the main aims

of detention and interrogation are to repress organization, obtain information from a generally unwilling or ignorant individual and/or to intimidate him against open opposition to the state (NAMDA, 1985).

The relative severity and type of techniques reflect these varying goals, as do the resultant effects. For example, the greater change expected by the Chinese requires lengthier periods of time (sometimes many years), and much use is made of group interaction among prisoners.

Solitary confinement is just one of the many coercive methods used in order to fulfil these aims. It is inextricably linked to these other methods and aims, and therefore should not be viewed in isolation. (See also Chapter 3).

A political prisoner placed in solitary confinement experiences far more than simple isolation. He is removed from his interpersonal relationships and the social role which sustains him, and is left alone with his fears, knowing that he is at the mercy of his captors. He is prevented from communicating with his supporters and is thus deprived of both material and moral support. He is generally also uncertain of his fate, or period of incarceration.

Hinkle & Wolff (1956) give a detailed description of the likely effects of solitary confinement as practiced by the KGB. The detainee is usually detained in the early hours of the morning, and taken immediately to the detention prison. He is then usually held in SC in a simple and unfurnished cell. Personal belongings and outer clothing are removed; eating, exercise, sleep and elimination are strictly supervised, and may be limited. Suicide is thwarted and medical care is given when necessary.

Reactions of detainees differ widely - some remain largely unaffected, others soon become demoralized, while others may become floridly psychotic. Under these conditions, the initial reaction is generally one of extreme bewilderment; the detainee may sit quietly in the cell looking confused and dejected. Within a short time, however, he is likely to begin to show an interest in the environment; he usually becomes anxious and attempts to make contact with the guards. He tends to ask questions and make demands, which are thwarted. He may feel helpless and frustrated and is uncertain of his future. Hinkle and Wolff (1956) state that this period of anxiety, hyperactivity, and apparent adjustment usually continues from one to three weeks, but reactions differ widely.

Hopes of explanation soon fade, and the detainee generally becomes increasingly dejected, bored, lonely, and dependent. He slowly ceases spontaneous activity, takes little notice

of the environment, may become dirty and dishevelled, and may soil himself. His thoughts are often filled with unpleasant ruminations; he may have nightmares and illusionary experiences, and become delirious with visual hallucinations. There is generally a yearning to talk, but a common inability to think in a logical and ordered manner may lead to confused speech. The detainee is likely to be highly suggestible, and may be unaware of the truth or mistruth of his statements, confusing fact with possibility.

Naturally, as stated above, not all of these effects can be attributed to isolation alone. Anxieties will be compounded by worries about family and friends, and by uncertainty. Sleep disturbances and nightmares may lead to further fear, and fatigue. All of these factors cannot, of course, be separated from each other or the context of their occurence. They are all implicated in SC for the purposes of interrogation and indoctrination.

The effects of this isolation combined with the anxieties and uncertainties are usually sufficient to make the detainee eager to talk to his interrogator and to seek a method of escape. If not, further simple pressures can be applied.

Fatigue and lack of sleep can be aggravated by frequent waking, and constant light in the cell. This may produce a clouding of consciousness and loss of alertness. Food may

be deprived, or cell temperature controlled. Other less subtle means of torture may also be used (these will receive additional discussion in Chapter 3).

In this way the detainee is prepared for interrogation. Many reportedly welcome it after long periods of SC, as it is the only opportunity afforded them for human contact.

The deprived nature of the SC situation thus appears to form a basis for the interrogation situation. Solitary confinement and interrogation generally seem to be part of the same process, with one of the goals being the extraction of information.

2.8 SUMMARY AND CONCLUSION

This chapter critically examined the potential psychological and psychophysiological effects of SC on the individual. Research was outlined in each of the areas of REST, SC in prison settings (for the purposes of punishment, quarantine, and rehabilitation) and SC for the purposes of interrogation and indoctrination. Although there were many similar effects, a large number of variations across conditions were evidenced. This led to the conclusion that SC is not a single entity with a uniform set of effects, but rather that the effects are dependent upon the particular conditions of isolation, the social context, and individual differences.

The dangers of blindly drawing parallels between the various areas were therefore cautioned against.

Effects were generally seen to be highly debilitating, but some positive potentials were noted under certain controlled conditions. The latter however usually appeared to be in situations where individuals partook in the procedures voluntarily. Although there was some debate over the degree of the uniformity of debilitating effects under certain conditions, it was generally agreed that coercive techniques of interrogation and indoctrination were likely to result in deleterious psychological sequelae. Certainly under these latter conditions it appeared as though SC would be considered to be a form of torture (Lucas, 1976), an extreme punishment and breakdown process (Shallice, 1974), and generally a preparatory stage for the extraction of confessions in interrogation (Storr, 1960).

On the basis of the evidence presented in this chapter it appears as though one must agree with Foster (in press) in concluding that :

> Suedfeld, in his commendable efforts to promote the newer positive view (of SC), has tended to underrate in tone rather than in terms of facts the possible negative effects of solitary for coercive purposes. By his own admission solitary for interrogation usually involves a cluster of procedures, which in combination produce a situation of overstimulation; high in intensity, low in predictability and controllability... The most correct view seems to be that SC heightens vulnerability (p.23).

Suedfeld does however highlight certain important points, that suggest that it is no longer possible to view all instances of isolation solely in negative terms. Indeed, some of his contentions can usefully be used in recommending strategies that may be used to prevent, oppose or counteract the potential debilitating effects of detention (See Chapter 6).

Having examined the possible effects of SC in this chapter, the following chapter will consider other variables that may also be implicated in the detention situation.

OTHER VARIABLES OPERATIVE IN THE DETENTION SITUATION

CHAPTER 3

OTHER VARIABLES OPERATIVE IN THE DETENTION SITUATION

In Chapter 2 the potential psychological and psychophysiological effects of solitary confinement were examined. Research was outlined seperately in the areas of social isolation, confinement, sensory and perceptual deprivation, and solitary confinement for the purposes of quarantine, punishment, rehabilitation, and interrogation and indoctrination. Each was shown to have relevance to the detention situation. Effects were found to be generally deleterious, but positive potentials were evident under certain controlled conditions. Marked individual differences in tolerance of SC were also noted. Differential effects evidenced under each of the conditions, however, led to the conclusion that SC is not a single entity with a uniform set of effects. Rather effects are dependent on the specific conditions of isolation and the social context of the process. It was thus reiterated that caution should be taken in drawing parallels from one situation to another.

3.1 AIMS AND CONTENT

Solitary confinement is, however only one of many variables that may be operative in the detention situation. It generally implies conditions of sensory restriction. This

chapter will concern itself with other variables that may play a crucial role in determining the effects of any particular detention situation. These are more likely to imply conditions of excessive and stressful stimulation, which is high in intensity and low in predictability and controllability. Relevant variables will be introduced first. Thereafter, (i) Interrogation, (ii) Uncertainty, Uncontrollability and Unpredictability, and (iii) Torture will receive separate discussion.

3.2 THE DETENTION SITUATION

Detention has been shown to be merely one of many repressive apparatus used by the State in order to challenge, control and weaken organizations opposed to it, and hence alternative power bases. Further aims of detention, which are subsumed under this major goal, were earlier noted to include the extraction of information and/or the intimidation of the detainee. All of the various methods employed by the authorities in detention situations may therefore generally be seen to be means to the above ends. Each is just one part of the process.

Any attempt to distinguish the particular variables that may contribute to the effects evidenced as a result of detention, requires an understanding of what the situation of detention involves. Even prior to the initial arrest there may have been periods of harassment. Arrest may be violent and is usually in the early hours of the morning

(Foster & Sandler, 1985; Hinkle & Wolff, 1956). Incarceration may or may not involve lengthy periods of isolation and solitary confinement. A degree of social isolation, confinement, sensory and perceptual deprivation is likely to be present, either separately or in combination. The severity will depend on the particular techniques employed. Interrogation is necessary for the extraction of information, which may be verbal and/or in the form of a written confession. The information may be used against the detainee, fellow detainees, his organization, or others. Talking may thus evoke feelings of betrayal or 'lack of strength'. There may also be threats of, or actual psychological or physical coercion. The detainee may be deprived of the necessities of life, such as food and water. The situation itself involves major uncertainties (e.g. with regard to family and friends, length of incarceration, fear of what may happen) and unpredictabilities. The detainee realises that he is largely at the mercy of his captors, and thus may fear the possible consequences. He is dependent on them for his very existence. Anxieties beget further anxieties, and so on. Detention is thus, by all accounts, an extremely stressful situation.

Already, this study has dealt in some detail with the variables of social isolation, confinement, sensory and perceptual deprivation, and solitary confinement. Interrogation and indoctrination, and a few other variables,

have received brief discussion. It turns now to examine separately each of (i) Interrogation (ii) Unpredictability, Uncontrollability and Uncertainty, and (iii) Torture, and their ramifications. Each will be shown to be of major relevance to the study of detention. Again, it needs to be stressed that these variables do not function in isolation, but interact amongst themselves and others that make up the detention situation. Detention itself, too, is not a unitary concept; it varies in duration, severity and form.

3.3 INTERROGATION

3.3.1. Introduction

Interrogation is a central component of the process of detention. The extraction of information is usually one of its major functions. Here consideration will be given to the techniques and processes that the interrogator may employ in order to extract information from a generally unwilling detainee.

In Chapter 2 it was shown that in order to make a detainee eager to talk to his interrogator and seek a method of escape, it is usually sufficient to merely place him in SC with his own anxieties and uncertainties for a period of time. In this way the detainee is prepared for interrogation. Further pressures (such as restriction of diet and sleep, and both physical and mental torture) can of

course also be applied. Through various techniques the interrogator then exploits the need for companionship, and it is made clear to the detainee that the only way out of the situation is to co-operate. He is offered a rationalization for doing so (see below). Still, under these conditions many resist, but others, sooner or later, begin to talk.

In an attempt to understand the nature and effects of interrogation, this section will identify some of the processes operative in the situation that facilitate the goal of information extraction. It will also examine some of the common techniques used, most of which will be seen to be an exploitation of the unique circumstances in which the detainee finds himself. A general context, in the form of a model of the nature of the forces compelling compliance in detention, will first be provided.

3.3.2 Debility, Dependency and Dread

Farber, Harlow, and West (1957) studied American pilots captured during the Korean War in an attempt to understand the success of the techniques whereby false confessions, self-denunciations, and participation in propaganda activities were brought about. They called the nature of the forces that seemed to make people compliant to their captors and likely to provide what they wanted in the way of testimony or confessions, DDD (Debility, Dependancy, Dread). It was also suggested that these three interacting factors

were manipulated in such a way so as to produce a DDD syndrome. Although the final goal of the Chinese Communists was somewhat different to the mere extraction of information, West (1985) feels that DDD is able to account for most of the phenomena of stress that have been observed in detainees, prisoners and hostages.

'Debility' refers to all those factors that grind the detainee down physically. It can be created by fatigue, disease, severe physical pain, inactivity through SC, weakening through an inadequate diet, sleep deprivation, and so on. As a result even minor abuses become difficult to resist.

'Dependency' is created by a total dependence on the captor for survival and (particularly in the case of social isolation) interpersonal transactions. As an automatic result of this dependency 'identification with the aggressor' begins to transpire. It is the only means by which some of the power of the captor can be 'shared', and leads to regression.

'Dread' is a pervasive and chronic fear that consists of all the smaller fears that the captive may have or may be induced to have. This state can be created by an uncertainty as to length of confinement, threats, fear of abuse, fear for friends and family, and even fear of not being able to satisfy interrogators.

It can thus be seen that all three of these factors may be manipulated in such a way as to increase their total effect. The sections on techniques and torture below will answer the question "How?". Furthermore, the relief of certain DDD conditions after co-operation, can be used as an extremely effective negative reinforcer (to use Learning Theory terminology). For example, the detainee may be forced to stand for many hours (and hence punish himself) until he decides to co-operate. At that stage he may be allowed to sit, thus removing the aversive stimulus. Further, if he is only allowed to sit periodically (i.e. if the reinforcement is intermittent) co-operation is less likely to be extinguished. Paradoxically, interrogation and threats may also acquire a rewarding aspect, due to the strong need for social communication. Further discussion can be located within this context.

3.3.3 Techniques employed

Biderman (1960) suggests that to remain silent during interrogation is inconsistent with the detainee's need to behave in accordance with a consistent, learned role and an "esteemed self-image" (p.126). Much of the 'success' of interrogation thus rests upon the interrogators ability to manipulate the situation and apply pressures in such a way as to constrict the prisoner's ability to react in a consistent and coherent way. Techniques used will thus attempt to do just this. Further, the failure of the detainee to recognise the sources of the compulsions he

experiences in interrogation will serve to intensify their effects.

Interrogations may begin early in the process of detention, but they may be intentionally delayed. In the case of the KGB this delay, it would seem, is imposed when the detainee is likely to be defiant or is thought to be withholding information. The extra time may then be used to 'prepare' the prisoner for interrogation, usually by the means described in Chapter 2. Pressure may be added by holding the interrogations at night. The detainee is deprived of sleep and becomes uncertain as to when he will again be awakened for questioning.

The first sessions are often concerned with a review of the detainee's life. This provides the interrogator with a dossier as to the type of person he is dealing with, so that weaknesses can be exploited and pressures can be adjusted accordingly. For example, if the detainee is timid and fearful, the interrogator may adopt a fierce and threatening demeanor. It also provides a large volume of information, which can be checked against files for inconsistencies (which can in turn be exploited).

Interrogation may be regarded by the detainee as an opportunity to justify himself or as a place to protest his innocence. This is a danger, as there is usually an

assumption of guilt and the protestations may be greeted as lies, further distressing the detainee.

Added pressures can be applied. Continuous and repetitive interrogation increases 'debility' and frustration, as does being forced to stand continuously. The latter also causes impairment of circulation which can lead to delirium, disorientation, fear, delusions, and visual hallucinations (other forms of torture will receive discussion in that section below). The interrogator may continuously remind the detainee of his complete helplessness and that there is no hope unless he co-operates. This increases 'dread' and further exacerbates 'dependency'. He may also be rewarded for co-operation.

The pressures may be continued until the detainee is almost at the 'end of his tether'. At this point, the interrogator may suddenly change his demeanor and become friendly. Positive reinforcers such as tea or cigarettes may be offered him. Detainees often find this 'trick' irresistable and may begin to talk. Such a friendly approach may continue for days, but as soon as no new information is forthcoming, the regimen of constant pressure and hostility may be resumed. This pattern of build-up to near breakdown followed by release of pressure can then be effectively repeated. A slight variation of this theme is the 'hot and cold' method, whereby one interrogator may remain friendly while another is hostile.

The "faked silent confirmation trick" (Biderman, 1960) can also be used to manipulate the detainee into talking. It is based on the premise that refusing to talk is itself a form of interaction. Here the interrogator is able to fix the meaning of the refusal to answer by asking a number of questions to which he already knows the answers (and which are affirmative). The natural response for the detainee would then become to respond to any 'misinterpretations'. The interrogator can also choose a strategic question when he takes note of the refusal to answer, with the implication that of all the questions asked, it is only this one regarding which the prisoner is defensive.

Another technique is to attach an incriminating interpretation to the prisoner's refusal to answer, and suggest that he has something to hide. There thus arises a need to convince the interrogator otherwise for fear of an intensification of the interrogation. If the detainee continues not to respond he merely reinforces the original interpretation that he does have something to hide. On the other hand, if he answers some questions and not others, it appears that he is hiding something in the latter situation.

A further tactic is to ask many questions to which the detainee does not know the answers. It then comes as a relief when he is finally asked something that he does know.

All of these techniques put pressures on the detainee to interact. This results from his need to respond in a coherent way and according to the well-learned rules of normal social interaction. It is precisely because of the abnormality of the detention situation that the interrogator is able to manipulate these needs. Refusal to answer itself requires continuous effort, because of the usual social convention of replying to questions. It is thus easier to give some answer. Punishment for not talking and relief (negative reinforcement) for co-operation strengthen the compulsion to talk, as do positive reinforcers or rewards.

The interrogator may also manipulate the detainee's need to maintain his 'esteemed self-image' and not to lose control. The detainee is offered a way out of the stressful situation, via rationalization (e.g. "If I had not spoken then when I was still fully in control, I would have 'broken' and revealed all"). It allows the prisoner to meet the demands of his interrogator bit by bit, without feeling that he has capitulated. It is thus both a rational act and a guilt dispelling rationalization (defence).

The manipulation of hostility is an extremely powerful tool that the interrogator has at his disposal. If the detainee becomes overtly hostile, the interrogator may purposely fail to reciprocate; again contrary to expected social

convention. The detainee thus may experience difficulty acting-out his frustration, something he only has limited ability to do anyhow in the detention situation (for obvious reasons). If the interrogator can further create hostility in the detainee (via such methods as false accusations and verbal abuse) but deflect it away from himself he may be able to deflect it onto other objects that suit his purposes. The most convenient for him are (i) inward, leading to guilt and depression on the part of the prisoner, and (ii) outward, against the prisoner's source of social support. The hostility may be deflected by means of a pretence (or disclosure) that one of the detainee's supports have betrayed him by giving information about him or by giving information which he was attempting to conceal.

Finally, the interrogator may manipulate the suggestibility of the detainee that was created by the very nature of the detention situation. This technique is used most commonly in circumstances in which the aim is the signing of false confessions or the 'conversion' of the prisoner.

The 'success' of the above techniques is largely dependent on the manipulation of the relationship that is deliberately induced between the detainee and his interrogator. In Chapter 2 it was evidenced that many detainees exposed to SC actually 'welcome' interrogation since it affords them the opportunity for human social contact. The nature of 'dependency' has also received brief discussion. "So

strong is the need of one human being for another that, rather than feel completely abandoned, a man will attach himself even to his persecutors" (Storr, 1960, p.358). The relationship is in many respects similar to that which grows up between a psychiatrist and his patient. The manipulation of it is therefore basically the systematic exploitation of a transference situation (Storr, 1960); and hence the power of the manipulation.

3.3.4 Summary

These then are some of the processes and techniques operative in the interrogation situation. In themselves they create extreme stress that enables manipulation towards the basic goals of detention. They remain, however, only part of the process. Even given these extreme stresses many resist revealing all. How they manage will receive discussion in the chapters that follow. Here it is also useful to note that Biderman (1960) found, in his study of the interrogation experiences of 235 Air Force personnel returned from Korea, that those who spoke did so more frequently in situations where they were not subjected to overt threats or violence than in which such coercion was reported.

Following Suedfeld (1980) :

> We have to conclude that governments bent upon indoctrinating, interrogating, or forcing confessions from political prisoners typically use techniques whose aim is to debilitate the prisoner physically, inducing in him a state of thoroughgoing fear and anxiety and convincing him that his only possible salvation or any

> amelioration of his condition will come only if he pleases the powers that be. The techniques for producing these effects include starvation, beating, humiliation, unexpected acts of kindness, threats, the example of other prisoners, and so on through a long list. For the most part, the methods rely on excessive and stressful stimulation, which is high in intensity and low in predictability and controllability (p.100).

3.4 UNCERTAINTY, UNCONTROLLABILITY AND UNPREDICTABILITY

The events and processes that occur within the detention situation are largely unpredictable and uncontrollable by the detainee. The situation manifests uncertainty. Such conditions have been found to produce a variety of cognitive, affective, and somatic disturbances to the organism (Mineka & Kihlstrom, 1978; Suedfeld, 1980).

