

# **THE TRANSMISSION OF INTERGENERATIONAL TRAUMA IN DISPLACED FAMILIES**

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A thesis submitted in fulfilment of the requirements  
for the degree of Doctor of Philosophy in the Department of Social Work,  
University of the Western Cape

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15 November 2013

## DECLARATION

I declare that *The Transmission of Intergenerational Trauma in Displaced families* is my own work, that it has not been submitted for any degree or examination in any other university, and that all the sources I have used or quoted have been indicated and acknowledged by complete references.

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Signed 



## Acknowledgements

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# THE TRANSMISSION OF INTERGENERATIONAL TRAUMA IN DISPLACED FAMILIES

SHANAAZ HOOSAIN

**KEYWORDS:**

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Slavery

Historical trauma

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Mechanisms of trauma transmission

Collective narrative practice

Internalised oppression



## Abstract

### THE TRANSMISSION OF INTERGENERATIONAL TRAUMA IN DISPLACED FAMILIES

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This research focuses on the displacement of families in the Western Cape during apartheid within the context of its slave past. The transmission of intergenerational trauma has been based on research on holocaust survivors. Aboriginal academic writers in Australia, New Zealand, Canada and the US found that initial studies of intergenerational trauma did not take into the account the historical trauma of colonialism which they believe has left its mark on aboriginal communities today. In South Africa writers from the Apartheid Archives Project have started to focus on the intergenerational trauma of apartheid. These are mainly academics from psychology and not social work. The Apartheid Archives Project and social work discourse do not focus on the historical trauma of slavery. Historians believe that slavery has still left a mark on its descendants in the Western Cape. The families in this research are descendants of slaves and they were also displaced as a result of the Group Areas Act during apartheid.

Qualitative research using a postcolonial indigenous paradigm was adopted in this study. Life histories, semi-structured interviews and focus groups were the primary sources of data collection. The research design was a multiple case study which consisted of 7 families where each family was a case and 3 generations in each family were interviewed. The families had typical slave surnames and at least one generation was displaced as a result of the forced removals when the Group Areas Act (1950-1985) was implemented during apartheid. Thematic analysis, narrative thematic analysis and case study analysis was adopted. In addition narrative therapy theory and collective narrative practice was used to decolonise the conceptual framework and methodology.

The trauma of displacement and historical trauma of slavery was not acknowledged as traumatic by the dominant society because South African society was based on institutional racism. The grief and loss of the trauma therefore became unresolved and disenfranchised. The findings indicate that disenfranchised grief, silence, socialisation in institutional racism and shame have been the main mechanisms in which the historical trauma of slavery and trauma of displacement has been transmitted within the families. The effects such as intimate partner violence and substance abuse and community violence in the form of gang violence are forms of internalised oppression which has also been transmitted intergenerationally. In addition overcrowding, poor housing and poverty has been transmitted via socialisation which is a societal mechanism of trauma transmission.

The research findings indicate that the trauma of displacement and historical trauma of slavery was transmitted because the trauma was not included in the social discourse of society. In order to prevent the transmission of the historical trauma of slavery and displacement, the real effects of institutional, cultural and interpersonal racism need to be understood and the counter-memories and counter-histories of slaves and their descendants need to be included in social discourse. A framework to assist social workers in engaging with trauma transmission in families has been proposed in order to interrupt the trauma transmission in families.



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# CHAPTER 1

## INTRODUCTION

The transmission of intergenerational trauma is not about blaming previous generations, it is something more complicated and more forgiving, more frightening; trauma, about a family's effort over time, in a way which is out of their control and out of their awareness to deal with this trauma. The task of transmission is to resist the dissociation of this heritage and to bring its full tragic story into social discourse (Fromm, 2012:xxi).

### 1.1 OVERVIEW

South Africans are living in the aftermath of an oppressive and traumatic regime, not only from the legacy of the apartheid era, but before this time. Colonialism has led to a history of violence and trauma, and in the Western Cape, an additional slave past also has a profound impact on those affected. The first slaves arrived in the Cape in 1652 and slavery was only abolished in 1834, spanning almost 200 years of slavery (Mountain, 2004:69).

This research is based on the assumption that these processes have contributed to the historical nature of trauma in Cape Town. It is further assumed that this trauma has effects on both past and future generations. Although various social service professions, such as psychology, have recognised the impact of apartheid on South African families, social work to a large extent in its practice and theory has operated in an apolitical context regarding work with families (Bozalek, 2004; 2010).

### 1.2 BACKGROUND OF THE STUDY

#### 1.2.1 The legacy of apartheid

In South African social work literature, there is a wealth of literature on the legacy of apartheid as well as the trauma of residents in Cape Town who were displaced and forcibly removed (Bank & Minkley, 1999; Barbarin, 2001; Bowman, Duncan & Sonn, 2010; Bozalek, 2010; District Six Museum Annual Report 2007/8; Louw, 2004; Simpson, 1998; Trotter, 2009). However, the study of intergenerational trauma in South Africa is an emerging area of research with its main emphasis on the intergenerational effects of apartheid, particularly in the field of psychology (Adonis, 2008; Bowman, Duncan & Sonn, 2010; Frankish, 2009; Keizan & Duncan, 2010; Seedat, Van Niekerk, Jewkes, Suffla & Ratele, 2009; Simpson, 1998). The Apartheid Archives Project (AAP) located in the Wits Psychology Department provides important data for this study which is based on the premise that traumatic

experiences of the apartheid past will have an effect on the present if it is not acknowledged or addressed ([www.apartheidarchive.org/site/index/php](http://www.apartheidarchive.org/site/index/php), accessed 30/11/2011).

### 1.3 RATIONALE FOR THE STUDY

#### 1.3.1 Intergenerational trauma in South Africa

Despite the growing interest in intergenerational trauma in South Africa there has been limited focus on how trauma is transmitted across generations, particularly in the field of South African social work. This research project attempted to address this gap by exploring the ways in which trauma may have been transmitted from one generation to the next and the implications that this may have for social work.

*Intergenerational* refers to different generations or age categories of individuals who may or may not be related (Larkin, 2004:8). For the purpose of this study, *intergenerational* refers to different generations who are related to each other. Multigenerational trauma, also known as intergenerational trauma and transgenerational trauma (Danieli, 1998), refers to trauma which is transmitted from one generation to the next and which focuses on the effect of harms that have occurred but have not been resolved and that have been transmitted from one generation to the next (Connors, 2009). The ways in which trauma is transmitted are often referred to as *mechanisms of trauma transmission* (Danieli, 1998; Dekel & Goldblatt, 2008; Weingarten, 2004). This study will contribute to the growing body of knowledge on the effect that it has on families and communities, and on ways to prevent intergenerational trauma.

In Cape Town, the intergenerational effects of apartheid and the “Dopstelsel”<sup>1</sup> (Van der Merwe, 2010) are crucial problems which need to be addressed through social work intervention. This research project aimed to identify mechanisms of trauma transmission related to apartheid and colonialism as in the context of families. By understanding how trauma from the past is transmitted from one generation to the next, social workers may be able to intervene effectively in families and communities who have experienced trauma over several generations by addressing and acknowledging past trauma. A framework has been developed to assist social workers to work with intergenerational trauma in families. According to Bowman, Duncan and Sonn (2010:366), the Apartheid Archives Project was based on the assumption that traumatic experiences from South Africa’s past will continue to

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<sup>1</sup> The “Dopstelsel” refers to the system where slaves and farm workers were paid with alcohol for their labour. This practice lasted for 300 years in the Western Cape and was only outlawed in 1960 (Van der Merwe, 2010:178).

re-inscribe themselves often (in masked form) in the present if they are not appropriately acknowledged and dealt with. Studies such as those by Bowman, Duncan & Sonn (2010), Bozalek (2004), Simpson (1998) and Trotter (2009) indicate that there was no social work intervention or formal support for families who were forcibly removed, neither before nor after their removal. The families coped with their trauma through informal support and by telling their stories to each other. Some families did not cope, and there have been reports of suicide and deaths as a result of forced removals in District Six (Trotter, 2009). This reported lack of support for these families indicate that the social work profession may have failed to address the trauma of an entire generation and, if left unacknowledged, several generations. Unresolved trauma of the past has been shown to manifest itself in future generations as noted by Bowman, Duncan & Sonn (2010:366). It is therefore important that social workers start to address unresolved trauma of the past in a way that contextualises the trauma experienced by generations of black<sup>2</sup> families in Cape Town.

In a recent unpublished thesis (Hope, 2012), a social worker found that generations of the same families have been supported by the social work agency. However, there has been no effective mode of intervention to work with such families. One of the conclusions of the study was that the unresolved trauma of the past needed to be addressed. Bozalek (2004) discusses the inappropriateness of systems theory to address the impact of the apartheid legacy on families and the use of unexamined familist assumptions such as the normativity of the nuclear family in the education of social workers at most South African higher education institutions.

### **1.3.2 The trauma of displacement**

I have taken a particular interest in the trauma experienced by families who were displaced due to being forcibly removed as a result of apartheid policies. According to the United Nations Guiding Principles on Internal Displacement (2004:1), *internally displaced* people are “persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized

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<sup>2</sup> For the purpose of this study “black” will refer collectively to South Africans who are not white. The term “black” is a socio-political construct bound up in a social context (Dalal, 2002:135). I reject the race classifications of Apartheid’s Population Registration (Act No. 30 of 1955) where black people were classified according to race and ethnic groups such as African, Coloured and Indian.



state border”. The trauma of displacement creates cultural dislocation and a loss of connection with family, friends and community (Wade, Mitchell & Baylis, 2005; Alayarian, 2007). In research on the forced displacement in Cape Town, Trotter (2009: 62) mentions that “removees” (displaced people) idealised their former places of residence. Their life histories were filled with loss and nostalgia. Trotter believes that in order to cope with the trauma of their displacement, people romanticised their loss by creating nostalgic narratives about their displacement. It is only after apartheid ended that commemoration could take place publicly and that people could celebrate. The trauma of forced displacement was therefore only publicly acknowledged towards the end of apartheid.

Trotter (2009:62) focused his research on adults who were displaced and how they experienced the trauma of displacement while this research focuses on adults who were children in Cape Town when they were forced to move. The first and second generation participants, who were born before 1973, were children at the time of displacement. Their narratives reflect how they experienced the trauma and give their view on how it affected their families. Third-generation participants who were born after the displacement explain how they were affected by the displacement and apartheid. The intergenerational trauma of the displacement is therefore reflected in the three generations of families in this study.

### **1.3.3 The legacy and historical trauma of slavery**

In order to understand intergenerational trauma in families living in Cape Town, one has to consider the socio-historical context of slavery. Most of the literature available on the conditions of slaves in the Cape is from a historical perspective rather than a social work perspective. This literature is particularly limited with regard to intergenerational trauma (Mountain, 2004; Van der Merwe, 2010; Worden 2009). Mountain (2004:7) asks whether the “cruel legacy of slavery in the Western Cape, with its deep psychological and emotional wounds died out with the generation of slaves or whether it resides in the souls of people today?”. The author concludes that the Western Cape is still experiencing the psychological wounds of slavery. Several writers (Brave Heart & DeBruyn, 1998; Evans-Campbell, 2008; Randall & Haskell, 2009; Whitbeck, 2004; Wesley-Esquimaux & Smolewski, 2004) refer to the trauma associated with the colonisation of the Aboriginal people as *historical trauma*. Slavery is therefore a form of historical trauma.

## 1.4 THE MECHANISMS OF TRAUMA TRANSMISSION

Despite significant literature on the legacy of apartheid, particularly in psychology, and emerging literature on intergenerational trauma and slavery, there has been limited research focusing on the *mechanisms* of intergenerational trauma transmission in South Africa (Adonis, 2008; Bowman, Duncan & Sonn, 2010; Sonn, 2010; Simpson, 1998; Weingarten, 2004). The mechanisms of trauma transmission according to traumatology literature are biological, psychological, familial and societal. This research project will focus on psychological, familial and societal mechanisms of trauma transmission as these often overlap with each other. The biological means of trauma transmission focuses on the neurobiology of trauma and on cortisol levels (Suomi & Levine, 1998; Weingarten, 2004; Yehuda *et al.*, 1998) and is beyond the scope of this study.

### 1.4.1 Psychological and familial mechanisms

The psychological mechanisms for the transmission of trauma are *silence* and *over-disclosure*, and *identification* and *re-enactment*. Silence and over-disclosure do not allow for an open discussion. *Silence* can also operate at an individual, familial and societal level (Ancherhoff, Munroe & Fisher, 1998; Weingarten, 2004). *Projective identification* is a means of trauma transmission where unacceptable feelings are projected on to the other, while the other has no means to make sense of the contents of the projections. Aarts (1998:182) reports on how feelings of worthlessness, shame, despair and rage can be projected onto the child. *Family communication and socialisation* is a means of transmitting emotions, values and rules onto the next generation. Patterns of family communication would also be a means of transmitting trauma through interaction between parents and children, or caregivers and children. According to Danieli (1998) and Weingarten (2004), silence is the most important means of transmission of trauma. Sonn (2010) explores the complexity and silence about discussing the effects of apartheid within families across generations of South African immigrants in Australia. Sonn (2010) explains that the memories participants discussed were traumatic and unspoken memories. Participants in Sonn's (2010) research spoke about racialised oppression and relocating to Australia to escape political violence. Responses to racialised trauma and oppression varied from complicity, to speaking out to accommodation. Sonn (2010: 242) purports that the complexity for the South African immigrants lies in rearticulating memories of community which may not be positive and involve deconstructing the meanings of imposed labels and marginalization during apartheid.

## **1.5 CONCEPTUAL FRAMEWORK: INTERGENERATIONAL TRAUMA THEORY AND NARRATIVE THERAPY THEORY**

Intergenerational trauma theory and narrative therapy theory guided this study. Intergenerational trauma theory is based on the concept that trauma can be “passed on” or transmitted from one person to another or from one generation to another (Danieli, 1998; Weingarten, 2004). The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) describes a traumatic event as an event that involves actual or threatened death or serious injury or threat to physical integrity of self or others. According to Ringel and Brandell’s interpretation (2011:136), it can also be an event that someone learns about and that threatens that person and his or her family.

Narrative therapy theory was used as a conceptual framework because it provides a model of how people construct their world. This is based on their interpretation of their reality and the multiple and interrelated stories that their lives are made up of (Duvall & Béres, 2011). Reissman and Quinney (2005:392) believe that studying narratives is essential in social work because it is the study of human interaction in relations. Narrative therapy theory (Morgan, 2000) is based on some of the following assumptions, namely that problems are separate from people, and that people have the skills, values and abilities to reduce the effect that problems have in their lives. This approach also values respect and a non-blaming attitude towards people and communities. Narrative therapists look at how people give meaning to the events in their lives, which is linked to a sequence across time. The broader social context is important as gender, class, race and culture are powerful contributors to the meanings people give to their experiences. This is based on Foucault’s analysis of discourse (1972) where problems are socially constructed and people are influenced by the dominant discourse of a particular time or era.

## **1.6 THE IDENTIFICATION OF THE PROBLEM**

The problem that I investigated is the trauma of displacement due to forced removals during apartheid and the historical trauma of slavery, experienced by families in Cape Town. This trauma has not been addressed by the social work profession in South Africa (Abdullah, 2013). A 2011 UNICEF report on the state of children in South Africa concludes that South Africa has made significant improvements in the lives of children. However, their conditions are still greatly impacted by their race and the inequalities of the past. The report states that in order to improve conditions for children and their families the inequities of the past need to

be addressed. It is therefore imperative that social workers start engaging in the practice of addressing the inequities of the past and its traumatic impact on families and communities.

