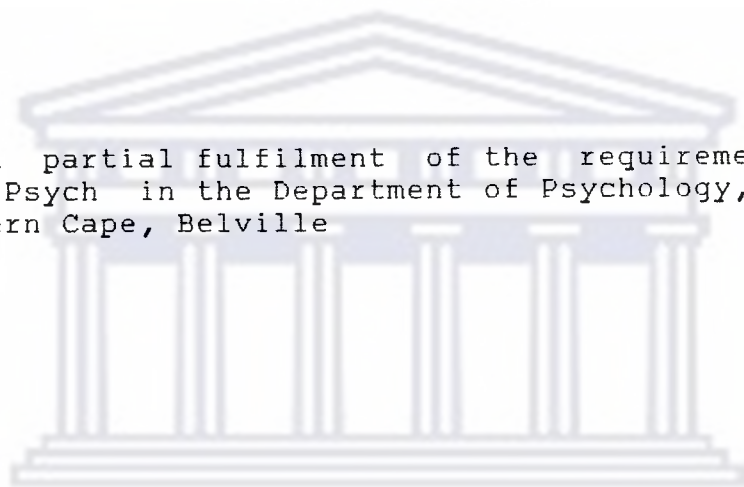


PSYCHOTHERAPY FOR SEQUELAE OF TRAUMA BASED ON TESTIMONIES OF
VICTIMS AT THE TRUTH AND RECONCILIATION COMMISSION

BY

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ABSTRACT

South Africans under the rule of Apartheid were exposed to torturous and traumatic experiences. The implementation of the Truth and Reconciliation Commission (TRC) was an attempt to uncover these traumas and to begin the process of redressing and making reparation for gross human rights violations of the past.

The analysis of testimonies of victims at the TRC hearings informed the purpose for this study. The evidence of psychological indicators and symptoms of trauma would inform the future role of psychologists with victims of human rights violations.

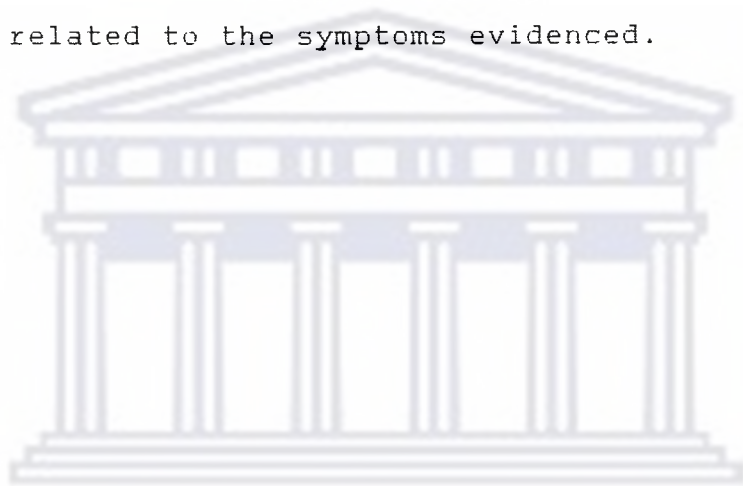
Ten transcripts of testimonies were randomly selected and in the qualitative tradition were content analyzed, culminating in the coding of information into themes and categories. The specific methods used for coding included open and axial coding and the utilization of analytic memo's.

The results suggested that traumatic events elicited various sequelae of trauma for victims. These ranged from occupational disturbances to family estrangement and social support. From the results themes in symptoms, systems and psychotherapeutic interventions were also derived. These themes included physical and psychological symptoms, macro-contextual systems and therapeutic interventions.

Systems theory proved useful in historically understanding symptoms within the context of a lack of co-operation and instability between macro-contextual systems. Psychoanalytic

theory was useful to construe an understanding of the relationship between sequelae of trauma and the past of victims and the South African nation.

The results suggested that future interventions would largely incorporate interdisciplinary teamwork between various macrosystems, a rescripting of the future role of the psychologist and psychodynamic therapeutic interventions specifically related to the symptoms evidenced.



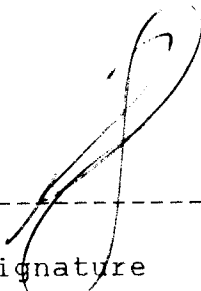
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DECLARATION

The author hereby declares that this whole thesis, unless specifically indicated to the contrary in the text, is her own original work.



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Signature

ACKNOWLEDGEMENTS

To my family, I say thankyou for enduring me , especially during the most difficult of times. The thesis came with its own trials and tribulations, and Mom you have been truly wonderful, in supporting me throughout. Your neverending encouragement and motivation will always be appreciated. You are one in a million.

To my best friend and mentor, Prof. Lionel Nicholas, thankyou for the jumpstart. Without it, I may have remained at an impasse for much longer. Your friendship has kept me sane during the most difficult of times. Thankyou for all this and more.

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CHAPTER ONE
INTRODUCTION

1.1 INTRODUCTION

South African victims are unique in that they find themselves in the spotlight of a global village. The identification of emotional indicators in South African victims of trauma has scientific and therapeutic value in relation to serving as a basis for future research and for intervention purposes, respectively.

South Africans' are struggling to come to terms with the violent and tormenting consequences of the past apartheid era. They are trying to shape a different future where peace and justice prevails. In this vein, South Africans' had their hopes pinned on a process of catharsis and the healing of past wounds through the facilitative Truth and Reconciliation process. The implementation of the Truth and Reconciliation Commission (TRC) was an attempt to deal with the legacy of apartheid as it pertained to a period of repression and the violation of human rights. Victims of the apartheid era were afforded the opportunity to testify about gross violations of their human rights during the era.

1.2 THE AIMS AND RATIONALE OF THE STUDY

It is hypothesized that the violations inflicted upon victims

of the apartheid era can be construed as traumatic. Testimonies can be expected to evidence psychological sequelae of the suffered trauma. An analysis of the testimonies may, from a psychological perspective, serve two purposes:

1. It might yield psychological indicators of the sequelae of trauma, and violations of human rights.
2. It will help psychologists to structure their own roles in the service of the victims.

1.3 REVIEW OF CHAPTERS

Chapter one entails a brief introduction to South African victims of trauma and the uniqueness of their plight as victims of the past apartheid era. It also succinctly spells out the aims and rationale of the study. Chapter two entails an overview of the literature including the theoretical framework utilized namely: **Systems Theory and Psychoanalysis**. It also looks at the South African political context and the atrocities that were committed by the National Party. This is followed by a brief exposition of **human rights violations** and its defining qualities. Hereafter the **Truth and Reconciliation Commission (TRC)** in SA is looked at, in relation to its defining qualities and goals. Other TRC's and how this influenced the commission in SA are also briefly covered. This is followed by a short discussion of psychological indicators of trauma in victims of human rights

violations. Special attention is given to **Mood and Anxiety Disorders**. Lastly, the literature overview addresses the past and future role of psychologists with victims of trauma, within the South African context. This is followed by a summary.

Chapter three entails the research procedure which includes the goal, design, sample, data gathering and data analysis.

Chapter four is the results chapter. It provides profiles of testifiers and victims and identifies themes in sequelae of trauma. It includes a section on intercoder reliability. This is followed by themes in symptoms, systems and psychotherapeutic interventions. The section ends with a summary of results.

Chapter five, deals with the discussion and recommendations. It includes a systemic understanding of themes in the testimonies, and a psychodynamic understanding of sequelae of trauma. This is followed by recommendations for future psychotherapeutic interventions, limitations of the study and a summary.

CHAPTER TWO

OVERVIEW OF LITERATURE

2.1 THEORETICAL FRAMEWORK : SYSTEMS THEORY AND PSYCHOANALYSIS

Systems theory which allows for an incorporation of psychoanalytic theory is used as a theoretical framework within which to construe the search for psychological sequelae of violations of human rights and its therapy. A system within systems theory is defined as "a collection of interrelated parts and the existing relationships amongst the parts. The parts are interconnected and form a whole" (Montgomery & Fewer, 1988, p.20). A system functions within a context. The context is often termed the macro level. People using a systems framework are interested in questions such as, what elements of a social system affect and are affected by other elements of the social system? How do systems fit together? What is the nature of subsystem interrelatedness? (Levant, 1984; Montgomery & Fewer, 1980). Systems theory seems to capture the complexity of South African history (past, present and future), as well as explaining the interactional modes of relating between subsystems at different levels. Systems theory is used to understand the context within which the TRC has come into formation.

At a macro level, the political parties, as systems in South African history were continually in conflict with each other. This conflict manifested on various levels within society in the form of violence, subordination and racial segregation. This conflictual political situation with violence as a symptom of systemic dysfunction resulted in severe disorganization of the larger South African social system. According to systems theory, this disorganization was necessary to bring about transformation and change (Montgomery & Fewer, 1988; Royce & Powell, 1983). Transformation and change was facilitated by the various political parties reaching a working agreement about the process of change and their involvement therein. Obviously, this process of change, in the form of a new democratic government, impacted on various subsystems of society. Included was the victim, the family, the economic, educational and social systems.

The implementation of the TRC may be seen as part of the process of facilitating change. It may be regarded as a systemic regulation device. It targets victims of gross human rights violations and the various subsystems to which they belong. However, the TRC is merely a stepping stone in the facilitation of an orderly society in the future South Africa. The TRC has started the process of healing past wounds, but this is merely the beginning phase of an arduous task to heal the nation.

Psychologists have a vital role to play in continuing the

process of healing which the TRC has started. This includes providing psychotherapy to victims of gross human rights violations. Therapy may have to be directed at various systemic levels and may include family, child and couple therapy. It may however, also have to address legal and economic systems.

Psychoanalytic psychotherapy, its early development being credited to Sigmund Freud, is regarded as useful for the understanding and treatment of victims of gross human rights violations. It associates adult dysfunction with the disturbances of early childhood, the past of the adult system (Meyer, Moore & Viljoen, 1989). Just as systems theory is relevant in the understanding of the past apartheid era and the consequences thereof, so too is psychoanalytic psychotherapy significant to the understanding of the past, current experiences and treatment of victims of gross human rights violations. These victims are also "waging battle" with their past experiences of trauma, which encompasses repressed and unconscious material from the apartheid era. Psychoanalysts maintain that early trauma is often repressed or operates unconsciously, as it is too anxiety-provoking to exist in consciousness (Sue, Sue & Sue, 1990).

Psychoanalytic therapy's theory depicts the unconscious, the id's content as a subsystem of the psyche which hosts the past. The ego is depicted as the subsystem which is in contact with the current, present reality. It can, under

favourable contextual conditions, have its boundaries permeable enough to allow id content to enter. Then it can process the painful, repressed memories of the past. It can, however, only do so to the extent that the third subsystem of the psyche, the superego allows it to. Thus, both the ego and the superego may in the terminology of systems theory, be phrased as executing systemic self-regulatory functions.

Various trends have also been identified in the use of psychoanalytic therapy, which include **object relations theory**. Within object relations theory there are various theorists such as Melanie Klein, Fairbairn and Donald Winnicott. This section will briefly outline the main tenets of object relations theory, and the interrelatedness of the different theorists.

Klein focuses on the earlier, pre-verbal fantasies of the infant. The mind of the child and the adult, in Kleinian theory is continually feeding off psychotic anxieties, such as a fear of persecution. The Kleinian perspective holds that there is a struggle between abandonment (depression) and destruction (paranoia). This is because the infant splits its world into all good ("good enough breast") and all bad ("bad breast"). Paranoia is a result of the persecutory anxiety of being devoured by the bad breast. The splitting of the two is a defense which serves to protect the good breast, as the fear exists that the merging of the two will destroy the good

breast. The infant enters a depressive position during the process of integrating the two. It feels that through its fantasies of destroying the bad breast, the good breast will be destroyed (Mitchell & Black, 1995).