Earlier it was noted that knowledge as to the expected duration of sensory deprivation and confinement has been shown to be a major mediator of the severity of effects experienced. Those who are uncertain as to the length of their detention generally suffer more (Cohen, Silverman, Bressler & Shavonian, 1961; Francis, 1964). Recent research has also shown that the individual's perception of both the event and his ability to cope with it are strong determinants of the amount of stress experienced (Cox, 1978; Tyson, 1982). If the individual believes that he or she has control over the stressor, the effects are reduced even if the control is not exercised. A knowledge of the possibilities in the detention situation would thus appear to have important implications for coping, as it will reduce

uncertainty and increase predictability and preceived control.

Stimuli that are intense, frequent, of long duration, or cause conflict between approach and avoidance responses may be stressful and produce debilitating emotional, somatic, or cognitive effects. Others that don't possess these properties may also be stressful or aversive merely because of their unpredictable or uncontrollable nature. Seligman (1968), for example found that rats which were unable to predict the timing of applied aversive shocks showed a complete disruption in feeding (bar pressing) patterns and extensive stomach ulceration after several days. Those which received the same number and intensity of shocks but at predictable times merely showed disruption just prior to the aversive stimulus being applied, and little (if any) evidence of physiological ulceration. MacKintosh (1973) further found that exposure to such unpredictable stimuli later retarded the learning of new behaviour. They concluded that unpredictable events have profound emotional, somatic, and cognitive effects on the organism (see also below).

Similar results were evidenced with uncontrollable events. In a now classic 'learned helplessness' experiment, Seligman and Maier (1967) found that dogs previously exposed to uncontrollable aversive shocks did not later learn shock avoidance when placed in a shuttle box and given the

opportunity to escape (the shocks). At the onset of the shock they generally just lay down and accepted it passively. In contrast those dogs that were able to terminate the original shocks, quickly learned avoidant responses when placed in the shuttle box. Today there is an extensive literature on the effects of uncontrollable aversive and appetitive events in both humans and animals (see Mineka & Kihlstrom, 1978). It confirms the above results. First, motivation decreases and there is a failure to avoid further trauma. Second, even if there is a response that relieves the trauma, the learning process is later retarded and the organism finds difficulty perceiving that the response worked. Third, the affective balance is disturbed; anxiety and depression predominate (Foster, in press).

The separation of these two factors (predictability and uncontrollability) is of course somewhat contrived. It is logically impossible to manipulate them independently. Predictable events may not necessarily be controllable, but controllable events necessarily involve a degree of predictability. The lack of one can, however, compound the effects of the lack of the other. Most experiments have also involved uncontrollable events with varying degrees of unpredictability as a result of them usually being variants of classical conditioning paradigms.

Mineka and Kihlstrom (1978) found that the disturbances due to unpredictable and/or uncontrollable events were similar to the symptoms of the classic cases of experimental neurosis described by Pavlov, Gantt, Liddell, Masserman, and Wolpe. The former factors were found to be a single aetiological common denominator. In the literature on experimental neurosis they noted that most authors stated that animals lost their ability or motivation to perform even the simplest learning tasks. They also showed affective or somatic changes in one of two directions. Some became extremely agitated with increases in activity and autonomic arousal levels, while others showed decreased activity levels and looked passive and withdrawn, sometimes isolating themselves socially. Some passed through both stages at different times. These stages appeared to resemble, respectively, the state of chronic fear or anxiety and the state of passivity or depression that was seen to occur in unpredictable and uncontrollable situations.

Wortman and Brehm (1975) have argued that the initial response to loss of control is reactance or motivational arousal. Repeated exposure to the same uncontrollable events, however, eventually results in the cognitive, affective, and motivational deficits recognised by Seligman and Maier (1967) and termed 'learned helplessness'. Foster (in press) has drawn the obvious parallels to the detention situation. This pattern was also evidenced in the discussion of SC for interrogation purposes in Chapter 2. The actual perception of control or lack of control is

itself vital. Events, for example, that are controllable may be perceived as uncontrollable. This could occur for one of two reasons. Either the individual could perceive himself to be incapable of performing the required response or he may actually not see the relationship between the possible response and a favourable outcome. Theoretically, if the original cognitive set of controllability is disrupted (by continued exposure to uncontrollable events), and replaced by a new cognitive set that does not recognise the relationship between the possible action and the outcome, it then becomes increasingly difficult to regain the original set (Seligman, 1975).

3.5 TORTURE

3.5.1 Introduction

Torture in post-World War II international law has been expressly prohibited. In 1948 the General Assembly of the United Nations adopted nem.con. The Declaration of Human Rights which declares that "no one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment ... (or) to arbitrary arrest, detention or exile" (Articles 5 and 9 respectively, quoted in Rudolph, 1984, p.176). Of eight abstentions, South Africa was one.* While it appears that governments universally and collectively have condemned torture, over "a third have used

* See page 86

or tolerated torture or ill-treatment of prisoners in the 1980's" (Amnesty International, 1984, p.2).

Given the above context, this section will set out to examine briefly some of the possible reasons for the use of torture, common methods employed, and the possible psychological and physiological sequelae. First, however, a definition is in order.

3.5.2 Definition

In terms of the Tokyo Declaration (29th Assembly of the World Medical Association, 1975).

> ...torture is defined as the deliberate, systematic or wanton infliction of physical or mental suffering by one or more persons, acting alone or on the orders of any authority, to force another person to yield information, to make a confession, or for any other reason (Quoted in NAMDA, 1985, p.30).

Of particular importance is the recognition that torture may be both of a physical and mental nature, an extension of many earlier definitions. Modern psychological methods of extreme coercion of detainees (including SC) are therefore considered to be torture, as is medical or scientific experimentation without the free consent of the subject.

3.5.3 Reasons for its use

It has already been noted that in terms of the goal of information extraction overt threats or violence may be counterproductive. Direct physical brutality may create resentment, hostility, further defiance, and unreliable

statements. Once made hostile by assaults detainees may give false information either to mislead their interrogators or because they are eager to stop the pain. A much stronger justification for opposition is also created. Far more subtle methods (such as the manipulation of the relationship between interrogator and detainee, and SC), that are less directly coercive, may encourage co-operation.

Shallice (1974) has also noted that "extreme solitary confinement is the ideal torture for the modern repressive state. It is normally effective, administratively convenient, and gives rise to little public outcry" (p.667). "Because of the manner and ease of its application, variation of the intensity of the experience, individual differences in response and the absence of discernible physical after-effects, (it) is not always recognised for what it is" (Lucas, 1976, p.153). For these reasons the temptation for so-called Western Democratic countries to use these more subtle means is considerable. The above definition is useful in that it clearly recognises them as torture and "for what (they are)". This recognition should aid the campaign against such tortures and, where they exist (disguised as lesser evils), to have them abolished.

These then are some of the possible reasons for the use of less directly coercive methods. Given that more direct

approaches may inhibit information extraction, what then is their purpose?

They naturally reflect the power relationship between captor and captive, and their mere use reinforces this. An interrogator under pressure to obtain a confession or under emotional strain may resort to such methods. Torture destroys the most basic humanity of the victim, and the threat of it prevents dissidence and creates uncertainty. The effects of the latter have already been seen. It may thus be used to intimidate, 'break-down' or 'soften' the prisoner (Amnesty International, 1984).

During torture, the threat of destruction becomes more than just a possibility - it has already started. The victim does not know, however, when or if the destruction is to be completed. Such a stress is immense (Bendfeldt-Zachrisson, 1985), and is bound, by all accounts, to have major psychological effects on the victim. Prior to examining these, this study will discuss some of the common methods used.

3.5.4 Methods of torture

Bendfeldt - Zachrisson (1985) found the methods of torture in six Latin and Central American countries (Chile, Uruguay, Argentina, Paraguay, El Salvador, and Guatemala) to be often the same (See Table 1). This was so even to the point that many types received the same name.

TABLE 1
METHODS OF TORTURE

1. Environmental Manipulation :
   - Social deprivation (isolation from family and friends)
   - Isolation (restriction of company, sex, work, relaxation, food)
   - Sensory deprivation or overload (solitary cells, noises, reflectors, etc.)
   - Sleep deprivation

2. Pharmacological Manipulation :
   - Parenteral barbiturates and stupefacients
   - LSD and related drugs
   - Apomorphine
   - Corrosive chemicals
   - Cyclophosphamide
   - Muscle-paralyzing drugs (e.g. curare)

3. Coercive Methods :
   - Forced seeing or hearing others being tortured (friends, relatives, spouse, children)
   - False accusations
   - Occasional indulgences

4. Somatic Methods :
   - Forced standing : prolonged standing in a required position, usually undressed.
   - Cold water : irrigation or submersion in cold water
   - Beating : with iron rods, rubber truncheons, whips, batons, sticks, etc.
   - Starvation : deprivation of water or food
   - Mutilation : dismembering of various parts of the body
   - Breaking bones
   - Sexual molestation : stripping, touching, attempted rape
   - Rape : homosexual or heterosexual
   - Electricity : electric shocks applied specially to eyes, teeth, head, genitals, rectum, "electric bed"
   - Fire : e.g. welding torches applied to head, eyes, genitals, etc.

5. Psychological Methods*
   - Denigration with insults, false accusations, use of brutal and threatening language, threats of execution
   - Sham execution
   - Execution of family members or friends in front of the victim
   - Video or audiotapes of the torture of other victims, including torture of relatives, spouse and children
   - Witnessing homosexual or heterosexual rape performed on friends, spouse, relatives etc.

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* The separation of psychological from somatic methods is only made for clarity's sake. Any form of torture encompasses both psychological and somatic effects. From "State (political) torture : Some general, psychological, and particular aspects" by F. Bendfeldt-Zachrisson, 1985, International Journal of Health Services, 15 (2), p.341.

Foster (in press) in reviewing a number of torture studies from countries as diverse as Chile, Greece, Argentina, Northern Ireland, Spain, and South Africa concluded that these

> revealed a sadly standardized list of procedures. Beatings and physical assault always head the list with more than 90 percent of the victims reporting such treatment. Other physical procedures include falanga (beating on the soles of the feet), trauma to the head, forced standing, electric torture, food and sleep deprivation, suspension, and sexual assaults. Less frequent, but also reported are submersion in water, shining of bright lights, burning, blindfolding and hooding, use of manacles, pharmacological torture, dental torture, and assault by animals .... Psychological procedures most frequently used include verbal abuse, solitary confinement, threats of execution, threats to family members, mock execution, false accusations, witnessing torture of others, nakedness and a number of other humiliations (p.25, 26).

Some regional differences were however noted (see Foster, in press).

Both lists (of methods) too, are extremely similar, thus confirming fairly standard methods used worldwide.

3.5.5 Torture sequelae

In discussing the possible psychological and physiological sequelae of torture it is important to stress a number of points at the outset.

Different victims will have experienced varying forms, combinations, and degrees of torture. The effects evidenced will vary according to the particular combination, and the duration and intensity of each 'treatment', mediated of course by individual constitutional differences. Many researchers (e.g. Hocking, 1970; Scrigner, 1985; Tyson, 1982) have however noted that in circumstances of such severe stress the latter factor is of little importance (see Chapter 4). The victim's ideological commitment and preparation, his clarity and strength of morale, and even his hatred of the system responsible for his torture, have however been found to be of some significance (see Bendfeldt-Zachrisson, 1985; see also Chapter 6).

Effects may be direct or indirect (e.g. head trauma may cause further difficulties in subsequent tolerance), and may be due to physical or psychological factors (such as uncertainty, fear, loss of control, humiliation), direct physical pain (and resultant fatigue and debilitation), and/or physical injury to the brain (via hypoxia, trauma, or injection of toxic substances) (Friedlander, 1986).

They may also extend to those close to the victim as a result of, for example, death, loss of earnings and/or difficulties on release. Allodi (1980) found that children who were exposed to the violent arrest of family members were sometimes years later still experiencing signs of fearfulness and anxiety, social immaturity, and clinging

behaviour. Marriages, too, have been seen to be severely disrupted, often exacerbated by sexual problems.

Some studies (e.g. Allodi & Cowgill, 1982; Nowland, 1977) have found a sufficient cluster of symptoms to justify the possible classification of a "torture syndrome". Others (e.g. Rasmussen & Lunde, 1980) disagree. Although research in the area has increased substantially over the past few years, not enough is as yet known about the sequelae of torture to arrive at a satisfactory conclusion.

Some of the above points (and certain specific forms of torture) have already received attention. Others will remain unelaborated (due to space requirements) and still others will receive discussion in later chapters. What remains here is to examine the findings on the sequelae of torture in general. Space militates against further discussion of effects of specific types or instances of torture.

Amnesty International, and research and rehabilitation groups in Toronto and Copenhagen have been largely responsible for the marked increase in research involving torture victims in the past 10 years. In a recent Danish study (Rasmussen & Lunde, 1980), probably the most extensive to date, 135 torture victims were examined both medically and psychiatrically between 6 months and a year after their experiences. The authors found that 90% of their subjects,

all of whom had been healthy prior to their arrests, complained of various symptoms which arose in conjunction with or following torture. Of those, 75% presented psychiatric symptoms including sleep (47%) and sexual (49%) disturbances, mental changes (48%, mainly of an anxious type), and impaired memory and concentration (45%). A symptom cluster corresponding to a post-traumatic cerebral syndrome was evidenced in a particular sub-sample of 39% of the total subjects.

Another study (Allodi & Cowgill, 1982) found similar patterns to the above. It examined 41 of 1000s of Latin American refugees who arrived in Canada from 1977 to 1979 and alleged torture. Most of them had been violently apprehended and subjected to systematic psychological and physical abuse. Females were often sexually molested and raped. All except three (of the 41) presented with somatic symptoms (mainly aches and pains, headaches, and gastrointestinal problems); most complained of severe nervousness and insomnia with recurrent nightmares; 36 suffered from severe anxiety, 29 from depression, and 21 from unspecified fears. Thirty-one showed objective evidence of physical damage. Other difficulties included irritable outbursts, impulsive behaviour, social withdrawal, sexual disturbance, suicide attempts, and loss of concentration, attention and memory. The authors found that all suffered from a homogeneous disorder and that their results were comparable to other groups of torture victims;

and thus concluded that a diagnosis of "torture syndrome" was warranted.

Rasmussen, Dam, and Nielsen (1977) in a study of 67 Chilean and Greek torture victims (examined 2 weeks to 7 years after their experiences) found that sequelae could to some extent be related to the type of torture used : fracture to trauma; gait disturbance and pain in the joints to falanga; and headaches, impaired hearing, loss of memory and inability to concentrate to cranial trauma. They also evidenced some relationship between duration of SC and psychological sequelae, and found neurological and mental effects to predominate over physical (a common pattern found).

Further, Ames (1982) notes that prolonged standing not only promotes fatigue and discomfort but also results in loss of fluid to the tissues, which in turn causes restlessness, nausea, slowing of the pulse, reduction of blood supply to the brain and disturbance of consciousness, and falling. After some time epileptic seizures may ensue. Sleep deprivation impairs cognitive efficiency. Victims struggle to sustain attention and when required to solve problems tend to ignore information from the past. They may have illusions, hallucinations and paranoid delusions. Intense rage and humiliation may inhibit rational thought (Ames), and hooding may cause overbreathing with resultant giddiness, feelings of unreality and a sensation of impending loss of consciousness (NAMDA, 1985).

Finally, a study by Lunde, Rasmussen, Lindholm and Wagner (1980) confirmed the generally high incidence (19% in this case) of sexual dysfunctions (particularly decreased libido, and impotence) following torture. These were described as non-specific symptoms independent of whether or not the individual suffered cranial or genital trauma.

It is thus clear from the above that victims of torture are likely to suffer severe psychological and physical sequalae. The former have been consistently found to be far more prevalent, and have been evidenced to persist for years. (More long-term studies, however, need to be conducted in order to examine patterns over time, and to what degree 'scars' are likely to be life-long). A significant and notable omission from all but one (See Ames, 1982) of the above lists of sequelae appears to be (the logically expected) disturbances in levels of trust, and 'paranoia'. Why this is so is uncertain, as authors (e.g. Allodi, 1982; Allodi & Cowgill, 1982; Larsen et al, 1983; Manson, 1986) writing on treatment of torture victims tend to caution against expecting trust from victims.

3.5.6 Summary

This section (on torture) has noted that :

i) torture may be of both a physical and mental nature. As the latter generally gives rise to little public outcry, there is an increasing temptation for so-called Western democratic countries to make use of these more

subtle means. Both forms are however forbidden by international law;

ii) torture is used for specific purposes, notably to intimidate, break down, punish or soften the victim (or whole nations),

iii) studies have revealed a fairly standardized list of procedures (methods) employed world-wide, and

iv) sequelae are evident in almost all victims, psychological manifestations being most prominent. They are likely to persist for many years. A remarkably similar pattern of sequelae has also been found by various different researchers. Some have therefore postulated the probability of a "torture syndrome", but further evidence is however required.

3.6 CHAPTER SUMMARY

This chapter examined a number of variables that are likely to be implicated in detention situations. Separate discussion was given to each of interrogation, torture, and uncertainty, uncontrollability and unpredictability. Each was evidenced to be extremely stressful and to produce its own peculiar, and generally highly debilitating, set of sequelae. It was however stressed that within detention situations they do not function as separate entities, but rather interact (also with other variables) to determine the resultant effects. Quite clearly, in combination, they are likely to produce a situation of extreme stress and

overstimulation, high in intensity and uncertainty, and low in predictability and controllability. Resultant sequelae would therefore be expected to reflect such a situation.

While the following chapter will consider the effects of severe stress situations in general, Chapter 5 will integrate all of the variables discussed in the preceding four chapters (including this one) in order to arrive at an integrated view of the variables operative in the detention situation (and their possible effects).

* In 1982 however, the Minister of Law and Order issued directions in terms of Section 29 (1) of the ISA forbidding torture or inhuman or degrading treatment. He was, however, also quoted in The Rand Daily Mail of 11 August 1982 as saying : "You won't get much information if you keep a detainee in a five-star hotel or with friends" (Quoted in Rudolph, 1984, p207).

THE CONTRIBUTION OF RESEARCH IN THE AREA OF STRESS

CHAPTER 4

THE CONTRIBUTION OF RESEARCH IN THE AREA OF STRESS

This study has to date considered separately the possible psychological and psychophysiological effects on the human organism of various variables that have a strong probability of being implicated in detention situations. Chapter 2 and Chapter 3 respectively examined those likely to result in an understimulation, on the one hand, and an overload of the sensorium on the other. Each was evidenced to be highly stressful.

4.1 AIMS AND CONTENT

In this chapter consideration will be given to the possible contribution (to the study of detention) of research in the area of stress. Post-traumatic stress disorder (PTSD) has been described by Andreasen (1985) as "the final common pathway reached through a wide variety of relatively severe stressors" (p.918); that is, as a common response to severe stress situations in general. In the light of the extremely stressful nature of most detention situations (as outlined in previous chapters)

it would therefore appear as though PTSD may be strongly implicated. It may as a result be feasible to extrapolate from the large body of research in the area. The concept will therefore be the main focus of this chapter, and will receive detailed discussion.

First, PTSD will be located within the broader study of stress. Thereafter, the historical developments that led to the official recognition of the concept will be detailed. A definition of PTSD and the clinical features necessary for a diagnosis will follow. Consideration will then be given to the nature of the stressors likely to lead to the development of PTSD, and to the factors that may influence its severity. These factors will be seen to interact with characteristics of the individual to produce PTSD in particular people. Those characteristics found to play important mediating roles will therefore next receive discussion. Finally, a critique of the concept will be provided. Highlighted throughout will be those factors that appear of particular relevance to the situation of detention.