Social problems such as substance abuse, family violence and community violence in displaced communities in Cape Town are the effects of intergenerational trauma which has been transmitted from previous generations who experienced the trauma of forced removals of apartheid and the historical trauma of slavery (Walls & Whitbeck, 2012). This includes coping with trauma, loss and being forced to move to areas on the Cape Flats with little community infrastructure and resources (Trotter, 2009; McMaster, 2007). The findings in this research study are supported by literature on Aboriginal communities who have experienced similar social problems. Authors such as Brave Heart and DeBruyn (1998: 67-68), Duran and Duran (1995:6), Evans-Campbell (2008:322), Gagné (1998:355), Poupart (2003:87), Quinn (2007:72), Wesley-Esquimaux and Smolewski (2004:6) and Whitbeck, Adams, Hoyt and Chen, (2004:119) believe that is the unresolved trauma and grief of dispossession and the loss of land, culture and lives that is being transmitted from one generation to another that results in high levels of substance abuse and in family and community violence, as experienced by Aboriginal communities which include Native American Indians, Indigenous or Native Indian Canadians and the Aboriginal people of Australia. The families in this study presented with similar social problems as the Aboriginal communities.

### **1.6.1 Intergenerational trauma of displacement and slavery**

Bozalek (2010:491) noted that trauma suffered as a result of forced removals and institutional racism have continued to impact the lives of university students and their family members after the dismantling of apartheid. Research by Bozalek (2010) on the effects of forced removals and Brave Heart and DeBruyn's (1998) concept of historical trauma was significant for this PhD project because it provided a socio-historical context highlighting the fact that apartheid was not the only trauma that these families experienced as they have also been traumatised by slavery for many generations. The literature that is available on the intergenerational effects of slavery in Cape Town (Van der Merwe, 2010; Worden, 2009) focuses on the *Dopstelsel* where slaves were being paid with alcohol, which has led to alarming rates of foetal alcohol syndrome (FAS) in the Western Cape. In fact, the Western Cape has the highest rates of FAS in South Africa. According to Van der Merwe (2010), the *Dopstelsel* has impacted generations of black South Africans in the Western Cape, and the high rates of alcohol abuse and FAS are a direct result of this atrocity.

This research investigated how the trauma of displacement during apartheid and historical trauma of slavery have been transmitted across generations of families in Cape Town. The implications of the trauma of displacement and the historical trauma of slavery for the social work profession are addressed in the final chapter (Chapter7) of this thesis. A framework for social work intervention with families who have experienced intergenerational trauma has been proposed in order to assist social workers to address the trauma of displacement and to engage in the discourse of preventing intergenerational trauma. This PhD study is based on the assumption that the traumatic experiences of displacement during apartheid are being manifested on the Cape Flats<sup>3</sup> in high rates of substance abuse and in family and community violence.

This research was based on the community of Mitchell's Plain as it is one the largest communities that was solely created to house families who were forced to move out of Cape Town due to the Group Areas Act . A map and pictures of Mitchells Plain is available in the appendices (Appendix II). Instituted from 1950 to 1983, the Group Areas Act was one of many apartheid policies aimed at segregating race groups. The research findings discussed in Chapter 5 indicate how intergenerational trauma and its effects have been transmitted across three generations in families where families have been exposed to gang violence, drug abuse and alcohol abuse. This is confirmed by previous research by Pludderman, Meyers and Parry (2009) who estimated that there could be 120 000 methamphetamine addicts in Cape Town. The patients requesting treatment mainly came from the Mitchell's Plain area. The Presidential Urban Renewal Report on Khayelitsha and Mitchell's Plain to the cabinet (2009) emphasised this problem and funding was given to help solve the problem of gangs and substance abuse in Mitchell's Plain. The Western Cape has the highest rate of substance abuse in the country and Mitchell's Plain has the highest rate of drug-related crime ([www.servamus.co.za](http://www.servamus.co.za), accessed 03/09/11). Families remain concerned about gang violence and substance misuse, which indicates that the funding set aside for the problem of gang violence and substance abuse in Mitchell's Plain has not made a difference to the lives of the families in this research project.

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<sup>3</sup> The Cape Flats is a geographical area on the outskirts of Cape Town where displaced families were forced to move to.

## 1.7 THE AIM OF THIS RESEARCH

The aim of this study was to explore intergenerational trauma in families who were displaced during apartheid and who may also have a history of slavery, and to identify mechanisms of trauma transmission operating within families in order to provide guidelines for social work intervention to help prevent intergenerational trauma in families.

### 1.7.1 The research question

The primary research question that this thesis addresses is: *How has the trauma of displacement during the apartheid era and historical trauma of slavery been transmitted intergenerationally in families in the Mitchell's Plain community in Cape Town?*

### 1.7.2 Secondary research questions

The secondary research questions were as follows:

- How have families experienced the trauma of displacement?
- How do family members give meaning to the historical trauma of slavery?
- What are the multiple ways in which trauma is transmitted from one generation to the next in families according to literature?
- What are the mechanisms of trauma that are evident in the families studied in Cape Town?
- What are the implications of these findings for social work education and practice in South Africa?

### 1.7.3 Research objectives

The objectives of this research were to:

- Explore the trauma of displacement, forced removals and a history of slavery of black families in Cape Town;
- Identify the multiple ways in which trauma is transmitted from one generation to the next;
- Investigate intergenerational trauma experienced by black families against the background of apartheid and historical trauma of slavery;
- Develop a framework to assist social workers to engage with intergenerational trauma in families; and
- Provide recommendations for a social work curriculum on family studies and social work intervention with black families who were traumatised by South Africa's violent past.

## **1.8 RESEARCH METHODOLOGY**

### **1.8.1 Qualitative research**

A qualitative, interpretive descriptive research methodology was chosen for this research, using a postcolonial indigenous paradigm. A postcolonial indigenous research paradigm was chosen because of the colonial history of South Africa. This paradigm was chosen to comprehend how participants understand the meaning they give to the impact of slavery on their family members and their displacement during apartheid (Sullivan, 2010:15-38). A postcolonial indigenous paradigm means conducting research that does not perpetuate Western paradigms and view Western knowledge as superior (Chillisa, 2012:7). Based on Freire's Pedagogy of Hope (1995), the principles of Collective Narrative Practice (Denborough, 2008) were also used as methodological framework to analyse and interpret the findings.

### **1.8.2 Research design**

A multiple case study design was implemented. A case study can be defined as an "empirical phenomenon (a "case") set within its real world context" (Yin in Yin, 2012:3). Case studies are ideal when research is focusing on "what" and "how" questions. This methodology allows one to focus on the complexity and details of relationships between people (Yin, 2012:5). The phenomenon that was studied is intergenerational trauma and how this is transmitted within families and across generations. Multiple case studies were used, with each family being considered as a unit of analysis or a case.

#### ***1.8.2.1 Sampling and size***

The cases were selected according to Yin's (2009) replication logic, based on the theoretical framework guiding the study. This ensured variation in the cases. The snowballing technique was utilised starting with six families until data saturation was reached with seven families. The replication logic is based on how theory is replicated in cases during data analysis and not on the number of cases selected. Intergenerational themes started emerging when the first two cases were analysed and the similar intergenerational themes continued to emerge after 7 cases were analysed where no new themes were emerging. Yin (2003) suggests that two to three cases where similar results emerge would be sufficient to represent replication logic and where the findings are duplicated more than three times then the research can be considered robust. All the families selected as case studies met the inclusion criteria stated below. Access to families was gained via key informants in Mitchell's Plain.

### ***1.8.2.2 Universe and population***

The universe was families in the Western Cape who were displaced during the Group Areas Act. The target population was families who have typical slave surnames such as Titus, Scipio, September and February, as well as various Muslim surnames that are slave surnames (Mountain, 2004:45). This increased the likelihood that the chosen participants are descendants of slaves.

### ***1.8.2.3 Inclusion criteria***

Inclusion criteria for this research included the following: families who reside in Mitchell's Plain; families where at least one generation (possibly a grandparent) had lived in Cape Town and had moved to Mitchell's Plain as a result of the Group Areas Act or forced removals; families who have typical slave surnames, indicating that they may have a slave heritage; and families with members from three generations giving consent to take part in this research. According to intergenerational trauma literature, one is able to identify the transmission of trauma from one generation to the next by focusing on two or three generations (Danieli, 1998; Kellerman, 2001; Kupelian *et al.*, 1998; Lazar *et al.*, 2008).

### ***1.8.2.4 Exclusion criteria***

No participants under the age of 18 years were included in the sample for this study.

## **1.8.3 Methods of data collection**

Life histories, semi-structured interviews and focus groups were utilised to collect the data. The participants took part in the life histories, semi-structured interviews and focus groups. The focus groups consisted of three or two generations of each family, with each family forming a separate focus group. The focus group discussions were only successful with four families due to a variety of reasons unique to each family. (Two of the families could not meet together because of conflict within the family and the third family could not meet together because one of the participants had died.)

### ***1.8.3.1 Life histories***

Writing up the participants' life histories is interactive and cooperative work which involves the researcher (Plummer, 1990). Goodson and Sikes (2001) observed that life histories are ideal because they have the potential to make far-reaching contributions towards understanding the links between "personal" troubles and public issues. This occurred in many of the interviews where families spoke spontaneously about their displacement and trauma of apartheid.



### ***1.8.3.2 Semi-structured interviews***

The semi-structured interviews used in this research focused on asking the participants to talk about their lives before they moved to Mitchell's Plain, or how the Group Areas Act affected them and their families. The qualitative interviews conducted included questions of behaviour or experience; opinion or belief; feelings; sensory experience; and background information of the participants' family (Patton, 2002). Where families were not able to meet for focus group discussions, up to three interviews were conducted with some of the participants. Individual interviews focused on the questions that would have been covered in the focus group discussions.

### ***1.8.3.3 Focus groups***

Focus group discussions were conducted with three families. Focus group methods are suited to generate a wide range of data on family dynamics. Puig, Koro-Ljungberg and Echevarria-Doan (2008) believe that the focus group method for family research is useful to gather information about socially constructed phenomena such as displacement. This research focuses on how family members have experienced the trauma of displacement during apartheid and across generations, and the meaning they give to their slave heritage. Participatory Learning Action techniques were used to facilitate discussions in the focus groups as these techniques decolonise traditional methodology by raising participants' awareness of their marginalisation (Bozalek, 2011:469). Discussions and reflections on the community mapping exercise which is a PLA technique helped the participants become aware of the contextual issues in their community.

## **1.8.4 Data analysis**

Thematic analysis was applied to analyse the data. The six phases of Braun and Clarke's (2006) thematic analysis was used, namely familiarising oneself with the data, generating initial codes, searching for themes, reviewing themes, defining and naming the themes, and producing the report. I also used narrative thematic analysis to analyse the data provided by the life histories and semi-structured interviews. Thematic analysis, as adapted by Reissman (2008), focuses on the content of the narrative, namely "what" is being said. A typology of narratives by theme is a typical representation for case studies and case vignettes (Reissman, 2005:2). This was useful for theorising across cases. In this research, the themes revolved around intergenerational trauma and apartheid (Elliot, 2005:36-41).

### ***1.8.4.1 Research procedures***

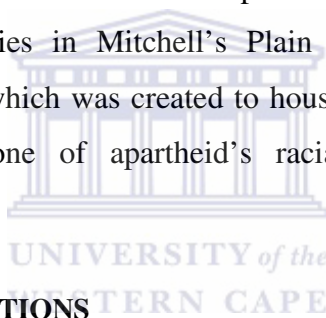
Yin's (2009) model was utilised as a guide for the research procedures. His model focuses on completing two cases first and writing up the data followed by the completion of the rest of the case studies. The details of the procedures are discussed in Chapter 4 of this thesis.

#### ***1.8.4.2 Trustworthiness***

To ensure trustworthiness, data triangulation was applied to the research methodology by utilising three different methods of data collection, namely life histories, semi-structured interviews and focus groups. Interviewing three generations of the same family also ensures data triangulation (Gab, 2010; Wengrath, 2001). According to Lieblich (1998:173), four aspects need to be taken into account to ensure validity in narrative enquiry: width, coherence, insightfulness and parsimony. This researcher ensured that the research met these criteria, as discussed in detail in Chapter 4.

#### ***1.8.4.3 Limitations and assumptions***

This research was limited to seven families in comparison with the large target population. The research focused on families in Mitchell's Plain which is but one of the many communities on the Cape Flats which was created to house black families during apartheid. The participants came from one of apartheid's racially designated groups, namely 'Coloured'<sup>4</sup> people.



## **1.9 ETHICAL CONSIDERATIONS**

I received approval for this study from the Office of the Dean of Research, the UWC Community and Health Science Faculty Board Research Ethics Committees and the UWC Senate Research Committee. The Social Work Code of Ethics of the South African Council for Social Service Professions (SACSSP) was also adhered to. The procedural ethics and ethics in practice – such as consent, voluntary participation and no harm – will be addressed in detail in Chapter 4. This includes the ethics of doing family research and the confidential nature of working with family members, which presented dilemmas which are discussed in detail.

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<sup>4</sup> Under the Population Registration Act of 1950 during the apartheid, South Africans of mixed ethnic backgrounds were classified as 'Coloured' (Olaussen, 2011:27).

### 1.9.1 Dissemination

The participants were informed of the results of the findings before the publication of the thesis. The findings and recommendations will be submitted to organisations and Department of Social Development, which renders services to families. The results will also be published in peer-reviewed journals.

### 1.9.2 Self-reflexivity

I have been engaged in regular reflection and journaling as part of this process, given the fact that my family was displaced and I have a slave heritage. I have received ongoing support through my supervisor as well as an external supervisor who is a clinical psychologist and academic to assist me in processing and reflecting on how the research process and data had impacted me in order to ensure the rigour of the data and research process. I discuss self-reflexivity in more detail in Chapter 4 of this thesis.

## 1.10 CONCLUSION

**Chapter 1** provides an overview of the research project to explain the orientation and context of the research. A brief description of the rationale for the study, given the historical nature of trauma in South Africa is given. Gaps in social work research on intergenerational trauma, which includes the fact that intergenerational trauma does not form part of the curriculum in social work are discussed. Despite increasing research on intergenerational trauma in South Africa, there is limited research on the transmission of intergenerational trauma. A description of the methodology that was followed, explaining the target population and sample size of the research project.

**Chapter 2** provides the theoretical and conceptual framework of the study. It discusses the theory and key concepts of the study such as intergenerational trauma, the trauma of displacement, historical trauma and intergenerational trauma transmission as well as narrative therapy theory, which guided the research process and analysis.

**Chapter 3** gives an overview of relevant literature on intergenerational trauma and the historical trauma of slavery within the context of South Africa.

**Chapter 4** discuss the methodology and research procedures. The focus is on the research paradigm, which is postcolonial and indigenous.

**Chapter 5** explains the results and findings of the research.

**Chapter 6** focuses on counter-memories and counter-histories, leading to the proposed framework for working with families who have experienced intergenerational trauma.

**Chapter 7**, is the final chapter, and draws conclusions with an emphasis on the implications for social work.



## CHAPTER 2

### CONCEPTUAL FRAMEWORK: INTERGENERATIONAL TRAUMA TRANSMISSION

#### 2.1 INTRODUCTION

This chapter introduces the conceptual and theoretical framework which focuses on the transmission of intergenerational trauma. The development of intergenerational trauma is discussed as well as the different schools of thought on intergenerational trauma as presented in Aboriginal studies and through scholars of intergenerational trauma. Various theories of intergenerational transmission and trauma transmission, and key concepts are presented. The definition of trauma, the trauma of displacement and its classification in traumatology are clarified. In addition, narrative therapy theory which also forms part of the theoretical framework in order to contextualise the trauma that families have experienced. Finally the different mechanisms of trauma transmission as identified in literature, is discussed.