Fairbairn utilized Kleinian concepts in his description of internal objects but the main difference is that he believed that the internal objects are substitutes for genuine fulfilling interactions with people, and not a by-product of all experiences as Klein theorized (Mitchell & Black, 1995). Fairbairn held that internal objects were pathological structures, as they are internalized substitutes for disillusioned relationships with others. Pathological relationships have an ambivalence which "results in a splitting of one's attitude about the person, such that the rejected part of that person is transformed into the status of an internal object" (Grotstein & Rinsley, 1994, p.5).

In this vein, the external person is the unsatisfying, "bad" object, which the individual internalizes as a means of adapting to a real-life situation that is disappointing (Fairbairn, 1952).

Fairbairn maintains that these identifications are either defensive or pathological, in an attempt to censor traumatic reality. He maintains for example that victims of trauma who display certain post-traumatic symptoms, have had pre-existing psychopathological characteristics, stemming specifically from

childhood (Fairbairn, 1952). He says that victims of trauma often feel guilty and ashamed afterward, acting as if they deserved to be victimized. This is because their endopsychic world consisted of bad, deserting objects. The endopsychic world refers to the psyche as consisting of substructures. Each substructure contains an element of the self in relation to an element of the object world (Grotstein & Rinsley, 1994). Grotstein and Rinsley (1994) say that Fairbairn's formulation of the nature of the endopsychic structure is the best way of understanding the emergence of post-traumatic symptoms in victims of trauma. These symptoms include internalizations and identifications with the perpetrator. They use the example of soldiers at war, who eventually depart from the metaphorical "parent of battle" only to return to the "good-enough breast" (mother or wife) at home, in an attempt to reconnect with the primary object of identification.

Fairbairn (1952) also says that depression and anxiety are dependent on whether precipitating circumstances are related to the loss of a real object in one's earlier history or there having been difficulties in object-relationships.

In relation to depression, within psychoanalysis the dynamics of anger is often related to depression. Sue, Sue and Sue speculate that depression may be "anger turned against the self" (1990, p.336). The repression of anger serves as a defense mechanism which prevents the individual from

regressing to an earlier childhood period that entailed impingements from an unsupportive environment, namely the parents (Fairbairn, 1952).

Winnicott was another theorist who placed importance on external impingements and the ability of the mother to protect the child. He utilized Kleinian concepts, as a result of being influenced by her theory, but placed a larger importance on the environmental nurturance provided by the "good-enough mother". When the mother does not protect the child from impingements, the child responds to the world prematurely, through a false self (a self that is compliant to external demands). This is a split from the true self, which is the spontaneous independent self (Clancier & Kalmanovitch, 1987; Mitchell & Black, 1995; St.Clair, 1986).

The TRC may be construed as an attempt to make reparation for previous impingements to South African victims of trauma, by providing an environment of "good enough mothering", in an attempt to facilitate the emergence of the repressed past. It is conducted with the hope that the memories held by South African victims of macro contextual violence can enter consciousness. This would enable rational and therapeutic management of the repressed past.

2.2 THE SOUTH AFRICAN CONTEXT: A NATION IS BROKEN

The National Party (NP) came into power in South Africa (SA) in 1948, under the law of racial separateness. The NP, using the law, delegated rights, privileges and powers to South Africans on the basis of racial discrimination and segregation, in order to maintain white rule (Dugard, Haysom & Marcus, 1992). Smith (1979) chillingly describes the overt and covert maliciousness of the apartheid system in the *Anatomy of Apartheid*. Amongst the many strategies employed to maintain apartheid rule, was the "divide and rule" strategy which allowed the centralization of power as opposed to broadening democracy. Minority domination also resulted in a psychologically divided nation, with South Africans fighting and killing each other in an organized manner (Du Toit & Heymans, 1985; Minnaar, Liebenberg & Schutte, 1985). In addition, observation of recent media coverage has highlighted the inhuman and cruel third force security management systems and other covert operations utilized in the maintenance of a non-democratic government.

Consequently, this resulted in a vicious cycle of violence in an endeavour to attain political objectives, both from the apartheid regime and anti-apartheid movements, such as the African National Congress (ANC). On February 2, 1990, the thirty year old ban on the ANC, Pan Africanist Congress (PAC) and the South African Communist Party (SACP), was lifted in the interests of negotiations aimed at achieving equal human

rights for all in SA. It is important to note that the suggestion of a TRC for SA was first suggested by the ANC within a specific context. The ANC conducted internal commissioned investigations, due to allegations of human rights violations in ANC camps. However, investigations failed to clear some ANC leaders from possible involvement. This resulted in other members from the ANC introducing a TRC, to which the ANC would be equally subjected (Du Toit, 1994).

2.3 VIOLATIONS OF HUMAN RIGHTS

Singh (1986) and Staunton and Fenn (1990) emphasize that the twentieth century has brought about a renewed international interest in human rights. Singh says that this interest has promoted the idea of a united human race, irrespective of national boundaries. The resurgence of interest in human rights has resulted in it being viewed collectively and in relation to individual human beings. However, the problem lies in a lack of enforcement of these rights, when atrocities such as torture, abduction and killings result in serious violations of the rights of human beings. A universal definition of human rights violations was not evident from the literature. This may account for its continued violation.

The Universal Declaration of Human Rights (Staunton & Fenn, 1990) adopted by the General Assembly of the United Nations in

1948 voiced that all human beings would be recognized as free and equal in dignity and also rights. This encompassed not only political rights but basic rights such as food, housing and security. It also included the right to a culture, the right to the conservation, protection and improvement of the environment, economic rights as well as individuals having the right to determine their political orientation freely and without foreign interference. Under this declaration, the rights of minorities are also protected. It also states that contravention of this declaration results in a breach of obligation towards the international community and constitutes the enforcement of gross human rights violations (Staunton & Fenn; Shivji, 1989). The literature reviewed indicate consensus that gross human rights violations include the violation of any of the above rights, as declared in the universal declaration of human rights (Staunton & Fenn).

The TRC regards gross human rights violations as including the killing of people, the kidnapping and severe ill-treatment of people. The TRC limits gross human right violations to a political context. This includes violations that were committed with a political aim either by a political or liberation organization. It also pertains to violations which were part of a political struggle and violations that were employed by the State or a member of the security forces acting with a political aim.

2.4 THE TRUTH AND RECONCILIATION COMMISSION IN SOUTH AFRICA

The TRC in South Africa is a highly controversial commission which demands that serious human rights violations of the recent past, 1960-1993, be brought into the open. The TRC also demands amnesty for acts associated with political objectives (Du Toit, 1994). The commission was intended to last for a maximum period of two years.

Three specialized committees, one dealing with amnesty, one with violations of human rights and one with reparation to victims were established. Each of these committees had specific objectives and were chaired by various commissioners. The committee on Amnesty requires full disclosure as a precondition. It focuses on perpetrators and the political inclination of their actions. Individuals who are not successful in their amnesty applications may be liable at a later date for prosecution of human rights violations and civil action. The committee on human rights violations focuses on victims, giving them an opportunity to relate their stories and adhering to their need for public acknowledgement of past atrocities. The third committee on reparation attempts to compensate victims and to also make recommendations to the president regarding the restoration of their dignity (Du Toit, 1994).

The Minister of Justice, Dullah Omar (Omar, 1994) described

the intent of the TRC as follows:

- a) Witch hunts or Nuremburg trials were not intended,
- b) The establishment of a TRC and the holding of public hearings would help South Africans to come to terms with their past,
- c) The tasks of the committee would include the investigation and establishment of the truth concerning human rights violations and the acknowledgement thereof and
- d) Consideration would have to be given to the victims.

The aim of the TRC is to bring about national unity and reconciliation in SA, by advancing the process of social reparation. Social reparation entails publicising the truth about victims' experiences, confronting the pain, loss and conflict that have been intentionally subverted. Reparation at the TRC hearings has a dual purpose. Firstly, within a psychoanalytic framework it refers to the intrapsychic healing of massive psychic trauma. However, it also has a legal connotation, implying economic compensation. This double meaning has relevancy to the fact that psychoanalytic healing must occur on an individual and societal level, and can only be completely fulfilled if it incorporates legal reparation (Becker, Lira, Castillo, Gomez & Kovalskys, 1990).

2.5 OTHER TRUTH AND RECONCILIATION COMMISSIONS

The idea of a Truth Commission was a new idea in SA. When the Minister of Justice, Dullah Omar, proposed a Truth Commission after the elections, it was clear that it generally was not a well understood concept. It was confused with Nuremburg "type" trials (Du Toit, 1994).

The Nuremburg trials followed the German defeat in World War two. It consisted of the persecution of German leaders before an international tribunal for crimes against humanity and for war crimes. There were good reasons not to follow the Nuremburg model, such as that political leaders were prosecuted for crimes against humanity, the demands for justice overrode the concern for truth, perpetrators were not prosecuted according to German law and that the past was not settled amongst Germans themselves but included other countries who were guilty of similar offenses (Du Toit, 1994). The TRC in SA is based on the very different experiences of certain Latin american countries. Argentina, Uruguay and Chile in the 1980's subsequently went through a similar transition from an authoritarian government to some form of democracy.

Argentina attempted to achieve justice through the prosecution of military leaders, who had been responsible for, or who were involved in human rights violations. This process

became messy and difficult to contain, partly due to failed attempts to convince the military to purge themselves through military tribunals. Their efforts to achieve both truth and justice had failed (Du Toit, 1994).

The Uruguayan experience was to embark on an opposite direction to that of Argentina. The Uruguayans did not want prosecutions for past atrocities to happen. The need of civil society to confront past atrocities, as opposed to political and military leaderships who wanted to bury the past, under the banner of a quest for stability, left Uruguayan civil society "bitterly divided during the first few years of the new democracy" (Du Toit, 1994, p.66).

Du Toit (1994) stated that the Chilean experience was much more successful after having learnt from the mistakes of Uruguay and Argentina. Firstly a national commission on Truth and Reconciliation was established to extract the truth regarding gross human rights violations. Their first priority was for truth with a subsequent emphasis on justice. This was more successful, due to the support of the civilian president, its limited time span, access to state resources and due to limiting the commission to specific atrocities.

2.6 PSYCHOLOGICAL INDICATORS OF TRAUMA IN VICTIMS OF HUMAN RIGHTS VIOLATIONS

There is general consensus in the clinical research literature that individuals exposed to extreme situations of trauma demonstrate a high rate of psychological sequelae (Weine et al., 1995). Observed symptoms and syndromes are experienced by victims on both a short and long-term basis, targeting their thoughts, emotions and behavioural patterns (Tedeschi & Calhoun, 1995). Studies conducted with refugees and victims of political repression indicate a strong relationship between the trauma experienced and Post-Traumatic Stress Disorder (PTSD), as well as other problems such as anxiety, depression, somatization and dissociation (Becker et al., 1990; Pillay & Schlebush, 1997; Weine et al., 1995). Pillay and Schlebush (1997) in their research with victims of trauma at the TRC, revealed that the commonest disorders evidenced were that of PTSD, Mood and Anxiety Disorders, somatic complaints and an increased alcohol intake. They also evidenced new symptoms: namely an avoidance of people and verbal expressive fatigue, where testifiers are too tired to talk.