Chapter 5 will then integrate the salient findings of this chapter with those of the foregoing, in order to give an integrated view of the factors (and possible effects) operative in the detention situation.

4.2 INTRODUCTION

'Stress' has been a term given to a wide variety of subjects. It has been examined on at least three different levels : sociological, psychological, and physiological (Chalmers, 1981; Lazarus, 1966).

Not only has it been defined in terms of these levels at which it functions, but also in terms of its focus; that is, as a stimulus in the external environment, as the individual's response to the environment, or as an interaction between the environment and the organism. The latter is probably the most widely accepted approach. Hocking (1970), for example, states that ones general capacity to adapt to stress is probably the result of genetic factors modified by environmental influences. Certain people will 'break down' under everyday stresses to which most people adapt, and the type of break down will be determined by inherited predisposition and lifetime experiences. As the degree of stress increases, however, more and more individuals will break down, until one reaches the state (of severe stress) where virtually everyone will do so. At this end of the scale, Hocking suggests, individual differences appear of little importance.

Research has tended to reflect such an approach and has

therefore focussed on two particular trends (Gibson, 1986). The first, which falls largely outside the scope of this study, focusses on life-events. The second, within which the definition of PTSD falls, examines stressors which are so great that very few people remain uninfluenced by them. Most of the stressors of detention and those already considered in this study also appear to fall within the ambit of the latter. It would thus seem that, when dealing with detention, it may be feasible to extrapolate from the large body of research in this area. Findings are thus presented here.

Tyson (1982), for example, argues that the psychological response to political detention is basically the same as the response to any other severe stress, such as combat, a serious motor accident, rape, POW camps, and large scale natural catastrophes. This uniform response, he feels, is evidenced in the symptoms of the PTSD. This study turns now to a critical analysis thereof.

4.3 POST-TRAUMATIC STRESS DISORDER

4.3.1 Historical Perspective

The history of the concept has been closely tied to the history of warfare. Although there is no doubt that soldiers throughout history have been adversely affected

emotionally by war, the relationship between war trauma and psychological sequelae received little attention until the late nineteenth century. In 1871 Da Costa (in Scrignar, 1984) described symptoms in young war veterans that included palpitations, increased pain in the cardiac region, tachycardia, cardiac uneasiness, headache, dimness of vision, and giddiness. He labelled the condition "Irritable Heart", and theorized sympathetic nervous system involvement.

Also at about that time, there was a marked increase in the literature on the concept due to three important human activities (Trimble, 1984). The first was the American Civil War, the second the development of workmen's compensation in many countries, and the third was the growth of the railways. Terms such as "railway spine" and "compensation neurosis" became popular. The question was raised as to whether patients were malingering for their own personal gain (a subject this chapter will return to later).

World War II again led to an increased interest in the field. Various competing theories concerning the causes of post-traumatic stress began to emerge. Psychodynamic theory hypothesized that later severe stressors merely reawakened earlier unresolved fears and conflicts. Stress theories postulated 'flight or fight' and 'the alarm reaction', while behavioural psychology stressed the learning theory perspective (see also below).

During the 1940's and 1950's the concept was widened well beyond the war setting, after similar symptoms were noted in the victims of civilian catastrophes (such as Cocoanut Grove), industrial accidents and accidents in the home. Thus in 1952 the category of "gross stress reaction" was included in the official psychiatric nomenclature of DSM-I. It referred to a disorder that was considered to be transient and reversible, and reactive to a great and unusual stressor that invoked overwhelming fear in"normal" subjects. It was however "somehow omitted" (Andreasen, 1985, p.918) from DSM-II in 1968, although the category had by then achieved international recognition.

In the subsequent literature different authors researching the sequelae of a number of varied severe stress situations continued to highlight notably similar syndromes : the "disaster syndrome" following natural disasters (eg. Buffalo Creek in 1972), "the survivor syndrome" of victims of hijack, hostage and persecution (the latter also sometimes termed "the concentration camp syndrome"), the "post-Vietnam syndrome", and the "rape-trauma syndrome" (Burgess & Holstrom, 1974), for example. These were characterized by such symptoms as anxiety, recurrent nightmares, numbing of responsiveness, insomnia, impaired concentration, irritability, autonomic hypersensitivity and depression. That there were sufficient grounds to diagnose these syndromes did not of course go unchallenged, as was evidenced with "the torture syndrome" in Chapter 3.

The unity of a single classic syndrome as a response to a wide variety of relatively severe stressors was nevertheless recognized by the American Psychiatric Association and included in the third edition of the DSM (1980) as the "Post-Traumatic Stress Disorder".

4.3.2 Definition and Clinical Features

Post-traumatic stress disorder is defined as follows :

> The essential feature is the development of characteristic symptoms following a psychologically traumatic event that is generally outside the range of usual human experience. The characteristic symptoms involve re-experiencing the traumatic event; numbing of responsiveness to, or reduced involvement with, the external world; and a variety of autonomic, dysphoric, or cognitive symptoms. The stressor producing the syndrome would evoke significant symptoms of distress in most people, and is generally outside the range of such common experiences as simple bereavement, chronic illness, business losses, or marital conflict (p.236).

The clinical features and criteria necessary for a diagnosis are :

A. (The) existence of a recognisable stressor that would evoke significant symptoms of distress in almost everyone

B. Re-experiencing of the trauma as evidenced by at least one of the following :-

   (i) recurrent and intrusive recollections of the event

(ii) recurrent dreams of the event

(iii) sudden acting or feeling as if the traumatic event were reoccurring, because of an association with an environmental or ideational stimulus

C. Numbing of responsiveness to or reduced involvement with the external world, beginning sometime after the trauma, as shown by at least one of the following :

(i) markedly diminished interest in one or more significant activities

(ii) feeling of detachment or estrangement from others

(iii) constricted affect

D. At least two of the following symptoms that were not present before the trauma :

(i) hyperalertness or exagerrated startle response

(ii) sleep disturbance

(iii) guilt about surviving when others have not, or about behaviour required for survival

(iv) memory impairment or trouble concentrating

(v) avoidance of activities that arouse

(vi) recollection of the traumatic event intensification of symptoms by exposure to events that symbolize or resemble the traumatic event.

Features generally associated with the condition include symptoms of depression and anxiety, increased irritability, impulsive behaviour (including aggressive outbursts), impaired memory and concentration, emotional lability, headaches, and occasionally, dissociative-like states.

Post-traumatic stress disorder is further divided into three different subtypes : acute, of duration less than six months; chronic, of duration more than six months; or delayed, onset at least six months after the trauma. Scrignar (1984), views these as reflective of the various stages of PTSD.

During stage 1, "response to trauma", anxiety symptoms predominate. Those who later develop PTSD find that these do not subside, and are often heightened and begin to affect many areas of life. Stage 2, "acute PTSD", is generally reached after about four to six weeks, and is characterized by obsessive preoccupation with the trauma and of how the individual may have been killed or more seriously injured. The trauma usually becomes the focal point of existence. In many cases the symptoms resolve spontaneously without

psychiatric treatment. If they don't Stage 3, "chronic PTSD", which is less common, but generally more handicapping, is reached. During this stage there is usually a gradual change from preoccupation with the trauma to that of disability. Demoralization and despondency set in, and an additional diagnosis of Major Affective Disorder (depression) may be implicated. Generally the more chronic the symptoms the worse the prognosis.

Scrignar goes on to challenge the concept of 'delayed PTSD', because of the implication that all subsequent stress symptoms are directly related to the original trauma. He feels that it is more likely that the person was coping marginally with chronic (and unrecognised) PTSD, and was subsequently exposed to new environmental stressors that merely served to exacerbate the initial chronicity.

The degree of impairment will vary according to the nature of the stressor, its duration, the adaptive capacities of the individual, and the duration of the PTSD (Andreason, 1985; see below). It may range from slight to severe.

4.3.3 Nature of the Stressors

Stressors that are said to produce the disorder include natural disasters (e.g. earthquakes, floods), and accidental (e.g. severe motor accidents) and deliberate human-made disasters (e.g. bombing, torture, rape, concentration camps). These may involve one or more people.

It is recognised that some (such as torture) frequently produce the disorder, while others (e.g. car accidents) rarely do so. The severity of the psychiatric symptoms is not necessarily correlated with the severity of the trauma.

Stressors that are deliberately imposed by humans and involve intentional cruelty and inhumanity appear to produce a disorder of greater severity and longer duration. The impact may be increased if the person feels trapped or helpless and is powerless to fight back.

The stressor itself can be acute or chronic. The suddenness of the former may at times serve to raise the impact of the stressor as there may be no time for the development of preparatory defences. On the other hand, the chronicity of the latter may lead to a build-up of small stressors over time that results in a relatively intense trauma.

The trauma in mass catastrophes is often compounded by factors such as the injury or loss of loved ones. Survivor guilt may also be present. The psychological component of such trauma involves intense fear, powerlessness, loss of control and threat of annihilation in the face of the stressor. There is however also often a similtaneous physical component which may involve direct damage to the central nervous system (e.g. malnutrition in concentration camps, and head trauma as a result of torture). This should not be overlooked.

4.3.4 Who develops PTSD?

The factors which tend to affect the severity of the stressor interact with individual characteristics to produce PTSD in particular people. It has however already been noted that in circumstances of extremely severe stress individual differences may well be of far less significance.

The definition of PTSD itself requires the stressor to be of an intensity that will evoke distress in almost everyone (Scrignar - see below - has however challenged this).

A variety of personal factors have nevertheless been postulated to determine a particular person's predisposition to develop psychiatric symptoms in response to trauma. These are of importance to this study as they will have major implications for coping (See Chapter 6). They will, therefore, receive detailed consideration below.

It would also seem that different factors may play differential roles during various stages in the sequence of any stress event (Cox, 1978; McGrath, 1970; Scrignar, 1984); for example, some may predispose the individual to develop PTSD, while others may serve to maintain it. McGrath acknowledges four such stages. These will merely receive a mention here, in order to provide a useful context in which to situate the consideration of predisposing factors, below.

Stage 1, the demand stage, involves the environmental force acting on the organism (i.e. the severity of the stressor), either 'perceived' or 'actual' (Cox, 1978); Stage 2, the reception, perception, or cognitive appraisal of the demand stage; Stage 3, the response stage to the perception of the stress. It may take place at physiological, psychological, behavioural, or social interactive levels, and; Stage 4, the consequence of response stage. Here, only those consequences perceived by the individual are of relevance to the person's experience of stress.

Scrignar's (1984) model of PTSD also provides a useful context (as well as a theoretical understanding of the dynamics of PTSD). It is thus first (prior to 'predisposing factors') briefly outlined.

4.3.4.1 A theoretical model : Scrignar states that the essential factor in the development of PTSD is neither the type nor the duration of the stressor, but rather whether the trauma intensely activates the autonomic nervous system (A.N.S.). For this to occur it is necessary for there to be a conscious awareness of the danger connected with the traumatic event and its potential for causing serious injury or death. Such a consciousness may occur either at the time or shortly thereafter (amnesia may thus be a protective mechanism against the development of PTSD). The trauma must thus result in intense and severe A.N.S. discharge and the pathalogic anxiety that is generated must

be remembered, otherwise PTSD will not develop. Any external stimulus if perceived as dangerous may therefore precipitate a PTSD (contrary to the DSM-III criteria). In a 'normal' response this anxiety will quickly diminish, but if it persists PTSD is likely to develop.

One of the most important factors in the maintenance of the anxiety, and hence the disorder, is the habit of thinking of and visualizing (via fantasies, assumptions, beliefs, perceptions of external events, or dreams) scenes directly or indirectly related to the trauma. This process, termed "encephalic events", results in retraumatization of the person, and is usually set off by environmental stimuli that in some way remind the individual of the original trauma. They thus inadvertently re-expose themselves and perpetuate the stress disorder.

"Endogenous sensations", the physiological sensations within the body, may also set off these encephalic events and may themselves result in increased stimulation of the A.N.S. They also set up a cycle of belief in organic impairment caused by the trauma.

The interaction of the environment, encephalic events, and endogenous processes, the "three E's", is thus responsible for the production and maintenance of PTSD. The goal of treatment is therefore to gradually lessen and modify the stimuli from the three E's.

Scrignar mentions an anxious premorbid personality as the major predisposing factor to the development of PTSD.

4.3.4.2 Individual predisposition : Some factors specific to certain stress situations have already received discussion, while others more likely to be prominent during political detention will be considered in chapters 5 and 6. Here those of a more general nature will receive attention.

(i) The very young and the very old appear to be particularly susceptible. The former lack coping mechanisms while the latter's are less likely to be flexible enough for the required adaptation.

(ii) Pre-existing psychiatric disabilities, particularly anxiety and depression also predispose to the development of PTSD; as do being single, divorced, widowed, economically handicapped, and/or socially deprived (Andreasen, 1985).

(iii) The availability of social supports may decrease the likelihood of both development and maintenance of the disorder.

(iv) Those who are obsessional may find the loss of control (whether brief or protracted) particularly overwhelming, and are thus likely to maintain the pathological cycle of anxiety (Trimble, 1981).

(v) Overprotected people may be hindered in their

development of immunity to life stresses, while painful experiences in childhood may increase the capacity for later adaptation (Chalmers, 1981).

(vi) The relative roles of uncertainty and expectation have already received attention. Past (positive) experience and preparation may increase perceived control and thus decrease stress levels.

(vii) The intellectual capability to rationally think through and thus partly control negative cognitions and reactions is also important for coping, as is a healthy physical condition.

(viii) The perception that ones reaction may well be a normal reaction to an abnormal situation, and not a "breakdown" also generally allays further anxiety (See also Chapter 6), and

(ix) Finally, "differences in personalities, nationalities, ethnic origin, socio-economic status, religious affiliation and social background may all affect the approach of an individual to a stress situation by affecting cognitive appraisal processes that occur in response to a stress stimulus" (Chalmers, 1981, p.330).

It has already been noted that different factors are likely to be more strongly implicated at differing stages in the sequence of stress events. The same factor, too, may contribute differentially at various different times.

4.3.5 Summary

In examining the concept of PTSD this section began by placing it in historical perspective. The disorder was then defined as it exists in the DSM-III today, and symptoms and clinical features were outlined. Thereafter, the nature of stressors likely to lead to PTSD and factors influencing their severity, were briefly considered. Finally, attention was given to those factors, including individual differences, that appear likely to play contributory roles in whether or not a particular individual will develop PTSD.

Having done this, this section now turns to a brief critique of the concept as presently defined by the DSM-III. The focus will be on factors judged to be of most significance to this particular study (on detention).

4.3.6 Critique

4.3.6.1 Strengths : The concept that, following trauma, a person may develop mainly subjective psychological symptoms apparently unassociated with any clear organic pathology, is an old one. Its recognition in the official psychiatric nomenclature is far newer. The DSM-III classification of PTSD is useful in that it fills the previous void and highlights not only an important aspect of medico-legal and

psychiatric practice, but also the relative lack of knowledge and understanding in the area. The latter is likely to encourage additional research. The fact that different authors writing about reactions to extremely varied severe stress situations were seen to describe apparently similar syndromes, too, could not be ignored.

The importance of an official recognition of PTSD for medico-legal arguments, particularly compensation claims is clear. The role played by the so-called 'compensation neurosis' in the production and maintenance of symptoms of PTSD is far less clear.

Scrignar (1984), for example, cites research that suggests that the opinion that people with significant psychiatric illness will recover following litigation is a fallacy. Trimble (1984) however states that the issue remains confused because of the possibility of unconscious mechanisms in both its production and maintenance.

Foster (in press) outlines the advantage of official recognition of PTSD to the humane fight against such practices as torture.

The concept of "delayed PTSD" appears to fit well with initial apparently successful adjustments made by Norwegian concentration camp survivors (See Eitinger & Strom, 1981;

Thyggesen, 1980), and certain combat veterans (Archibald & Tuddenham, 1965), who years later were evidenced to develop psychological complaints resembling PTSD. Scrignar's (1984) critique of the concept (of "delayed PTSD"), above, should however not be forgotten.

4.3.6.2 Weaknesses : The reasons for and advantages of the DSM-III classification should not hide the problems.

It is one of the few disorders listed that is defined in part by environment. The definition that the stressor must be one "that would evoke significant symptoms of distress in almost everyone" excludes the individual's subjective experience of stress. Such subjectivity has regularly been noted by stress researchers to be of extreme importance, and has in fact caused them many difficulties. Scrignar's (1984) assertion that any stressor if perceived as dangerous may precipitate PTSD has already received attention.

It is important to note that although PTSD describes a fairly normal and typical reaction to an abnormally severe stressor, it is not the only possible reaction. There are also problems resulting from the inclusion of 'normal reactions' (by definition few people should remain unaffected) within a listing of mental disorders. The question as to whether it is really a disorder needs to be raised. The arguments against 'labelling',too, are of

relevance here. For coping purposes it is also important to recognise the reaction as a normal one; listing PTSD as a disorder opposes this.

A unitary syndrome said to encompass so many varied types of stressor is itself problematic. The DSM-III classification appears to relate to the quantity rather than the quality of the trauma. Acute and chronic, and single and systematic stressors are not differentiated; nor are those of human-design from natural catastrophes. Foster (in press) quite rightly stresses that the problems of trust that are a probable result of intentional inhumanity are likely to necessitate a very different treatment strategy. Disorders as a result of particular stressors may also be more specific than is suggested by the concept of a unitary syndrome; that is, the similarities, but not the differences (or what is unique) are (is) highlighted. The latter point is often used as a criticism of the 'Medical Model' in psychiatry.

Finally, as Trimble (1984) states, the aetiology and pathogenesis of PTSD remain largely invisible. One of the dangers of this is quite clearly illustrated by the recognition by some researchers of a "concentration camp syndrome" without acknowledging the likely effects of starvation and malnutrition. The latter factors may in themselves produce the so-called 'starvation syndrome', which in turn, may not result in a full-blown PTSD.

4.4 CONCLUSION

In the light of the body of evidence presented in this chapter it would appear that PTSD, of a relatively severe nature, may indeed be a common sequel to detention situations.

It was, for example noted that :

(i) torture frequently produces the disorder,

(ii) its severity and duration appear to be increased by stressors deliberately imposed by humans, and by those that involve intentional cruelty,

(iii) the impact may be greater if the person feels helpless and is powerless to fight back,

(iv) the psychological component involves intense fear, powerlessness, loss of control and threat of annihilation in the face of the stressor, and

(v) the non-availability of social supports may increase the likelihood of the development of PTSD

Each of these factors has previously been shown to be generally implicated in detention situations.

It should, however, be noted that PTSD is not the only possible outcome of severe stress situations. Individual experiences of the detention situation, too, vary.

The integration of factors, processes and effects operative in the detention situation (which follows in Chapter 5) should provide answers of greater clarity.

AN INTEGRATED VIEW OF THE FACTORS OPERATIVE IN THE DETENTION SITUATION

CHAPTER 5

AN INTEGRATED VIEW OF THE FACTORS OPERATIVE IN THE DETENTION SITUATION

This study has to date considered a fairly wide spectrum of literature felt to be of relevance to the broader study of detention. Throughout it was constantly stressed that not one of the somewhat artificially divided areas should have been viewed as a unit functioning in isolation, but rather that they interact to determine the processes and effects of any particular detention situation.