Intergenerational trauma theory and narrative therapy theory guide this research project. Understanding the transmission of trauma in families highlights what is being transmitted in families and how it is being transmitted, and this knowledge can contribute to interrupting trauma transmission. However, trauma transmission theories are based on a medical model which has not taken the socio-historical context into consideration. Narrative therapy theory, and the principles of collective narrative practice has been used both as a conceptual framework and methodological framework. Narrative therapy theory is based on Foucauldian discourse analysis while collective narrative practice by Denborough (2008) is based on the work of Freire's Pedagogy of Hope (1994). Freire believed that in limited circumstances there can be reason for hope and that human beings cannot exist without hope. Decolonisation has also been used as a guide for reflexivity throughout the research process, based on the work of Fanon (1952).

#### 2.2 BACKGROUND OF INTERGENERATIONAL TRANSMISSION

*Intergenerational* refers to different generations or age categories of individuals who may or may not be related (Larkin, 2004:9). Intergenerational studies focus on relationships between individuals of different ages who may be related or not. *Intergenerational* in this study refers to different generations who are related to each other. The focus of this study is intergenerational trauma between individuals who are related to each other. *Intergenerational*

*transmission* is one aspect of a large body of research on intergenerational relations. *Intergenerational relations* refer to “a wide range of patterns of interaction among individuals in the same family” (Intergeneration relations, “IntergenerationTransmission” : 2003). *Intergenerational transmission* refers to the exchange of interaction or some “goods” or services between one generation and another. What is transmitted may be intangible, such as beliefs, norms, values, attitudes and behaviours specific to that family. What is transmitted may also reflect socio-cultural, religious and ethnically relevant practices and beliefs (Intergeneration relations, “ Intergenerational Transmission” : 2003).

The concept of intergenerational transmission has also been widely utilised in research on family violence. For example, Duffy and Momirov (2000) and Wareham, Boots and Chavez (2009) utilise the concept of *intergenerational transmission* to explain the social learning of violence within families. In this context, intergenerational transmission refers to the socialisation and social learning that helps to explain the ways in which children growing up in a violent family learn violent roles and, subsequently, may play out the roles of victim or victimiser in their own adult families. Through socialisation, the trauma of displacement has been transmitted through the mechanisms of socialisation and social learning. Family and gender roles may also be transmitted through socialisation (Rosenthal, 1985; Wareham *et al.*, 2009).

## **2.3 CONCEPTUALISATION OF THE THEORY ON INTERGENERATIONAL TRAUMA**

In order to understand intergenerational trauma and how trauma is transmitted from one generation to the next, I will briefly discuss conceptualisations of trauma and how *intergenerational trauma* is sometimes classified within the broader framework of traumatology and trauma theories. There are two distinct schools of thought on intergenerational trauma, namely the traditional medical model based on psychodynamic and psychoanalytic theory (Danieli, 1998; Weingarten, 2004; Fromm, 2012), and Aboriginal conceptualisations of intergenerational theory based on historical trauma as a result of colonialism. Theories of both schools of thought are applied in this research project.

### **2.3.1 Definitions of trauma**

According to Van de Kolk (1987), trauma occurs when individuals lose their safe place to where they can retreat and process their emotions. Psychological trauma and post traumatic stress disorder (PTSD) were only included in the Diagnostic and Statistical Manual of Mental

Disorders (DSM) in 1980. The DSM-IV describes a traumatic event as an event that involves actual or threatened death or serious injury or threat to physical integrity of self or others. According to Ringel and Brandell's (2011: 136) interpretation, trauma can also be an event that someone learns about and that threatens that person and his or her family. Within traumatology theory there has been a significant shift from looking at interpersonal trauma to looking at the political and social aspects of trauma. Working with political trauma and social trauma is complex because it affects groups of people such as families and whole communities which requires multi-faceted interventions not based on interpersonal trauma. This has complicated the work of social service professionals who have to intervene with individuals, families and communities that have been traumatised (Ringel & Brandell, 2012: vii).

### **2.3.2 Defining the trauma of displacement and its effects**

The trauma of displacement can be described as the experience of loss, humiliation, social and cultural dislocation, and sometimes violence which accompany the displacement (Alayarian, 2007; Wade, Mitchell & Bayliss, 2005; Kuusisto-Arponen, 2009). According to Kuusisto-Arponen (2009:548) the experience of displacement is not easily forgotten. Given the limitations of the definition of trauma, I have used Kira's (2001:76) definition of "disconnectedness trauma" and social/structural trauma to describe the trauma of displacement. The trauma of displacement can be described as social or structural trauma because it is felt not only by individuals within a family but also collectively within a community. Hence, it is also called collective trauma.

The trauma that the individual or group experiences in displacement is what Kira (2001:76) classifies as "disconnectedness trauma" where individuals are traumatised when their safety and security, which is made up of a network of social relationships, is threatened. He explains that social interaction is core to survival. The individual is interlocked within a network of connections that give him or her emotional, social and material support. It gives one a sense of social "embeddedness", belonging and meaning in life. Individuals develop a system of conditioned social contingencies that is rooted physiologically and emotionally, and that provides basic feelings of safety, security and community. Events that threaten the network of connections and the person's embeddedness in it can traumatise the individual. Even moving from school to school, or from state to state for a child can be traumatising in some cases as it involves losing long-standing relationships and a support system. Being uprooted, especially being involuntarily uprooted (e.g. refugees' experience or forced displacement), the loss of

affiliation by suspension or by being forced out are examples of this kind of trauma. This is confirmed by various authors (Alyarian, 2007; Wade, Mitchell & Bayliss, 2005; Kuusisto-Arponen, 2009; Walls & Whitbeck, 2012) who describe the cultural dislocation and loss of support networks experienced with the trauma of displacement. The cultural dislocation described by the above authors include loss of land, culture, community. Cultural dislocation therefore requires the individual to resettle and rebuild their lives and support networks in their new community. Trotter (2009) confirms the trauma of forced displacement of residents in Cape Town. This research is based on the assumption that if the trauma of displacement is not resolved, it will be transmitted intergenerationally.

### 2.3.3 Defining intergenerational trauma

Intergenerational trauma can be defined as trauma which is transmitted to the next generation when the effects of trauma are not resolved in one generation. When trauma is ignored and there is no support to deal with it, the trauma will be passed from one generation to the next (Wesley-Esquimaux & Smolewski, 2004:2). Volkan (1996), using Freudian principles, coined the term *the transgenerational transmission of trauma* and argues that unresolved trauma of the past is transmitted from one generation to the next and thus develops the potential for fuelling future conflicts. Kogan (2012: 5-7) asserts that transmission occurs mostly unconsciously.

It is important to be able to understand the different traumatic events that communities and individuals may have been exposed to because family resources, resilience and emotional well-being are impacted by traumatic events. Trauma can have a devastating effect on the overall well-being of an individual. The effects of the traumatic event can last for generations because the effects can be transmitted over several generations (Wesley-Esquimaux & Smolewski, 2004:2). If the person does not come to terms or make sense of the traumatic event, the unresolved trauma will have a permanent or long-lasting impact on the individual and on those close to the individual. Individuals who seek help from social workers often come because of trauma in their past or present (James & Breckenridge, 2010:259). The effects of traumatic events and how this may manifest within families also need to be understood.

The criticism by Aboriginal and Native American scholars of intergenerational trauma is that the original theory of intergenerational trauma focuses mainly on individual, parenting and family dynamics. It does not take into account the historical events that many Aboriginal communities were exposed to over several generations and decades. Neither does it take into



account the policies which continue to oppress such communities. The history of slavery and displacement in the Western Cape, which has had long-term effects on various communities, make concepts such as historical trauma and internalised oppression important to this study.

#### **2.3.4 Historical trauma**

Historical trauma is an example of intergenerational trauma. The concept of historical trauma was developed to include the historical legacy of trauma which original research on intergenerational trauma did not include. Original research on intergenerational trauma was based on the Holocaust and Holocaust survivors who did not have the same historical legacy of colonial trauma that Aboriginal people had experienced. This is relevant to this research because many families in Cape Town have a slave heritage, which reflects the historical nature of trauma in Cape Town. Seminal research on *historical trauma* was carried out by Duran and Duran (1995) and Brave Heart and DeBruyn (1998). They referred to the historical legacy of chronic trauma, the massive loss of lives, land and culture that Native Americans experienced over generations through colonisation as *historical trauma*.

Colonisation, is defined as the subjugation of one group by another (Young, 2001). According to Chillisa (2012: 9) colonization can be described as “a brutal process through which two thirds of the world experienced invasion and loss of territory accompanied by the destruction of political, social, and economic systems, leading to external political control and economic dependence on the West: France, Britain, Germany, Spain, Italy, Russia, and the United States”. It also involved loss of control and ownership of their knowledge systems, beliefs, and behaviours and subjection to overt racism, resulting in the captive or colonized mind. Some of the responses to historical trauma include elevated suicide rates, self-destructive behaviour, substance abuse, identification with the pain that ancestors endured, fixation of trauma, somatic symptoms that have no medical reason, anxiety, guilt and chronic grief (Wesley-Esquimaux & Smolewski, 2004:54). According to Evans-Campbell (2008:321), historical trauma is conceptualised as a collective complex trauma, inflicted on a group of people who share the same group identity, affiliation or ethnicity. It is the historical legacy of numerous traumatic events that are experienced by many people in the same community, and it is therefore collective in nature. Closely connected to the concept of *historical trauma*, Brave Heart and DeBruyn (1998) coined the term *historical unresolved grief*.

### **2.3.5 Historically unresolved grief and disenfranchised grief**

Historical unresolved grief refers to chronic trauma and unresolved historical grief across generations as a result of the massive loss of lives, land and culture due to colonisation. (Brave Heart & DeBruyn,1998). They state that the historical legacy of colonisation denied the American Indians cultural grieving practices in the face of genocide that occurred over decades. Grief after traumatic events such as massacres and placement at boarding schools can also result in shame besides being denied the right to mourn. Western culture appears to legitimise mourning only for the immediate family and next of kin. This serves to disenfranchise the grief of native people's "loss of ancestors, extended kin, animal relatives, traditional language, songs and dances" (Brave Heart & DeBruyn, 1998: 67). Disenfranchised grief is also discussed as a mechanism of trauma transmission by Stein (2012). He explains that disenfranchised grief illustrates the process of trauma transmission because it "is a story that could not be told because no one could suffer the empathy needed to hear it" (Stein 2012:178). Stein's perspective on disenfranchised grief as a means of trauma transmission is discussed in detail in later in the chapter (2.7.4.3).

### **2.3.6 Internalised oppression**

Poupart (2003:89) reports that the intense historical unresolved grief that is experienced is accompanied by pain and extreme rage at the dominant culture for abuses past and present. Like the grief and pain of Native American Indians, the rage also has been denied a means of legitimate expression. Poupart (2003) alludes to the notion that internalised oppression could be the result of historical unresolved grief. This supports the earlier work of hooks (1995:15) who states that "white rage" is cordoned while there is no place for the expression of "black rage". According to hooks (1995:137), the "collective failure of black people to deal with the psychic wounds brought on by aggressive racism is the breeding ground for a psychology of victimhood where learned helplessness, uncontrollable rage and feelings of overwhelming powerlessness and despair abound in the psyches of black people, yet it is not attended to in ways that promote wholeness and states of well being".

According to Poupart (2003:88), Native American Indians experience internalised oppression as a result of colonialism and post colonialism. Internalised oppression can be defined as absorbing consciously or unconsciously the values and beliefs of the oppressor and subscribing to the stereotypes and misinformation about one's group (Alleyne, 2004). Poupart (2003) states that before Native American Indians came into contact with Europeans, alcoholism, family violence, incest, sexual assault, foetal alcohol syndrome, homicide and

suicide were almost non-existent. Now the community struggles with these issues at an alarming rate as these issues are forms of internalised oppression. Brave Heart and DeBruyn (1998) and Duran and Duran (1995) believe that racism and oppression, including internalised oppression, reinforce current social problems that Native American Indian communities experience. Fanon (1952:141-143), in his classic work *Black Skin, White Masks*, writes extensively on internalised oppression as a result of colonialism and racism. Fanon's perspective on colonialism is therefore important for the study.

### *Colonialism*

Colonialism is a practice of domination, which involves the subjugation of one people to another and also involves political and economic control over territory (Khon 2014). One can distinguish between different but intertwined types of colonialism—namely, political colonialism, which refers to occupation and external control of the colonies, and scientific colonialism, which refers to the imposition of the 'colonizers' ways of knowing—and the control of all knowledge produced in the colonies. Fanon (1952) recognises that there are social and economic realities of being black. However being a psychoanalyst he focuses on the effects of colonialism on the psyche of the colonised but what set him aside from other psychoanalysts at the time other than being a black man, was the fact that he analysed colonial discourse and the ways it sustained itself. Fanon believed that colonialism constructs its own discourse and it was sustained through unconscious and conscious ideology which was based on myths created by the coloniser. The coloniser also perpetuates the discourse through dissemination of these myths as well as through violence. These myths include that to be human the black man has to be white and adopt white values – Fanon (1952:18) states “The Negro of the Antilles whoever he is will be proportionally whiter - that is, he will come closer to being a real human being in his direct mastery of the French language.” Embedded in the discourse of colonialism were definitions of what is human (the coloniser) and what is not human (the colonised). The power of the myths is that it becomes part of the belief system of those it denigrates and is perpetuated by them (Dalal: 2001:93-94). Aimée Cesaire (1955) has similar views about internalised oppression and the effects of colonialism she states “I am talking of millions of men who have been injected with fear, inferiority complexes, trepidation, servility, despair, abasement”. Fanon believes that the inferiority complex that the colonised experiences is a result of the colonizer's projection of superiority. Fanon (1952:93) states - “It is the racist who creates his inferior”. Fanon (1952 : 191) suggests that the inferior complex has been the result of assimilating the myths and prejudice of racist Europeans and the collective conscious of a racist European society.

Black children are exposed white racist society and the views of the media who excludes the history of black people. He discusses the dispossession and dislocation of black people as a trauma that contributes to internalised oppression and intergenerational suffering as black children are socialised in the white dominant society. Fanon's (1952) work is relevant in terms of this study as it provides an explanation for the ways in which trauma and the effects of internalised oppression are transmitted, namely via socialisation from one generation to the next. Williams (2012:57) notes that internalised oppression can also be transmitted across several generations.

#### **2.4 THE EFFECTS OF THE TRANSMISSION OF INTERGENERATIONAL TRAUMA**

The fact that colonialism still has an impact in current society is supported by writers such as Akinyela (2002), Brave Heart and DeBruyn (1998), Evans-Campbell (2008), Fanon (1952), Gump (2010) Poupart (2003), Randall and Haskell (2009), Wesley-Esquimaux and Smolewski (2004) and Whitbeck *et al* (2004).

The psychological impact of dispossession, racism, exclusion, extermination and denigration that Aboriginal tribes in Australia experienced through colonisation still greatly affects their sense of being and identity. The term *The Stolen Generations* has been used to describe policies of forcibly removing children from their parents in the most traumatic and horrific ways (Raphale *et al.*, 1998). The children were forcibly removed from their parents at a young age and raised in institutions with few parental figures. This traumatic separation and loss has had a profound psychological effect on the parenting abilities of those who were forcibly removed. The family structure has been greatly impacted where grandparents are caring for their grandchildren, or the children are living with other family members or in institutions because their parents lacked parenting skills or were unable to care for them due to family violence or substance abuse. According to Raphael, Swan and Martinek, (1998:327-335), the intergenerational effects of trauma on Aborigines in Australia have a significant impact on their children who form the current generation. This is confirmed by Australian government strategies to improve the mental health outcomes for Aboriginal people. The South Australian Mental Health Strategy, which is aimed at improving mental health outcomes for Aboriginal communities, states that cultural dislocation contributes significantly to the high rates of mental illness in Aboriginal children, young people and adults ([www.sahealth.sa.gov.au](http://www.sahealth.sa.gov.au), accessed 6/8/2011). According to Quinn (2007), the years of colonisation of the Aboriginal people in Canada have led to the almost complete obliteration of the Native culture. The residential schools which Aboriginal children in Canada were

forced to attend, opened as early as 1894. They were exposed to several forms of abuse in addition to being forcibly removed from their parents to attend the residential schools. According to Quinn (2007:72-73), the Canadian Child Welfare System had over 25 000 Aboriginal children in its care in 2003 as a direct result of colonisation.