The clinical diagnostic category of PTSD is commonly diagnosed in individuals who continually experience the debilitating impact of extreme trauma (Wilson, Harel & Kahana, 1988). The Diagnostic and Statistical Manual of Mental Disorders 4 (DSM 4) lists various diagnostic criteria for the diagnosis of PTSD. According to the DSM 4 (American Psychiatric Association, 1994) the individual's response to the

event must involve intense helplessness, horror or fear. Characteristic symptoms of the trauma include the persistent reexperiencing and recollecting of the traumatic event and physiological reactivity to cues resembling the trauma. Individuals also experience restricted affect, feelings of detachment from others, an inability to recall important aspects of the trauma as well as persistent symptoms of increased arousal. These may manifest in for example sleep disturbances, outbursts of anger and difficulty with concentration (American Psychiatric Association).

Research indicates that in addition to PTSD, victims of psychic trauma also experience changes in consciousness, memory, personality, identity and character (Sutker, Uddo, Brailey & Allain, 1993; Weine et al., 1995). It is further emphasized by Weine et al., that even though traumatized victims may not meet criteria for a DSM 4 classification, that the atrocities still have immense significance for the affected persons.

"The scene of torture is characterized by the maximal degradation, humiliation and dehumanization of relations between persons" (Becker et al., 1990, p.139). They reiterate that the physical and mental consequences of torture not only directly affects victims, but their families and friends as well.

Politically motivated torture, argue Becker et al., (1990)

aims to destroy or undermine the psychological integrity, loyalty and affective ties of victims, destroying aspects of their identity that gives purpose to their existence. They say that the torturer imposes a dilemma on his victim: to allow themselves to be brutally mistreated with the possible consequence of death or to betray their own political beliefs and companions, transforming themselves into executioners.

The long-term consequences of this double-bind situation are complicated processes of grief and a range of depressive conditions, including humiliation and demoralization. Victims' experiences of trauma also has a debilitating effect on their coping resources and defense mechanisms. The weakened defense strategies employed by victims results in a regression to an earlier level of functioning characterized by denial, splitting, avoidance, numbing, depersonalization and derealization (Becker et al., 1990; Weine et al., 1995).

2.7 THE ROLE OF PSYCHOLOGISTS WITH VICTIMS OF HUMAN RIGHTS VIOLATIONS

In South Africa with its diversity of cultures, it is remarkable that there is widespread evidence of respect for healers. Healers are generally perceived as good and kind, wise and helpful. Yet in SA, as elsewhere in the world, the positions of power that healers occupy may be used for good

and for harm.

The collaboration of a psychologist and psychiatrist with the prison officials in Uruguay, by inducing depression and mental breakdowns in former political prisoners, is a good example of psychological and psychiatric culpability (Stover & Nightingale, 1985). Another example is the death in 1977 of the Steve Biko, the South African black consciousness leader, which elicited strong reactions within SA and internationally. His death did no credit to the medical profession, as the district surgeon in charge on examination of Biko, signed a certificate claiming no evidence of abnormality or pathology. At the time, however, Biko suffered from various physically abnormal symptomatology (Rudolph, 1984).

In relation to the future role of psychologists in SA, Nicholas and Cooper (1990) maintain that psychologists should involve themselves with social problems that are relevant to our society and to the larger South African population. Swartz, Dowdall and Swartz (1986, p.138) said that, "part of the challenge we face and this is a challenge for the profession as a whole, is to develop a mode of practice truly applicable to our environment." The study of the plight of South Africa's "poor white" population in 1920 by Dr. F. Kepple, president of the Carnegie Corporation, is an example of psychologists not merely "sitting on the fence", but playing an active role in the exploitation of blacks. This

was an enormous project, with a duration of five years and well funded, but biased in its assumptions that the most pressing issue at that time was the "plight of the poor white", when the majority of blacks were politically, economically, personally and socially suffering the consequences of apartheid (Nicholas & Cooper). Once again, it is important to reiterate, that the future role of psychologists, particularly with victims of gross human rights violations, is to get involved in issues of a socio-political nature, as psychologists have valuable contributions to make.

Nicholas and Cooper (1990) also emphasize that the future role of psychologists in South Africa can be defined according to how psychologists confront the question of social, political, economical and personal change. They maintain that psychologists and the profession of psychology as a whole, has a history of directly and indirectly contributing to the system of apartheid and consequently to the exploitation and oppression of blacks. The future role of psychologists includes an attempt to rectify past racial prejudices, by actively attempting to not remain indifferent to professional culpability and to the suffering of South Africans (Nicholas, 1992).

Nicholas and Cooper (1990) stress that one way in which psychology can be restructured in SA, is to first address and acknowledge the past indifference and silence of psychologists

and psychological associations. "Over the past half century, psychology has demonstrated its value to the apartheid state. It remains to be seen whether it can also help create and sustain a democratic, non-racial society" (Nicholas & Cooper, 1990, p.19). It is evident from the work of Nicholas and Cooper that they plead for a rescripting of the former role of the psychologist. They plead for a future role of the psychologist which addresses not only the psychotherapeutic healing of victims of human rights violations, but also the structure and function of the supra system, the context within which victims of violations have to heal and have to live in the future.

2.8 SUMMARY

South Africans, under the law of racial separateness were subjected to various trials and tribulations, which resulted in a society that was literally broken down by anger, violence and conflict. The human rights violations committed against victims are only now being addressed through commissions such as the Truth and Reconciliation Commission. This commission was specifically formed to address atrocities committed during the apartheid era. However, this commission is limited in relation to time and its ability to psychologically heal the nation. Mental health professionals, particularly

psychologists would be of necessity in targeting appropriate interventions for victims of gross human rights violations. The literature has indicated that victims of trauma experience a diversity of psychological symptoms and that victims generally respond to trauma in a significantly debilitating manner. Therefore one can expect that the role of the psychologist with victims would be a mammoth task, but of utmost necessity.

The logo of the University of the Western Cape, featuring a stylized classical building with six columns and a pediment.

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CHAPTER THREE

THE RESEARCH PROCEDURE

3.1 THE RESEARCH GOAL

The goal of this study was to identify sequelae of trauma in South African victims of violence. A secondary goal was to inform a future therapeutic role for psychologists dealing with the plight of victims of violence.

3.2 THE RESEARCH DESIGN

The study incorporated a multiple case study qualitative method for non-experimental, post-test design, which conceptualized the testimonies at TRC hearings as the post-test measure subsequent to a distinct event, the trauma experienced under the apartheid regime. This design allowed the researcher to gain insight into the changes within subjects. Although this design lacks in internal validity and is vulnerable to most time related threats to internal validity, it is the most appropriate for research following natural or unsimulated events (Morris & Fitz-Gibbon, 1987). The design was strengthened with the use of qualitative methods as will be illustrated later.

3.3 THE RESEARCH SAMPLE

The sampling frame consisted of 105 interview transcripts of testimonies provided by the Information Analyst and Documentation Officer at the TRC. A complete list of all testimonies rendered by victims of human rights violations within the Western Cape was compiled, and a random sample was selected for the study. The final sample comprised of 10 transcripts (10%) of the complete sampling frame (Baker, 1988).

3.4 DATA

The primary source of data was the transcripts kept on file of the testimonies rendered by victims of gross human rights violations. The advantage of this method is that it is a ready source of data which has already been transcribed and kept on record. A major concern when using existing records is generally the state in which these records are kept. However, in the present study this was less of a problem since the records are current and have been kept in a standard format.

3.5 DATA ANALYSIS

Given the qualitative nature of the data, the most appropriate form of analysis would also be from the qualitative tradition. The data were subjected to content analysis which entails the methodical and reflective reading of the transcripts, culminating in the coding of information into themes and categories. The specific methods used for coding included open and axial coding, as well as analytic memo's of two independent coders. The initial process of open coding entailed the locating of themes and assigning codes to these themes in an attempt to condense the data. This was done by reading through the data and looking for key events, critical terms and themes (Neuman, 1994).

Axial coding entailed less focus on the data itself and more focus on the initially coded themes and the categories that emanated from them. The main purpose was to raise new questions around themes and categories, for example, eliminating themes, joining themes together or re-examining themes in more depth (Neuman, 1994).

In conjunction with the above two processes of open and axial coding, analytic memo's were kept for each category. These entailed the clinical thoughts and ideas of the coders, about the psychological trauma of victims as evidenced in each category. The purpose was to link the information in the

transcripts with the abstract thinking of the coders. These memo's were utilized during the total process of data analysis to assist with the identification of themes and categories (Neuman, 1994).

The process of coding was simultaneously conducted by a second coder to enhance reliability (Neuman, 1994). Intercoder reliability was enhanced by a briefing session. The systemic positions, qualifications and characteristics of the coders will follow.

3.6 BACKGROUND HISTORY OF CODERS

CODER A

She has completed her internship in Clinical Psychology. Her postgraduate studies incorporated training in both psychodynamic and systems theory and practice.

CODER B

She has completed her internship in Counselling Psychology. Her postgraduate studies and internship similarly included systemic work and psychodynamic theory and practice.

CHAPTER FOUR

RESULTS

4.1 INTRODUCTION

A number of events which followed initial traumas contributed to symptom formation. These symptoms were used as emotional indicators of unresolved traumatic crises. An understanding of the relationship between trauma, events and symptoms were sought to contemplate appropriate psychotherapeutic interventions. Hence, these themes, subthemes and categories were explored (Appendix 1).

At times, interventions considered were based predominantly on symptoms and at other times on the nature of the trauma and subsequent events. Analyzed memo's (Appendix 1) informed the nature of therapeutic interventions as these memo's reflect the thoughts of the coders who were trained for registration as professional psychologists.

Appendix 1 provides an overview of the results. The following sections and tables are based on this appendix. The appendix provides biographical data of testifiers, identifies traumatic events as precipitants and objective events as sequelae of trauma. Coders A and B listed indicators of trauma in column 4 in concordance with the sequelae in column

3. These were predominantly extracted from the surface content of transcripts (for example, reference to headaches in case 1), but also represents some interpretation of content such as "ruminates about whereabouts" of child left behind in another town in case 4. Column 5's analytic memo's are on a higher level of diagnostic and psychodynamic interpretation of symptoms to form a closer link with therapeutic interventions.

4.2 TESTIFIERS

Table 1 provides a profile of testifiers based on the background histories of testifiers per case as given in Appendix 2. There was occasionally more than one testifier per transcript. This accounts for 12 testifiers to 10 transcripts. The biographical data for each testifier varied in quality and content on the transcripts documented.

Seven were primary testifiers. Five of these were males and two were females. The primary testifiers (N=7) comprised of three male 20-30 year olds, two 50+ year olds and two 50+ year old females. Five were secondary testifiers. There were three males and two females were secondary testifiers. In total 8 males and 4 females testified.

For seven testifiers there was no indication of whether they were employed or not. Two were unemployed. Occupational levels of those employed (N=2) indicated higher rather than

lower levels of employment: a nursing sister and an assistant director. There was also a post-graduate student.

Secondary testifiers were closely related to the victims: a brother, mother, sister and two neighbours (N=2).

Table 1: A profile of testifiers

| Case | Gender | Testifier | Employ- ment status | Age | Occup- ation | Relat. to victim |
|------|--------|-----------|---------------------------|-------|------------------------------|---------------------|
| 1 | M | PT | employed | 50+ | Assistant Director | |
| 2 | M | PT | | 50+ | | |
| 3 | M | ST | | | | brother |
| | M | ST | | | | neighbour |
| 4 | F | PT | | 50+ | | |
| 5 | F | PT | un- employed | 50+ | | |
| 6 | F | ST | employed | | nursing- sister sister | mother |
| 7 | F | ST | | | | |
| 8 | M | ST | | | | neighbour |
| 8 | M | PT | | 20-30 | post-grad student | |
| 9 | M | PT | un- employed | 20-30 | | |
| 10 | M | PT | | 20-30 | | |

Notes. M (male), F (female).