5.1 AIMS AND CONTENT

In this chapter an attempt will be made to unify the evidence presented in the foregoing chapters, to extract general and meaningful trends, and then to integrate these with some of the research on specific detention situations. This will be done with two aims in mind : to present first a general overview of the likely resultant psychological effects of detention, and second, an overview that has particular reference to the political detainee held in solitary confinement in South Africa.

First then, those salient points and general trends considered to be informative of both the likely processes

during, and the expected outcomes of detention will be extracted from the evidence already presented. Initially this will be done chapter by chapter. Thereafter, general points extant from a unity of all the chapters will be presented in an overall integration. (That specific conditions and the social context will largely determine which of these trends apply to any particular detention situation should not be forgotten). In order to consider their validity, these statements of generalization will then be compared with evidence from the Ulster detention experience (See Shallice, 1972).

Next, the specifics of the South African detention situation will be examined and integrated with the foregoing. The resultant analysis should provide a particular reference to the political detainee held in solitary confinement in South Africa.

5.2 GENERAL TRENDS EMERGENT FROM EVIDENCE IN PREVIOUS CHAPTERS

5.2.1 Introduction

Chapter 3, after a brief introduction, began with an examination of the possible variables operative in the detention situation. There it was stressed that although there were general trends, these would depend partly on the techniques and particular goals of the detaining authorities; that is, detention experiences themselves vary.

Techniques, in turn, were seen to be subsumed under these goals, and therefore to be inextricably linked.

Briefly, detention was evidenced to include the possibilities of : (i) harassment even prior to arrest, (ii) various durations of SC, (iii) a likely degree of social isolation, confinement, and sensory and perceptual deprivation, in various combinations, and the severity depending on the conditions of detention, (iv) interrogation and its accompanying coercive techniques, (v) various physical and psychological forms of torture, (vi) many uncertainties, unpredictabilities and uncontrollabilities, and (vii) elements of DDD.

Chapter 2 examined in some detail SC, and its traditional experimental analogies, social isolation, confinement, and perceptual and sensory deprivation; while Chapter 3 considered specifically numbers (iv), (v), (vi) and (vii) above. Finally chapter 4 outlined some general outcomes of severe stress situations. Here, in this section, an attempt will be made to extract, from the above, trends and salient points with regard to the detention situation in general.

5.2.2 Chapter 2 : Solitary Confinement

In chapter 2, in considering the psychological and psychophysiological effects of SC, attention was first given to its traditional experimental analogies (reviewed under

the label REST). REST conditions were evidenced to produce a number of perceptual, cognitive, motivational, physiological, motor, temporal and other effects (including an increase in the susceptibility to persuasion and influence) in voluntary subjects exposed to them. It was stressed that great caution was needed in generalizing these results to the situation of detention due largely to the generally brief duration of the experiments, the severity of sensory restriction, and the use of voluntary subjects. Nevertheless a number of factors relevant to the detention situation emerged.

First, although some positive potentials were evidenced after brief exposure to REST, it was observed that the longer the duration, generally the more deleterious the effects. Sugimoto (in Suedfeld, 1980), for example, found an initial attempt to maintain normal ego functioning, but an eventual unavoidable deterioration from activity to sleep and quiescence. Second, expectation appeared to play a significant role in determining outcomes, both with regard to expected length of confinement (known or unknown) and expected negative consequences. Third, that although individual differences in response were extremely marked there was a failure to find systematic predictors of these; and fourth, effects generally subsided rapidly on termination of REST conditions. Findings relevant to "coping" will receive discussion in the following chapter.

These results are of course not readily testible against real life situations, as even in the anecdotal literature written by prisoners in solitary confinement, solitary navigators, and the like, it is impossible to gain a view of effects of isolation and monotony uncontaminated by danger, physical privation and uncertainty. They do however remain of value, and highlight important trends.

Chapter 2, then proceeded to examine SC as practiced on convict populations in prisons, and then on political prisoners for the purposes of interrogation and indoctrination. What emerged was the importance of the particular social context and the specific conditions of isolation. Solitary confinement was evidenced not to be a single entity with a uniform set of effects.

Mixed results were observed in prison settings, but again, longer durations and non-voluntary subjects were associated with deleterious effects. For the purposes of this study the important findings were those related to SC for the purposes of interrogation and indoctrination. Here researchers were unanimous in observing severe debilitating effects.

Initial reactions to SC generally tended towards extreme bewilderment. Soon thereafter however the detainee was usually evidenced to become extremely anxious and active, and after some time, increasingly bored, lonely and

dependent. Nightmares, illusionary experiences, unpleasant ruminations, an inability to think in a logical and coherent manner, suggestibility, and, in many cases, a welcoming of interrogation (due to the opportunity for human contact), were also observed.

These effects cannot of course be isolated from those due to fear, uncertainty, and lack of control over the situation. They are however fairly consistent with many of the findings of REST research, particularly when variables such as duration are considered. What this suggests is that REST conditions may well be a major factor implicated in the production of the effects of SC for purposes of interrogation.

5.2.3 Chapter 3

5.2.3.1 Interrogation : In the detailed discussion of the processes and techniques of interrogation, early in Chapter 3, it became evident that the goals (of information extraction, confession or 'conversion') themselves, in most cases, require extreme coercion.

Solitary confinement was considered to form a possible basis for the interrogation procedure, a method of 'softening up' the detainee. Another technique of preparation of the captive for the final goal was presented in theoretical form; the aim of DDD being to debilitate the prisoner physically, inducing in him a state of thoroughgoing fear

and anxiety and convincing him that his only escape is in pleasing the authorities. Each of these factors was thus evidenced to have a strong likelihood of being implicated in the detention situation, their presence being dependent on the particular conditions.

Even minor abuses or suggestions become difficult to resist in a state of 'debility'. 'Dependency' is deliberately created by the dependence of the detainee on the captor for survival and (especially in the case of social isolation) interpersonal transactions. The emergent process of 'identification with the aggressor' evokes extreme anxiety in some, and often leads to regression. Finally, 'dread' is itself a pervasive and chronic fear created by uncertainty, threats and fear of abuse.

Interrogation techniques are coercive precisely because they manipulate the detainee's need to behave in accordance with a consistent learned role and an esteemed self image. They also exploit particular weaknesses, and encourage a way out via rationalization (and talking). The detainee too cannot act out his hostilities and these are generally redirected onto himself (leading to depression) or manipulated by the interrogator onto others (causing extreme guilt).

Interrogation is thus evidenced to be an extreme stressor, that both exploits and creates severe anxieties and

depression. Its generally coercive nature is a form of torture. Even so many are able to resist (up to a point).

5.2.3.2 Uncertainty, unpredictability and uncontrollability : The variables of uncertainty, unpredictability and uncontrollability were next to receive attention. They were in themselves, and as independent variables, evidenced to produce a variety of cognitive, affective, and somatic changes in both human and infrahuman subjects; disturbances akin to the experimental neuroses.

The ability or motivation to perform even the simplest learning tasks appeared often to be lost. Somatic and affective changes were generally shown to be in one of two directions; either extreme agitation with increased autonomic arousal (anxiety) or decreased activity with passivity and withdrawal (depression). Some passed through both at different times.

Wortman and Brehm (1975) observed the initial response to the loss of control to be reactance or motivational arousal. Repeated exposure to the same uncontrollable events however was seen to result eventually in the cognitive, affective, and motivational deficits of 'learned helplessness'. Of importance to this study, is that this latter pattern was quite clearly evidenced to be the general outcome of SC for the purposes of interrogation.

Sugimoto (in Suedfeld, 1980), during his REST experiments, too, noted such a progression of effects. The above variables appear to be the common denominators. That they are strongly implicated in the former situation, was already suggested during the earlier discussion thereof.

The potential interactive roles of uncertainty, unpredictability and uncontrollability were also noted in a number of the other foregoing detention-related areas. Uncertainty with regard to length of REST conditions, for example, was evidenced to be associated with an exacerbation of effects. 'Dread' too is by definition largely a result of these variables, and an important factor implicated in detention situations. Their presence in interrogation and torture situations also has been previously acknowledged.

Control, even if it is merely perceived as such, itself serves to reduce stress levels.

It is thus clear that uncontrollability, unpredictability and uncertainty are strongly implicated in the production of the effects of detention. Their role however remains in interaction. A final point of importance is the finding of longer term effects, that is, these variables were seen to interfere later with new learning.

5.2.3.3 Torture : Most of the variables that have already received attention in this section are implicated in torture situations, and therefore also in the observed sequelae.

First, by definition the coercive techniques generally employed by detaining authorities to achieve their goals are considered to be torture, and second, these may be used in conjunction with more overt methods. Torture and detention for the purposes of interrogation and/or indoctrination could therefore be viewed as being largely synonymous.

Little of the literature reviewed to date has referred to the possible duration of sequelae of detention. The torture research provides important additional data in this area, in that sequelae have been observed to persist for many years and may often even be life-long.

Findings suggest that less overt or psychological methods are often more successful at achieving the goals of information extraction, confession or conversion, and that more physical forms may be used to intimidate, break-down, or punish the victim. The latter are particularly debilitating, in that when they begin, the threat of destruction becomes a reality rather than just a possibility. The victim is then left with the fear as to when the destruction will be completed. Torture can also lead to direct physical damage, and the sequelae evidenced may be partly a result of this.

Studies have revealed a fairly standard list of procedures employed world-wide, with beatings and physical assault generally the most common. Sequelae have also been found in almost all victims of torture. These have been evidenced to depend on the combination of tortures used, and their duration and severity, mediated by individual differences. The latter have however not been observed to play a significant role and a remarkably similar pattern of sequelae have been found. This has prompted some researchers to propose a "torture syndrome".

Symptoms include sleep and sexual disturbances, severe anxiety, impaired memory and concentration, depression, unspecified fears, 'paranoia', loss of trust and irritability. They may also extend to those close to the victim.

Finally, the victim's ideological commitment and preparation, his clarity and strength of morale, and even his hatred for the system, have been found to be 'protective' factors.

5.2.4 Chapter 4 : Post-traumatic stress disorder : Chapter 4 examined a common and fairly typical outcome of a wide variety of relatively severe stressors.

Post-traumatic stress disorder was defined as the "development of characteristic symptoms following a psychologically traumatic event that is generally outside

the range of usual human experience". These symptoms were noted to involve a re-experiencing of the traumatic event; numbing of responsiveness to, or reduced involvement with, the external world; and a variety of autonomic, dysphoric, or cognitive symptoms including exaggerated startle response, difficulty in concentrating, memory impairment, sleep difficulties, nightmares, and anxiety and depressive symptoms.

Certainly, it appears from the evidence discussed to date that detention would generally be considered to be a trauma 'outside the range of usual human experience' and a 'recognisable stressor that would evoke significant symptoms of distress in almost everyone' (the latter being a necessary criterion for a diagnosis of PTSD). Tyson (1982) was also noted to argue that the psychological response to detention is basically that of PTSD. This raises the question as to what provisional conclusions may be reached using the evidence presented to date?

His argument appears to be supported by the observation of a common pattern in PTSD of an early domination of anxiety symptoms followed by later demoralization and despondency. This pattern has previously been noted in a number of the foregoing detention-related areas, as have many similar symptoms to those of PTSD. Some qualifying points should however be made. First, detention experiences vary, and the effects have previously been shown to depend on the

social context and specific conditions of the situation, mediated by individual differences. Second, although PTSD describes a fairly normal and typical reaction to an abnormally severe stressor, it is not the only possible reaction; and third, one would logically expect some fairly specific sequelae of detention (e.g. trust issues are far more likely to be prevalent than following a natural disaster). On the balance of evidence presented thus far it would appear feasible to provisionally conclude that detention sequelae may in certain instances mimic the symptoms of PTSD or even fit the full-blown syndrome (particularly when the experience is extremely severe). Further evidence is however required.

The findings of chapter 4 also serve to highlight a number of additional points of particular relevance to the detention situation. It was, for example, noted that some stressors were seen to produce the disorder frequently. Torture was specifically mentioned. Of note here is that the earlier proposed "torture syndrome" was seen to have much in common with PTSD. Stressors deliberately imposed by humans and involving intentional cruelty and inhumanity were said to produce a disorder of greater severity and longer duration. The impact was shown to be increased if the person felt trapped or helpless and powerless to fight back. The sequelae of uncertainty, and loss of control and predictability, as noted earlier, too are of relevance here, and tend to support this latter finding.

The definition of the trauma necessary for the development of PTSD was seen to involve a quantitative rather than a qualitative component, and may result from a build up of smaller stressors over a period. One would therefore expect that if the stressor persists symptoms may develop over time to eventually cluster into what would be considered PTSD.

The psychological component of PTSD was said to involve intense fear, powerlessness, loss of control and threat of annihilation; all factors that have already been shown to be implicated in most detention situations. Finally, although individual differences in response were shown to be small, some were evidenced to be of significance with regard to predisposition to develop PTSD and to maintain it.

Given the above, it would thus appear that detention situations contain many of the conditions necessary for and implicated in the development of PTSD.

5.2.5 Summary

The general detention situation has been shown to consist of an extremely varied combination of physical and psychological processes and severe stressors. Separate detailed discussion was given to each of solitary confinement, social isolation, perceptual and sensory deprivation, confinement, interrogation and its accompanying coercive techniques, torture, the stresses of uncertainty,

unpredictability and uncontrollability, and the elements of DDD.

It was consistently stressed that detention is not a single entity with a uniform set of effects. The importance was noted of the social context, the specific conditions of confinement, and individual differences in determining the particular combination of stressors and resultant psychological effects. The findings nevertheless revealed a fairly consistent pattern of typical psychological reactions and outcomes across the areas reviewed.

Much effort was spent in an attempt to justify the contention that the integration of these areas in interaction, would provide a competent theoretical framework in order to reflect, predict and explain the psychological processes and effects of detention. It was indeed possible to extract an expected pattern of events, processes and outcomes from the time of arrest to many years post release. Data reflective of the period immediately after release was however not available (but will receive attention later).

A few of the generally observed patterns will be summarized briefly here. They may of course vary from individual to individual, and context to context.

5.2.6. Overall trends

(i) The first includes a general initial reaction of bewilderment at being placed in confinement. Soon thereafter, however, the detainee is usually evidenced to become extremely anxious and active, and after some time, increasingly bored, lonely, depressed and dependent. Symptoms of anxiety and depression were thus evidenced to be dominant.

(ii) The second reveals a yearning for social interaction and conversation as well as an increase in suggestibility after some time in SC. A corresponding difficulty to think in a logical and coherent manner is however also often evidenced. These were seen to be regularly exacerbated by the effects of DDD, and uncertainty, unpredictability and uncontrollability. Interrogators were noted to exploit these very effects and to create further coercions in order to constrict the detainee's ability to react in a consistent and coherent way. Stress and anxiety was seen to result.

(iii) Thirdly, a fairly consistent pattern of symptoms similar to those of PTSD or a cluster fitting the full-blown syndrome was evidenced.

In all three of the above cases longer durations were seen to be generally associated with an increase in debilitating effects. Symptoms in many cases (particularly if conditions were severe or torture prevalent) were noted to

persist for many years (or even to develop) post release. These were seen to include a number of cognitive, autonomic, dysphoric and somatic changes (too numerous to again list here). Other outcomes such as psychotic reactions, too, were evidenced, and both physical and/or psychological damage was noted to be implicated.

5.2.7 The Ulster detention experience

One of the weaknesses of the above findings and theoretical framework is that they, like most studies in the area, are based on the integration of mainly cross-sectional data. Longitudinal validation would thus provide additional support for these contentions. The real-life examples presented below should partly serve such a purpose.

Immediately, prior to a more in depth discussion of the South African situation, some comparisons between the above findings and those of the Ulster experience will be made.

On August 9, 1971 detention without trial was introduced in Ulster. Three hundred and forty two men were arrested at 4.30 a.m. the next morning. Of those, 14 were "selected for interrogation in depth" (Shallice, 1972, p.388).

Shallice notes that the techniques employed by the British in Ulster were similar to the KGB's, but more sophisticated due to "the conscious application of scientific information, particularly that on sensory deprivation" (p.387). In

Ulster, for example, the condition of sensory deprivation was introduced by the detainees having to wear thick black bags over their heads (hooding) (while remaining in a fixed and painful position for up to 16 hours), dressed in a boiler suit (reducing tactile input). A white masking noise was responsible for perceptual deprivation.

The routine included early morning arrest prior to any public knowledge that detention without trial was to be introduced. Detainees were shifted regularly between centres during the first few days, and totally deprived of sleep for two or three of these.

Shallice states that anxiety must therefore have been at a high level even prior to the commencement of SC, as a result of the depersonalization and disorientation of the arrest and initial imprisonment process. High levels of initial anxiety have already been noted to be a necessity for the the development of PTSD (See Scrignar, 1984).

There was also an inadequate diet and there were some allegations of physical beatings (which were supported by the commissions of enquiry set up after the techniques became public - See Compton, Fay & Gibson, 1971; Parker, Boyd-Carpenter, & Gardiner, 1972). The detainees were at the interrogation centre for only six days, before being transferred to more permanent internment.

Although the majority Parker Report concluded "that while the techniques may produce some mental disorientation, this is expected to disappear within a matter of hours at the end of interrogation", Shallice predicted "long-lasting mental scars" (p.399). Dr. O'Malley (in Wade, 1972), who saw three of the men ten days after interrogation, estimated that they had all developed a psychosis within 24 hours after the start of interrogation. It was said to include a loss of the sense of time, perceptual disturbances, visual and auditory hallucinations, profound apprehension and depression, and certain paranoid delusional beliefs. Whether these symptoms persisted was however not noted. Professor Daly (in Ristow & Shallice, 1976) examined 13 of the 14 'hooded' men some years after their experiences (and mainly in their homes) and found that in "all but one case there was clear evidence of long-lasting psychological disabilities and suffering, in many cases severe, and that major psychomatic (sic) illness had also been frequent" (p.273). They were found to be significantly more easily upset, timid, suspicious, apprehensive and tense than a control group of depressed patients. Ninety-two percent suffered from nightmares, 69% were diagnosed as having family problems, and psychosomatic disabilities were common.

These findings generally lack a longitudinal perspective (and here it is worth noting that the British Government refused permission for the examination of the still-detained men six months after the interrogations) and some important details

(such as final length of detention). They nevertheless compare well with the theoretical framework presented above. Of note is : (i) the persistence of symptoms over some time, (ii) the relative severity of the procedures which appeared to produce, in this case, initial psychotic symptoms, (iii) similar principles to the KGB's, (iv) secondary familial relationship difficulties, and (v) symptoms corresponding closely to those evidenced under REST conditions - and here the latter were clearly and strongly evident.

5.3 THE SOUTH AFRICAN SITUATION

This study turns now to examine more specifically the situation in South Africa, with particular reference to the detainee held in solitary confinement.

Literature in the area is sparse, but much essential detail is provided by a recently published, and probably the only systematic empirical study "of all aspects of detention in South Africa" (Foster & Sandler, 1985, p.1). This section will draw heavily from it.

Foster and Sandler interviewed 176 ex-detainees country wide, in a sample shown to be reasonably representative of the South African detainee population as a whole, with the exception of an over-representation of 'interrogation-type' detainees. Seventy-eight had been detained in the period

1981 to 1983, 71 between 1977 and 1980, and 23 between 1974 and 1976.

5.3.1 Conditions of detention

It was noted in Chapter 1 that South African security legislation provides for indefinite incommunicado detention without trial. South African security prisons were viewed as closed systems with detainees almost entirely in the hands of the security police. In their sample, Foster and Sandler (1985), for example, found that 23% of ex-detainees reported no contact at all with people other than authorities during their internment. Only 26% reported any contact with family or friends.