Given the constraints of social work intervention, the Aboriginal scholar Menzies (2007) was frustrated with the traditional ways of social work intervention with Aboriginal families. He developed a model for intergenerational trauma for social work and from a social work perspective and Aboriginal perspective. It is helpful to understand a social work model of intergenerational trauma as suggested by Menzies (2007). I used Menzies' indicators of intergenerational trauma to identify intergenerational trauma in the families partaking in this research project.

## **2.5 MENZIES' SOCIAL WORK MODEL OF INTERGENERATIONAL TRAUMA**

Menzies' model is based on identifying indicators of intergenerational trauma in families and communities. Menzies (2007:381-382) identified individual, family, community and national (nation) indicators of intergenerational trauma. His research indicated that all these categories influenced Aboriginal family history, and that individuals and families are embedded both in communities and in a nation, which has to be considered. The individual, family, community and national indicators are described below.

### **2.5.1 Individual indicators**

Individual indicators of intergenerational trauma in families and communities include a lack of belonging; identification with a particular family, community, culture or nation; a feeling of "abandonment" by caregivers; limited or no information about one's culture of birth (including language, customs, belief systems and spirituality); one or more "flight" episodes from a caregiver environment as a youth; the inability to sustain personal or intimate relationships; being present-oriented and not future-oriented; low self-esteem; limited education and employment history; a history of substance misuse; a history of involvement with the criminal justice system, precipitated by substance misuse; and involvement with the mental health system.

### **2.5.2 Family indicators**

Such indicators include chronic or episodic family violence, including physical, sexual, emotional and/or verbal abuse of children by adults in the household; lack of emotional bonding between parents, siblings and extended family members; denial of cultural heritage

by older family members; the perpetuation of negative stereotypes within the family of birth or caregiver environment; irregular contact or the absence of contact with caregiver family members; unconcealed and rampant alcohol and drug misuse that spans generations.

### **2.5.3 Community indicators**

Additional factors that may be present in the community and that influenced the individual's early life history must also be considered. This includes unconcealed alcohol and drug misuse among community members; lack of cultural opportunities, including the transmission of language skills, history, traditional values and spirituality; the unwillingness to "reclaim" community members; and low levels of social capital, including trust, reciprocal helping relations and social engagement.

### **2.5.4 National indicators**

National indicators include propagandising negative stereotypes through mainstream media; social policies that perpetuate colonisation on an individual, family and community basis; lack of support for holistic programmes and services; and lack of support for community self-determination.

For the families in this study, slavery, displacement and forced removals during apartheid and apartheid policies, ideology and violence over the past two centuries would be major national events which would have impacted South African society. This study focuses on the transmission of intergenerational trauma of displacement and the historical trauma of slavery. I will therefore discuss the different mechanisms of trauma transmission indicated in trauma literature and provide a brief history of intergenerational transmission.

## **2.6 MECHANISMS OF TRAUMA TRANSMISSION**

Since the Second World War, with soldiers and Holocaust survivors returning home, researchers started to investigate the idea of the intergenerational transmission of trauma (Danieli, 1998). Fraiberg (1975), a psychoanalyst and social worker, helped to shape the work and coin the term *intergenerational transmission of trauma*. Intergenerational trauma is trauma that has been transmitted across multiple generations. Since Fraiberg's (1975) groundbreaking work and paper entitled *Ghosts in the Nursery*, research around the transmission of intergenerational trauma, specifically in families, has developed into an accepted field in social science. It has also led to research on intergenerational transmission in areas such as family violence, attachment, poverty, resilience, support, transitions over life courses, solidarity, literacy and child maltreatment. The wealth of literature on the

intergenerational transmission of violence provides evidence that family violence can be transmitted from one generation to the next. This is relevant for this study as the mechanisms of the transmission of family violence from one generation to the next can be regarded as similar to the mechanisms of trauma transmission. The suggested mechanisms of transmission of intergenerational violence in families are *socialisation* and *social learning* (Wareham, Boots & Chavez, 2009; Weingarten, 2004). Within the field of intergenerational trauma, *psychodynamics*, *silence* and *genetics* are also viewed as mechanisms of the intergenerational transmission of trauma (Danieli, 1998; Fromm, 2012; Weingarten, 2004; Yehuda, 1998). The mechanisms of trauma transmission according to traumatology literature are biological, psychological, familial and societal. This research project will focus on psychological, familial and societal mechanisms of trauma transmission as these often overlap with each other. The biological means of trauma transmission is beyond the focus of this study but I will briefly describe it as it is one of the means of trauma transmission within the traditional medical model of trauma transmission. The biological means of trauma transmission focuses on the neurobiology of trauma where the stress hormone cortisol could be passed on to the unborn foetus, resulting in increased reactivity to stressful situations after birth. Cortisol is therefore one of the biological mechanisms through which trauma can be transmitted. Extensive studies regarding this effect have been carried out on survivors of the Holocaust and their children (Suomi & Levene, 1998; Weingarten, 2004; Yehuda, 1998, 2001).

Understanding the mechanisms of transmission helps one to identify “what” is being transmitted and how it is being transmitted from one generation to the next in the families taking part in this research. According to Kira (2001), there are two kinds of intergenerational transmission. The first type of intergenerational transmission happens within a family, for example intergenerational family violence. The second type of intergenerational transmission happens in a collective setting and is divided into two kinds: historical trauma like genocide or slavery, and social or structural trauma. This means that individuals can be exposed to trauma collectively through socio-historical events or socio-structural events as well as within their families. The trauma of displacement can be classified as social or structural trauma as the participants would have been exposed both collectively within society and within their families to this type of trauma. The two types of intergenerational trauma mentioned by Kira (2001) are similar to the vertical and horizontal trauma transmissions of Stein (2012).

### 2.6.1 Vertical and horizontal transmission

Vertical trauma transmission takes place when trauma is transmitted from one generation to the next. Trauma can also be transmitted “horizontally” or laterally to members of the same group who share the trauma (Stein, 2012:185). Stein mentions that a shared trauma becomes emotionally too huge and taboo to be talked about, even among the group itself. Hence, it becomes a “secret” everyone knows even if it is “unconsciously”. Stein (2012) believes a group’s trauma can be transmitted vertically and horizontally at the same time. An example of this is the trauma of political violence in South Africa. The trauma has been transmitted vertically over time across several generations, namely to those born during apartheid and those born after (Adonis, 2008; Frankish, 2009). In addition, the trauma of political violence has been transmitted horizontally as it affected several generations in a family at the same time or during the same time period when grandparents, parents and children witnessed political violence. Given the complexity of intergenerational trauma and the ways in which it can be transmitted, Kellerman (2001) offers a model of theories which underpins the means and mechanisms of trauma transmission.

## 2.7 THEORETICAL MODELS UNDERPINNING INTERGENERATIONAL TRAUMA TRANSMISSION

Kellerman (2001:261) proposes four major theoretical models of trauma transmission, as illustrated in Table 2.1 below. Each theoretical model will be discussed, except the biological theory as it falls beyond the scope of this research project.

**Table 2.1: Major theoretical models of trauma transmission**

Theory	Medium (mechanism)	Main transmission factor
Psychodynamic	Interpersonal relations	Unconscious displaced emotion
Socio-cultural	Socialisation	Parenting and role models
Family systems	Communication	Enmeshment
Biological	Genetic	Hereditary vulnerability to PTSD

Source: Kellerman, 2001:261.

### 2.7.1 Psychodynamic theory

Within psychodynamic theory, interpersonal relations are the means or mechanism of trauma transmission.



### **2.7.1.1 Projective identification**

Projective identification occurs when one projects unacceptable feelings onto another person, which is usually part of ordinary interaction. Projective identification is also a means of trauma transmission where unacceptable feelings are projected onto the other while the other has no means to make sense of the contents of such projections (Dekel & Goldblatt, 2008). Weingarten (2004) supports the idea of projective identification as a means of trauma transmission but does not believe that it is always pathological. According to her, it becomes pathological when the projection is rigidly maintained and the person projected upon is unable to challenge the contents of what is being projected. The person projecting comes to control disowned feelings by manipulating the person projected upon. The person who is projecting his or her feelings is therefore non-verbally manoeuvring the person projected upon into taking on the feeling. Weingarten (2004) believes that parents who have suffered from political violence may use *projective identification* as a means of self-healing. She believes that ways of coping and resilience can also be projected onto the next generation.

### **2.7.1.2 Over-disclosure**

This can occur when parents disclose graphic traumatic details to their children in order to help their children in a world which they believe is constantly unsafe and untrustworthy. Over-disclosure can expose children to a large amount of information that is not suitable for their developmental age and cognitive abilities, and the information can be disclosed without appropriate parental guidance (Dekel & Goldblatt, 2008:5).

### **2.7.1.3 Re-enactment**

Enactment or re-enactment can be referred to as a concept which includes both acting out or re-enacting where the enactment serves the purpose of avoiding painful knowledge or memories. Enactment can therefore be seen as the externalisation of traumatic themes from the past (Kogan, 2012: 6). Traumatized people re-enact their trauma, exposing those close to them to this trauma. As a result, those close to them may start feeling and behaving as if they were traumatized (Ancheroff, 1998; Weingarten, 2004; Dekel & Goldblatt, 2008).

## **2.7.2 Socio-cultural theory**

Socialisation is the means of trauma transmission in socio-cultural theory.

### **2.7.2.1 Socialisation**

One of the key mechanisms of the transmission of intergenerational trauma is socialisation, where social learning takes place and where values, beliefs and behaviour are passed down

from generation to generation. There is extensive literature about how violence is passed down intergenerationally through social learning and socialisation within the family (Kaminer & Eagle, 2010; Keeling & Mason, 2008; Jansen, 2009; Franklin & Kercher, 2012; Belnap, 2012; Demos 2012).

Socialisation can happen consciously as well as unconsciously. Jansen (2009:140) states that when beliefs help people to cope with threatening issues such as racism and poverty, these beliefs will be retained and socialised into succeeding generations. This he believes has occurred in South African society, pointing specifically to racial attitudes which have been passed down from generation to generation, including the post-apartheid generation. This has been confirmed by Keizan and Duncan (2010) who studied the racialised attitudes of post-apartheid adolescents of black and white ethnic origin. What both of these studies found was that social interaction was still based on racial lines despite universities and schools promoting integration. However, there is room for change in the discourse but this needs to be created (Bozalek *et al.*, 2008). Jansen (2009:70) states that the mechanism of transmitting apartheid values and beliefs are complex, multiple and mediated by numerous variables. According to him, informal means of transmitting knowledge happens through things such as food, stories, songs, friends and speaking a native language. The formal means of transmitting knowledge happens through education, religious participation, political participation or views, or through acquiring knowledge about one's culture through cultural activities. Jansen specifically looks at the Afrikaner white community. However, these means of socialisation are mechanisms that every community adopts to transmit values and beliefs.

### **2.7.2.2 Family**

For children, family is the main source of socialisation. Jansen (2009:71) states that it is also an early mechanism of “intergeneration congruency” between the political attitudes of parents and children everywhere. Intergeneration congruency refers to children's assimilation of their parents' political attitudes. This has been confirmed by Dunham; Newheiser, Hoosain, Merrill and Olson (2012) who studied the racial attitudes of young children in Cape Town and found that children born well after apartheid had internalised the racial attitudes of their parents. Jansen (2009) criticises Danieli (1998) and psychology's focus on trauma, and intergenerational studies' focus on emotion. He believes that knowledge and indirect knowledge are the most important means of how families and societies pass on values and beliefs intergenerationally. He based his work on Eva Hoffman's (2004) *After such knowledge*, in which she studied how indirect knowledge and traumatic knowledge and

memory were transmitted to the second generation of the survivors of the Holocaust. Jansen (2009:32) specifically states that it is “knowledge” and not the experience of trauma or pathology that is being transmitted. It is also about how this knowledge became indirect as it was being transmitted and how this was transmitted. Knowledge of the past does not pass from generation to generation without interruptions but it always connects generations. Jansen (2009:53-54) also states that knowledge is about influence and that it is always relational. Knowledge is always mediated intergenerationally, and the knowledge passed down from one generation to the next is always paradoxical in nature because he asks: “How can we know something if we were not there?” Belnap (2012:116) says that some remembrances of trauma are passed down from our ancestors in the form of *life lessons*. This is similar to Jansen’s idea of knowledge being paradoxical and it explains how we “know” even though we were not there. The purpose of these *life lessons* is to guide and protect, but often it is out of context and happens without reflection. This may repeat the trauma and its implications for the family, because it is accepted as if it needs no explanation. Belnap (2012:115) describes how repetitive jokes and teasing within families often preserve in ritual form a bit of family trauma. The trauma will be referred to as “it”, or it will be joked about or teased in various ways.

Jansen (2009:140) acknowledges that *knowledge* is embedded in emotions but that *knowledge* is primary because to know of an atrocity or not to know has culpability. It is familial and has personal consequences whether one is a perpetrator to or not. By focusing on knowledge we are able to gain a deeper understanding and ask important questions such as: “What do they know, how do they know and what do they do with such knowledge? How was it transmitted from the direct receiver as indirect knowledge to the second generation?” Knowledge according to Jansen (2009:80-81) is not only transmitted through words but also in silence, in the bodies, actions and responses of parents who transmit it to their children. Jansen’s *indirect knowledge* could be a key mechanism in explaining how certain values and beliefs could have been transmitted from slaves to their descendants when one considers the cultural landscape of the Western Cape today. This is confirmed by Belnap (2012:129), a psychotherapist, who maintains that the ideology and values that family members use to define who they are or the links they form with a larger organisation (political or religious) can be mechanisms of trauma transmission.

### **2.7.3 Family systems theory**

Family communication is a means of trauma transmission in family systems theory.

### ***2.7.3.1 Family patterns of communication***

Family patterns of communication are a means of transmitting emotions, values and rules onto the next generation. Patterns of family communication would also be a means of transmitting trauma through interaction between parents and children, or caregivers and children. This can be seen as vicarious trauma, where the family members or children hear about the trauma of another and become traumatised themselves. Belnap (2012) discusses how trauma in families can change family communication and set up patterns of behaviour dominated by helping children to remember the danger without the children understanding it and to survive this danger. This happens in contradictions in “spoken words”, silences and the emotional context in which the trauma is discussed. Exposure to continuous interparental violence has long-term negative psychological, social and academic effects on children. In a family of post traumatic stress disorder victims it was found that communication around the traumatic event and its consequences was a vital means of transmitting distress from parents to children (Franklin & Kercher, 2012:188-189). Patterns of communication around these events can range from silence to over-disclosure which have already been discussed in the previous section. Communication becomes confusing, indirect and ambivalent as sensitive topics are avoided or spoken about in ways to prevent intensifying distress. Children then receive incomplete messages and clues about their parents’ trauma and are unable to make meaning of it. Dekel and Goldblatt (2008) report that, when this happens, children are unable to understand the meaning of what is taking place in their homes. Children may fantasise about the missing details and create a more frightening story than the real story. The opposite can also happen in “over-disclosure”. When over-disclosure becomes a pattern in the family, children are exposed to information that they are unable to process or make sense of cognitively and emotionally. By re-enacting their own unremembered early relational experiences of fear and helplessness, parents can transmit trauma from one generation to the next.