ST (secondary testifier), PT (primary testifier).

4.3 VICTIMS

Table 2 provides a profile of victims identified from transcripts. Eight were male and two females. Four were adults of fifty years and older, five were young adults between twenty and thirty years old, and one was a boy who was shot when sent back to school to fetch his bag (case 6, Appendix 1 & 2).

Two of the five young adults died because of shots in 1989 and 1990 (cases 3 & 7). The other 3 were tortured (case 8,9 & 10). The young adults were all male.

The four older victims evenly represented both sexes (2 males, 2 females). One of the males survived a bomb attack with real long-term post traumatic stress symptoms. The other three physically survived trauma.

Table 2: A profile of victims

| Case | Gender | Age | Nature of victimization | Current status | Year of victimization |
|------|--------|-------|-------------------------|----------------|-----------------------|
| 1 | M | 50+ | Bomb attack | Alive | 1971 |
| 2 | M | 50+ | Torture | Alive | - |
| 3 | M | 20-30 | Shot & killed | Deceased | 1989 |
| 4 | F | 50+ | Torture | Alive | 1976 |
| 5 | F | 50+ | Torture | Alive | - |
| 6 | M | 0-20 | Shot & killed | Deceased | 1976 |
| 7 | M | 20-30 | Shot & killed | Deceased | 1990 |
| 8 | M | 20-30 | Torture | Alive | 1986 |
| 9 | M | 20-30 | Torture | Alive | 1992 |
| 10 | M | 20-30 | Torture | Alive | 1987 |

*Note. M(male), F(female)

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4.4 TRAUMATIC EVENTS

The police were involved with all the trauma related events. Torture accounted for 60% of the trauma (cases 2,4,5,8,9 & 10). Two thirds of these tortures happened at mass rallies and the remaining third in detention.

In the other 40% of cases, 30% was accounted for by victims being shot and killed (cases 3,6 & 7). In one instance, the trauma occurred at school; and the other two traumatic instances occurred at home. An accidental bomb attack occurring at work, accounted for the remaining 10% of trauma.

Table 3: Traumatic events

| Case | Type of Trauma | Place of Occurrence |
|------|----------------|---------------------|
| 1 | Bomb Attack | Work |
| 2 | Torture | Mass Rally |
| 3 | Shot & Killed | Home |
| 4 | Torture | Mass Rally |
| 5 | Torture | Mass Rally |
| 6 | Shot & Killed | School |
| 7 | Shot & Killed | Home |
| 8 | Torture | Detention |
| 9 | Torture | Mass Rally |
| 10 | Torture | Detention |

4.5 THEMES IN SEQUELAE OF TRAUMA

Events subsequent to traumas affected the work, physical wellbeing, emotional wellbeing, as well as the relationships of victims and testifiers with family, comrades, neighbours and friends (Appendix 1). Various themes and subthemes which emerged are presented in Table 4. The themes related to sequelae of trauma are occupational disturbance, police trauma, family estrangement, conflictual loyalties, social support and public events.

Table 4: Themes related to sequelae of trauma

Themes related to sequelae of trauma

1. Occupational disturbance
 2. Police trauma
 3. Family estrangement
 4. Conflictual loyalties
 5. Social support
 6. Public events
-

4.5.1 Occupational Disturbance

Testifiers affected by occupational disruption worked either within the formal work sector or regarded their "work" as fighting at the forefront of the struggle.

Thirty percent of testifiers indicated severely impaired functioning at work to the extent that their work identities suffered (cases 1, 5, & 10; Appendix 1). The primary testifier in case 1 suffered anxious and depressive symptoms and was consequently demoted from work where he previously functioned as an assistant director. This precipitated feelings of derealization and anger at the loss of his job. It also allowed for the resurfacing of bereavement associated with the loss of his first wife and son. At work, his colleagues labelled him "psycho". He internalized these attributions, which impacted on his self-esteem.

In another instance, the primary testifier was unable to work after she was physically paralysed by police trauma. This elicited feelings of depression and anxiety, especially since she was uncertain about her future and did not know what would happen to her.

One of the most severe cases (case 8; Appendix 1), concerned the young struggle fighter (N=1) who was proud of his military identity which included the ethical code of protecting confidential information which incriminated his colleagues in

detention. He lost his self-respect as a militant and suffered symptoms of weight loss, insomnia, memory disturbance and nightmares. He also experienced a "death" of his military identity. The symptoms evidenced indicate elements of depression and the utilization of the coping mechanism of splitting.

4.5.2 Police Trauma

Police trauma entailed one instance which was accidental. In the other instances trauma was intentional, and was executed physically and emotionally.

In the one situation of accidental police trauma, the primary testifier was in the toilet at work when he was accidentally injured in a bomb attack by the police (case 1; Appendix 1). He subsequently experienced headaches and a temporary loss of sight which may possibly be a psychosomatic reaction to the trauma experienced.

In one instance of deliberate police trauma, the primary testifier tried to subdue a volatile mass gathering, by attempting to speak to the police (case 2; Appendix 1).

The police was uncooperative, refused to listen and, without warning, shot the testifier in his eyes. He indicated symptoms of forgetfulness, headaches, an inability to recall events and a loss of weight. In the same case, the testifier

was pursued by the police with the intention to kill him. He viewed the situation with disbelief.

In another two instances, the female primary testifier (N=2), after losing her husband due to police brutality, was subsequently pursued by them with the intention to either imprison or kill (cases 4 & 5; Appendix 1). They reported symptoms of energy loss, which was equated with depression and issues of bereavement. Symptoms of being strongly assertive and confrontative with the police was also evidenced. This was interpreted as anger towards the police.

In yet other cases, the neighbours were shot and killed by the police. The male secondary testifiers (N=2), witnessed the shooting of their neighbour and were helpless (case 3; Appendix 1). On later inspection of the house where the neighbour was shot, they reported seeing parts of the body splattered on the wall. They indicated symptoms of shock, fear, horror and disbelief; and also blamed the police. They also felt that the neighbour's father could have prevented the death. The testifiers were once again utilizing the coping mechanism of splitting, where they idealized their neighbour to the extent that the police were seen as being "all bad". They also expressed persecutory fear towards the police. It was also thought by the coders (Appendix 1) that the testifiers were experiencing symptoms of depression and bereavement. They also displaced their feelings of guilt onto

the neighbour's father, feeling that he is to blame for their neighbours death.

In the other case, the secondary testifier had extended an invitation to his neighbour who, on arrival at his home, was shot and killed by the police (case 7; Appendix 1). The testifier blamed himself for inviting the neighbour, as well as feeling unable to help his neighbour. The memo's reflected feelings of low self-esteem, helplessness and depression.

Another testimony revealed that the primary testifier (N=1) was hunted by the police and his comrades, to the extent that he experienced symptoms of fear, and had to change his name (case 8; Appendix 1). This resulted in him too experiencing persecutory fear as well as an identity change. The police eventually caught him and subsequently detained and tortured him. The primary testifier indicated "waking up every night" and "reliving the trauma", being indicative of post traumatic stress disorder.

In three instances, police exercised emotional trauma by labelling testifiers (N=3) "kaffir" and "porcky" (cases 4, 9 & 10; Appendix 1). Testifiers reported symptoms of disappointment and disdain. They also expressed feeling dehumanized and angry with the labels. Testifiers were clearly angry with the police for stereotyping and labelling them. The one axial theme which dominates, appears to be that of persecution, being pursued (cases 2,4,5 & 7).

4.5.3 Family Estrangement

The family life of many testifiers was affected as a result of the demands and sacrifices made for the struggle. The family as a system inadvertently expressed a loss of one or more members, either through death or distantiation.

In two instances primary testifiers lost their husbands and children (cases 4 & 5; Appendix 1). The one testifier lost her child as a result of having to leave the child in Cape Town while being pursued by police. Her husband was shot and killed by police during a mass rally. This testifier indicated symptoms of ruminating about the whereabouts of her child and subsequently engaging in self-blame, as well as having ambivalent feelings towards God. On the one hand she asked God for help and on the other she blamed him. In one case the testifier lost both her husband and child during a shooting at a mass rally and reported intense symptoms of loneliness. The memo's indicated that her symptoms approximated that of depression, bereavement and adjustment to a changed lifestyle.

In yet another two instances, one primary and one secondary testifier each lost a child (cases 6 & 10; Appendix 1). The one testifier did not express any emotion at the loss, effectively using affective blocking as a coping mechanism to block out the pain.

The other testier (a mother), reported symptoms of thinking of the loss daily, feeling that her son was unfairly shot, being disillusioned with the legal system and reported suffering from "heart pains". The coders thought that she was experiencing bereavement, post traumatic stress disorder, engaged in self-blame, being angry with the police and legal system as well as psychosomatizing. She was also thought to have utilized the coping mechanism of splitting, whereby she overidealized her son.

In relation to testifiers being distanced from their family, two primary testifiers relocated away from their families of origin, as a result of either being pursued by the police or following the consequences of police interference in their lives (cases 1 & 8; Appendix 1). Symptoms evidenced as a result of relocation included missing family support, feeling unprotected and insecure, having excessive responsibilities and blaming God. The testifier also reported performing tasks seen as being inferior. Testifiers seemed to experience depression regarding the loss of family and social support, experiencing a developmental crisis, bereavement issues and anger with God. Axial themes regarding family estrangement appear to implicate the loss of a child, the legal system, physical distance and anger with God

4.5.4 Conflictual Loyalties

In two situations, primary testifiers (N=2) experienced ambivalent loyalties towards their family and comrades (cases 8 & 10; Appendix 1). In case 8, the primary testifier deceived his comrades to protect his family, indicating symptoms of ambivalence about his confession to the police.

In the other instance (case 10), the primary testifier was betrayed by his comrades. He indicated experiencing feelings of having been used as well as being disillusioned. These testifiers experienced a loss of trust and support from their comrades, and their loyalties towards both family and comrades were conflictual.

4.5.5 Social Support

Testifiers evidenced a lack of legal, financial and social support.

In two situations, secondary testifiers (N=3) were unable to elicit legal help (cases 3 & 7; Appendix 1). Testifiers felt unsupported, angry and disillusioned with the police and legal system. This was so severe in one instance that the testifier, a neighbour, assumed a parentified role, taking responsibility for publicising the suffering of the victim. This resulted in the neighbour forming a strong identification

with the plight of the index family.

In another instance, the primary testifier lost contact with his comrades, resulting in symptoms of feeling hopeless about making contact with them (case 8; Appendix 1). The other primary testifier's comrade was released from prison, but the testifier was no longer the same person (case 10; Appendix 1). The above symptoms are indicative of a sense of meaninglessness, depression and also a developmental crisis in which the testifier missed his youth years. These were experienced as traumatic and have direct reference to macro contextual systems.

Two primary testifiers were unable to support themselves after either losing their work identity or due to physical injury inflicted by the police (cases 1 & 2; Appendix 1). Symptoms included feelings of helplessness, inadequateness, weight loss, being out of control and negative views of the self. These symptoms were indicative of testifiers experiencing a role reversal, where they felt de-emasculated; as well as being depressed, anxious and having a low self-esteem. Axial themes associated with social support implicate legal systems, occupational and financial systems as well as affiliation with military systems (comrades) and family systems.

4.5.6 Public Events

Public events following the original traumas entailed hearings which included public demonstrations, legal court hearings and testimonies at the TRC.