They also noted that 59% claimed to have been harassed (including raids, tailing, short-term detention and family intimidation) prior to their detention. The most frequent time of arrest was between midnight and 6 a.m. (44%), while 70% described their arrest as being either aggressive, rough, or violent.

The modal period of detention was claimed to be between three and four months, while 42% of cases were transferred from centre to centre at least three or four times.

Forty percent were reportedly subjected to between zero and five interrogation sessions, 36% to 11 or more. The average claimed length of the sessions for 48% of the sample

was five to eight hours, with the most common number of interrogators present being two (30%), three (23%) or 'more than 5' (23%). Six percent claimed interrogation sessions of between 16 and 24 hours in length. Caution should however be taken in accepting these time estimations at face value, because of the earlier presented evidence of common distortion of such estimations under detention conditions. Eighty-three percent claimed that teams of interrogators were not used, a result Foster and Sandler felt was suprising in the light of evidence from the Aggett and Biko inquests, and the Van Heerden civil case. It was suggested by these that teams were used on a fairly regular basis. This paradox they hypothesized alluded to the use of teams on 'important' cases only. It also highlights the problem of generalizing from court records, one of the few areas where data on South African detention is available.

Sixty-seven percent of Foster and Sandler's sample claimed that a statement was made. This gives some idea as to one of the purposes of interrogation. No further detail was however available.

5.3.2 Evidence of torture

One hundred percent claimed some form of 'psychological torture', the most common being false accusations (83%), solitary confinement (79%), verbal abuse (71%), threats of violence to self (64%), contradictory styles of interrogation (57%, including the 'hot and cold' method),

misleading information (51%), witnessing or being informed of others' torture (45%), threats of execution to self or family (41%), offer of rewards (34%), constant interrogation (23%), blindfolding (15%), and sleep deprivation (15%). Eighty-three percent also claimed physical torture, including beating (75%), forced standing (50%), maintaining abnormal body positions (34%), forced gymnasium type exercises (28%), electric shock (25%), hooding (25%), food deprivation (21%), strangulation (18%) and suspension (14%).

The official response to the above allegations of torture was put to parliament by the Minister of Law and Order, who stated that only 13,7% of detainees had lodged official complaints (Chief Reporter, 1985). Slabbert, Foster, and Davis (in Chief Reporter, 1985) suggest that, given the fact that courts have rarely upheld detainees' claims for damages (See Foster & Sandler, 1985), and the obvious fear of victimization, these official figures should not be seen as contradictory to the above allegations. They themselves contrast slightly with the usual consistent denials.

In September 1982 the Detainees' Parents Support Committee (DPSC) published a memorandum based on the affidavits of 76 ex-detainees alleging systematic and widespread torture as an integral part of the South African detention system. The Memorandum was made public as a result of dissatisfaction at the government response to a DPSC delegation to the Ministers of Law and Order and Justice on

27.4.82. Allegations included (i) 54 contentions of physical abuse, (ii) 28 cases of enforced standing, (iii) 22 claims of electric shocks, (iv) 20 cases of sleep deprivation, (v) 25 cases of being kept naked during interrogation, (vi) 14 cases of attacks to the genitals, (vii) 11 cases of suspension, (viii) a general pattern of continuous and lengthy periods of interrogation, (ix) threats of indefinite detention, insults, and false accusations, and (x) 19 cases of hooding.

Further, a comprehensive United Nations report (United Nations, 1973) detailed 74 pages of torture evidence and allegations between the periods of 1963 and 1972. Methods were again seen to be similar.

Finally, a global Amnesty International (1984) report covering the periods January 1980 to mid-1983 concluded that "there was considerable evidence to show that political detainees were commonly tortured and ill-treated during interrogation by security police in South Africa" (p.127). The deaths of at least six political detainees during the period of review were noted, three of them in the "homelands". Referring to court judgements, the report stated that "in the majority of cases, the courts appeared to accept police denials of torture at face value...However, in some cases there was judicial acceptance that torture had been inflicted" (p.128).

5.3.3 Effects of detention

Given the above details of stressful combinations, one would expect, from the earlier theoretical discussion, various highly deleterious effects. What does the available evidence suggest?

5.3.3.1 Debility, Dependency, Dread : Dr West (See Farber, Harlow, & West, 1957), when called as an expert defence witness in the Gwala case (see Riekert, 1985), expressed the opinion that the conditions of Section 6 of the Terrorism Act (the precursor to Section 29 of the ISA) could well give rise to effects similar to the DDD syndrome. Katz (1982), who studied the attitudes and feelings of 12 detainees held between June 1981 and August 1982 for periods ranging from 3 to 41 weeks, provided empirical evidence to support the above opinion. She found a high correlation between the expressed feelings and symptoms of her sample and the elements of the DDD syndrome and PTSD. While dread and dependency appeared to be strongly implicated in the South African situation, debility was however found not to be. The observed symptoms of feelings of detachment, hyperalertness, insomnia, restlessness, nervousness, and tremor, correspond well with those of PTSD. Detention was for all the detainees "an experience of isolation and unremittant regimental pressure in an atmosphere of uncertainty and hostility" (p.14, 15).

5.3.3.2 The MASA report : In 1983 the Medical Association of South Africa (MASA) issued a report on the health care of South African detainees. This followed an enquiry as a result of renewed pressure being placed on the health profession subsequent to the aquittal, by the South African Medical and Dental Council (SAMDC) on charges of negligence and disgraceful conduct, of the District Surgeons who treated Steve Biko just prior to his death in detention in 1977 (Fine, 1984). The report concluded that the circumstances of detention in South Africa presented the danger of serious and possible permanent effects on the physical and mental health of detainees. Suicidal tendencies, it stated, were possible in the short term. It was also found that :

(i) contact with detaining authorities was viewed as threatening rather than supportive

(ii) there was a strong presence of feelings of helplessness, uncertainty, and anxiety and a resultant deprivation of the sense of reality, and

(iii) detainees were deprived of the psychological support mechanisms necessary for normal functioning.

5.3.3.3 A field study : Foster and Sandler (1985) studied the health problems and psychological effects reported both during and subsequent to the detention experience. They regarded the distinction "as particularly important in the light of questions regarding admissibility of detainee evidence, for statements are clearly demanded during the

period of detention, not following it" (p.36). Only 3.6% of their sample claimed no problems during detention.

Reported health difficulties while interned included : sleeping difficulties (60%), headaches (53%), 'excessive amount of fantasizing' (45%), weight loss (45%), appetitie loss (44%), difficulties with concentration (44%), nightmares (41%), tiredness (36%), memory difficulties (34%), and stomach pains (28%). The majority were evidenced to be psychological and related to anxiety, depression, cognitive deficits and psychosomatic problems. Unfortunately, no details with regard to process or development of symptoms were available. Reports too were retrospective by necessity and intervening variables were thus likely to play a role.

The common pattern evidenced on release was an initial period of great euphoria, warm solidarity with friends and family, and an increased resolve to oppose Apartheid. Longer-lasting effects were, as expected, also reported. These included : easily tired (46%), difficulties relating to friends (39%) and family (35%), changed eating habits (36%), sleep difficulties (34%), nightmares (33%), irritability (31%), 'depression' (24%), concentration problems (24%) and memory impairment (17%). They tended to cluster to reveal mainly interpersonal problems, depressive and anxiety-type symptoms, and behavioural and personality

changes. Physical and psychosomatic problems were claimed to be few.

In concluding Foster and Sandler noted that the observed sequelae were similar "in both types of symptomatology and frequency of reported problems, to previous findings for torture victims" (p.46). Similarities to PTSD were also evident.

5.3.3.4 Clinical data : Friedlander (1986) reported on two unpublished clinical studies conducted by Davis, a General Practitioner in Johannesburg.

In his first in 1985, Davis studied 21 ex-detainees all of whom he claimed suffered from PTSD. All alleged sleep difficulties and nightmares, 72% interpersonal relationship problems, and 56% sexual dysfunction. Davis' second, reported on his examination of 40 ex-detainees between July and October 1985. All were seen within weeks of their release. Here he found sleep disturbances in 98%, nightmares relating to detention in 78%, startle responses and/or panic attacks in 78%, gastrointestinal complaints (38%), sexual problems (30%), and difficulties in concentration and memory (25%).

5.3.4 Effects on organizations

Effects of course, as was alluded to earlier, are not limited to the detainee himself. There may be broader

effects, on for example, the detainee's family, organization, and/or the community as a whole. There appear to have been no systematic studies in these areas in South Africa to date.

The effects on organizations seem particularly relevant as, as has been highlighted earlier, the overriding and broad goal of detention is to weaken alternative power bases. Some brief comments in this regard will thus be made here.

If the organization is physically split by detentions, previously democratic decisions may become undemocratic and be made without consultation. This may lead to obvious resentment. Disarray may also result. The organization may begin to fear that information regarding their methods and plans as well as individual involvement, may be revealed. Detention of members may as a result be seen as a security risk, which may lead to further splits. Naturally tensions are likely to rise. A lack of membership too may lead to burnout of those who take over new and perhaps extra functions. Finally, interpersonal difficulties and other symptoms on release may result in problems with re-integration into the organization.

5.4 SUMMARY AND CONCLUSION

This chapter began with an integration of the fairly wide spectrum of literature and evidence presented in the foregoing four chapters. The integration revealed certain general trends and provided a theoretical overview of the likely resultant psychological processes and effects of detention. The predictive value of the overview was seen to be good when tested against the Ulster detention experience. An examination of the specifics of the South African detention situation lent further support to the validity of the theory.

The variables discussed in the first four chapters thus appeared to be strongly implicated in detention situations. They were in fact clearly seen to be operative in all of the 'real-life' examples presented.

Detention itself was evidenced to be part of the broader process of repression. A highly consistent pattern of findings by a number of different researchers suggested the presence of the earlier predictions of :

(i) harassment even prior to detention,

(ii) the strong possibility of various durations of solitary confinement,

(iii) a varying degree of social isolation, confinement, sensory and perceptual deprivation,

(iv) the likelihood of coercive techniques being used during interrogation,

(v) many uncertainties, unpredictabilities and uncontrollabilities,

(vi) at least some elements of DDD (debility was however found not to be strongly implicated in the South African context), and

(vii) both physical and psychological forms of torture. These were seen to be particularly evident in the South African detention situation.

Detention was thus evidenced, both objectively and subjectively, to be a highly stressful experience. Few detainees reported remaining unaffected and symptom free both during and after their detentions.

Anxiety and depressive-type symptoms, cognitive deficits and psychosomatic problems were seen to predominate during detention. Subsequent to release the most common difficulties evidenced were interpersonal, again depressive and anxiety-type symptoms, and behavioural and personality changes. Symptoms also often appeared to be fairly persistent, and PTSD was seen to be commonly implicated. Brief reactive psychoses were also evidenced.

The regularity and cluster of symptoms observed suggested the possibility of a "detention syndrome" perhaps fitting the criteria necessary for a diagnosis of PTSD. Marked individual differences in severity, and some variation in

type of symptoms, were however noted. Additional research is, therefore, necessary for greater clarity.

In conclusion, the overwhelming body of evidence suggests that detention in South Africa (and elsewhere) is a highly stressful experience, with a strong probability of resultant debilitating psychological sequelae.

The following chapter will consider strategies that may be used to prevent, counteract or oppose the possible processes and effects.

COPING STRATEGIES

CHAPTER 6

COPING STRATEGIES

6.1 INTRODUCTION

This study to date, by analysing the possible psychological and psychophysiological processes and effects of detention, will have served to illustrate that the detention situation, given the possible variations, is indeed generally a highly stressful one. The importance of the social context, the particular conditions, and individual differences, in determining final outcomes has consistently been stressed. Nevertheless it has been shown that psychological sequelae are common and often fairly persistent, and that few detainees report remaining unaffected by their experience.

The picture presented thus far may appear to leave little hope for the detainee and is a somewhat pessimistic one. This is in part because these are the aspects of detention that have been stressed rather than the many resources most people are able to muster to oppose or even counteract the possible debilitating processes and effects. Farber et al (1957), for example, found that although 95% of American POW's in Korea failed to meet the most stringent criteria for "commendable behaviour" (i.e. they revealed more than the minimum 'name, rank, and number' required by

international law), only 15% "co-operated unduly"; and this under extreme conditions (p.120).

6.2 AIMS AND CONTENT

This chapter will highlight various environmental, social and motivational variables that may produce resistance and hence enable coping. It will address itself specifically to the detainee held in SC, although much will apply to other detainees. The emphasis will be on those strategies that may be taught, fostered or learnt in order that they may be consciously applied. As far as is appropriate, arguments will be placed in theoretical context. Again the progression will be from the general to the specific, with the former supplying a context within which to locate the latter.

First, then, a number of general and important points concerning stress and coping will be outlined. Some of these will receive illustration. Second, an interactive model in which to locate further discussion will be briefly presented. Third, the importance of individual perception and expectation and their role in fostering coping (largely in a preventative sense) will be considered; and finally additional specific strategies relevant to the detention situation, will receive attention.

In order to provide a link to earlier chapters, an attempt will be made to locate these strategies within the context

of the foregoing. Content will be drawn from a wide range of areas considered to be relevant. These include anecdotal accounts by former captives, experimental and cross-cultural research (mainly with regard to tolerance of REST conditions), stress theory, and various "quasi-therapeutic applications" (Suedfeld, 1980) of reduced environmental stimulation (such as yoga and meditation).

6.3 SOME IMPORTANT INTRODUCTORY POINTS

Coping may take place before (anticipatory coping, such as preparation via education), during (e.g. via application of learned strategies), or after (e.g. therapeutic intervention on release from detention) the occurrence of a stress-inducing situation (Chalmers, 1981). This chapter will be concerned primarily with the first two (akin to 'primary prevention'), while Chapter 7 will address itself to the third (secondary and tertiary prevention/treatment).

Coping may also occur at numerous stages in the stress sequence (See chapter 4 for an outline of these stages), that is, in order to cope, the chain of events leading to pathology must be broken. 'Actual demand', for example, may be influenced by attempts to alter the stress situation (a somewhat difficult task in detention), while 'perceived demand' may be altered by prior education or training. The 'cognitive appraisal or perception of demand stage' may also

be influenced by prior education, as well as by religion, therapy, or any other technique that may alter the perception of the event. The 'response stage', in turn, may be altered by, for example, relaxation or behaviour modification; and finally, the 'consequences of response' may be changed by therapeutic intervention and/or such factors as group and social support.

Certain coping strategies in the short term, too, may be maladaptive in the long term (Suedfeld, 1980). 'Numbing of responsiveness', for example, may defend against an inhuman interrogator, but if carried over after release is likely to interfere with interpersonal relationships.

Finally, different strategies have been found to be more useful at different times in the sequence of stress events. Deaten, Berg, Richlin, and Litrownik (1977), found for example, in a study that investigated the strategies used by 137 Navy POW's for coping with extensive periods of SC in Vietnam, that 'reliving the past' activities were employed most during the first few weeks in solitary, while 'self-development' strategies were used only at a much later stage (See below). This is not suprising in the light of the earlier assertion that coping takes place over time; as does the entire stress process.

Mechanic (1970) found that the individual's interpretation of a stressful situation and his resultant reaction to it is

likely to change significantly over long periods of time as a result of progressive adaptation. Coping strategies thus appear to alter the meaning of the stress situation over time and consequently the level of stress involved in each stage of coping (Chalmers, 1981).

Initial stages appear of particular importance. Foster (in press), in reviewing the literature on concentration camps found, for example, that the degree of shock during the first few days of incarceration served as a "selection principle between those who survived and those who did not" (p.36). The necessity of high levels of initial anxiety for the development of PTSD has also previously been noted. Any strategies that may allay extreme levels of initial shock therefore appear as though they may be particularly useful. (A moderate degree of anxiety may however aid coping - see eg. Chalmers, 1981).

The above points should have served to illustrate that the concept of coping is far from a simple static one, and that it is necessary to vary strategies constantly over time. It is therefore important that any prescription of particular coping methods acknowledges these complexities and takes them into account. They should therefore be kept in mind when reading through what follows.

6.4 A THEORETICAL MODEL

Chalmers (1981) draws on the basic components of Cox and Mackay's (1981) 'transactional model' of stress in order to outline a particular conceptualization of coping strategies. In it the experience of stress is viewed as resulting from the interaction of (i) interests, needs and values, (ii) external environmental demands and constraints, (iii) personal resources or capabilities, and (iv) external environmental supplies and supports. Actions in any of these four areas are thus said to aid effective coping.

This model is particularly useful in that it clearly reflects many of the emphases of this study to date. It also stresses the importance of the interactive nature of these variables. They will therefore not receive separate discussion, but will be evidenced in interaction.

That the particular environmental demands and constraints and the severing of external supplies and supports are used in such a way as to aid the authorities' detention goals, has previously been noted; as has the fact that much of the 'success' of interrogation rests upon the interrogator's ability to manipulate the situation and apply pressures in such a way as to constrict the detainee's need to react in a consistent and coherent way.

The extreme strains placed on personal resources or capabilities should become clear in this light. Given that the detainee in SC is cut off from his external supports he

may, for example, in order to cope better, have to rely on his own resources to remind himself constantly that he is not forgotten.

The detainee's values and ideological commitment also appear important in this regard. Allodi and Cowgill (1982), for example, found a strong positive relationship between an individual's ideological preparation and commitment and group support, and his ability to cope in, and psychologically recover from, detention. Ideology, it would appear, gives the individual particular strength to resist as part of a greater cause (Ames, 1980). As a result the individual may also not feel alone. Gaither (1973), for example, found that he was sustained in a POW camp by a strong religious ideology that enabled him to feel the constant support of God.

6.5 INDIVIDUAL PERCEPTION AND EXPECTATION

6.5.1 Individual perception

One of the weaknesses of the above model is that it does not acknowledge directly the importance of individual perception.

It was noted in Chapter 3 that the individual's perception of both the stressor and his ability to cope with it is an important mediator of the amount of stress experienced. The role of cognition has also consistently been stressed.

If the person believes that he has control over the stressor the effect is reduced even if the control is not exercised (Tyson, 1982). Perceived control gives the individual a feeling of being able to cope. Sells (1970) quite clearly recognises this in his definition of coping. He sees it as the concept of bridging the gap between perceived stress and perceived inability to deal with it. Any strategy that increases perceived control over the stressor will therefore aid coping.

It was seen in Chapter 3 that certainty, predictability and controllability are important in this regard. Tyson, for example, stresses the role that information can play in reducing uncertainty and increasing predictability. Irving and Hilgendorf (1980), in writing on police interrogation, further state that "ignorance, little or no preparation and an unexpected sequence of events all conspire to increase the level of stress resulting from confinement and isolation" (p.34).

It was also seen in chapter 3 that failure of the detainee to recognize the sources of the compulsions in interrogation was likely to intensify their effects. Again the importance of prior knowledge and preparation is stressed.

This should include information with regard to the aims of detention (and repression in general), the detainee's legal rights and status, the potential changes in mental function

(Sandler, 1981), and the possible processes and events in the detention situation. All either increase predictability, reduce uncertainty and uncontrollability and/or increase perceived control. Such knowledge also allows for the detainee to partake in anticipatory coping (see above), the important prior 'work of worry' (Janis, in Chalmers, 1981), and recognition and acceptance of the impending stress. Beck (1972), for example, found that individuals who have a realistic perception of the stressfulness of threatening situations are best able to cope. Those who over-worry or over-exaggerate the threat are disadvantaged however.