### ***2.7.3.2 Enmeshment***

In highly closed systems, parents are fully committed to their children and children are overly concerned with their parents' welfare, both trying to shield the other from painful experiences (Kellerman, 2001). Through mutual identifications, parents live vicariously through their children and children live vicariously in the horrific past of their parents. Parents who care too much and who become overly involved and intrusive, tend to enmesh their offspring in the crossfire of their own emotional problems and bind their children to themselves in a

manner that makes it difficult for the children to gain independence (Baptist, Thomas, Norman, Hardy & Link 2012).

Although Kellerman's work is helpful to understand the theories behind mechanisms of transmission, it does not include societal mechanisms of trauma transmission such as silence, shame and humiliation or disenfranchised grief and political succession. According to Danieli (1998) and Weingarten (2004) societal mechanisms of trauma transmission are mechanisms such as silence, shame and humiliation which society transmits to families, communities and individuals. I have therefore included these mechanisms as scholars such as Danieli (1998) and Weingarten (2004) state that silence, shame and humiliation are key societal mechanisms of trauma transmission and are discussed below.

#### **2.7.4 Societal mechanisms**

When considering the legacy of trauma, one has to look at the social and cultural context of the people affected by that trauma. A child or family who comes for help to a social worker could be from a group which has been persecuted or traumatised for generations (Ancherhoff, Munroe & Fisher, 1998:269). Silence, shame and humiliation and disenfranchised grief and political succession have therefore been viewed as a means in which trauma is transmitted in societies to affect families and individuals (Adonis, 2008; Ancherhoff, 1998; Belnap, 2012; Danieli, 1998; Weingarten, 2004). Each of the mechanisms below and describe how they transmit trauma are described below.

##### **2.7.4.1 Silence**

According to literature on intergenerational trauma (Danieli, 1998; Ancherhoff, Munroe & Fisher, 1998; Eldelman, Kordon & Lagos, 1998; Weingarten, 2004), silence is one the main ways in which trauma is transferred from one generation to the next.

Silence can operate at an individual, familial and societal level. According to Depelchin (2005: 9, 10), there are two types of silence that operate at societal level, i.e. the silence produced through state oppression and terror, and the silence later produced by social scientists and historians. Silence is therefore one of the key mechanisms of trauma transmission (Danieli, 1998; Weingarten, 2004).

Silence is not only the absence of sound. In families it communicates a number of things to transmit trauma from one generation to the next. Silence between people and within a family can communicate the following (Weingarten 2004:16): Don't go there. Don't do that. Don't say that. This is too much. This is too little. This hurts; this doesn't. Silence can also follow

the disclosure of something traumatic. Collective silence is often accompanied by violence, particularly political violence, which has been experienced in multiple ways in South Africa. Frankish (2009) studied the silence between generations of related black South African women who had experienced political and relational violence. The silence around a traumatic event was a way in which the trauma was shared intergenerationally. The parents' silence about their trauma sent a message to the next generation not to ask questions about or to discuss the trauma. Hence, the child is left to draw conclusions from the silence or to deal with indirect knowing through community networks or overheard stories. The silence also communicates that the trauma is indescribable. In this way, children share the trauma without knowing any details. The trauma is therefore transmitted through indirect "knowing".

Danieli (1998) developed what she called the *conspiracy of silence* based on the trauma and horror of Holocaust survivors where the victims were rendered silent because they feared their story would not be believed or that nobody would listen to them. This silence was maintained by society and professionals alike. The silence of the survivors had a particularly negative impact on their adaption in their families and on their long-term healing and their integration of the trauma.

#### **2.7.4.2 Shame**

Shame also plays a role in trauma transmission from one generation to the next and it can exist at individual, family and national level. It can also be referred to as humiliation where persons or groups are degraded not just at individual level but also at group level (Adonis, 2008). Shame is the effect of indignity, defeat, transgression, inferiority and/or alienation (Kaufman, 1992: xix-xx). People experience shame in situations where they reach out for something they want, need or even long for and experience themselves as dependent on the response of others. People's sense that others are responding to or seeing them in ways contrary to how they would wish is a common trigger for feelings of shame or fear to arise and people then respond in self-defeating ways, to protect themselves from these painful feelings. When this happens, people become even more at risk to experience shame in an acute way.

They typically interpret this flood of shame responses as negative information about themselves rather than usable information about the degree of receptivity of the support in their relational field. Hence, it is this referential interpretation that spirals into a vicious cycle of disempowerment, paralysis and further waves of shame (Carlson & Kolodny, 2009:181-182).

This experience of shame is powerfully unpleasant and it gives rise to the compelling need to avoid it. Low levels of shame can be helpful in regulating how much of themselves people will reveal to the social world. Shame can therefore be disempowering, especially when people believe and interpret that the reason they are being ignored or judged negatively is their fault. Carlson and Kolodny (2009:184) state that this is a critical step in the meaning-making process when people interpret the lack of response or receptivity as their fault instead of seeing it as a function of the social field, because people internalise the shame when they view it as their fault.

Shame is also related to power relations and it is more likely to be activated when power relations are unequal. One party positions itself above the other, making the other “less than” and not valuing the other as a co-equal (Bozalek, 2004). Thus shame’s disabling impact occurs in reaction to being thwarted in realising some want, interest or longing, as well as in response to the feelings of inadequacy, deficiency and unworthiness that follow, coupled with the belief that they are not just deficient in their own eyes but in the eyes of others – others who matter to them. Shame is not just about failing to get our needs met. Shame is, more importantly, a response to the message that people give themselves about why their needs were not met. Shame is not just about the disappointing or insufficient support coming from the social field, but also about the individuals’ own interpretation that the lack is due to a deficiency within themselves (Carlson & Kolodny, 2009:187).

Carlson and Kolodny (2009:183) define shame as the ever-present possibility that people will not be received by others who matter to them and that these people will take this to be a sign of their inherent lack of worthiness. It is not “I did something wrong” but rather “There is something wrong with me”. Any interpersonal interaction is therefore risking shame. Individuals will therefore try and avoid shame at all costs. Shame anxiety and the various ways in which people try to avoid shame narrow their awareness and block them from complex thinking, changing and being creative because they view it as their fault (Carlson & Kolodny, 2009:198).

As with silence, shame exists at individual, family and national level. If silence incubates fear, shame incubates and can stimulate violence – often retaliatory violence (Gilligan, 1997:113) Shame, thus, also plays a role in the transmission of trauma from one generation to the next (Kaufman, 1992).

#### ***2.7.4.3 Disenfranchised grief***

Doka (1989) defined the term *disenfranchised grief* as the types of losses and grief that families, communities and whole societies refuse to recognise as legitimate. They also refuse to give space or time to disenfranchised grief. According to Stein (2012:173), unacknowledged and unacknowledgeable grief is a mechanism which plays a role in transmitting trauma from one generation to the next. He maintains that some people's grief is publicly acknowledged while others' grief is either ignored or forgotten. For example, the trauma of displacement and the historical trauma of slavery of black families in the Western Cape was not a feature of the Truth and Reconciliation Commission (TRC); in a sense, it was forgotten and ignored. Divoine and Gaudilliere (2004) believe that trauma can become "cut off" from social discourse, leaving people with unacknowledged grief. Stein (2012:175) purports that what is consciously "banished" from society comes back in the form of enactment. When grief and mourning is repressed or dissociated enactment occurs where the individual or group "acts out" in order to avoid painful experiences related to the loss. Enactment is the externalization of traumatic themes from the past in the form of non-verbal behaviour (Kogan, 2012:6).

#### **2.7.4.4 Political succession**

Stein (2012: 183) describes how political succession as in the change of leadership, whether violent or peaceful, can also be a mechanism that transmits unfinished emotional trauma from one generation to the next. He believes that no society or group is immune from this and that "history" could repeat itself as groups become stuck in time and are unable to change when this happens. He gives examples of Russia that was stuck in a post-Stalin era, dealing with the brutality of a dictator. Mourning and grieving become complicated because of the horrific past when it inserts itself into present-day society (Stein, 2012:185). South Africa is clearly living in the post-apartheid era and literature on the legacy of apartheid indicates that South Africans are reminded of its traumatic past on a daily basis (Adonis, 2008; Barbarin 2000; Bozalek, 2010; Keizan & Duncan, 2010).

It is important to understand the historical context of the trauma in South Africa in order to understand the transmission of trauma in the families who participated in this research. However, the mechanisms of trauma transmission are largely based on the medical and psychotherapeutic model of trauma, which has not been appropriate for oppressed communities (Evans-Campbell, 2008). Narrative therapy theory has therefore been included in the conceptual framework in order to take into account the broader social context when working with people who have experienced trauma (Morgan, 2000).



### 2.7.5 Narrative therapy theory

Narrative therapy theory was used in this research because it provides a model of how people construct their world. This is based on their interpretation of their reality and on the multiple stories that are interrelated and that their lives are made up of (Duvall & Béres, 2011). Reissman and Quinney (2005:392) believe that studying narratives is essential for social work because it is the study of human interaction in relations. The significance of language and meaning in counselling remained largely unexplored until highlighted by structuralists and post-structuralists (Besley, 2001 : 72). Michael White and David Epston (1989, 1990) who developed 'narrative therapy' in Australia were largely influenced by Foucaultian discourse analysis. Narrative therapy theory as developed by Michael White and David Epston (1998) of the Dulwich Centre forms part of the conceptual framework and is discussed below. White and Epston (1998) developed narrative therapy basing it on Foucauldian discourse analysis. Foucault's discourse analysis is based on his concept of power . He viewed power as experienced through the interplay of non-equal and changing relations of force in a specific context ( Powers, 2007:30). Foucault (1978) believed power can be experienced within economic relations, political relations, knowledge relations, or sexual relations. Power is the immediate embodied effect of divisions and inequalities as they occur in context. Power has a direct productive role in these relations.

Foucault's key concepts of discourse analysis are power (also called bio-power in order to emphasize the important role of biology), resistance, the body, social science, social agents, and the medicalization and clinicalization of social control (Powers 2007:27 ). These concepts exist at the societal level, according to Foucault (1978), where they have come to function as cultural myths, ideologies or unacknowledged assumptions. Together, these concepts inform what Foucault calls a strategy that imparts direction to the micropractices of everyday life, as well as influencing larger social goals.

The post-structuralist narrative perspective does not minimise oppressive material reality of slavery and apartheid because Foucauldian discourse analysis does not view power and resistance as different concepts but a polarities interrelated within a relational process and acknowledges that within a relational process both exist simultaneously within a context of power/knowledge and resistance even though it may be unequal.

Narrative therapy theory is based on assumptions such as the following, namely that problems are separate from people, and that people have the skills, values and abilities to reduce the effect that problems have in their lives. The approach also values respect and a

non-blaming attitude towards people and communities. Narrative therapists look at how people give meaning to the events in their lives, which is linked to a sequence across time (Morgan, 2000:5).

Stories are an essential way to understand how narratives work. Stories can be viewed as “re-authoring” or “re-storying” conversations (Morgan, 2000:5). Narrative therapists view narratives as events which are linked in a sequence across time according to a plot. People create stories about their lives by linking events together across time. They try to explain these experiences and give meaning to them, and it is this meaning that forms the “plot” of the story. A narrative is similar to a thread that links together the events of our lives to form a story. The way in which people develop these stories are determined by the meaning that they give to the stories and the way in which they link together certain events in a sequence. People and communities will select particular events above others to fit in with the meaning they give to these events (Morgan, 2000:6). The more events they link together in this sequence the richer the story develops over time. In this way, it can even become the dominant story of the person’s life.

Certain events are chosen above others because of the meaning that the person gives to such events. This means that there are events and experiences which people do not choose because they are less significant or hidden. As a result, such events do not become part of the dominant story of the person’s life. The narrative therapist attempts to make hidden events or experiences more visible by raising the person’s awareness of these events or experiences. By attributing meaning to them and linking them to other past events an alternative or new story is authored. Morgan (2000:59) states that the alternative story brings forth people’s skills; abilities ; competencies and commitments . The concept of the alternative story in narrative therapy is based on Foucaults (1975) concept of subjugated knowledge, counter-histories and counter-memories . Subjugated knowledge is knowledge and experiences which have been marginalised by hegemonic discourse. With the invisibility of subjugated knowledge opportunities for resistance remain unnoticed. In order to make visible opportunities for resistance counter-memories and counter –histories and to be produced ( Medina, 2011: 11-12). Counter-histories and counter-memories are experiences and memories or knowledge which has not been integrated into the social discourse of society. Narrative therapists aim to help people re-author their stories in order to create alternative stories similar to counter-histories and counter-memories by listening to what does not fit the person’s dominant story and exploring the history thereof ( Morgan, 2000: 33).

However, stories are never developed in isolation but in relation to broader contexts. The meaning that people give to the dominant story of their lives will constitute and shape their lives (Morgan, 2000:7-9). The meaning that people give to their lives is also influenced by “thin conclusions” or thin descriptions of themselves by others who have the power to define them. Thin conclusions can be described as the meanings people give to their lives omitting the complexity and contradictions. Sometimes these thin conclusions obscure broader relations of power.

Examples of thin conclusions include parents who describe their children’s behaviour, or teachers describing their learners’ behaviour. According Morgan (2000:12-13), individuals can come to believe these thin descriptions ascribed to them by others. This has negative effects for individuals as it influences their identity. Just as this conclusions can support and sustain problems , alternative stories can create new possibilities for living. The narrative therapist therefore deliberately seeks for alternative stories to richly describe people’s lives and relationships to raise their awareness of the contradictions and broader context of their lives ( Morgan, 2000;14).

## 2.8 CONCLUSION

This chapter discussed the conceptual framework of the research study. The key concepts making up the conceptual framework are intergenerational trauma and the transmission of intergeneration trauma. I also gave a short background of intergenerational transmission in order to delimit the studyas trauma is not the only experience that can be transmitted in families and across generations, but values, beliefs, assets, knowledge and goods and services can also be transmitted . The limitations of the medical and DSM-IV definitions of intergenerational trauma were highlighted, and the trauma of displacement and historical trauma of slavery were defined and described. The mechanisms of trauma transmission were presented in detail to clarify the complex and unconscious processes which are not usually included in social work curricula. The chapter ended with a discussion on narrative therapy theory as part of the conceptual framework in order to contextualise the trauma of the participants in this research study. By presenting the conceptual framework, the key theories that guided the research process are highlighted.

Chapter 3 focuses on intergenerational trauma in South Africa which provide the fieldwork context of this research.

## **CHAPTER 3**

### **INTERGENERATIONAL TRAUMA IN THE SOUTH AFRICAN CONTEXT**

#### **3.1 INTRODUCTION**

In the previous chapter, the conceptual framework of this research was discussed, which included theories on intergenerational trauma and trauma transmission. Studies on the transmission of trauma in South Africa are limited. Also, traditional theories on intergenerational trauma and trauma transmission do not take into consideration the dominant discourse of colonialism where memory and knowledge of the past have been subjugated. This has resulted in limited discourse on the historical trauma of slavery in social work.

This chapter therefore includes a detailed description of the historical trauma of slavery in the Western Cape. Due to the historical nature of trauma in the form of colonialism and South Africa's recent apartheid past, there are intersections with institutional, cultural and personal racism which emerged from the literature and which form part of the contextual nature of intergenerational trauma in South Africa. The main focus is, however, on the legacy of apartheid. The literature on intergenerational trauma as it applies to the South African and social work context is critically discussed because of the dominant discourses operational in South Africa. A chronology of the socio-political events in South Africa since the arrival of slaves is provided in the first section of the chapter to include the historical trauma of slavery.

#### **3.2 CHRONOLOGY OF SOCIO-POLITICAL EVENTS IN SOUTH AFRICA**

This chronology of socio-political events in South Africa provides part of the context of the case studies and life-stories underpinning this research study.