In five instances, testimonies were rendered to the TRC (cases 5,6,7,8 & 9). The traumatic nature of testifying was evidenced in the manner of giving evidence and the associated symptoms. This included testifiers either relating their stories disjointedly and incoherently, or coherently but without any affect. One testifier reported "gaps" in his memory. Another testifier, could not at one point testify as a result of the emotional trauma experienced, resulting in her hter testifying for her. In yet another instance, the testifier engaged in a staccato style of story-telling while another testifier reported a very short story. These symptoms were interpreted as being related to anxiety and memory disturbances. The short story was related in a passive-aggressive style. The incident of the daughter testifying for the mother, revealed a role-reversal, where the mother became parentified. The symptomatic lack of emotion was indicative of affective blocking. One testifier even tried to convince himself and those around that he was telling the truth. This would possibly indicate symptoms of derealization and denial.

In another situation involving a public demonstration, the primary testifier (N=1) participated in a sit-in (case 9;

Appendix 1). He reported being pushed out the door, as well as police setting their dogs on the protestors and hitting them for no reason. He experienced symptoms of being out of control, as well as losing trust in the police.

4.6 INTERCODER RELIABILITY

Symptoms, analytic memo's and therapeutic interventions were coded by both coders. Triangulation was thus effected.

Regarding symptoms, 38 indicators were identified. Coder A identified 10 symptoms which were not noted by Coder B. For the other 28 symptoms, there were agreement such that 74% concordance may be reported.

Regarding analytic memo's, 81 were recorded with 58 similar to both raters. Coder A made 19 memo's not duplicated by B, whereas B only noted 4 memo's not noted by A. A 70% concordance may be reported based on the 58 similar codings. These may be ascribed to the similar training and initial consensual coding of transcripts not included in the sample.

Similar patterns to the above concordant ratings may be reported for suggested therapeutic interventions. Coder A made slightly more memo's than Coder B. For individual therapeutic recommendations, there were for example, 29 suggestions with 8 recommended by Coder A only. For the rest (N=21), Coders A and B suggested individual therapy for the same sequelae of precipitants. Overall, 65 suggestions for therapy were made. In only one instance did Coder B recommend something (group therapy) which Coder A did not. There were,

however, 16 instances where only Coder A recommended a specific intervention.

4.7 THEMES OF SYMPTOMS, SYSTEMS AND PSYCHOTHERAPEUTIC INTERVENTIONS

Results based on the coding of indicators of trauma, and analytic memo's of symptoms and therapeutic interventions (Appendix 1, column 4 & 5) are presented here as themes and categories. The latter was based on axial coding. It is depicted in Figure 1.

Figure 1: Themes of symptoms, systems and psychotherapeutic interventions

| <u>PHYSICAL</u> | <u>PSYCHOLOGICAL</u> | <u>MACROSYSTEMS</u> |
|------------------|-------------------------------|---------------------|
| Head injuries(1) | Depression (2,3,4,8,7) | MEDICAL |
| Paralysed (4) | Self-blame(4,7) | LEGAL |
| Eyesight(1,2) | God Fear(3,4,8,10) | POLICE |
| Headaches(2) | Anxiety (2,4) | JUDICIAL |
| Weight loss(2) | Bereavement (1,3-10) | OCCUPATIONAL |
| Nightmares(8) | Family support(8) | SOCIAL WORK |
| Medical(1,6) | Loss of control(1,2) | PASTORAL |
| | Labelling(4,9,10) | PSYCHOLOGY |
| | Reliving trauma(8,10) | |
| | Disassociative amnesia(2) | |
| | Memory disturbance(4,7) | |
| | Denial(2,5,9) | |
| | De-realization(2,5,9) | |
| | Idealization(3,6) | |
| | Ruminations(4,6) | |
| | Somatization(1,5) | |
| | Self-blame(4,7) | |
| | Ego identity(8,9,10) | |

Two broad themes, physical symptoms and psychological symptoms emerged. The symptoms are listed in Figure 1 under these headings and the relevant case numbers are indicated in parentheses. All of these could directly be linked with macro contextual systems, especially the medical, judicial, occupational and caretaking systems.

4.7.1 Physical symptoms

These affected the skeletal system as effected by precipitating traumatic events of shooting, torture and the bomb attack (Table 3,). Injuries included head injuries (case 1), paralysis (case 4), loss of eyesight (cases 1 & 2) and headaches (case 1).

A category of differently abled persons may be axially coded. Some of these physical symptoms could just as well be presented as psychological symptoms, for example, loss of eyesight (cases 1 & 2) and headaches (case 2), especially of somatization as in case 5 be considered.

4.7.2 Psychological symptoms

The list here is quite comprehensive. It includes reliving of trauma (cases 8 & 10), disassociative amnesia (case 2) and memory impairment (case 4 & 7). It is thus no wonder that ruminations (cases 4 & 6) and the psychodynamic defense of denial (cases 2,5 & 9) are also reported. Many of these symptoms appeared to be associated with the loss of loved objects, such that splitting ensued with reporting of the

defense of idealization (cases 3 & 6), in response to the loss of a neighbour and son.

These symptoms could be axially related to subthemes of Depression (cases 2,3 & 4) and of Anxiety (cases 2 & 4). The Anxiety and the Depression appeared to be linked to fear of the police (cases 3, 8 & 10), imprisonment (cases 4 & 8) and the loss of loved objects (cases 1,3,4,5,6,8,9 & 10).

Anger appeared to have been sometimes directed at the self in the form of self blame (cases 4 & 8) and at other times at the legal system (cases 3,6 & 7), the police (cases 3,4,6,7,9 & 10) or God (cases 4 & 8).

Bereavement surfaced as a major theme in figure 1. This prominent theme associated with loss, referred to various systems which ranged from the individual intrapsychics (self-esteem in cases 1 & 10) and youth as a developmental phase in cases 8 and 10, to the family and neighbours as support systems (cases 1,3,4,6 & 8) and the job related occupational sector (cases 1,5,8 & 9). This implicates more than 80% of the cases. It appears to be associated with people's sense of identity as military freedom fighters (cases 8,9 & 10), self-esteem when labelled "psycho" (case 1) or "kaffir" (case 4 & 9) as noted in appendix 1.

4.7.3 Macro-contextual systems

In addition to evidence that the individual as intrapsychic system was affected by traumatic precipitants with the emergence of the physical and psychological symptoms as

dominant themes, macro systems too surfaced as a major category. The physical symptoms obviously implied medical intervention. The legal system was mentioned in the testimonies of cases 3,6 and 7. It was associated with inefficacy from lawyers which resulted in subsequent feelings of anger from testifiers (Appendix 1). The religious system (cases 4 & 8) became evident when testifiers started questioning the supportive role of God in their lives, having ambivalent and angry feelings towards God. Finally, the occupational sector surfaced in cases 1,5 and 10, where testifiers either lost their jobs or were demoted.

4.7.4 Therapeutic interventions

Coders listed 29 suggestions for individual therapy. Various other therapeutic approaches were suggested which ranged from supportive therapy (N=3), stress reduction (N=2), transactional analysis (N=1) and the cognitive therapies\emotive therapy (N=2), logotherapy (N=1) to work assessment (N=1). Family work too, was mentioned (N=4).

The nature of the content of the themes and subthemes of psychological symptoms, suggest that psychodynamic work, in conjunction with other forms of therapy, may be useful. These will be discussed in the next chapter.

4.8 SUMMARY OF RESULTS

Primary testifiers gave testimony in seven of the ten cases. Testifiers were male in seven of the ten cases. Secondary testifiers comprised of family members and neighbours. Testifiers were either between 20 and 30 years old or more than 50 years old.

Eight victims were male and six out of ten victims were between 20 and 30 years old.

Precipitating trauma, with the exception of one bomb attack, were predominantly torture at rallies or detention and shootings at home or mass rallies.

Sequelae of trauma included occupational functioning and identity, family estrangement and conflicting loyalties. Ensuing symptoms were on a physical and a psychological level. Two major emotions reported were those of anger and fear. Systems implicated were the judicial, medical, occupational, social work, psychology and pastoral.

CHAPTER FIVE

DISCUSSION AND RECOMMENDATIONS

5.1 A SYSTEMIC UNDERSTANDING OF THEMES IN TESTIMONIES

Systemically, the themes that emerged from the testimonies belonged causally to the past and present network of South African history, and has major ramifications for the future. The TRC having served as a regulatory device, allowed for the opening of repressed past traumatic wounds. It did so by allowing victims to highlight the instability of relationships between systemic components, such as different political parties, and the subsequent disruption that evolved due to a lack of wholeness within the South African macrosystem. The systemic perspective holds that this conflict between political subsystems and the subsequent structural disruption in society is a necessary step. It begins the process of various subsystems forming a whole structure, in order to achieve a sense of continuity (Levant, 1984; Montgomery & Fewer, 1988).

At the present TRC hearings, testimonies revealed that victims experienced various sequelae of trauma, which impacted on subsystems such as work (cases 1,5,8 & 10) and the family (cases 1,4,5,6,8,10) due to family estrangement. Other themes related to sequelae of trauma included police trauma (cases 1-10), conflictual loyalties (cases 8 & 10), social support (cases 1,2,3,7,8 & 10) and public events (cases 5,6,7,8 & 9).

The TRC as a regulatory device has merely started the process of healing. The structural stability of society and the subsequent mental well-being of victims of trauma is largely dependent on the **cooperation and integration of the essential macrosystems which include the medical, judicial, occupational, social work, psychological and pastoral care systems.** This is the only manner in which positive transformation can occur. These macrosystems are interrelated and their interactional teamwork in the future will ensure the working-through of repressed memories of the past. Montgomery and Fewer (1988) stress the importance of system interrelatedness and cooperation for the efficient functioning of society.

5.2 A PSYCHODYNAMIC UNDERSTANDING OF SEQUELAE OF TRAUMA

The emergence of various sequelae of trauma from the TRC testimonies, demonstrated that the TRC **has managed to elicit unconscious, repressed past material** from victims of gross human rights violations. This is important, in that these sequelae of trauma will inform interventions implemented.

All the victims had recognizable symptoms of psychological disorders. The most common were those of **Mood (cases 1,2,3,4,5,8 & 10) and Anxiety (cases 1,2,5 & 10) disorders**, as well as symptoms of **Post-traumatic stress disorder** (cases 2,8 & 10). Pillay and Schlebush (1997) in their interventions with TRC testifiers in Durban, also found that testifiers experienced the above psychological disorders. They reported

that a majority of testifiers experienced post traumatic stress disorder.

In relation to the mood disorders, depressive symptoms were common. These included victims experiencing fatigue and loss of energy, memory disturbances, feelings of hopelessness, low self-esteem, guilt feelings, sleep disturbances and weight loss. Becker et al. (1990) in their studies with victims of trauma found similar mood-related symptoms. Within object relations theory, the symptom of depression would be explained in relation to the testifiers being exposed to an environment that is uncaring. The caretaking macrosystems were experienced as psychodynamic "bad breasts". The lack of support from the judicial system presents an example. In case 3 the lawyers were inefficient to the extent that they failed to correspond with the testifiers, or to inform them of new developments in the case. Victims expressed both destruction (paranoia) and abandonment. Testifiers manifested alternations between extremes. Persecutory anxiety was particularly common.

The reported depressive symptoms too, may be understood as a result of the uncaring environment ("bad breast") not being balanced with a nurturant ("good enough one"). The merging of anxieties around depression and paranoia dominated and manifested clinically as depression (Haviland, et.al, 1995; Mitchell & Black, 1995).