6.5.2 "Breaking point"

The concept of "breaking point" and its relevance to coping may usefully be introduced here.

The goal of the interrogator is often viewed as the "breaking" of the prisoner (See for example DTT, 1986; NAMDA, 1985). This may involve giving information, personal disintegration, "breaking of the person's spirit", actual physical breaking, or any combination of the four (DTT).

It should be noted that it is both extremely incapacitating and a fallacy (Biderman, 1960) to view breaking in 'either-or' terms. Someone who gives information or 'begins to disintegrate', for example, usually finds that he

is able to recover to some degree and still possesses considerable resources for resistance. It is therefore more accurate to talk of "breaking points" or "successive lines of resistance", only some of which may be consistent with information-eliciting objectives of the interrogator. A psychosis, for example, is inconsistent with such a goal.

The above points are relevant to the discussion of coping in that if a detainee views himself as having broken (and here again individual perception is important) he may well perceive that he has lost control and become disillusioned as a result. This is likely to break down further resistance. If, however, he realistically (see foregoing chapters) anticipates changes in mental function (and expects to suffer) and views these not as weakness or as having broken (but rather, again realistically, as a normal reaction to an abnormal situation) some perception of control may be maintained. The fear of imminent and complete disintegration may also be allayed.

Suedfeld (1980) puts it succinctly : "People who interpret the unusual phenomena they are experiencing as signs of imminent or actual breakdown will experience even more stress, beginning a cycle which may lead to serious psychological problems" (p.5). Such interpretations, he suggests, are largely culturally determined. He cites examples of the ritual isolation that many cultures use to mark the passage from childhood to adulthood. Here it is

expected that the individual will experience hallucinations, vivid dreams and visits from spiritual forces. They are also not perceived as signs of abnormality by either the person or the society, and as a result have "no adverse effects on later functioning" (p.5). Again the importance of individual perception is stressed.

Prior knowledge of these factors may enable a realistic appraisal to be made and prevent 'over-worry', and thus aid coping.

6.5.3 Expectation

The perception of the event and ability to control it may also be influenced by the related concept of expectation.

In this regard Orne and Sheibe's (1964) work has already been noted. They found that when "panic buttons" and the signing of legal release forms in case of damage were removed from the procedure in sensory deprivation studies, debilitating sequelae dropped markedly. What this suggests is that coping may be aided by a mere knowledge of the many resources most people are able to muster to oppose the effects of detention, that is, that there is no need to 'over-worry'.

Expectations may also be affected by prior experience with the stressful event. The consistent finding that most people show increased adaptation on subsequent runs of

isolation (see Hocking, 1970; Sandler, 1981; Zubek, 1969) may be largely due to an increase in predictability, a decrease in uncertainty, and a more realistic appraisal as a result of knowledge. Prior negative experience may however serve to exacerbate the stress associated with the re-occurrence of the stress situation (McGrath, 1970; see also chapter 8). This may in part explain why some people have been observed not to show increasing adaptation on subsequent runs.

6.6 SPECIFIC STRATEGIES

6.6.1. Introduction

In this chapter to date, much attention has been given to the crucial role of individual perception and cognition as an aid to coping with the stresses of detention. The importance of prior preparation, knowledge and information has been stressed. Their usefulness has been seen to lie largely in the degree to which they are able to reduce uncertainty, and increase predictability, actual control and perceived control.

A more specific discussion of coping strategies that may be used to oppose the effects and processes of the detention situation will now be presented. Some of these strategies will be seen to be a manipulation of the processes and effects in order to render the perceived experience of them as positive as possible, while others will be seen to be

attempts to prevent the occurrence of these processes and effects.

6.6.2 The POW experience

A useful starting point is Deaton et al's (1977) comprehensive study of 137 Navy POW's repatriated from Vietnam. They investigated "the usefulness of specific 'time-killing' activities or adaptational strategies for coping with extensive periods of solitary confinement during captivity" (p.239). The subjects were held captive for periods ranging from two months to nine years and were subjected to conditions of semi-starvation and disease, lack of medical care, interrogations, occasional physical torture, and SC; many of them similar to the conditions of Section 29 detention in South Africa.

The POWs were however a fairly select group, highly educated and trained, generally middle class, and tended to cope with problematic events and emotional discomfort via attempts to control, change, or master the environment, "rather than resorting to fantasy and other kinds of introspections" (p.248). Cross-generalizations should therefore be made with some caution. Nevertheless, a number of worthwhile trends and 'tips' emerge. These will be highlighted here and incorporated into later discussion.

Factor analysis revealed four factors which accounted for 32% of the variance : (i) captor-captive relationship,

(ii) reliving the past, (iii) repetitive behaviour, and (iv) self-development activities.

In captor-captive relationship activities the POWs "attempted to stay one step ahead of the captor by anticipating his next move and developing contingencies to meet new situations" (Deaton et al, 1977, pp.248, 249). These "contingencies" may well have given them a degree of perceived control. These coping strategies were rated as most useful while factor 3 activities were felt to be least useful.

Coping activities, as was mentioned earlier, were also observed to develop according to a time pattern, with factor 2 activities being used during the first few weeks of SC and factor 4 only some time later. The usefulness of all four factors was however seen to increase significantly over time.

Table 2 lists the factor loadings of specific coping activities in ranked order of usefulness.

TABLE 2

MEAN, STANDARD DEVIATION, AND FACTOR LOADINGS OF COPING ACTIVITIES IN RANKED ORDER OF USEFULNESS

Coping activity	Usefulness		Factors[a]			
	Mean	S.D.	F_1	F_2	F_3	F_4
Communication	4.58	.88	*.5583*	.0649	.0351	.1224
Thinking about future	4.50	.76	−.0348	.1169	−.0814	.3405
Physical exercise	4.29	1.06	*.3534*	.0093	.1404	.1724
Observation of captor's behavior	4.11	1.03	*.6206*	.1152	.0609	.0738
Pacing in cell	4.06	1.07	.0721	.0353	*.4226*	−.0236
Mental exercise	3.94	1.16	*.3974*	.0158	*.4124*	.1625
Reliving past events	3.93	1.14	.1304	*.8788*	.0397	.1568
Humor	3.90	1.30	*.5042*	.2508	.1489	.2914
Fantasy/daydream	3.82	1.25	−.1626	.1694	.0942	.0919
Reliving family events	3.81	1.14	.1588	*.8821*	.0857	.0701
Sleep	3.74	1.15	.0249	.1923	.1322	.0706
Memory bank function	3.64	1.15	*.4509*	.0822	*.4456*	−.0939
Matching wits with captor	3.61	1.33	*.6615*	.1616	−.0577	−.0793
Health/hygiene	3.56	1.23	.2605	−.0107	.3399	.0530
Inventing some object	3.54	1.41	.1749	−.0321	.0577	*.5292*
Making up cover stories	3.52	1.14	*.5179*	.1136	.2377	−.0533
Learning new skills	3.46	1.32	.3244	−.0133	.1627	*.5675*
Memorizing stories, etc.	3.33	1.34	*.3733*	.1882	.2596	*.4375*
Mental diary	3.32	1.17	.2310	.0507	*.5719*	−.1816
Planning escape	3.30	1.31	*.4945*	−.0978	.1014	.0352
Religious activity	3.24	1.41	.1698	.1706	.1981	.0458
Watching insects	3.23	1.17	.0853	.1846	*.3945*	.2240
Ritualistic activity	2.95	1.34	.0097	.0900	*.5858*	.1088
Games	2.92	1.46	.2888	.2238	.3111	*.3898*
Worry about family	2.54	1.28	.0455	.2588	.0966	−.1975
Talking to self	2.26	1.21	−.0825	.1382	*.5535*	−.0354
Thinking about suicide	1.21	.51	.2091	−.0388	.0684	−.3147

Note.—Items used to define the factors (loadings > .35) are italicized.

[a]Factor labels: (F_1) Captor–Captive Relationship; (F_2) Reliving the Past; (F_3) Repetitive Behavior; (F_4) Self-development Activity.

From "Coping activities in solitary confinement of U.S. Navy POWs in Vietnam" by J.E. Deaton et al, 1977, Journal of Applied Social Psychology, 7, p.245.

'Communication', which was against regulations and generally took place via a tap-code through solid walls, was rated as the single most useful coping activity during SC. It enabled the dissemination of information, recounting of questions and impending events learned during interrogation, and the passing of rumours and jokes. 'Thinking about the future' was rated next most useful.

The usefulness of this particular factor is however thrown into some doubt by both Ames' (1981) and Sandler's (1981) caution against such activity and their recommendation to live each day as it comes. The reasons for these differing opinions are not clear. The former is made on the grounds of empirical data, while the latter appears to be theoretically based. Additional research is necessary for greater clarity.

Physical exercise was next on the list, and felt to be useful in satisfying both the need for activity and outside stimulation, and the maintenance of strength and stamina. This is in line with Zubek's (1963, 1973) findings that exercise may reduce some of the negative effects of isolation.

Deaton et al's (1977) findings gain credibility by their own acknowledgement of high correlation with anecdotal accounts of captives held in SC (including Bone, 1957; Burney, 1961). They highlight the importance of such activities as

communication, attempts to stay a step ahead of captors, exercise, reliving the past, repetitive behaviour and self-development activities, all of which in some way may increase 'positive' stimulation and perceived and/or actual control over the environment. Here it is worth noting that subjects rated isolation and inactivity to be among the most serious problems of captivity.

Finally, the authors noted that most of the adaptive responses were self-initiated. This led them to conclude that it was not really necessary to teach many specific coping behaviours in training programmes. More important, they suggest, is an emphasis on reassuring statements highlighting the fact that previous POWs did cope in SC, and relied mainly on their own capabilities. This latter assertion was given brief attention earlier.

6.6.3 Self-generation of (positive) stimuli

It was noted in Chapter 2 that the effects of isolation combined with the anxieties and uncertainties of detention put pressure on the detainee to talk to the interrogator and to seek a method of escape. It has also just been seen that POWs rated isolation and inactivity to be among the most serious problems in captivity. REST conditions too have been shown to result generally in an increase in stimulus seeking behaviour (at least initially).

This may take the form of self-generation of stimuli (either consciously or unconsciously) such as physical exercise, mental problem solving, fantasy and hallucinations, games playing, and talking to oneself, or via pursuits such as dwelling on the uncertainties and anxieties of detention.

Some, particularly the latter are self-defeating however. Activities that prevent or replace self-defeating pursuits with adaptive ones and/or are able to counteract the boredom of isolation (via provision of stimuli) are therefore likely to be useful coping strategies. The one may of course imply the other. Changing one's perception of certain events that may normally be construed as negative to view and use them as positively as possible may also aid coping (e.g. enjoying regression). Both will receive discussion here.

Zuckerman (in Deaton et al, 1977) found self-stimulation techniques such as humming aloud, singing, or talking, successful directed thinking, problem solving, mental and physical games, recitation, memory review, and planning future actions, to be useful mechanisms for coping in conditions of REST. Edith Bone (1957), for example, catalogued 27 369 English words during her seven years of SC.

More overt methods such as creative manipulation of objects in the environment may also be used. These include such

pursuits as marking cards, balls and other pieces for games or sculptures from toilet paper, and word games from the bible. Lewin (1974) used date pips as skittles. Further possiblities may be gleaned from Table 2, but are too numerous to list here.

Foster (in press) notes that these techniques are likely to increase adaptation in both situations of excessive and diminished stimulation.

Positive contemplation, the positive reaction to the opportunity isolation may provide for thinking about one's life and the meaning of things, has also been found to increase isolation tolerance (Myers, 1969). In the detention situation this may involve watching and recording one's actions and reactions in order to gain additional insight into one's personality (Ames' 1980). It may also provide a better understanding of the problems being experienced and a resultant more effective way of solving them.

Controlled fantasy or "regression in the service of the ego" (Miller, in Foster, in press) may also be used (see also below). It serves to temporarily transfer the detainee out of the stressful environment and compensates for deprived conditions (Sandler, 1981). It may also make use of the possible effect of regression, in a positive way with autonomy and control maintained. Ames (1980), for example,

cites Spitz who re-designed the prison gardens and also travelled around the world in his mind. He made use of reading material to work out his route in small detail and did this systematically for years, extending his trip day by day.

Given these strategies, it is not suprising that Myers (1969) found that creative and cognitively complex subjects tend to show lower decrements to REST conditions.

All of the above techniques, particularly those involving mental functions may not be easy to implement. The particular stresses and effects of detention may interfere to some extent.

REST conditions, for example, were seen to maximally impair those performances which require active reflection and manipulation of ideas, and to lead to a possible inability to think clearly. Motivation however was also noted to be a strong counteracting device against these debilitating effects.

For coping it is therefore important to fight against becoming despondent. One of the ways to protect against this effect of detention (see chapter 3) is to continue relentlessly with the above pursuits. Their importance in maintaining this cycle should thus be clear.

6.6.4 Structure and routine

Structure appears to be a big aid to the ability to continually pursue these tasks (See for example, Sandler, 1981). Routine and structure not only provide reference points, but increase predictability and controllability.

Lewin (1974), who spent seven years as a political prisoner in a South African security prison, puts it succinctly :

> It (the prison routine) was eminently comforting. It provided a sure basis to life, a pattern against which to measure the unpredictable. It was a source of consolation to which you could return to find relief from the uncertainties and unwelcome pressures of being a political detainee, held incommunicado by the political police, unsure of any future, always uneasy at what the Branch might suddenly uncover and produce. The unexpected breaks in the routine were what caused concern.... It is not difficult therefore to accommodate to the system and let its rigidity become your support .... I learnt the routine - but also, while I slowly realized the need to lean on it, I learnt too that I must establish my own routine within the routine. It became important to have a sufficient number of different routine activities available from which to be able to choose each morning, to be able to feel that I was, in some way, controlling my own day (pp. 56, 57, 58).

Routine itself may however become monotonous and boring. It is thus important to vary it from time to time, while maintaining a sense of structure. Again, as Lewin writes : "The solution (to the tedium).... was to vary my routine as much as possible within the set times of the system's routine. I set myself tasks ..." (p.58).

One may also reward oneself for successfully completing a certain routine (e.g. a drink from a rationed glass of water

for completing exercise). Such rewards reinforce the behaviour and help sustain one.

6.6.5 Time perception

A closely related concept is that of time. Perception thereof has been shown to change under conditions of detention.

Some knowledge of the actual flow of time is generally considered an aid to coping (Ames, 1980; Sandler, 1981). This may well be a result of reference points and temporal relationships helping to maintain a notion of one's own identity and existence. In the absence of a watch, time may be estimated by such methods as the observation of the shadows of the sun, and by noting meal and 'lights out' times. The passage of days may be recorded by the notching of a calendar, while strength may be gained by the observation of the days 'survived' in detention.

Debilitating effects have also previously been evidenced to be significantly increased by a lack of knowledge as to the duration of confinement, largely as a result of increased uncertainty. Here Amés' (1980) suggestion to live day by day and avoid thinking of the future, may be of relevance.

6.6.6 Using regression positively

One should expect to regress.

Myers (1969) found that those who are able to tolerate primary process thinking show least psychological decrements to REST conditions; that is, those who are able to enjoy dream-like and infantile states where the boundaries between reality and fantasy become blurred (Ames, 1980).

These states are often actively pursued by individuals practicing yoga and meditation, Zen, Tao, Sufism, and Christian Monasticism (see Suedfeld, 1980). Transcendental experiences or altered states of consciousness are usually sought in solitude. The goal is generally personal growth and there is no perception of 'breakdown', nor debilitating sequelae. The positive potentials of isolation are pursued.

Naturally, such attempts are far more difficult under involuntary detention conditions marked by uncertainties and anxieties; nonetheless positive perception of these possible effects is likely to reduce resultant debilitating sequelae (see also 'positive contemplation' above).

6.6.7 Other strategies

Detainees should also not be suprised by any need to talk to or identify with their interrogators. It was noted in Chapter 3 that such relationships are often deliberately induced because of their potential for manipulation. Dependency is the usual result and the detainee may become particularly susceptible to influence or persuasion.

Recognition of these factors may prevent debilitating anxieties.

Anxiety, itself, may be reduced by progressive relaxation of muscle groups, which is easily taught. Yoga, exercise and meditation may also be useful in this regard. It was suggested earlier that it is especially important to reduce initial levels of anxiety.

With regard to interrogation, recognition of techniques, processes and compulsions may well aid resistance and decrease resultant effects (see chapter 3; Biderman, 1960).

Of particular importance, because of the general severity of effects (usually depressive), is to recognise attempts (by the interrogator) to create or redirect hostility, and not to overreact to them. The detainee should also not ignore hostile feelings, but rather think them through.

Refusals to answer were earlier noted to require continuous effort as a result of the usual social conventions of replying to questions. Biderman suggests that it is therefore easier to give some answer, and recommends a fairly neutral "don't know".

One may also benefit by anticipating questions prior to interrogation sessions, by assuming the interrogator knows nothing, and by not dwelling on answers given (DTT, 1986).

Finally, a few, and randomly presented, additional strategies;

(i) DTT suggests to plan visits (if allowed) and to use them positively (e.g. acquire information sought), and to talk about "safe things" (e.g. sport) if the need to talk arises;

(ii) it is also important not to over-worry about family matters, as the detainee has no power to influence these, and family-support groups (such as DPSC) may well be operating;

(iii) thinking about the past serves to maintain a sense of identity (Ames, 1980), often partly destroyed by torture;

(iv) finally, Nardini (in Deaton et al, 1977), himself a POW of the Japanese during World War II, lists a number of factors that appeared to influence a POW's survival favourably :

> a strong motivation to live, good general intelligence, emotional insensitivity or well-controlled and balanced sensitivity, a preserved sense of humor (sic), successful active or passive resistance to the captors (e.g. surreptitious acquiring of news, bribing of guards, smuggling news, letters, food, and medicines).... (pp.240, 241).

6.7 SUMMARY AND CONCLUSION

This chapter will have served to illustrate that although the detention experience is a highly stressful one, most detainees are able to muster a wide variety of resources in order to prevent, oppose or counteract (to a greater or lesser degree) the possible debilitating processes and effects.

This they were seen to do, fairly successfully, naturally. It would thus appear that, in training programmes, it may be more beneficial to emphasize the fact that previous detainees generally did cope, than to merely teach specific coping strategies. Nevertheless, a knowledge of the latter is bound to aid adaptation. The focus of this chapter was on those strategies that may be taught, fostered or learnt in order that they may be consciously applied.

In conclusion a number of important additional points emerged :

(i) coping may take place before, during or after the occurrence of a stress-inducing situation. The benefits of prior knowledge and preparation (to all three) therefore need to be stressed;

(ii) coping strategies should be varied over time in order to adapt to changes in both the nature and quantity of the stressors;

ii) perception and expectation play major mediating roles in the amount of stress experienced. It is

beneficial to have a realistic perception of the stressfulness of the detention situation, and not to 'over-worry', and finally

(iv) an accurate appraisal of the circumstances, in addition, allows for the recognition of self-defeating behaviours, which may be replaced with adaptive ones. It is also important to recognize the possible effects of detention in order to oppose them; and others should be used as positively as possible.

The following chapter will consider various strategies that may be employed on release from detention. Its focus will be on treatment.

CHAPTER 7

TREATMENT

This study to date will have served to illustrate that both physical and psychological sequelae are common in ex-detainees and often fairly persistent, and that few report remaining unaffected and symptom-free following their experience.