**Table 3.1: A chronology of socio-political events in South Africa 1652 – 1994**

Year	Event
1652-1808	Approximately 63 000 slaves were imported from India, North West Africa, Madagascar and Indonesia. The Cape becomes a Dutch Colony.
1653	The first slaves arrive in the Cape.
1657	Slaves from Angola in West Africa arrive at the Cape.
1690	The first slave uprising is aborted.
1754	The Tulbagh Code sets out rules to control slaves, which included being put to death if the slave “lifted a hand” to his owner (Mountain 2004:44).
1806	The British take control of the Cape.
1832	Slave trade is legally abolished but many slaves remain with their owners as they had to buy their freedom.
1838	Emancipation is implemented.
1852	The Governor at the Cape, Glen Gray, forces territorial segregation.
1901	The first forced removal takes place and the bubonic plague breaks out. “Using health legislation, an outbreak of bubonic plague was a pretext for the removal of Africans from District Six and set the pattern for future residential segregation.” (Field et al 2001).
1905	White areas are created in Natal. Africans were not permitted to own land. Poll tax was introduced for Africans, forcing them into employment.
1910	The unification of the Cape, Natal, Free State and Transvaal into South Africa takes place. The Union of South Africa was established under the British Empire with political and property rights only given to whites. Katie Jacobs, the last slave, was interviewed.
1912	The African National Congress (ANC) was formed.
1913	The Native Land Act was passed, reserving major fertile lands for whites only.
1914	The Nationalist Party was formed.
1919	White racism intensifies.
1922	Race-differentiated curricula are introduced in schools.
1927	The Riotous Act is introduced to suppress African resistance.
1934	The last election in the Cape, where both non-whites and whites voted together, is held.
1936	Cape blacks lose the vote and the Native Land Act is enforced.
1948	The Population Registration Act is passed, requiring all citizens to register according to the race stamped in their identity books. This was decided by officials based on an individual’s skin colour and hair texture.
1950	The Group Areas Act is passed, segregating all residential areas according to race.
1953	The Bantu Education Act limits access to higher education for blacks.
1954	‘Coloured’ voters are removed from voting lists.
1958	Africans are forced to move from District Six. Windermere/Kensington is declared a whites only area and non-whites are forced to move.
1959	The University Education Act prohibits blacks from attending “white” universities without permission from the internal minister.
1960	A state of emergency is declared. Resistance is controlled with arrests. The “dopstelsel” of paying farm workers with alcohol is made illegal after 300 years.

Year	Event
1961	South Africa becomes a republic and leaves the British Commonwealth.
1962	Detention without trial is instituted, allowing police to hold suspects for 12 days without charging them or taking them to court.
1966	District Six (an area in Cape Town where some of the families in this study originate from) is declared a whites only area.
1967	Harfield Village in Claremont (an area where a family in this study originates from) is declared a whites only area.
1975	Teachers, parents and students protest against Mathematics and Social Studies being taught in Afrikaans.
1976	The state violently suppresses protests including the Soweto uprising.
1985	The Group Areas Act end the forced removals related to the Group Areas Act. Political violence increases.
1994	The first free elections officially end apartheid.

The chronology above gives a brief description of events that happened since the arrival of slaves in Cape Town. As the participants in this study are descendents of slaves, these events have had an impact on them. The chronology also shows how segregation and dispossession of land took place before the Group Areas Act, with territorial segregation being introduced in 1852 and the Native Land Act passed in 1913.

Territorial segregation and the dispossession of land have been included in the chronology because the slave heritage and the historical nature of trauma in Cape Town are often forgotten in emerging studies on intergenerational trauma in South Africa. Most of the studies on intergenerational trauma in South Africa focus on the intergenerational effects of apartheid and the legacy of apartheid.

### 3.3 THE LEGACY OF APARTHEID

A discussion on the legacy of apartheid is significant for this study as the displaced families participating in this study had to re-build their lives in areas with no resources or infrastructure, while the apartheid government violently enforced apartheid laws and suppressed any form of protest (Barbarin & Richter, 2001:64). The Group Areas Act, one of the many discriminatory laws of apartheid, resulted in forced removals and displacement of black people between 1950 and 1985. According to Bozalek (2010: 487), during apartheid, institutional racism was embedded in the practice of rationing resources and power in order to achieve social exclusion through formally legitimated state policies. Dominelli (1988) defines institutional racism as routines that rely upon public authority to ration resources and power in order to exclude people designated as belonging to so-called racially inferior categories

This is the social context in which the families taking part in this research tell their stories and in which they had to rebuild their lives and community. Between 1984 and 1994 violence became pervasive because political violence evolved into ethnic violence and gang violence in communities. The ability of black families and communities to cope with continuing violent repression was therefore greatly reduced and family violence increased as a result of socialisation in the violence that pervaded South African society (Barbarin & Richter, 2001:64). The intergenerational effects of the violence during apartheid are supported by research (Adonis, 2008; Bozalek, 2004; Bozalek, 2010; Frankish, 2009; Hope, 2012). The effects and legacy of apartheid go beyond this violence as it is also visible in the limited access to housing, employment, education, health and social services that black families have today, 19 years after apartheid was dismantled (Barbarin & Richter, 2001; Bozalek, 2010). This is due to laws based on institutional racism.

### **3.3.1 The intergenerational effects of apartheid**

There is a wealth of literature on the legacy of apartheid as well as the trauma of residents in Cape Town who were displaced and forcibly removed (Bowman, Duncan & Sonn, 2010; Bozalek, 2010; Bank & Minkley, 1998; District Six Museum Annual Report, 2007; Field, 2001; Trotter, 2009; Banbury, 2007; Barbarin, 2001; Louw, 2004; Simpson, 1998). Despite this, the study of intergenerational trauma in South Africa is an emerging area of research with its main emphasis on the intergenerational effects of apartheid (Adonis, 2008; Bowman, Duncan & Sonn, 2010; Simpson, 1998; Frankish, 2009; Seedat, Van Niekerk, Jewkes, Suffi & Ratele, 2009; Keizan & Duncan, 2010). The Apartheid Archives is an international research project based at Wits University. The Apartheid Archives was started in 2008 to investigate the experiences of racism of ordinary South Africans under apartheid and its continuing effects on groups and individuals. It is based on the premise that traumatic experiences will have an effect on the present if it is not acknowledged or addressed (Bowman, Duncan & Sonn, 2010). Simpson (1998) states that in comparison with conflicts in other countries, the primary effects of apartheid were damaging to family and community structures because many policies, such as the Group Areas Act, directly impacted the way families and communities were structured. Through the lack of informal support from family and communities, the ability of black families and communities to cope with continuing violent repression was therefore greatly reduced. This is confirmed by Harris (2007:82) who states that social support is a protective factor against trauma. Harris (2007) explains that support networks are essential to help individuals rebuild their lives after displacement because the loss of support networks in the forms of family and community makes the person

more vulnerable to mental health issues because social support promotes physical and mental well being. According to Simpson (1998), South Africa is also experiencing “silence” regarding the psychological mechanism of trauma, which he believes has been imposed by retreating to the notion of “reconciliation”. Sonn (2010) discusses the complications and silence about discussing the effects of apartheid within families across generations. One of the impacts of trauma is the silence that is produced through repression of traumatic memories (Lazar, Litvak-Hirsh & Chaitin, 2008; Hawkes, 2007).

### **3.3.2 Forced removals and displacement**

The first forced removals in Cape Town took place as early as 1901, which laid the foundation for subsequent forced removals. One of the greatest tragedies of apartheid was the Group Areas Act of 1950, which forced and legalised segregation. It also left a legacy of townships and suburbs in Cape Town, based on race. Between 1968 and the 1970s, black and ‘Coloured’ South Africans were forcibly removed from various areas in Cape Town. Trotter (2009) reports that the Group Areas Act continues to shape identities, alluding to the fact that the trauma of removals still impacts communities today.

The aim of forced removals was to separate identified race groups. The trauma, pain and degradation suffered as a result of the forced removals and institutional racism continued to impact the lives of families and students after the dismantling of apartheid. The forced removals resulted in humiliation, which left a huge impact on the self concept of those who were forcibly removed (Bozalek, 2004:107).

In a study by Trotter (2009) of 100 life histories of people who were forcibly removed from Cape Town, the author points out that forced removals resulted in mass social trauma from the forced displacement of 150 000 people. Trotter (2009) studied 100 life stories of removees. However, these were only adult life stories and not the stories of the children. Being a historian, Trotter (2009: 78) states that children do not remember much of the trauma. However, there is extensive research (Belnap, 2012; Blom 2006; Franklin & Kercher, 2012; Howe, 1995; Hyder, 2005; Kogan, 2012; Lampert, 2003; Oaklaner, 1978; Ringel & Brandell, 2012; Volkan, 2012) on how children experience and make sense of traumatic experiences. In fact, children are more vulnerable in their experience of trauma because they may not have the coping mechanisms to deal with trauma and are dependent on the adults in their lives to support them. It is the children of those forcibly removed who make up the second generation of this study. The life histories that Trotter (2009) studied, described how forced removals caused mass social trauma and how residents coped with the trauma and pain



by remembering their former communities and life in Cape Town. Trotter (2009:52) describes how residents revealed that some family members committed suicide rather than moving to another area.

In order to cope with the emotional and psychological distress created by the trauma of displacement, residents sought out each other and shared nostalgic stories of their removals. Over the decades, the forced removals of Coloured people in Cape Town created a communal narrative which has been reflected in the arts and literature, where literary works such as *Buckingham Palace* (Rive) and *District Six, the musical* (Taliep Pietersen & David Kramer) have become part of the collective narrative.

Trotter's (2009) research also indicates that the residents struggled to adjust and invest in their new communities. The displaced families idealised the community they previously lived in and saw the new township as crime-ridden and gang-ridden. Any mention of crime and gangs in their previous community was denied or underplayed. The displaced participants were bitter and felt betrayed. They believed that with the destruction of their communities, the moral values of the community were also destroyed. There was a clear distinction between the era before forced removals and life after the forced removals.

The residents who were forcibly removed can now be defined as people who were *internally displaced* according to the 2004 Guiding Principles of Internal Displacement (Office for the Co-ordination of Humanitarian Affairs, United Nations, 2004:1). According to these principles, internally displaced people are “persons or groups of people who are forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or to avoid the effects of armed conflict, situations of generalized violence, violation of human rights, or natural or human made disasters and who have not crossed an internationally recognized state border”.

For indigenous communities, structural displacement according to Walls and Whitbeck (2012) is just as traumatising and stressful as the loss of a loved one to death. For indigenous communities, cultural identity is tied to a place and land. Research by Whitbeck, *et al* (2004) provides evidence that cultural and historical losses (loss of land and language) experienced by indigenous communities resulted in affective outcomes such as guilt, helplessness, despair, anger, substance misuse and depressive symptoms. The quantitative study by Walls and Whitbeck (2012) on 507 grandchildren of adults who were forced to relocate due to government policies indicated that the effects of the relocation impacted several generations. Displacement creates cultural dislocation and a loss of connection with family, friends and

community (Wade, Mitchell & Bayliss, 2005). According to the Internal Displacement Monitoring Centre (United Nations 2004), internally displaced people are vulnerable to the following conditions:

- The social organisation of the displaced people is damaged and destroyed;
- Family groups may be separated or disrupted, and women may be forced to assume non-traditional roles which can be traumatic for some women in particular cultures. Family groups can also face particular vulnerabilities;
- Internally displaced populations, and especially groups like children, the elderly or pregnant women, may experience profound psychosocial distress related to displacement;
- Removal from sources of income and livelihood may add to physical and psychosocial vulnerability for displaced people;
- Schooling for children and adolescents may be disrupted.

### **3.4 INTERGENERATIONAL TRAUMA IN SOUTH AFRICA**

The main focus of research on intergenerational trauma in South Africa is the trauma and violence of apartheid and its continuing impact on South African society today. Jonathan Jansen (2009:51) explores the idea that the power of indirect knowledge of apartheid may have been passed down to the “post-apartheid” generation. Jansen (2009) conducted research focused on the intergenerational transmission of white racism. He questions how young people, who were still young children around the time of Nelson Mandela’s release from prison, could recall so vividly events and experiences from the past. He concludes that it is socialisation in the family, education system and society that has transmitted the values and beliefs of previous generations to the current generation. The work of the Apartheid Archives Project at the Witwatersrand University is based on the assumption that trauma has effects on both past and future generations. Although social service professions, such as psychology, (Bowman, Duncan & Sonn, 2010; Frankish, 2009) have recognised the impact of apartheid on South African families, social work to a large extent in its practice and theory has operated in an apolitical context regarding work with families. Bozalek (2004;2010) explains how social work curriculum is based on systemic theory which does not consider the political context of the families. Systemic theory and functionlist models are limited in helping students to understand the complexity of families responses to institutional racism.. Internationally, social workers operating from a more critical or postcolonial stance have started to explore intergenerational trauma in order to address the needs of past traumatised

populations, with an awareness that trauma affects both past and current generations (Brave Heart & DeBruyn, 1998; Kahane-Nissenbaum, 2011). Bozalek (2004; 2010) undertook research on black social work students and their families after apartheid was dismantled. Students mentioned how their grandparents and parents were forced to relocate due to the Group Areas Act and felt that the forced removals disrupted relationships and caused a breakdown in the kinship networks in the families and the communities they originated from. The students believed that this loss of geographical community and relationships still had its impact on their present family and community life. The students' accounts of family memories of forced removals indicated that they believed that the removals and various forms of institutional racism had prevented members of their families from developing and thriving. Students referred to drug and alcohol abuse and the problem of gangsterism and crime in their communities as a result of families being forced to relocate to areas where there was no infrastructure, community support and job opportunities.

Frankish (2009) focuses on the intergenerational trauma of the violence of apartheid. She concluded that violence was shared and constructed intergenerationally through silence. According to her, the sharing of traumatic events took place in moments of knowing and moments of connection as the sharing was mainly a silent activity because the trauma was indescribable.

Hope (2012) undertook research on poor families in Cape Town and found intergenerational patterns regarding poverty, substance abuse and intimate partner violence which had been transmitted across generations. She concluded that the families were still impacted by the past experienced of apartheid and that the families were still experiencing trauma which had not been addressed.

### **3.4.1 Trauma and memory in South Africa**

Trauma is thought to rupture both the continuity (in which continuity is associated with identity) of the self and the community. The rupture is enlarged both by a lack of acknowledgment or denial by others about what had happened and by the inability of the sufferers to acknowledge or bear witness to their own suffering. Memory then becomes the vehicle through which identity can be reinstated. Private trauma and personal memory are thus connected with public and collective memory, simply in the act of telling and receiving. There is mutual awareness among the bearers of witness that the trauma occurred within a historical and collective context (Mckinney, 2007).

This exchange enables clients to reclaim their own position as witnesses to the truth of what happened and achieve membership within a collective of testifying “survivors” whose identity is anchored in a discourse of remembrance (Laub, 1995). Currently, there is a “memory industry” in South Africa focusing on the apartheid memories and how people remember it (Hamber 2012: 276-278). This is particularly relevant for this research project as people may be reflecting, remembering and recalling some traumatic events of the past, which includes their displacement during apartheid. In addition, not being able to remember or recall or speak about past traumatic events is equally relevant. Van der Kolk’s (1996) early work around traumatic memories is based on the idea that some events are so frightening and overwhelming that they may not fit into the existing memories and structures of an individual and may therefore become split off from conscious awareness and voluntary control. This means that traumatic memories may be fragmented. The individual may therefore not always recall accurate details of an event. This has huge implications for social service professionals as well as for societies who are recovering and trying to heal from violent oppression. For example, the Truth and Reconciliation Commission (TRC) was based on witness accounts of events during the apartheid era, and much has been written about its effectiveness and also its ineffectiveness. Bowman, Duncan and Sonn (2010) believe that the TRC has left much of the complexities of apartheid racism and trauma unexplored, and that these issues have been superficially addressed.