In relation to post-traumatic stress symptoms, victims indicated re-experiencing the traumatic events through distressing dreams. In case 8, the primary testifier "woke up every night" as a result of feeling tormented by unpleasant

dreams. Victims also displayed a numbing of general responsiveness to the trauma. They were for example unable to recall certain important aspects of the trauma. The DSM 4 clearly lists the above symptoms as being part of the syndrome for post-traumatic stress disorder (American Psychiatric Association, 1994). Haviland, Sonne and Woods (1995) in their study of adolescents with PTSD and its relationship to object relations and reality testing disturbances, stress that ego deficits resulting from early traumas, make individuals more vulnerable to PTSD. Object relational deficits were common in their study and were positively correlated with PTSD.

Results in this study also demonstrate object relational disturbances. Testifiers demonstrated affective blocking during testimonies (cases 9 & 10). Haviland, Sonne and Woods (1995) conclude in their study that victims of PTSD experienced high levels of psychological distress as children. In the current study the distress is represented in being shot and killed (cases 3,6 & 7), a bomb attack (case 1) and torture (cases 2,4,8,9 & 10), as precipitating traumatic events.

Victims once again also related having sleep disturbances, difficulty concentrating and an exaggerated startle response. Associated symptoms in reaction to the trauma included the experiencing of survivor guilt, blunted affect, somatic complaints, despair and sometimes a change in personality. Becker et al. (1990) emphasize that the above symptoms have drastic effects on coping resources and may result in the utilization of debilitating defense mechanisms.

Many victims had strong feelings of anger, which they

directed towards regulatory systems within society such as the judicial system (cases 6,7 & 9). Victims justify their feelings as relating to inefficacy and un-cooperativeness from these regulatory systems. In the same way as a mother who lacks in "good enough mothering" instills feelings of insecurity and passive hostility in the child (St. Clair, 1986), so too, the inability of the law to provide a "good enough breast" for victims have instilled feelings of persecutory fear and disillusionment. The inability to direct these intense feelings of anger towards its appropriate source has resulted once again in an introjection of these feelings of hostility, with it subsequently turning into depression. Winnicott would argue that this introjection of anger, has resulted in the individual having a "false self", complying to severe impingements in the environment, and the inability of the law to protect the individual (St.Clair, 1986). Fairbairn would explain the inability to express the anger and the subsequent introjection thereof, as a means for testifiers to adapt in a world that is uncaring and disillusioning (Grotstein & Rinsley, 1994).

The dynamics of anger is often used in psychoanalysis to explain depression. Sue, Sue and Sue indicate that there is speculation that depression may be "anger turned against the self" (1990, p.336). It has also been noted that victims sometimes displace their feelings of anger onto themselves (cases 2,4,6 & 7), which seems to manifest in self-guilt and self-blame. The displacement of anger seems to act as a coping device. The anger experienced is very volatile, making

it difficult for the ego to integrate into consciousness, as it could be self-destructive. This is once again indicative of a false self, and compliance to the uncaring world outside, where victims would rather blame themselves as opposed to directing their feelings of hostility towards the source thereof (St.Clair, 1986).

Fairbairn would argue that the self-blame is a result of the testifiers identifying with the perpetrator to the extent that they internalize the "bad breast". This allows testifiers to consciously convince themselves that they have been justifiably victimized (Grotstein & Rinsley, 1994).

All the victims also experienced the loss of significant others or symbolic losses such as a loss of a part of themselves (cases 1,4,6,9 & 10). These losses were dealt with by either experiencing anger or depression. The anger, like depression represent a manifestation of feelings of hopelessness. These literal and symbolic losses result in issues pertaining to bereavement.

Firstly, the loss of loved ones was often a shock for victims. Smith (1985) states that anticipatory grief facilitates the process of working through the loss. An unexpected loss makes "mourning work" more difficult and complicated. In case 6 a mother was unable to deal with the unexpected killing of her son. She had sent him back to school to fetch his bag, when he was shot and killed by the police. For twenty years thereafter, she still looked at his photograph every day.

Together with the loss of a loved one, victims also claimed

to have experienced a loss of a part of themselves. This is symbolic of the extent of the trauma inflicted by the death of the lost one. It is also due to an overidentification with the lost object. In a similar vein, Winnicott says that at some stage in child development, the child needs to establish the beginnings of its own autonomy, which is facilitated by the external environment. If not, the child will become dependent on the demands of the external environment, to the detriment of not having developed a true self (Clancier & Kalmanovitch, 1987; St.Clair, 1986). The overidentification of victims with the lost one, is symbolic of a relationship that was enmeshed, either due to the holding environment being dysfunctional or too secure at a time when distance was necessary. This stunted the development of an autonomous self.

In one instance (case 3), the testifier internalized the lost object to the extent that a differentiation did not exist between the lost object and the testifier, as the loss was related to a subsequent loss of self. As opposed to directing feelings of rage towards the lost object, the testifier split off a part of the self and subsequently the death of the loved one. Also the symbolic split off of parts of the self, allows testifiers to engage in the defense of denial or "cutting themselves off" from the trauma, by living out their false selves. Winnicott says that an infant who is exposed to extreme impingements at times, and at other times to nurturant "maternal preoccupation" would split the mother into "all good" and "all bad" qualities. A resultant split would also occur in the intrapsychic world of the infant, as the infant

has not been able to differentiate between objects being objectively and subjectively perceived (St.Clair, 1986). So too, due to the extreme behaviours of clashing political parties, testifiers split between lost ones being 'all good' and perpetrators being "all bad".

Many victims also related symbolic losses of identity (cases 8,9 & 10). The loss of identity has left victims feeling insecure and confused, resulting in an existential crisis. The demands of the struggle resulted in victims sacrificing their youth. They reacted with a desire to re-experience the lost years and grieved over their loss. Within object relations theory it is important that individuals graduate successfully from early processes of development. If this is not successfully achieved, it could result in a fixation at a certain level, as with these victims who could possibly experience a developmental crisis and fixation at the loss of their youth.

Victims also reported feelings of de-emasculatation (cases 1,2 & 10) as a result of traumatic and torturous impingements. They expressed a strong sense of inadequateness and uselessness at not being properly handled by employers. Victims were sometimes psychologically debilitated by their experiences to the extent that they were unable to resume previous job requirements (case 1 & 2). Feelings of de-emasculatation were further accentuated by reported losses. These presented as existential crises, as victims often defined themselves in relation to their careers.

At other times labelling contributed towards a loss of ego

identity. Object relations theory places an emphasis on the nurturant environment for the healthy development of the infant. If impingements become too severe and uncontrollable the child starts developing dysfunctional symptoms. Within the work sphere, the environment provided bad "breasting" which was not conducive to adequate functioning. Having been labelled "psycho" serves as an example. From an object relations perspective, it is thus easy to posit the emergence of symptoms of de-emasculatation and a loss of ego identity. Just as the maturational process of an infant is closely related to its development; so too the metaphorical maturational processes at work would influence the mental health of testifiers (St.Clair, 1986).

The results also indicated that a role reversal occurred with parentified children and neighbours assuming responsibility for significant others and the index family respectively (3 & 6). In case 3 the neighbours took responsibility for publicising the inefficiency of the legal system and for publicising the suffering of the victim. In case 6 the testifier was overcome with emotion to the extent that her daughter had to continue the testimony for her. This is a psychologically draining dynamic as the parentified neighbour or child takes on the responsibility of mothering the index victim. This is partially due to self-blame, at not being able to protect the neighbour coupled with a desire to make reparation. It could also be the result of complying with the index familie's need to be nurtured, at the expense once again of acting upon a false self that has not received

adequate care and nurturing itself (St.Clair, 1986).

5.3 RECOMMENDATIONS FOR PSYCHOTHERAPY TO ADDRESS THE SEQUELAE OF TRAUMA

5.3.1 Interdisciplinary Networks

Interventions for victims of human rights violations will have to be made on an interdisciplinary level where the medical, judicial, occupational, social work, psychological and pastoral macrosystems work jointly to initiate and maintain healing. Many of the cases, for example, require legal intervention as well as the psychotherapeutic treatment of testifiers (cases 3,4,6,7 & 9). Without the collaborative efforts of the macrosystems, victims of gross human rights violations will not in the future, receive adequate intervention. A series of case discussions by specialists from the identified profession such as lawyers and social workers in the form of focus groups aimed at providing guidelines for interventions may be useful. The multidisciplinary analyses of the transcribed focus groups may well serve as an improvement of the quality of ensuing recommendations.

5.3.2 Macrosystemic Reparation

Regarding contextual macro systems, there can be no doubt that the rights of victims as defined by the TRC were violated.

They were the killing of people and the kidnapping and ill-treatment of people. They therefore appear to have a right to reparation (Becker et al., 1990; Du Toit, 1994). In accordance with the Chilean example which benefited from the Uruguayan experience, the support of the head of the state may be considered for solicitation (Du Toit, 1994). First, however, to realise the intention of the TRC (Omar, 1994) the possibility of witch hunts must be excluded. Unsuccessful applications for amnesty in cases of police persecution may, according to Du Toit (1994), become liable for persecution.

Psychologists therefore cannot sit on the fence regarding reparation being made to their clients (Nicholas & Cooper, 1990). They may have to seriously redress the psychological culpability as described by Stover and Nightingale (1985). Nicholas and Cooper (1990) also plead for a rescripting of the role of the psychologist in the future, so that not only psychotherapeutic issues are attended to, but also the supra system and its functions. Nicholas (1992) stresses that the first step needs to be the establishment of a psychological organization, that is ultimately accountable to society. He stresses that previous psychological organizations served the purposes of a privileged minority, not adding any credibility to the profession. These processes of change which Nicholas (1992) stresses, started in 1994 with the establishment of the Psychological Society of South Africa (PSYSSA).

5.3.3 Psychodynamic Applications

More traditional psychotherapeutic intervention, as suggested by the coders in Appendix 1, can be applied within both a psychodynamic and a systemic framework. Family and friends were not untouched by sequelae of trauma (Becker et al., 1990) as evidence, for example, in cases 3, 8 and 10 in Appendix 1. Complicated bereavement was one of the serious themes in sequelae, that were identified in cases 3, 4 and 5 (Appendix 1).

In addition, therapeutically, supportive individual therapy will deal with various psychotherapeutic issues, such as depression (cases 1,2,3,4,5,8 & 10). Bereavement therapy would be beneficial in helping patients to internally say goodbye to the lost object, and to work through feelings of guilt and anger (cases 1,3,4,5,6,8,9 & 10). It would also help patients to withdraw psychical investments in the lost object, hereby enabling the ego to reinvest in other objects.

Post traumatic based therapy would be essential to help victims deal with traumatic reactions (cases 2,6,8 & 10), as well as providing them with containment and a nurturant environment. Here a psychodynamic understanding as spelt out in the previous section may prove helpful.

Cognitive behavioural therapy and rational emotive therapy are important for those victims with anxiety disorders (cases 1,2 & 5), as well as those experiencing symptoms of derealization (cases 1,5,8 & 9). It may help to confront reality and to reintegrate split off parts of the self. It

could similarly be useful for redefining a sense of self.

Transactional analysis could assist those victims with developmental crises, especially those who feel that they had lost their youth (cases 8,9 & 10). It could also help them to reconnect with their "inner child", in acknowledgement and acceptance of their lost youth. This is posited in view of the fact that transactional analysis is derived from a psychoanalytic distribution between id, ego and superego.

Existential therapy is important for those victims who need to restore meaning in their lives and to help them find answers to their abstract questions (cases 8).