Individual differences in tolerance and abilities to cope with detention situations, however, have been shown to be marked. Symptomatology too was evidenced to be varied, and mediated also partly by social context and the particular conditions of detention. Some were seen to suffer from few symptoms and others from many, that may or may not have approximated recognised psychiatric classifications. Post-traumatic stress disorder was however evidenced to be commonly implicated.

Symptoms too, on occasion, were seen to cause serious loss of functioning in many aspects of the ex-detainee's life, and to extend to and influence (especially) immediate family and organizations as a whole. Treatment and rehabilitation of both the ex-detainee and his family may therefore be of importance in order to ensure their continued healthy functioning.

7.1 AIMS AND CONTENT

Chapter 6 examined numerous environmental, social and motivational variables that may be mustered by the detainee, both before and during detention, in order to oppose or counteract the possible debilitating processes and effects. Primary prevention was the focus. This chapter will address itself to a consideration of coping after detention, that is, to secondary and tertiary prevention.

Secondary prevention refers to the application of strategies at the earliest possible time after the trauma in order to reduce the duration of possible sequelae; while tertiary prevention refers to those strategies aimed at the elimination or reduction of impairment that may result from the sequelae (Scrignar, 1984). These concepts will however not receive separate discussion. Instead, they will be subsumed under a more general consideration of 'treatment'.

The aim of this chapter is not so much to provide a prescription of specific treatment strategies, but rather to outline some broad principles (or tips) that may be of relevance to the treatment and coping of ex-detainees. The major focus nevertheless will be on the unique circumstances and specifics of the South African situation.

First, consideration will be given to general principles extant from rehabilitation and treatment (of victims of persecution and torture) units in foreign countries. There

it will be shown that developments in the area are only fairly recent. Thereafter, the specifics of the South African situation will receive attention. The extent of the feasibility of generalization from the former (foreign) principles, and the necessity to adapt these to local conditions, will be highlighted.

7.2 REHABILITATION OF VICTIMS OF TORTURE AND PERSECUTION OVERSEAS

7.2.1 Introduction and basic principles

Rehabilitation and treatment of victims of persecution and torture was until recently a highly neglected area of research and activity. 1974 saw the start of medical work in the area at the request of Amnesty International (Larsen, Olesen, Johannessen, Sass, & Prehn, 1983). Soon thereafter a group of 10 Danish doctors began the first systematic studies of the sequelae of torture, and by 1982 extensive interdisciplinary services had been set up in many places including The Hague, Santiago, Chile, Toronto and Copenhagen (Allodi, 1982). Today the latter two centres appear most active, and are treating victims of torture and persecution, mainly from South American countries.

Most of these units operate on an inpatient basis (at least for the first course of treatment, which may last many months) and the integration of services (medical, psychological, social, and legal) is stressed. This

provides for a safe, predictable, and secure environment, which Allodi (1982) sees as the "prime need" (p.72, long before psychotherapy) of a victim of persecution and/or torture. It also provides for "total rehabilitation" (Levenstein, 1986), that is, on all fronts.

A basic principle, and one related closely to the integration of services, is that physical and mental treatment are inseparable. It is based on the premise that people need to rid themselves of physical pain before they can heal psychologically. Both psychotherapy and physiotherapy are therefore employed. Medication is also provided where necessary.

Physiotherapy aims to relieve joint and muscle pains, stiff backs and necks, tension headaches, motor impairments and any other physical problem that may be causing discomfort. It usually commences soon after admission and the 'provision of a safe environment', and generally preceeds psychotherapy (although the two are later given in conjunction).

It is also essential to the provision of a safe environment, not to remind the individual (at least initially) of his detention and/or torture experience. The least torture-resembling examinations are therefore carried out first. EEG's, for example may remind the torture victim of electric shock torture. Small enclosed rooms too may re-evoke visions of confinement. Doors to rooms and corridors are

therefore normally left open (Larsen et al, 1983). It is also important therefore not to cross-examine or 'interrogate' during therapy, but rather to allow the ex-detainee to work at his own pace.

7.2.2 Psychotherapy

The basis of therapy is to give the victim the opportunity to re-experience the traumatic event in an emotionally supportive and safe environment (Levenstein, 1986). Trust is therefore an essential prerequisite. This may however be difficult to foster in the victim as a result of his treatment in the hands of his persecutors. Empathy, patience, unquestioning acceptance, and non-criticism are therefore important. Allodi (1982) suggests that a group approach to psychological support, including victims of similar backgrounds, may often be used as an useful initial enhancer of mutual trust and acceptance.

Once the victim of persecution is in a safe environment, his immediate physical needs have begun to receive attention and a trusting relationship has been fostered, he is usually able to begin to tell of his experiences. Particularly in the initial stages this is not an easy task as it generally evokes extreme emotion, appropriately connected to the related trauma. The victim re-experiences the traumatic events by means of emotional catharsis and regression. "By

telling about their nightmares these are being relived" (Larsen et al, 1983, p.4).

There is usually a concomitant increase in anxiety levels, nightmares, and other symptoms of retraumatization. The victim may be seen to perspire heavily, and to look extremely fearful, with rapidity of heart beat and hypervigilance.

The therapist, on the other hand, needs to remain calm and empathetic and to contain the emotion. A useful aid at this stage of therapy may be minor tranquilizers and sedatives. Failure to provide the necessary containment may result in a chronic anxiety state.

The importance of this stage of the therapeutic process is clearly illustrated in Genefke's (in Levenstein, 1986) words "The day you can start verbalizing what you have been through, you are on the way to being cured". Through catharsis and regression the individual is able to re-experience the trauma in a safe environment, and thus gain a new perspective to life.

Allodi (1982) suggests that guilt feelings may also need to be expressed. There may be guilt in relation to family or friends (Larsen et al, 1983), or in relation to having spoken or 'broken' while in detention. These feelings need to be explored, and reassurance of the normality of these

reactions (in the latter case) or of the evils of torture (in the former) may help to alleviate anxieties.

In line with Allodi :

> For a favourable outcome to occur the victim must retain an acceptable concept of himself or herself and of the world as a fairly secure and predictable place.... In the process of therapy the patient has to find the meaning of, and some personal satisfaction with, his role in the context of his traumatic experiences. When he has managed to achieve such a reconciliation, he will be ready to go on trusting and living (p.75).

7.2.3 Family involvement

Finally, the importance of family involvement in therapy is also stressed.

The possible consequences on children, of parents being violently apprehended and of their subsequent absence, have already been noted. (See chapter 3; Allodi, 1980). Families may themselves be harassed and sequelae of torture may lead to secondary relationship and sexual difficulties. Parents may feel inadequate or guilty, and financial difficulties as a result of loss of earnings may be serious.

Family therapy may help to restore normal functioning via a re-creation of important support structures. Further, family members, particularly children, may be referred to other agencies. Broader assistance (such as helping them get in touch with social welfare organizations or support groups) may also be rendered. Finally, the Copenhagen unit

(see Larsen et al, 1983) have started a "Latin-American women's group" for wives of persecution victims.

7.3 THE SOUTH AFRICAN SITUATION

7.3.1 Situational aspects

There are of course major differences between the situations of victims of persecution and torture who are refugees in foreign countries and those of ex-detainees in South Africa.

Probably the most relevant of these, in relation to treatment, is that the former are removed from circumstances of immediate danger, whereas the latter may continue to live in an environment that may be dangerous for them.

Ex-detainees in South Africa may, for example, face the prospect of continued harassment or fears of re-detention. Anxieties, fears of persecution, and 'paranoid' feelings may thus be real, in the sense that they may have a basis in truth, either partly or wholly. Whatever the situation such fears are likely to be exacerbated by continued uncertainties.

The prime need of the provision of a safe, secure, and predictable environment (see Allodi, 1982; and above) may thus be rendered virtually impossible. The principle

however remains, and an attempt should be made to provide the safest environment in the circumstances.

Additional stresses may also be placed on the detainee, both by his particular symptoms and by the demands of the external environment. Secondary complications that may result from symptoms (and their cyclical effect) have previously been noted, and themselves may be mediated by the availability or otherwise of understanding support systems. Specific demands of the environment may include such factors as having to go into hiding (see Case Study - Appendix), demands from the ex-detainee's organization (which may itself be in disarray as a result of detentions or other forms of repression), financial difficulties, increasing political crises, and such like. These may further exacerbate symptoms.

A further complicating factor peculiar to the South African situation is aptly summed up by Levenstein (1986), who states :

> it will be appreciated that the development of such services has scarcely been encouraged by the repressive system of Government (in South Africa), and that attempts to provide such services have been hampered by very restrictive legislation as well as by a lack of enthusiasm for this work in the 'caring professions'. (p.4).

Inpatient units (dealing specifically with problems in the area) thus appear largely out of the question, and support groups may not be able to be as integrated as some overseas centres. Nevertheless the above (overseas) general

principles still apply, although methods may certainly have to be adapted to take the unique circumstances of the South African situation into account.

One advantage of the local situation over the refugee one however, is that South African ex-detainees are not by necessity isolated from previous support groups and in need of forming whole new communities.

The importance of the mobilization of these support groups, which include family, political colleagues, interest and community groups and organizations, cannot be over-emphasized. In most cases they may indeed be sufficient to ensure the re-adaptation and continued healthy functioning of the ex-detainee. It has, for example, previously been noted that those with adequate supports tend to cope better.

7.3.2 Treatment teams in South Africa

Despite the above difficulties, treatment teams have nevertheless been formed in some of the major cities of South Africa (e.g. DTT and OASSSA in Cape Town, The Detainees' Counselling Service in Johannesburg, and The Natal Health Group in Durban).

They have attempted to utilize the experience and knowledge gained by overseas teams, and have adapted these to local conditions. Their focus has not only been on treatment

(secondary and tertiary prevention) as such but also on prevention (i.e. primary prevention). DTT, for example, runs workshops for various groups (both to extend counselling skills and supports, and in order to educate), and provides support, knowledge and research to those who request it. The important preventative function of such services was outlined in the previous chapter.

With regard to treatment, these groupings generally employ a crisis-intervention approach (Manson, 1986), with referral of cases requiring additional intervention. This is partly due to practical considerations such as transport difficulties that militate against regularity of treatment. Most ex-detainees are generally only seen for one or two sessions (sometimes more) and, if it appears necessary, referred on to sympathetic health professionals for continued long-term management. It has however been found that, by allowing the ex-detainee to re-experience the traumatic event in an emotionally supportive environment and reassuring where necessary, sufficient relief may be provided in only a few sessions.

Referral for physical, legal or social intervention is also occasionally necessary. Some of these groupings, which consist of both lay and professional people, are however able to cope with certain of these necessities themselves. Families are also sometimes seen and/or referred on to other support groups (such as DPSC).

Trust issues are usually, at least in part, surmounted by a self-selection principle, whereby the voluntary nature of the groupings generally ensures sympathetic counsellors.

Reassurance usually takes the form of letting the ex-detainee know (if these factors are so) that his difficulties are common ones, not unique to himself, a normal reaction to an abnormal situation, and that he is not going mad or crazy (as he may fear). This often relieves a major source of anxiety. More serious cases, where these factors are not so, may be referred on.

Simple education, too, has been found to be useful. The importance of such issues as physical exercise, need for time to recover, a healthy diet, predictable routines, for example, may be stressed.

Groups of ex-detainees have also sometimes been used. Practical considerations however usually militate against their use.

Finally, according to Manson (1983) the "therapy is usually aimed at alleviating guilt, fear and humiliation, and helping the person to regain a sense of adequacy and self esteem" (p.8). Although the focus has been on general treatment principles it is important to note that these need to be adapted to take the specifics of each particular individual into account.

7.4 SUMMARY

It has been seen that treatment involves far more than just psychotherapy. A multidisciplinary approach, that acknowledges all of the difficulties and needs peculiar to any particular ex-detainee and that draws on as broad a range of available supports as possible, has been stressed.

General principles with regard to treatment of detainees and victims of persecution both in South Africa and at various overseas centres were outlined, and the specifics of the latter highlighted. It was noted that South African treatment teams have utilized knowledge gained by these overseas groups, and applied it taking the specifics of local conditions into account. Much has also been gained from experience, and no doubt such gains will continue to be made.

Finally, strategies after referral, were stressed, while not much attention was given to when or whether to refer. This chapter concludes with a more detailed answer to the latter in simple, and easily followed, flow-chart form (See Figure 1 overleaf).

FIGURE 1

Steps in referral procedure for professional psychological help

is the problem psychological?	NO	refer:other agencies medical/legal problems
YES		
does it respond to reassurance and containment?	YES	don't refer
NO		
mobilize support is there support from family friends/organizations?	YES	with specific instructions
NO		
are problems receding on reassessment over time? (+/- 4-6 months)*	YES	don't refer
NO		
are there long standing marital/ family/personal problems exacerbated by the crisis?	YES	refer to appropriate agency: not necessarily crisis team
NO		
is there bizarre behaviour? unreasonable beliefs? disproportionate suspicion?	YES	refer to psychiatric casualty, psychiatrist or psychologist
NO		
do the symptoms interfere with daily functioning? work/family/social/intimate relationships affected? suicidal thoughts?	NO	reassure and assess again later

REFER TO CONCERNED MENTAL HEALTH PROFESSIONALS

* Note : This time period assumes that there are adequate resources and supports to contain the person during this time. Earlier referral may well be necessary in some cases.

From Health care after detention : A manual for primary health care workers (p.16) by NAMDA, 1985, Cape Town : Child Guidance Clinic

SUMMARY AND CONCLUSION

CHAPTER 8

SUMMARY AND CONCLUSION

8.1 SUMMARY

South Africa is in a state of political and economic crisis. Its citizens are living under the second State of Emergency declared in as many years. An increasing number of people are being detained and held without trial in severely stressful conditions. Most are likely to develop debilitating symptoms, yet there is little researched knowledge of the particular problems faced by the South African detainee and the best methods of treatment.

One of the major aims of this dissertation was to provide additional knowledge in this much neglected area. Much stress was placed on the importance of viewing detention in the context of repressive measures used by the State in order to control opposition. This function of control of alternative power bases should be seen as the overriding goal of detention. Subsumed thereunder are a number of other goals which include the extraction of information, punishment, the breaking of organizations and the intimidation of the detainee against opposition to the State. Only by understanding the aims of detention is it possible to begin to understand the particular psychological processes and effects of the detention experience.

It was argued that in order to gain clarity it was necessary to break down the detention situation into a number of variables likely to be operative in the circumstances. Thereafter integration could take place, and this could be compared with 'real-life' experiences so as to check its validity.

First, consideration was given to solitary confinement (SC) and its traditional experimental analogies of social isolation, confinement, and perceptual and sensory deprivation. It was noted that SC is used for a number of different purposes including rehabilitation, quarantine, punishment, and interrogation and indoctrination. It was evidenced not to be a single entity with a uniform set of effects. Rather the effects were seen to be dependent on the particular conditions of isolation, the social context of the process, and individual differences in response.

SC for the purposes of interrogation was consistently found to heighten vulnerability and to result in highly debilitating effects. As a result of the former it was shown to be a likely basis for the process of interrogation. Finally, although conditions of sensory deprivation and a reduction in sensory stimulation appeared to be strongly implicated, SC for the purposes of interrogation was evidenced to generally result in a situation of overstimulation, high in intensity and low in predictability and controllability.

The coercive techniques used in interrogation too were seen to increase levels of stimulation. Their 'success' was shown to rely largely upon the interrogator's ability to constrict the detainee's need to react in a consistent and coherent way.

The variables of uncertainty, unpredictability and uncontrollability were also evidenced to be strongly implicated in detention situations. As independent variables in themselves they have been found to produce a variety of cognitive, affective and somatic disturbances in the organism. The initial response to loss of control is usually reactance and motivational arousal. Repeated exposure to the same uncontrollable events, however, eventually results in the cognitive, affective, and motivational deficits of learned helplesness. This pattern was clearly observed in detention situations.

Much evidence was presented that suggested that both psychological and physical methods of torture are used on a widespread scale on political detainees in South African security prisons. SC, in these circumstances, was noted to be a form of torture, and it was suggested that it is important to view it as such. It was shown for example, that as it gives rise to little public outcry there is an increasing temptation to make use of it in order to achieve the particular goals of detention.

Sequelae of torture were seen to be extremely debilitating, to extend to those close to the victim, and often to persist for many years. The extent of life-long irreversible damage however requires further research. Resultant effects were again seen to be extremely similar to those of the detention situation.

Post-traumatic stress disorder (PTSD) was shown to be commonly implicated as a sequel to detention. Debate, which remained inconclusive, was given to the possibility of a "detention syndrome" similar in nature to PTSD. It was also felt that much could be learnt about detention situations from a study of research in the area of stress. A number of individual differences (of significance to the detention experience) in predisposition to develop PTSD following trauma were noted. Other possible sequelae to detention were seen to include brief reactive psychoses.

Integration of the foregoing variables and of their likely effects were shown to reflect fairly accurately the variables, processes and effects of 'real-life' detention situations. Although detention experiences were noted to vary, they were seen to be highly stressful. It was again stressed that detention as a process, and as a particular means of repression, has both significant pre- and post-detention aspects.

Harassment even prior to detention, for example, was evidenced to be common. Depressive and anxiety-type symptoms, cognitive deficits and psychosomatic problems were seen to predominate during detention. The former were also evidenced to be common after release, as were interpersonal difficulties, behavioural and personality changes. Again, symptoms were seen to persist, in numerous cases, for many years.

It was noted that most people are able to muster a number of resources in order to oppose, prevent or counteract the many possible debilitating effects of detention. This they tend to do naturally. Training programmes are considered beneficial in that they provide knowledge and preparation that enables a realistic appraisal of the situation to be made. Such an appraisal itself markedly aids coping. These programmes should emphasize the fact that most previous detainees have coped with detention, spontaneously using their own resources.

Effective treatment was seen to involve far more than merely psychotherapy. A multidisciplinary approach, that acknowledges all of the difficulties and needs peculiar to any particular ex-detainee and that draws on as broad a range of available supports as possible, was stressed.

Finally, this dissertation has provided a reference to the psychological processes and effects of the detention

situation with specific reference to the South African detainee held in solitary confinement. Case material, that will serve to illustrate and elucidate aspects of the main body of the study, is appended.

8.2 FUTURE RESEARCH

It was noted earlier in this chapter that detention is a neglected area of research, and that there is a lack of knowledge of the particular problems faced by the South African detainee. Research has recently become increasingly urgent in the light of the large and growing numbers of detainees, who are likely to suffer debilitating effects. Such large numbers in themselves provide a unique opportunity for a mass of studies in the area.

Both the urgency and the lack of research suggest that direction should be given to future studies. In this way areas of particular need and neglect may be highlighted. Four such areas will be suggested here.

(i) No known work has been done on strategies employed by South African detainees in order to cope with their experiences, before, during and after them. Knowledge in this area would facilitate effective training programmes for the preparation of prospective detainees for their ordeals. The important role of support systems after release would also become clearer.

(ii) Little is known of the progression of sequelae over time, and what variables may effect these. Cases that are well documented (and there are numerous court records) provide excellent opportunities for longitudinal study. They also provide readily available data that may save valuable time.

(iii) The possibility of a "detention syndrome" has been suggested. This remains largely hypothesis, based on a few studies that have noted similar results. General research in the area of detention may address itself to this question as a secondary aim.

(iv) In order to predict the likely processes and effects of any particular detention situation more accurately, it would be useful to know more about the effects of specific variables. It is known that these are not linearly additive, nevertheless they would provide important information for predictive purposes.

This dissertation will have provided a broad theoretical overview and literature background that may usefully be used as a springboard for future research.