The main methodology used to collect data for this research project is narrative inquiry using life histories. This means that memory and traumatic memory are relevant in terms of this study because what people remember, how they recall it and what they omit are important. In traumatic memory theory, Brewin (2003) proposes a model where traumatic memory can be manifested in two ways: verbally accessible memories and situationally accessible memories. Verbally accessible memories of trauma are those memories that people are able to recall consciously. These memories can be used to reflect on the trauma being recalled. However, people can only work with what they remember. Situationally accessible memories are not consciously available, but are triggered by external factors. They are often brief emotional responses associated with recollections of traumatic experiences. When individuals relive and narrate their experiences through situationally accessible memories, their words often focus on sensations and emotions. As a result, people will often have gaps in their memories of traumatic experiences. This is extremely relevant for this study, and the social workers working with these families need to keep this in mind. Just because an individual is unable to recall a traumatic event, or may not mention it, does not mean that he or she did not find it

traumatising. Evans-Campbell's (2008) concept of the colonial trauma response is based on the idea that even though people were not born during colonial times or cannot recall colonial trauma they can still experience historical trauma when talking about other forms of trauma or experiences of discrimination. Graf (2011) also states that where there is slavery there is trauma, and that the trauma of slavery is still experienced by descendents of slaves. Black American scholars like Patterson (1982) and Painter (1995) have written extensively on the trauma of slavery, which is still experienced by descendents of slaves in America. For this reason, a discussion on the trauma of slavery in the Western Cape is relevant.

### **3.5 THE TRAUMA OF SLAVERY**

Since 1994, various studies have examined slavery and its connection to current-day social conditions experienced in black families, particularly families in the Western Cape (Trotter, 2009; Worden, 2009; Loos, 2004; Van der Ross, 2005). However, this research is sporadic and has tended to focus on the construction of post-apartheid identities and recognising slave heritage in the Cape (De Costa, 1994; Worden, 2009; Trotter, 2009).

Research on the intergenerational effects of the trauma of slavery in Cape Town is limited. Shell (2001) and Van der Merwe (2010) focus on the "Dopstelsel" which has led to alarming rates of Foetal Alcohol Syndrome (FAS) in the Western Cape. The Western Cape has the highest FAS statistics in the world where one out of every 15 children suffer from Foetal Alcohol Related effects (Van De Merwe, 2010: 179). The first mention of slaves in South Africa was in 1654. Slavery in the Cape lasted almost 200 years. By 1834, there were 36 169 slaves in the Cape (Mountain, 2004:22). The literature available on the conditions and treatment of the Slaves in the Cape is mainly from an historical perspective, and limited literature exists that considers intergenerational trauma or its effects (Mountain, 2004; Worden 2009; Van der Merwe 2010). Slavery entailed a relationship of domination, and the slaves were violently dominated by their masters (Mason, 2003). Violence and the threat of violence were also means of social control, reminding the slaves of their powerlessness. The punishment of whippings and beatings had psychological consequences (Mason, 2003:146). Slave families were particularly vulnerable due to the laws of the Cape Colony, which included that slaves were not allowed to be legally married and that slave parents had no legal claim over their children. Slave families were often separated due to the parents being owned by different slave owners. Mason (2003) reports that often slave parents tried to prevent their children from being sold to other slave owners. Slaves would also appeal to "protectors" or

sometimes the police to help them bring their families together. The punishment and conditions described in DeBroey (1989:75) include execution by hanging, being mercilessly whipped, and the mutilation of runaway slaves where they lost their ears and noses. Slaves therefore did not only have to deal with the trauma of violent domination but also the trauma of family separation. Mountain (2004:7) alludes to the fact that the psychological wounds may have been passed on to generations today. He states that slavery is a part of the Cape's history, and that few have examined this. Worden (2009) discusses the "amnesia" of slave heritage in the Western Cape, and this is confirmed by Trotter (2009) who also mentions that slave heritage is denied and sometimes forgotten in the memory of Coloured people in the Western Cape.

### **3.5.1 Cultural Creolisation and dispossession**

Between 1602 and 1808, some 63 000 slaves were exported to the Cape. These slaves mainly came from areas such as Africa (26 percent), Madagascar (25 percent), India (25 percent) and Indonesia (22 percent). In a classic work on slavery, Shell (2001:46-65) calls "Creolisation" the process of acculturation of slaves who were born and socialised into slavery in the Cape due to the linguistic and cultural mixture of Cape slave households. Slaves were usually seized or imported as adults, but Creolisation, according to Shell, happened when slave women living in the Cape gave birth to children who were also slaves. These children were now slaves born and bred in the Cape and had not been imported from another country. In the 1820's the word "mulatto" or creole slave was conveniently replaced by the word 'Coloured' and Shell (2001:54) notes that this term 'Coloured' has stubbornly persisted.

By 1770, creolised slaves made up 50 percent of the slaves in the Cape. This was one of the unique features of the Cape slave society. It had a huge implication for shaping the culture of slave descendents as the cultures started to blend, giving rise to a "Cape culture" unique to the Western Cape. Another unique feature of Cape slavery according to Shell (2001:63) was the fact that local indigenous people were also enslaved; various Khoi people have been noted in slave records. Shell (2001) believes that Creolisation did not only happen through the melting pot of cultures but that "Creolisation" also started to manifest itself biologically through the children of slaves who may have had parents from different cultural backgrounds. Eastern slaves used a common language, and eventually the Creolisation of the Afrikaans language was created by both slaves and free people. It was referred to as "kitchen Dutch" at the time (Shell, 2001:63). According to Mountain, it is ironic that the failed attempts of the Cape government to promote Christianity among slaves led to the growth of Islam. Article

Nine of the Statutes of India (1770) stated that Christian slaves could never be sold; they could only be bequeathed, given away or emancipated if the owners left the country (Mountain, 2004:101). This was a threat to the slave owners because there would be no value if they could not sell their assets. Slave owners did little to encourage their slaves to be baptised into Christianity, and as a result many preferred to become Muslims. In Islam, Muslims are not allowed to consume alcohol. Hence, this was another reason for slave owners to tolerate their slaves becoming Muslims because it reduced drunken behaviour on farms. The slave owners therefore perceived it as a way in which they could better manage their slaves. This was another reason why slave owners tolerated and encouraged the growth of Islam. The best artisans in Cape Town happened to be disciplined Muslims and the slave owners were hoping that these artisans would set an example for their slaves. Despite the Article and pleas from Christian missionaries, only 86 slaves out of 36 000 were eventually baptised (Mountain, 2004:101-103). According to Mountain (2004:103), Islam had been an illegal religion until 1804 and then grew to become an established religion of a third of the Cape population. However, within Cape Town, slave heritage still survives not only in the buildings and remembrance sites but also in the traditional cuisine, language and culture of the Cape. If aspects of culture such as language and cuisine have been passed down from one generation to the next, then the trauma of slavery may also have been passed down through the values and beliefs of families. The trauma may have been passed down through the different ways in which slaves were socialised and controlled, which included psychological control.

### **3.5.2 Psychological control**

#### ***3.5.2.1 Naming patterns***

In general, slaves were not allowed to use or keep their native names. The names given to slaves were based on their origin, the month in which they arrived as well as on the whim of their owners. Sometimes, this took the form of naming the slave after a specific disability or defect, for example “Dikbeen” (thick leg) or based on skin colour such as “Witbooi” (white boy). This in itself was a means of controlling and differentiating among the slave population. Names were also based on the bible and Greek mythology for example “Cupido” and “Adonis”. Many families in the ‘Coloured’ communities of Cape Town still have surnames such as September, October, January, Moses or Scipio. It is generally accepted by anthropologists and historians that many families in the Cape are descendants of slaves (Shell, 2001:230-236).

### **3.5.2.2 *Violence and torture***

Slavery survived on the basis of violence as slaves were threatened with violence if they tried to escape or did anything that was not acceptable according to their owners. Many slaves were tortured and put to death when they committed a crime or tried to escape. Torture was a means of punishment, and there were many reports of slaves being tortured to such an extent that they died. Incidents of the torture and death of slaves were documented because there was a commission that was supposed to look after the welfare of slaves. The court handed out punishment to slaves, and punishments for arson and murder would include their hand being cut off “half-strangled and killed on a slow fire”. For minor “crimes” such as smoking a pipe, slaves could receive severe floggings. According to Shell (2001:193), between 1680 and 1795, slaves were publicly executed at a rate of almost one every month.

The impact of trauma and torture has been discussed earlier in this chapter. According to Hawkes (2007:97) torture causes extreme mental and physical pain in addition to long-term psychological harm. This includes symptoms of post traumatic stress disorder (PTSD). Witnessing torture and trauma can have a similar impact and may result in deep psychological wounds (Hawkes, 2007:97-98). According to Kogan (2012), the Holocaust trauma and terror was transmitted from Holocaust survivors to their children via unconscious processes such as projection and identification.

### **3.5.2.3 *Gender hierarchy of slave population***

The male slaves constantly outnumbered the female slaves, and this uneven distribution combined with enslavement had ramifications for slaves. According to Shell (2001:125), the slave owners continued to prefer male slaves, which greatly limited the opportunities for slaves to establish stable family lives. A shortage of free women and slave women was always experienced in the Cape. In Cape crime records of the period, there were many incidents of extreme violence, rape and murder among slaves as well as among free whites. Shell (2001:73-75) suggests that it could have been the indirect result of the extreme unequal sex distribution. The violent suppression of the slaves, the high ratio of men to women and the shortage of women meant that it created conflict as there were limited opportunities for sexual relations or developing relationships.

This is indicative of how the hegemonic system shaped Cape society at the time. The extreme violence at the time was also a result of the disempowerment and violent oppression of the slaves (Mountain, 2004; Shell, 2001). Children born were given the legal status of their mothers. This was a deliberate effort by the government to deny mixed-race children’s claims



to freedom if they were born from a father who was a free man. Slave women were often forced to have sex with visiting Europeans by their slave owners in order for the owner to profit from the situation either by being paid for the slave or by benefitting when the slave became pregnant.

#### ***3.5.2.4 Denial of marital and family rights***

For almost 200 years, slaves were not allowed to marry one another. Slaves were not allowed to be married unless permission was granted by their owners, and then they were to be married in church and converted to Christianity (Mountain, 2004:70). Only the slave women of the Dutch East India Company's Slave Lodge were allowed to be married, and only because it became embarrassing for a Dutch Commissioner when he saw the number of mixed-race children or what was then called "malutto slaves" (Shell, 2001:288). Slave Lodge women were slave women owned by the Dutch East India Company; they were not privately owned slaves. These slave women did not work in private households but on the grounds of the company. The Slave Lodge was used to house and lock up slaves at night, preventing them from escaping. The European fathers were then allowed to marry the mothers of their children. If they chose not to, some paid for the upbringing of their children. They would first need to pay for their freedom and then marry in a Christian church. This is how many families of European descent in Cape Town also have a slave heritage. Even when Christian slaves were allowed to be married after 1823, with permission of their masters, many did not marry because of years of deterrence and the threat that families could be separated. Families were therefore often separated from each other as children were sold separately from their parents, and wives and husbands were sold separately or lived with different slave-owning families. Shell (2001 : xxxiii ) states that slaves in the Cape had some rights as they could inherit, earn money and initiate legal proceedings if they were abused by their owners.. However, they were denied family rights, which were unique to slavery in the Cape in comparison with other slave societies.

#### ***3.5.2.5 Racial classification***

The Cape slave population was the most diverse population in all slave societies because the Cape Colony was in the geographical centre of Dutch Atlantic and Oceanic slave trade. This often meant that slaves stolen from other slave-carrying vessels would end up being sold at the Cape (Shell, 2001: 40). Slaves were classified according to their perceived racial origin and country of origin. This is the point at which race started to be a feature in South African society and it remains so today. The slave-owning society of the Cape set up a racial

hierarchy among slaves in order to differentiate among slaves and to control them. It was also thought that the slaves' heterogeneous nature would prevent them from joining in solidarity, thus preventing rebellion.

Creole or "mulatto" slaves (a slave who had one European parent or who was born in the Cape) were preferred by slave owners. Slave owners had extreme stereotypes, saying that these slaves were more trustworthy and subservient and the least likely to run away. Creole slaves therefore cost more than other slaves. Creole slaves were also used to do deal with more confidential matters of the owners and were used to hunt down other slaves who ran away. In comparison, Malay slaves were viewed as a sly and dangerous race but were skilled craftsmen. The division of labour was therefore also based on ethnic origin and race. In this way, race and colour became part of slave hierarchy (Shell, 2001:51-65). Shell notes with interest that in the Caribbean, the increase of Creole slaves led to an increase in rebellion while the opposite appeared in the Cape where the increase in the Creole population did not lead to rebellion. By 1740, the Creole population in the Cape was a third of the total population and a mass rebellion only took place in 1808, which was 88 years later. Cape historians agree that it was the way slaves were assimilated into households that prevented slaves from rebelling like other slave populations in the Caribbean and Antilles.

### **3.5.3 Subjugation**

According to Shell (2001:226), every personal and daily detail down to how a slave dressed was determined by others. Patterson (1982) observed that what makes slavery different to all other forms of enforced labour was the concept of being natively alienated, which refers to being forcibly made to break ties with family. Slaves were subjugated not only through being forced into labour through physical punishment, but also through psychological controls. Patterson believed that in a sense slaves were "socially dead" although physically alive. This is extremely relevant for this study because the theory around intergenerational transmission would make it plausible that the values, behaviour and beliefs that the slaves internalised could have been passed from one generation to the next. In addition, Cape slavery was noted for its intergenerational nature in that if your mother was a slave, you would be born into slavery as well. This created several slave generations in the Cape where, as previously stated, by 1770 fifty percent of the slave population had been born in the Cape.

#### ***3.5.3.1 Paternalism as psychological slavery***

Many historians have asked how slavery survived in the Cape for 200 years. The answer according to authors such as Shell (2001), Mountain (2004) and Worden (2009) is that

slavery in South Africa was underpinned by a paternalistic system and that slaves in the Cape were immersed in the family life of slave owners. Slaves were called “boys” or “girls” throughout their lives. They were treated like children and were regarded as junior family members. The type of control was therefore psychological and subtle because slaves were a commodity or an asset of the slave-owning family. Slaves had to be treated and controlled in such a way that there was no reason for them to run away or for them to be punished until they died. In addition, the punishment for running away was death. This served to deter slaves from running away. However, slaves found their own way of rebelling and resisting. They resisted in their choice of headgear as they started to wear turbans, which would result in flogging or death. Physically retaliating towards the owner would also result in death.

### ***3.5.3.2 Slave clothing***

Slaves were clothed like children in order to maintain the slave owners’ paternalistic form of control. No slave was allowed to wear any shoes, despite winter months. In the early 19th century, slave women were eventually allowed to wear only pointy shoes and stockings. The men, however, were still forced to go barefoot (Shell, 2001:225). Slaves were only allowed to wear headgear if they could prove to the marriage commissioner that they understood Dutch.

In 1774, in order to control slaves, the governor at the time, Ryk Tulbagh, introduced the Tulbagh Code:

- Slaves had to be indoors by 10 p.m. If out later, they had to have a pass or carry a lantern.
- Slaves were not allowed to ride horses or wagons in the street.
- Slaves were not allowed to whistle, sing or make any other sound at night.
- Slaves were not allowed to enter bars, buy alcohol or form any kind of group on a public holiday.
- Slaves who stopped in the street to talk to each other could be driven off with canes.
- Slaves who falsely accused or insulted a free person were to be flogged and chained.
- Slaves who assaulted their owners were to be shown no mercy and be put to death.