Esoterically, music or art therapy could help those patients who have difficulty modulating their emotions, to become more emotively expressive (cases 5,9 & 10). In case 5, the victim related her testimony in a staccato style, which indicated anxiety and affective blocking. Music and art therapy, as expressive media, may help to unblock the repressed affect.

Supportive group therapy could be beneficial for those victims who have interpersonal issues (case 9). It could help to restore object relations with significant others.

Family therapy would be essential in assisting family members to deal with issues of bereavement (cases 3,4,5,6,8,9 & 10). It would also be relevant in reintegrating victims with their families, as well as mobilizing support systems. Since neighbours (case 3) closely identified with the index family, it would be important to include them in family therapy.

Psychoeducational counselling is also essential to help

victims understand and deal with issues such as being labelled (case 4,9 & 10). It would inform victims of the reasons for them being stereotyped, and also provide valuable input on how to deal with such issues. It would also help to restore the ego identity and pride of differently able individuals (case 1,2,4 & 8). In particular, it could help to understand post traumatic stress and bereavement. The above suggestions are based on the memo's.

Finally, there can be no doubt that a more faceted role is required for the traditional role of the psychotherapist.

5.4 LIMITATIONS OF THE STUDY

It is thought that the inexperience of the coders has impacted on the scarcity of information that was evidenced in the analytic memo's regarding psychotherapeutic interventions. If they had been exposed to more psychotherapeutic experience, especially with victims of trauma the analytic memo's of the coders may have been more informative regarding specifics for therapeutic intervention. The analytic memo's were both limited and limiting.

It was initially attempted to stratify sampling. This was not a viable option because of the very small numbers in some categories of the original total number of transcripts, which would have led to exclusion of some precipitants and sequelae.

Testimonies were only drawn from the Western Cape TRC sittings. This is in essence only an explorative study and therefore only broad themes were elicited.

5.5 SUMMARY

Testimonies of victims of violence, as rendered to South Africa's Truth and Reconciliation Commission were investigated. It was hypothesized that violations of human rights would be uncovered which constituted traumatic events with traumatic sequelae. It was hoped that thematic analyses with analytic memo's would provide guidance to psychologists regarding effective psychotherapy. It was hoped that this guidance could make a contribution to the healing of a nation broken by traumatic violations of human rights.

Systems theory within which a psychodynamic approach could be incorporated, was used as a theoretical framework.

Testimonies indeed provided evidence of violations of human rights and its sequelae. These included for example a bomb attack with ensuing depression, anxiety, complicated bereavement and the resurfacing of trauma (the loss of first wife) which preceded the specific bomb attack by ten years. In another instance torture during detention caused a young struggle fighter to lose his trained military identity when, in conflict between loyalty to family and loyalty to comrades, he betrayed his comrades. This resulted in conflict ridden fear of persecution. He feared persecution from both comrades and torturers after release from detention.

Reflexive coding and thematic analyses uncovered sequelae in the form of known psychodiagnostic categories such as Disorders of Anxiety and of Mood as well as of Post Traumatic Stress Syndrome. Content analysis also revealed well known syndromes associated with psychodynamic thinking such as

themes of complicated bereavement, idealization and splitting.

Analyses of the reflective memo's of coders **did provide indicators for therapeutic management and a rescripted role for the psychologist.** There were strong indicators in favour of interdisciplinary macrocontextual intervention to address socio-legal reparation.

Thus systems theory was useful to construe the symptoms of victims as echos of the conflict in the macro systems, the pain ridden trauma of the precipitants and the sequelae of trauma which were uncovered. It was also relevant in that it helped to inform future interventions with victims of trauma. It was indicated that these interventions needed to include concerted collaborative work between macrosystems such as the legal, political, medical, psychological and other caretaking systems.

Psychoanalytic theory proved useful to construe an understanding of the relationship between sequelae, trauma and the past of both victims and the broken South African nation. It appears as if the TRC to some extent uncovered the nature of trauma and its sequelae. Though, from a psychodynamic perspective this in itself may prove healing, it may be considered that it only freed up some energy, to be directed at movement towards a more healthy future for victims and, by implication, the nation.

Once again, it not only proved useful in the understanding of the pain and trauma indicated by victims, but also in relation to the formulation of a treatment plan informed by a psychodynamic understanding of the symptoms.

From the results and the discussion, it can be concluded that both systems and psychodynamic therapy provided useful insights into victims of trauma, both in relation to contextualizing the trauma from a past, present and futuristic perspective; as well as providing valuable outcomes for treatment and the healing of wounds that have begun to be opened by the TRC hearings.



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APPENDIX 1: RESULTS OF CODED TRANSCRIPTS

| DATA | TRAUMATIC EVENTS | EVENTS | PSYCHOLOGICAL INDICATORS OF TRAUMA | | ANALYTIC MEMO'S | |
|--|---|---|--|--|--|---|
| | | | CODER A | CODER B | SYMPTOMS | THERAPEUTIC INTERVENTION |
| <p>1. 56 yr old male</p> <ul style="list-style-type: none"> - Primary testifier - Assistant Director - 3 stepchildren - 2 own children - Lost 1st wife & son | <p>Accidental injury during bomb attack by police at place of work (he was in the toilet)</p> | <ul style="list-style-type: none"> - Demoted from work - Lost work identity - Relocated away from family - Labelled "psycho" by colleagues - Inability to support self | <ul style="list-style-type: none"> - "Things seemed unreal" - "I was not in control" - Missed family support - Felt isolated, degraded and that it was unfair - Feelings of helplessness and inadequateness | <ul style="list-style-type: none"> - "Things seemed unreal" - Missed family support - Feelings of helplessness and inadequateness | <ul style="list-style-type: none"> - Derealization (AB) - Anger at loss of job (AB) - Resurfacing of loss of 1st wife & son (A) - Bereavement (A) - Depression regarding loss of family (A) - Anxiety (A) - Depression regarding loss of family support (AB) - Internalised attributions, resulting in low self-esteem (AB) - Role-reversal - feelings of de-emasculatation (AB) | <ul style="list-style-type: none"> - Individual Psychotherapy (AB) - Bereavement (A) - Stress reduction therapy (A) - Reintegration with family through family therapy (AB) - Counselling regarding why people label him (AB) - Individual psychotherapy (AB) |



| | | | | | | |
|--|--|--------------------------|--|--|-----------------------------------|--------------------------|
| | | - Accidental bomb attack | - Subsequent headaches and temporary loss of sight | | - Possible psychosomatization (A) | - Medical assessment (A) |
|--|--|--------------------------|--|--|-----------------------------------|--------------------------|

| | | | | | | |
|---|-----------------------|---|--|--|---|---|
| <p>2. Male Primary testifier</p> | <p>Police Torture</p> | <p>- Loss of eyesight (police shot directly at his eyes, when he tried to talk to them)</p> <p>- Inability to support self</p> <p>- Police in pursuit to kill</p> | <p>- Forgetfulness terrible headaches, inability to recall 1 events, loss of weight</p> <p>- Experiences feelings of powerlessness and feeling "out of control", and a loss of weight. Has a negative view of self</p> <p>- disbelief with the fact that police want to kill him</p> | <p>- Forgetfulness terrible headaches, inability to recall 1 events, loss of weight</p> <p>- Experiences feelings of powerlessness and feeling "out of control", and a loss of weight. Has a negative view of self</p> | <p>-PTSD (AB)</p> <p>- Disassociative amnesia (AB)</p> <p>- Role reversal (AB)</p> <p>- De-emasculation (AB)</p> <p>- Depression (A)</p> <p>- Anxiety (A)</p> <p>- Low self-esteem (AB)</p> <p>- Coping mechanism of denial utilized (AB)</p> <p>- derealization (AB)</p> | <p>- counselling (to help restore ego integrity of differently abled people (AB)</p> <p>-individual psychotherapy</p> <p>- individual psychotherapy (AB)</p> <p>- stress reduction therapy (A)</p> <p>- Individual psychotherapy (AB)</p> |
|---|-----------------------|---|--|--|---|---|

| | | | | | | |
|---|--|--|---|--|---|--|
| <p>3. 2 Male testifiers both secondary testifiers</p> | <p>- Witnessed neighbour being shot and killed by police. There was also an inability to extend help to the Primary victim</p> | <p>-Neighbour shot and killed by police</p> <p>-Neighbour shot and killed by police</p> | <p>- Felt that neighbours could have prevented the death</p> <p>- They were afraid of the police</p> <p>- Shocked by loss</p> | <p>- They were afraid of the police</p> <p>- Shocked by loss</p> | <p>- Displaced blame (B)</p> <p>- Persecutory fear (AB)</p> <p>- Bereavement (AB)</p> <p>- Depression (AB)</p> <p>- Anger with legal system (AB)</p> <p>- Hopelessness and being unsupported= depression (A)</p> <p>- Coping mechanism of splitting(Brother /neighbour idealized and police is the bad object) (AB)</p> <p>- Parentified neighbour (AB)</p> <p>- Strong identification of neighbour with the plight of index family</p> | <p>- Individual Psychotherapy (AB)</p> <p>- Bereavement Therapy (AB) (To put Anton's pieces together)</p> <p>- Individual psychotherapy (AB)</p> <p>- Interdisciplinary teamwork is important (AB)</p> <p>- Bereavement Therapy (AB)</p> <p>Family Therapy to redefine family roles, and to alleviate parental responsibility of neighbour (A)</p> |
| <p></p> | <p>- "Shooting of Brother/neighbour resulted in parts of the body being splattered on the wall</p> | <p>- Inefficacy of legal system: Lawyers did not follow the case through or give feedback</p> | <p>- Shock, horror and disbelief and seeing police as totally to be blamed</p> | <p>- Shock, horror and disbelief and seeing police as totally to be blamed</p> | <p>- Bereavement Therapy (AB)</p> | |
| <p></p> | <p></p> | <p>Took responsibility to publicising inefficiency of legal system and for publicising suffering of victim</p> | <p>- Reparatory compensation for guilt at paralysis during shooting</p> | <p>- Reparatory compensation for guilt at paralysis during shooting</p> | <p></p> | |

| | | | | | | |
|---|---|---|--|--|---|---|
| <p>4 - Female Primary Testifier</p> | <p>- Husband killed when shot by police during mass rally</p> | <p>- Husband and child killed when shot by police during mass rally subsequently hunted by police</p> <p>- Police in pursuit to imprison</p> <p>- She was hunted by the police</p> <p>- Left child in Cape Town when pursued by police</p> <p>- Police labelled her a kaffir</p> <p>- Loss of husband & child</p> | <p>- She experienced a loss of energy</p> <p>- Very assertive & confrontative with police, "I will not ..."</p> <p>- Ruminates about whereabouts of child and if her child is okay.</p> <p>- Was continually afraid of being imprisoned</p> <p>- Reacted with disappointment & disdain</p> <p>- Questions, God, blames God & asks him for help</p> | <p>- She experienced a loss of energy</p> <p>- Very assertive & confrontative with police, "I will not ..."</p> <p>- Ruminates about whereabouts of child and if her child is okay.</p> <p>- Was continually afraid of being imprisoned</p> <p>- Reacted with disappointment & disdain</p> | <p>- Depression (AB)</p> <p>- Bereavement (AB)</p> <p>- Anger with police (A)</p> <p>- Self-blame (AB)</p> <p>- Persecutory fear (AB)</p> <p>- Anger with police (AB)</p> <p>- Religious ambivalence (AB)</p> | <p>- Bereavement Therapy (AB)</p> <p>- Support group (AB)</p> <p>- Individual psychotherapy (A)</p> <p>- Bereavement Therapy (AB)</p> <p>- Individual Psychotherapy (AB)</p> <p>- Individual psychotherapy (AB)</p> <p>- Pastoral/religious counselling</p> |
|---|---|---|--|--|---|---|