APPENDIX : CASE STUDY

APPENDIX

CASE STUDY

In the main body of this dissertation, the possible variables operative in the detention situation were detailed and the potential psychological processes and effects of these considered. Ways of opposing, counteracting or preventing the effects and some treatment strategies were also suggested.

This case study is presented in order to illustrate and elucidate certain aspects of the foregoing. Highlighted will be the development of PTSD following a severely stressful detention experience, and, in less detail, the progression of symptoms and general trends over time. Attention will also be given to various coping strategies and the subjective experience of particular detention variables. These various different aspects will be considered at differing points in the time sequence.

This case ("A") was selected both because of its illustrative potential and because of the opportunity it provided for a long-term (four to five year) longitudinal analysis. "A" spent 9,5 months in detention in 1981/1982, was examined extensively both physically and psychologically 13 months after his experience, and was later re-detained for a period

of almost four months during the 1985/1986 State of Emergency. He was seen by the author some six months after the latter release.

Data is taken from write-ups of the earlier detailed examinations, from extensive court records (as a result of a claim for damages), and from the author's own interviews with "A", family members, colleagues, and friends, a psychologist involved with the original examinations and court case, and a psychologist who saw "A" both during his second term of detention and briefly thereafter.

Further meetings were planned in order to fill in certain details and to discuss the account of what is written here. Access to "A" however, became impractical due mainly to his 'going into hiding' soon after our meetings, and as a result of the worsening political situation and fear of re-detention. The author thus apologises for any slight inaccuracies that may result from subjective interpretation. Further, certain details are of necessity fairly vague.

History and Premorbid Personality

"A" is a 30 year old, single "white" male, the elder of two boys, employed as a part-time travel agent, journalist and community organizer/researcher, presently living in a communal house in Johannesburg.

He was born in a big city in South Africa, where he has spent most of his life; was a normal, healthy child who suffered from the usual childhood illnesses and had no developmental problems. He attended three primary, and two high schools, and matriculated in the Transvaal. At school he was reportedly active in sport, popular with his peers, and chosen as the school representative to the Johannesburg Junior City Council. He obtained a BA Honours degree at the University of the Witwatersrand where he became active in student politics, and was elected president of a national student political organization. A suspected peptic ulcer was successfully treated at the time. Following the completion of his Honours degree, "A" began military service and was on duty when he was detained in 1981. At about this time he was ill with suspected glandular fever. Prior to this, he had been detained briefly on several occassions without apparent symptomatic consequences.

His premorbid personality was described as cheerful, lively, and outgoing by both himself and collateral. He was reportedly "known for his boisterous good humour and infectious laughter", was "the spirit of things" and "made friends easily". He was a physically and mentally healthy person with a warm personality, and had for many years been a keen long-distance runner. Finally, some time prior to his detention in 1981 he had become aware of a growing body of criticism against him, and from within his broad political sphere of influence. Some questioned his allegiances and

felt that he had a domineering and undemocratic way of working. This resulted in his never completely being sure whether his friends and associates fully trusted him.

The 1981/1982 Detention Experience

"A" was detained without trial in 1981 for a 9,5 month period. He was generally held in solitary confinement, denied visitors and mail most of the time, and alleged both physical and psychological abuse. During his detention he was successively detained under three different security Acts, the latter two of which allowed for indefinite detention. He was transferred to different prisons at least eight times, twice in the first eight days.

Alleged psychological forms of torture included threats of physical abuse, death and sleep deprivation, lengthy periods of cross-questioning in interrogation, and threats of assault, victimization and reprisals if he reported his maltreatment, or that of a fellow prisoner who later died in detention.

Alleged physical abuse included beatings (hit over ears with an open hand, punched over body, kneed in face, pulled around by hair), assault of his testicles, whipping of the soles of his feet with a sjambok (falanga), strangulation with a wet towel, electric shocks to various parts of the body, a tight fitting bag placed over his head and face with water poured

over it in order to cause him to suffocate, lengthy periods of forced standing (including when his wrist was handcuffed to his ankle) and sleep deprivation.

The majority of the above abuses were alleged to have taken place over a two day period some two months after "A's" arrest, and resulted in a lengthy statement being written. During the claimed torture, "A" feared death and brain injury.

Lengthy coercive interrogations, during which numerous statements were extracted, were also alleged to have occurred throughout the 9,5 month period.

"A" claimed that nightmares, generally of assaults by the police, began the evening after the main abuse. Various physical symptoms were reported to be immediately evident, and included major bruising, spasms in the back of the neck, pain in various parts of the body and head, and swelling of the face, feet and ankles. Headaches and concentration difficulties had their onset about a week later. "A" also described the depressing and anxiety-provoking uncertainty of indefinite detention, and the constant fear of interrogation. He thought much of his family and about the things he should have done for them in order to be a better son and brother.

Finally, another event that was highlighted as particularly stressful was his being presented with separate evidence of

his colleagues having implicated him in actions he had previously consistently denied in interrogation.

Post-traumatic Stress Disorder

Soon after his release "A" went into hiding for five months as a result of political developments. This was reputedly a period of particularly severe symptomatology, and one in which he generally mixed with people outside of his political sphere. He appeared particularly mistrustful of his old friends and political colleagues and reportedly shunned any form of involvement. Harassment continued, bricks were thrown through his windows, and a dead cat was left on his verandah.

Some months later, and after increasing political involvement, "A" decided to proceed with a plan to claim damages suffered as a result of his alleged maltreatment in detention. As a result he was extensively physically and psychiatrically assessed, some 13 months after his release. Symptomatology was consistent with a diagnosis of post-traumatic stress disorder, acute and chronic, meeting the following DSM-III (1980 - See Chapter 4) criteria :

A. A recognizable stressor that would evoke significant symptoms of distress in almost everyone - namely torture

and a lengthy period of detention, with concomitant severe levels of stress.

B. Re-experiencing of the trauma as evidenced by :

(1) recurrent and intrusive recollections of the event;

(2) recurrent dreams of the event - unpleasant dreams of detention and assaults. A recurrent nightmare of a certain Major tramping on his face;

(3) sudden acting or feeling as if the traumatic event were reoccurring, because of an association with an environmental or ideational stimulus - lifts, for example, that reminded "A" of his confinement, led to phobic reactions.

C. Numbing of responsiveness to the external world, beginning after the trauma, as shown by :

(1) markedly diminished interest in political and social activities;

(2) feeling of detachment or estrangement from others - emotional numbing with loss of previous ability to respond spontaneously with normal feelings to interpersonal situations, a resultant sense of flatness and emptiness, a lack of empathy, difficulty trusting, intolerance and lack of faith in anybody, and consequent strains on personal relationships from casual to the most intimate, taking things too seriously; that is, as if everything were a life or death pursuit;

(3) constricted and blunted affect.

D. Additional symptoms that were not present before the trauma :

(1) hyperalertness (excessive vigilance) and heightened startle response - evidenced during interview, and as a result is constantly tense and unable to relax;

(2) sleep disturbances including

(a) insomnia with chronic sleep deprivation and fatigue (sleeps 3-4 hours per night) - dread of falling asleep because of fear of nightmares, therefore takes 'cat-naps' during the day and asks friends to wake him prior to possible disturbance,

(b) regular nightmares, usually of assaults by police or unpleasant incidents with friends,

(c) night terrors - "I wake up with a fright, in a state of terror and I am not sure what has woken me. It takes a few minutes for me to either ascertain whether or not I was dreaming or whether there was real fear and whether there is anything that I have to be afraid of",

(d) hypnogogic hallucinations of a fearful type;

(3) concentration difficulties - his mind constantly wanders onto disturbing thoughts not directly associated with the work at hand - thoughts of

assassination, death, and of his vulnerabilities and dysfunctions;

(4) guilt about statements made in detention;

(5) avoidance of activities that arouse recollection of the traumatic event - political activities, and lifts, for example;

(6) intensification of symptoms by exposure to events or circumstances that symbolize or resemble the traumatic event - seeing police officers, and unexpected noises in the night;

(7) general apprehensiveness and anxiety, with specific fears of being alone, of being attacked or assassinated, of strangers, of open spaces, and of entering and leaving buildings;

(8) musculoskeletal tension syndrome with stiffness and pain in the musculature of the neck, back and legs, and an inability to relax;

(9) depressive symptoms including sadness, brooding, a sense of being old, weight loss, and loss of previous characteristic optimism and spontaneity and general enjoyment of life;

(10) excessive preoccupations with health, diet, nutrition and cleanliness - somewhat compulsive running and 'workoholism';

(11) regular headaches;

(12) chronic irritability with restlessness, impatience, shortened attention span and intolerance for the shortcomings of others; and

(13) paranoid ideation (excessive fear of assassination and death) and lack of trust (particularly with political associates).

Soon after the first set of assessments "A" broke off his steady relationship with his girlfriend (both apparently agreeing that the break was caused by his symptomatology subsequent to his detention), and then (reportedly in hope of overcoming his difficulties) went on an overseas holiday. There was, he felt, some symptomatic relief as a result (he continued to fear assassination however), but on being re-assessed a few months after his return (and just prior to litigation) "A's" condition appeared to have worsened (particularly with regard to depression).

Finally, he reported a subjective increase in severity of symptomatology during the actual court case.

Some brief comments

The development of a PTSD (both acute and chronic) in a premorbidly healthy personality and following severe detention experience has been clearly illustrated. An attempt was made to highlight those factors considered to play either significant counteracting or contributory roles in the possible development of certain effects over time. Here a few comments and important points will be stressed.

The questioning of "A"'s allegiances just prior to his incarceration may well have reduced his resistance to the particular stressors of the detention situation. Trust issues may also have been further exacerbated as a result (particularly those in relation to political colleagues).

As noted within the main body of this study, stress levels are likely to have been increased by regular transferrals between centres, by "A's" detention under successive and different Acts, and by the uncertainties inherent in indefinite detention. The latter, too was probably exacerbated by various threats and the occasional beating.

Nevertheless, it appears as though "A" remained largely symptom free and was coping fairly well prior to the trauma of major impact (i.e. the alleged two-day torture session). Here it would be expected that his many strengths and prior

exposure to detention conditions would have increased his adaptive coping abilities.

Following the intense trauma however, "A" almost immediately began to experience severe symptoms. The psychological component, of fear of death or major injury, necessary for the development of PTSD was evidenced to be present. So strong was his anxiety and fear of further torture that he immediately made a statement, large parts of which he reported he would never have written if he were not so vulnerable at the time. Feelings of guilt (particularly in relation to his family) were also clearly evident during his detention.

Stress levels continued to be high on release, as "A" was 'forced' to go into hiding. His symptoms (of avoidance and mistrust of people, and perhaps guilt) and feelings of betrayal (as a result of his colleagues having implicated him) meant that his previous support systems remained largely unavailable to him even at this time. An increase in severity of symptoms was experienced, further exacerbated by continued harassment.

Illustrated here are two important points, both of which will receive further illustration later. First is the development of secondary complications as a result of PTSD symptoms. Second is the role of environmental stress as a mediator of the severity of these symptoms (and perhaps even as a maintainer of the acuteness of PTSD).

Thirteen months after release, "A's" symptoms were still evidenced to be severe and to be maintained partly by environmental factors. His relationship with his girlfriend seems to have terminated as a result. After returning from an overseas holiday he was noted to be increasingly dejected. This, the psychiatrist who assessed him felt, was a result of "A's" hope for relief from symptoms during his visit abroad having failed. He thus returned having to accept more fully the degree of damage he actually had sustained. The focus of symptomatology thus appeared to shift further away from preoccupation with the traumatic event to that of disability (as would be expected by Scrignar's, 1984, Stage 3 of the development of PTSD - See chapter 4.)

The Pattern of Events Leading up to the 1985 Detention

The period around the court case was marked by increased political involvement as well as an exacerbation of symptoms. The former however became largely a lone pursuit of extreme "workoholism" (often of 16 hours per day), as "A" continued to mistrust mainly political colleagues. Relationships became more and more difficult.

Towards the end of 1984 however "A" noticeably began to withdraw and became increasingly disillusioned ("a noticeable apathy that we had never experienced before"). He stopped going into work and spent most of his time involved in a close

relationship that he had recently formed. "A" explained that he again began to fear detention as a result of the increasing political crisis in the Transvaal at the time, and therefore decided to keep a low profile.

When it was rumoured that a State of Emergency was about to be declared he had gone into the office to pack his things. His colleagues warned him to hurry, but "he didn't react for the first time" (he was usually known to be over-cautious) and was arrested.

The 1985 Detention Experience

The next almost four months were spent in detention, mainly in SC. It consisted of three distinct phases : (i) the first 7 or 8 weeks, (ii) weeks 9 to 13, and (iii) week 13 to release.

Phase 1 : "A" described that he "started this detention at day 300", that is, exactly where he left the last, and as if there had been no intervening period. He became extremely withdrawn and consciously decided to block out any emotion (an emotional detachment that he had learnt to use in times of stress). All of his most severe symptoms of PTSD returned.

Much emotional energy was spent fighting a losing battle for small demands from the warders (a strategy that later became

his biggest asset). These set-backs (that were experienced as enormous) caused extreme anger that was redirected into a "pathological approach to exercise" or merely blocked. Every day 1000 sit-ups and 12 km of running around a small courtyard was compulsively done, even when injured.

An obsession with hunger developed and much time was spent thinking or dreaming about food. As a result of lack of food and excessive exercise, extreme fatigue set in, and "A" lost all sense of his own identity (and much weight). Temporal relationships no longer existed for him, and time was measured merely by "loss of fitness" (i.e. the more fitness he lost the more time he realized had past).

He also began to fear intellectual stagnation and felt a great hunger for information as to what was happening outside. "Radio Highveld" which was played consistently became a "form of torture" and "A" developed a physiological reaction to certain songs.

"A" found the uncertainty as to the length of his detention particularly difficult (echoed by his regular thoughts of Mugabe having spent 10 years detained under emergency regulations in Rhodesia). Also, he didn't know the law applicable to his situation (an Emergency last having been declared 25 years previously), so he was unsure of his rights. He realised however after a few weeks that his detention was

'preventative' and thus reported not having the extreme fear of interrogation, that he had during the previous detention.

He also spoke of strong need to talk to a particular police major who was extremely friendly when visiting his cell. Even though his symptoms were severe he gained much strength via communication with fellow detainees (who were held in solitary all in a row). He also spent much time doing trivial mental exercises and became "totally cerebral".

Finally, during phase 1 there was no access to reading or writing materials, but he did receive family visits fortnightly from the third week.

Phase 2 :

During this phase "A" began to redirect his battle for small demands from the warders to the possibility of legal action. He had learnt during his previous detention that he had statutory protection against punitive conditions (as he had not been tried), and thus requested his family to obtain an interdict. When the warders found out about this they relaxed the conditions, and allowed all four political detainees to eat together, gave them reading matter, better food, and games. The detainees, who continued to take decisions together, then went on the offensive and started demanding more bit by bit. Each victory gave "A" added strength.

He then eventually won a fight to see the State Psychiatrist, who in turn, allowed "A" to see a psychologist of his choice. He thus began two sessions per week, and used the psychologist as a reference point and an objective yardstick to begin to recover his identity.

The psychologist largely confirmed the above events and symptoms, but added that "A" appeared somewhat depersonalized and derealized, and had a feeling of unreality. Mood swings were also observed to be somewhat rapid. "A" too could think clearly about trivia, but would lose concentration when emotions were mentioned.

Phase 3 :

This phase began the day before the interdict was to reach court. The Minister of Law and Order relaxed detention conditions considerably, and Emergency detainees were given additional rights. This victory became a major milestone.

Continued therapy and new victories began to give "A" the strength to actively and consciously work through what was happening psychologically in detention, an ability that led to a marked decrease in symptomatology and increased knowledge about himself.

Finally "A" was released the day before a new interdict to "hear both sides of the story before detention" was to come before the courts.

Post Detention

Immediately after his release a restriction order which forbade him to work, was placed on "A". It was valid until the end of the Emergency (4 months later). This he reported helped him with his relationships in that he was given space and no expectations were placed on him.

On release, "A" felt the "usual elation" and found that he was suddenly no longer worried by interpersonal relationships. His friends noticed a conscious need on his part to repair the previous damage done, an attempt to again be spontaneous, and a new-found warmth and energy for people. He was also more trusting and less suspicious. He reported feeling that he had been helped considerably by both the above circumstantial factor and the opportunity to work things through with his psychologist.

"A" had also become more aware of his level of stress, experiencing it via the degree of his symptoms (particularly emotional detachment, sleeping difficulties and intolerance). This had allowed him to increasingly control and overcome these. There was also a definite decrease in the severity of hypervigilance and "paranoia" reported, but a continued

exaggerated startle response. Sleep he found was rarely disturbed, but his compulsiveness (with regard to diet, health, and running) appeared to have been exacerbated. Finally, "A" described how he often had to leave shops if Radio Highveld was playing, and that he couldn't do the exercises he did while he was in detention.

"A's" return to work appeared stressful in that it slightly exacerbated certain symptoms, particularly those related to interpersonal relationships. His difficulties in this area were again exposed but to a far less significant degree. He continues to be less trustful of political colleagues than of others.

This latter factor was clearly evident in the author's interviews with him, some two months after his return to work. He appeared extremely trustful and seemed to enjoy the opportunity to talk freely. A startle response to a noise outside was also evidenced as were 'normal' intellectual defences against painful emotions. "A" however made warm contact and related comfortably and spontaneously.

Further Comments

This latter section has served to trace the development of "A's" condition since litigation to some six months after his second detention.

Most major changes quite clearly appear to have been related to either his own level of political involvement or to the broader political situation in the Transvaal. It was evidenced, for example, that his interpersonal difficulties were exacerbated by his return to (political) work (and here trust issues seem to be of major significance). The restriction order placed on him that forbade him to work, too, appeared to give him space and to remove interpersonal demands; and with positive results. The role of secondary effects in the exacerbation of primary symptoms is thus again evidenced.

Political involvement itself, of course, may also serve to remind "A" of his detention experience and in this way increase symptomatology. His observed withdrawal and fear of re-detention as a result of the increasing political crisis in the Transvaal, too, lends support to this contention. Highlighted here may be a problem particular to detainees on their release (further research in the area is thus recommended).

The section on the 1985 detention also serves to illustrate a number of important points. Aspects of all of debilitation, dread, and dependency (DDD) were quite clearly present, much progress having been made when the former two were relaxed.

Various coping strategies, some of which will be further elucidated here, were also evident. The first is the

importance of knowledge of the law. "A" was able to use it to win certain battles which, in turn, gave him renewed strength, and in fact pulled him out of a rather depressed state. His original 'losses' served merely to further deject him, but as soon as he started 'winning' he was able to progress step by step. What this appears to suggest is that it is better for adaptation to begin with demands that are likely to be fulfilled, in order to gain strength to perhaps face later humiliations. Mental exercises were also successfully used. The biggest help, both in the short and long-term however, appeared to be his ability to work through troubling issues and to come to know himself better. This was of course done with the aid of a psychologist who provided a reference point. It nevertheless illustrates the important principle of making use of any possible positive potentials within the environment.

"A", on his release, also learnt to measure his stress levels by the severity of his symptoms, something that enabled him to deal with the problems at hand more effectively. Previously it appeared as though he unconsciously used coping mechanisms learnt during his first detention in all instances of stress. Quite clearly these may have been adaptive in the detention situation, but are problematic out of it.

Finally, the importance of a trusting relationship within which "A" could work through aspects of his experience without fear or suspicion was illustrated.

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