| | | | | | | |
|---|--|--|---|--|--|--|
| <p>5. - Female Primary testifier 60 years old, unemployed</p> | <p>- Husband and child shot and killed by police at a mass rally</p> | <p>- Loss of husband and child</p> <p>Testifying at TRC hearing</p> <p>- Police burnt down house</p> | <p>- Loneliness "things changed for me"</p> <p>- "I could not work since being paralysed". "I don't know what is going to happen to me"</p> <p>- "Everything seemed unreal as if it was not happening to me"</p> <p>- Story is related disjointedly & lacks structure & coherence</p> <p>"Body feels like steel storms" She still has many physical ailments</p> <p>- Everything was burnt down</p> | <p>- Loneliness "things changed for me"</p> <p>- "I could not work since being paralysed". "I don't know what is going to happen to me"</p> <p>- "Everything seemed unreal as if it was not happening to me"</p> <p>- "Body feels like steel storms" She still has many physical ailments</p> <p>- Everything was burnt down</p> | <p>- Depression (AB)</p> <p>- Bereavement (AB)</p> <p>- Loss of previous lifestyle =adjustment problems (A)</p> <p>- Anxiety (about uncertainty relating to future) (A)</p> <p>- Depression (A)</p> <p>- Derealization (B)</p> <p>- Coping mechanism of denial and being cut-off (AB)</p> <p>- Memory disturbance (A)</p> <p>- anxiety (A)</p> <p>- Psychosomatization (AB)</p> <p>- Psychosomatization (AB)</p> | <p>- Individual Therapy (AB)</p> <p>- Bereavement Therapy (AB)</p> <p>- Social work intervention (to plan old age) (AB)</p> <p>- Social work intervention to help plan old age.(AB)</p> <p>- Individual psychotherapy (AB)</p> <p>- Individual psychotherapy (AB)</p> <p>- Music/art therapy (to facilitate relaxation so that story can be related coherently. (A)</p> <p>- Medical assessment (A)</p> <p>- Individual psychotherapy (AB)</p> |
|---|--|--|---|--|--|--|

| | | | | | | |
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| <p>6. - Female Secondary Testifier Nursing Sister: employed</p> | <p>- Son shot & killed by police when mother sent him back to school to fetch his bag</p> | <p>- Son shot by police</p> | <p>- Mom looked at son's photo's for 20 yrs and thinks of him everyday. 1 yr later she re-experiences the trauma more vividly</p> | <p>- Mom is dumbstruck</p> | <p>- Bereavement (AB) - Self-blame (AB) - PTSD (AB)</p> | <p>- Bereavement Therapy (AB) - Individual psychotherapy (AB)</p> |
| <p>- Testimony of TRC: daughter speaks for mom</p> | <p>- Testimony at TRC: daughter speaks for</p> | <p>- Feels that son was unfairly shot</p> | <p>- Feels that son was unfairly shot</p> | <p>- Role-reversal: mum becomes parentified (A)</p> | <p>- Individual Therapy (good-enough breast for parentified child) (A)</p> | |
| <p>- Inefficiency of lawyer</p> | <p>- Inefficiency of lawyer</p> | <p>- Disillusionment with legal system</p> | <p>- Disillusionment with legal system</p> | <p>- Anger with police (AB)</p> | <p>- Individual Therapy (AB)</p> | |
| <p>- Inefficiency of lawyer</p> | <p>- Inefficiency of lawyer</p> | <p>- "He was timid & would not have involved himself in any trouble"</p> | <p>- "He was timid & would not have involved himself in any trouble"</p> | <p>- Idealization of son by mom = splitting defence (AB)</p> | <p>- Individual psychotherapy (AB)</p> | |
| <p>- Inefficiency of lawyer</p> | <p>- Inefficiency of lawyer</p> | <p>- "His brains were splattered"</p> | <p>- "His brains were splattered"</p> | <p>- Metaphorical symbolization of splitting defence(A)</p> | <p>- Medical Assessment (A)</p> | |

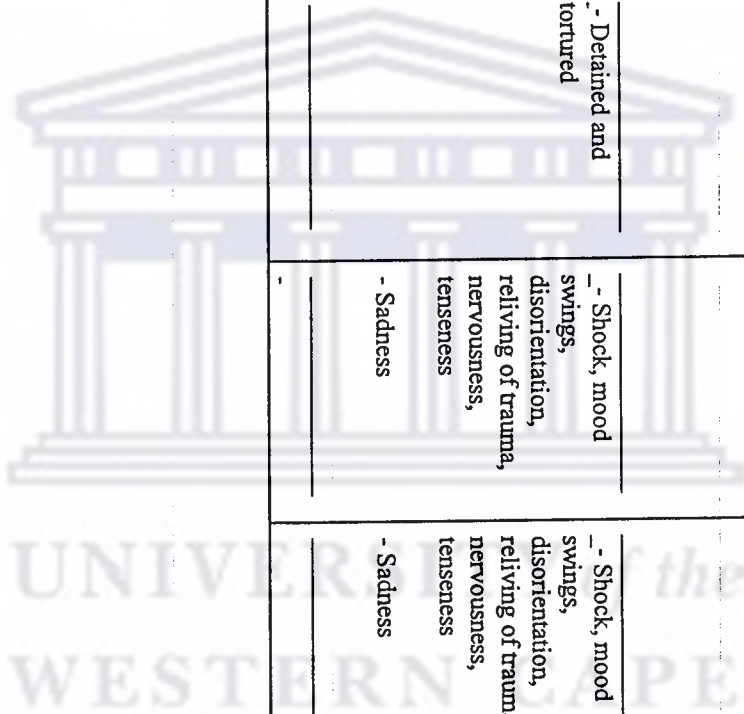
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| <p>7. Male Secondary testifier Neighbour</p> | <p>- Inability to help neighbour, who was shot & killed by police</p> | <p>- Invited neighbour to his home - Neighbour shot and killed by police - Being shot - Testimony at TRC hearing</p> | <p>- Blame self for inviting neighbour - Felt unable to help/rescue neighbour - Inability to remember - "That's all I have to say" (this was a very short testimony)</p> | <p>- Blame self for inviting neighbour - Inability to remember - Self unsupported by police and the legal system</p> | <p>- Self-blame (AB) - Helplessness = depression (A) - Memory disturbance (AB) - disorientation (AB) - Passive-aggressive (A) - Denial (A) - Anger with legal system and with police (AB)</p> | <p>- Individual Therapy (AB) - Individual Therapy (A) - Individual Therapy (A) - Individual Psychology (A) - Interdisciplinary teamwork (AB)</p> |
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| <p>8. Male Primary testifier Postgraduate political science student</p> | <p>- Split between loyalty to comrades and to family which was caused by torture during detention</p> | <p>- Relocated away from family (left home at 17 to join the struggle in Cape Town)</p> <p>- Relocated away from family (left home at 17 to join the struggle in Cape Town)</p> <p>- Hunted by police</p> <p>- Hunted by police</p> | <p>- Had many responsibilities</p> <p>- Disappointed at being expected to perform menial tasks</p> <p>- Felt unprotected and insecure</p> <p>- Blames God</p> <p>- Felt unsupported</p> <p>- Fear</p> <p>- Had many responsibilities</p> | <p>- Had many responsibilities</p> <p>- Felt unprotected and insecure</p> <p>- Blames God</p> <p>- Felt unsupported</p> <p>- Fear</p> <p>- Had many responsibilities</p> | <p>- Developmental crisis (identity search) (AB)</p> <p>- Developmental crisis (self split off) (AB)</p> <p>- Bereavement (AB) Loss of social support (AB)</p> <p>- Anger with God (A)</p> <p>- Depression regarding loss of family support (A)</p> <p>- Persecutory fear (by police & comrades) = (PTSD) (AB)</p> <p>- Identity change (AB)</p> | <p>- Transactional analysis (to allow inner child to surface & to acknowledge lost youth) (AB)</p> <p>- Individual psychotherapy</p> <p>- Bereavement psychology (AB) Establish social supports (AB)</p> <p>- Help victim to reconnect with family (A)</p> |
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| <p>9. Male Primary testifier Married Unemployed</p> | <p>- Tortured by police</p> | <p>- Shot by police</p> <p>- Shot by police</p> <p>- Shot by police</p> <p>- Shot by police</p> <p>- Public demonstration via a sit-in</p> | <p>- "Stayed down for fear of being shot"</p> <p>- Unable to work after trauma</p> <p>- "I saw Marius running as if in a trance"</p> <p>- "I tried to ignore them"</p> <p>- "They were pushed out the door & had no control over it"</p> <p>- "The security set their dogs on the people</p> <p>- hit them for no reason</p> <p>- Felt degraded & dehumanized by police</p> <p>- Story is related coherently but affective component is lacking</p> | <p>- Unable to work after trauma</p> <p>- "I saw Marius running as if in a trance"</p> <p>- "I tried to ignore them"</p> <p>- "They were pushed out the door & had no control over it"</p> <p>- "The security set their dogs on the people</p> <p>- hit them for no reason</p> <p>- Felt degraded & dehumanized by police</p> <p>Story is related coherently but affective component is lacking</p> | <p>- Persecutory fear (A)</p> <p>- Occupational problem (AB)</p> <p>- Derealization (AB)</p> <p>- Coping mechanism = denial (A)</p> <p>- Loss of control (AB)</p> <p>- Loss of trust in police (AB)</p> <p>- Anger with police (AB)</p> <p>- Affective blocking (AB)</p> | <p>- Individual Therapy (AB)</p> <p>- Work assessment (to help with career options and to reinforce work identity) (A)</p> <p>- Individual Therapy (A)</p> <p>- Group Therapy (B)</p> <p>- Individual Therapy (AB)</p> <p>- Music/Art therapy to help emotions to surface (A)</p> |
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| <p>10. Male Primary Testifier Young Adult</p> | <p>- Tortured by police when in detention</p> | <p>- Police to in pursuit to imprison</p> <p>- Police teased him about being "small"</p> <p>- Police in pursuit to kill (threatened to necklance him)</p> <p>- He was labelled "porky" by police</p> <p>- Betrayed by comrades</p> <p>- Lost work identity</p> <p>- Comrade released from prison</p> | <p>- Changed name and address</p> <p>- He felt that it was uncalled for and unfair</p> <p>- He reacted with fear</p> <p>- He was angry with the label</p> <p>- Was disillusioned and felt used by comrades</p> <p>-</p> <p>- When Colin came out of prison I was no longer a boy</p> | <p>- He felt that it was uncalled for and unfair</p> <p>- He reacted with fear</p> <p>- Was disillusioned and felt used by comrades</p> <p>-</p> | <p>- Loss of identity (A)</p> <p>- De-emasculation (AB)</p> <p>- Persecutory fear (AB)</p> <p>- Anger at police (A)</p> <p>- Loss of trust in comrades (AB)</p> <p>- loss of support from comrades (AB)</p> <p>-</p> | <p>- Individual therapy (A)</p> <p>-</p> <p>-</p> <p>- Re-establish support (AB)</p> <p>- Bereavement Therapy (to deal with all losses)</p> <p>- Individual Therapy to reintegrate split off parts of self (A)</p> |
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| | | - Loss of child | - No evidence of emotion | - Coping Mechanism: affective blocking (AB) | - Music/Art psychology (A) | |
| | | - Detained and tortured | - Shock, mood swings, disorientation, reliving of trauma, nervousness, tenseness - Sadness | - Anxiety = PTSD (AB) - Depression (AB) | - Individual Psychology (to re-integrate affect (AB) | |
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