Shell (2001) and Mountain (2004) write how slavery lasted for 176 years, producing deference, dependence and compliance within most slave psyches. According to Shell (2001), the only positive outcome of slavery was the development of Afrikaans and a distinct cuisine. He believes that the psychological implications, social costs and hidden wounds for future generations are incalculable. When one considers the theories on intergenerational trauma

and historical trauma, it seems probable that the slave heritage of the Western Cape has a huge influence on descendants of slaves. Similarly, in the United States, there are many African American scholars who are writing on decolonisation and who believe that slavery still has an impact on the African-American psyche today. Aboriginal scholars also discuss the decolonisation and the legacy of colonialism on the Aboriginal communities of today. It is therefore possible that the high rates of violence and addiction within the Western Cape may be the result of its slave heritage.

### **3.5.3.3 Resistance**

According to archival records, slave resistance started as soon as the slaves arrived. This took the form of arson. Slaves would set alight individual houses as a form of resistance and revolt. There were several major revolts in 1680, 1736, 1790 and 1798 (Mountain, 2004:63). The fires caused extensive damage to buildings in Cape Town and as a result, it was decided that buildings and homes in Cape Town should be built with flat roofs and with bricks instead of thatch. Any form of resistance was brutally combated, which included public executions and being burnt alive. This was to serve as a deterrent and warning to the rest of the slaves and to highlight the power and authority of the government of the day. It is therefore not surprising that it was not the resistance that brought about emancipation, but rather external circumstances outside of Africa. The slave resistance was not powerful enough to result in emancipation and it was British legislation in the form of the Slavery Abolition Act introduced in 1834 that led to the emancipation of slaves (Mountain 2004: 74). Slaves also resisted by committing suicide and by murdering other slaves as they came to realise their asset value (Shell, 2001:101). Slaves were the financial assets of their owners and by committing suicide and murdering other slaves they would lose their financial value to their owners and this became a means of resistance.

### **3.5.3.4 Emancipation**

Nimako and Willemsen (2011) believe that emancipation has different meanings for different groups. It can be seen as a “process whereby a social grouping who find themselves in a dominated position in society, or considered second rate by a dominant group, struggle to improve their conditions and attain a fully fledged place in society integrated into the existing social order” (Mullard, Nimako & Willemsen, 1990:25). Shell (2001) notes that there were thousands of petitions by slaves dated before 1789, calling for their civic rights. Some slaves saved the small amount entitled to them and eventually were able to purchase their own freedom. This right was formalised in the Cape in 1830.

Before the abolition of slavery in 1834, slaves could be manumitted<sup>5</sup> if someone bought their freedom. This usually happened when a free person would buy a female slave to be married. Only in very rare situations were a slave's freedom bought. Nimako and Willemsen (2011: 82) believe that manumission served the purpose of psychologically controlling the enslaved by making them believe that if they behaved themselves they would be granted freedom. They state that this gave rise to class, gender and racial differentiation in slavery. This is reflected in archival records on Cape slavery, which reflects that more women and "Creolised" slaves born in the Cape were manumitted. In addition, slave children whose fathers were free people were also manumitted. Shell (2001:56) refers to "malutto" slaves as the slaves who had parents of different racial origins. Nimako and Willemsen (2011) state, that it was the rape of enslaved women which gave rise to 'Coloured' slaves having their status because the children born were of different racial origins as they were preferred above slaves whose parents were of the same racial origin. Shell (2001:392) also stated that due to the number of 'Coloured' and malutto children, the fathers of these children could purchase the freedom of the mothers and children. Emancipation and manumission therefore developed distinctly racial overtones because slave records indicate that more "Creolised" slaves were freed than slaves born outside of the Western Cape.

Although slavery was abolished in 1834, Cape slave owners decided that emancipation of their slaves would be a gradual process. This was because slaves were important to the economy and seen as the asset of such owners. The statute regarding manumission stated that slaves had to remain in "apprentice" for four years. Hence, it was only in 1838 that slaves in the Cape were emancipated. Despite being emancipated, the slaves who were now free men and women, had no assets and no property and very little money if any. They were left with a legacy of poverty and many still depended on their owners. This led to many becoming indentured slaves. Although slave owners on farms could not afford to pay slaves, they were dependent on slave labour. In order to keep them on the farms as labourers, the "tot system" ("*Dopstelsel*") of paying slaves with alcohol remained until it was made illegal in 1960, spanning almost 300 years.

### **3.5.3.5 *The Dopstelsel ("tot system")***

The majority of slaves were employed and worked on wine farms in the Constantia Valley and Boland areas. According to Shell (2001), the slave bells would ring to announce to slaves

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<sup>5</sup> Manumission refers to the process of the enslaved to buy their freedom or to be bought by someone else.

the time to work and the time to receive their measures of wine. Shell says it was “Pavlovian” in its division of the day into wine and work as it psychologically dominated the lives of slaves. Van der Merwe (2010) quotes a 17 April 1658 journal entry of Jan van Riebeeck<sup>6</sup> who had just arrived in the Cape with Angolan slaves: “*To animate their lessons and to make them really hear Christian prayers, each slave should be given a glass of brandy and two inches of tobacco*”. This was the earliest indication of the *dopstelsel* being “institutionalised” in the Western Cape. Van der Merwe (2010) states, that it was practice that became entrenched for 300 years. The first attempt to legislate against the *dopstelsel* was only made in 1928. It was finally outlawed in 1960 through the Malan Enquiry after it had done immeasurable damage to generations of slaves, their descendents and farm workers. In addition to poverty, the high rates of alcohol abuse and foetal alcohol syndrome (FAS) also resulted in various social problems such as child abuse and neglect, and family violence. Van der Merwe (2010:178) reports that there was evidence that this practice was still in place in Stellenbosch until 1998. Legislation was finally introduced in 1998, preventing employees from paying their workers with alcohol. Employers could be fined up to one million rand if they were found guilty of contravening the Western Cape Liquor Act.

### 3.6 CONCLUSION

In this chapter, the context of intergenerational trauma in South Africa was discussed. Previous studies of intergenerational trauma in South Africa were briefly discussed, emphasising the effects and legacy of apartheid. The trauma of displacement during apartheid was discussed to delimit the study. Hence, this chapter focused on the intergenerational trauma of displacement during apartheid. The AAP has played an important role in developing research on apartheid and its effects. However, there are limited studies on the intergenerational effects of the historical trauma of slavery. The latter part of the literature review therefore focused on the historical trauma of slavery in the Western Cape. Social work literature on the trauma of displacement and the historical trauma of slavery is limited. The details of slavery and its effects were outlined to provide a socio-historical context from which to view the families in this research. The literature review has therefore set the context for the following chapter, which focuses on the implementation of the study.

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<sup>6</sup> Jan van Riebeeck was the first European to settle in Cape Town (Shell, 2001).

## CHAPTER 4

### IMPLEMENTING A POSTCOLONIAL INDIGENOUS PARADIGM

Our current range of research epistemologies from —positivism to postmodernisms, poststructuralism —arise out of the social history and culture of the dominant race...these epistemologies reflect and reinforce that social history and that social group has negative results for the people of color in general and scholars of color in particular. (James J. Scheurich 1997: 141)

#### 4.1 INTRODUCTION

Chapter 4 provides details of the research process and procedures. In the previous chapter, the context of the research was described. The context included the trauma of displacement during apartheid as well as the historical trauma of slavery, which was a result of colonialism. A postcolonial indigenous research paradigm was therefore chosen and this chapter discusses how the paradigm was applied. I discuss the methodological and paradigmatic framework which guided the research process and procedures. The aim and objectives of the research will be described as well. I motivate the choice of research design, which is a qualitative multiple case study using Yin's (2009) model based on replication logic. The various data collection methods are discussed as well as the reasons why the particular methods were chosen. The ethical considerations are discussed in detail, including how they were applied in this study. The process of data analysis is described, including the procedures of the research process. This includes how the data was collected. Trustworthiness is discussed, and how this was applied to ensure that the research meets the criteria for good qualitative research (Tracy, 2010).

#### 4.2 QUALITATIVE RESEARCH

Denscombe (2010:132-133) states that qualitative research is primarily concerned with "the way in which people shape the world" and emphasises the ways in which human activity creates meaning. Qualitative, interpretive descriptive research was chosen for this study, using a decolonising methodology and a postcolonial indigenous paradigm to interpret the research. I attempted to understand the meaning participants have of slavery and their displacement during apartheid. "Interpretive approaches begin from the insight that to understand actions, practices, and institutions, we need to grasp the relevant meanings, the beliefs and preferences of the people involved" (Bevir & Rhodes, 2003:1-2). By helping to understand individual "sense-making", and their intersubjective context, the telling of personal narratives can offer a rich empirical foundation for interpretivists. Life histories of

participants formed the basis of personal narratives in this research. According to Marshall and Rossman (2011:26), qualitative research is pragmatic, interpretive and grounded in the lived experiences of people.

### **4.3 PARADIGMATIC AND METHODOLOGICAL FRAMEWORK**

Issues of power must be acknowledged between the researcher and the researched. Foucault (1977) observes that what we know and how we know are grounded in shifting and diverse historical human practices, politics and power. In the production of knowledge, multiple centres of power are in constant struggle. Hence, the strongest group establishes its own rules in terms of what can be known and how it can be known. Issues of power are relevant for this research project given the socio-historical context of South Africa where slavery existed for almost 200 years. A postcolonial indigenous research paradigm has therefore been applied to interpret the research findings.

#### **4.3.1 Postcolonial indigenous paradigms**

Chillisa (2012: 12) suggests that the word “postcolonial” is used in research as a “context to denote the continuous struggle of non-Western societies that suffered European colonization, indigenous peoples, and historically marginalized groups to resist suppression of their ways of knowing and the globalization of knowledge, reaffirming that Western knowledge is the only legitimate knowledge”. Various writers prefer not to use the term *post* as it implies that colonialism is over. For the purpose of this research project, postcolonialism refers only to the time period after colonial rule ended. In doing so, I acknowledge that South Africa is still experiencing the effects of colonialism today (Swadener & Mutua, 2008; Akinyela, 2002; Chillisa, 2012).

A paradigm implies a methodological approach with a philosophical base that informs assumptions about perceptions of reality, what counts as knowledge and ways of knowing and values. The researcher’s perceptions of reality and what counts as knowledge and values have an impact on the way research questions are conceived, on research approaches, data-gathering instruments, analysis, and the interpretation and dissemination of research findings.

Research has the power to label or prescribe solutions for challenges encountered by former colonised, indigenous people and historically oppressed groups. As a black researcher, there is an obligation to conduct research which does not perpetuate Western research paradigms that construct Western ways of knowing as superior to other ways of knowing (Chillisa, 2012:7).



### 4.3.2 Decolonising methodology

Decolonisation finds its roots in Critical Race Theory (CRT). Decolonising methodology means becoming consciously aware of the ways in which the dominant Eurocentric culture has influenced black researchers, and research on black families. Healing, social justice and equity are what decolonising research strives for (Akinyela, 2002). Decolonising methodology aims to create a context in which families can come to their own understandings about their lives.

Public texts (or dominant stories) are the stories that define individuals. These are the stories that are supported by the broader power relations of the dominant culture. There are also the counter-hegemonic texts or alternative stories in which people tell their own stories, including stories of resistance. From the context of postcolonial studies, the researcher should be curious about acts of resistance and the meanings people assigned to them, and about opportunities to reclaim dignity and humanity. Hence, we become interested in the counter-hegemonic stories that become available when we are aware of power relations in everyday life as a means of reclaiming dignity rather than looking for signs of pathology (Akinyela, 2002:39).

The four principles of post-structuralism fit in with decolonisation because they take into account the broader power relations of dominant society. White's (2000) principles for narrative therapy theory include story-telling and witnessing, the interpretation of meaning, alternative stories, and building on hope. These principles have been incorporated throughout research process, including the methods of data collection, interviewing, data analysis and interpretation. These principles were utilised to decolonise the conceptual framework which has traditionally been based on a medical model of trauma transmission.

The mechanisms of trauma transmission, which were identified in the families, were viewed and interpreted as appropriate responses to trauma within the socio-historical context of their displacement and slave heritage. The data was interpreted and analysed where the stories of how the families resisted and survived in the best way they knew how and within the power relations in which they were involved. This interpretation reflects the decolonising methodology and principles of post-structuralism as purported by Akinyela (2002).

As a black researcher in South Africa, I have been colonised in the way I have been educated as well as in the way I have been trained in research due to the many Eurocentric research paradigms. A space needs to be created for decolonising research as it involves the complexity of voice and power.

For most scholars of colour we are the colonised, feeling the consequences of Eurocentric, scientifically driven epistemologies where issues of power and voice are drowned out by the powerful majority. Filled with ethnocentric class biased conceptions which make no allowances for poverty, racism and other disadvantages ... (Chillisa, xi, x).

The participatory learning and action (PLA) techniques and principles of collective narrative practice were used to “decolonise” the research methodology so that the subjective experiences of the family as they deal with their “othering”<sup>7</sup> could be included and enter social work discourse where their experiences have been largely ignored. This was achieved by using the checklist of psychological and social resistance which is a collective narrative tool as well as PLA techniques such as the River of Life, and mapping. The families experiences and responses have been documented in this thesis and will be published. The results of the findings will be published and disseminated to social work professionals and agencies such as Social Development. Othering and sameness ideologies work to marginalise and suppress knowledge systems and ways of knowing of the historically colonised and those disadvantaged on the basis of gender, ethnicity and social class (Chillisa 2012). The complexity of “othering” forms part of a black researcher’s daily lived reality and experiences. The families in this research have also been treated as the “other” and their attempts to deal with this experience form part of their internalised oppression.

The Western academy privileges Western knowledge over indigenous epistemologies, creating the need to decolonise one’s research. “What is common among these diverse texts is the collective attempt to re-author experiences that have been historically excluded in the master text and to redirect the Foucauldian gaze to fresh and flexible diasporic modes of subjectivity to produce a counter-narrative that does not reify privilege and singular hermeneutic truths” (Mutua & Swadener, 2004:11). Given the colonial history of the Western Cape and the families of slave descendents in the research study who have often been left out of the dominant discourse, it was necessary to re-author the experiences of the families through a decolonising methodology. The families’ lives are negatively portrayed in the media, which compounds their marginalisation and increases the need to produce counter-narratives.

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“Othering” functions in ways that allow the characterisation and classification of societies into binary opposites of coloniser/colonised or First World/Third World. The concept also condenses complex descriptions of other societies into a sameness image judged against the Western idea (Chillisa, 2012).

### **4.3.3 Indigenous methodology**

An indigenous methodology has a decolonising aim and it emphasises a conversational means of gaining knowledge to ensure that there is a relational aspect between the participant and researcher. Kovach (2010:40) states that “it is relational to the core”. There is a dialogue between the researcher and the participant with the purpose of sharing a story with the intention to assist others. This was one of the main principles governing the choice of life histories used in this research project. Stories needed to be told because they could assist others, which have been previously excluded and/or they contain knowledge which had been subjugated (Medina, 2011).

I grew up in the same community as the families used in this research and this helped to create a dialogue and relationship with the participants. Within a dialogue and the relational aspect between the researcher and participant there are issues of power which are present. Upon reflection, I realised that the power relationship was unequal because participants shared more than they would have because they regarded me as one of them. At times, I was aware of the privilege created by the educational opportunities I had, and this created barriers in some aspects of the research process. Despite being from the same community I had made assumptions about child care, time available for the interviews and even the snacks purchased, given the fact that the interviews were lengthy. The assumptions I made raised my awareness of my privilege and differences between the participants and myself.

The indigenous paradigm emphasises a story-telling method of transmitting knowledge to the collective. This also resonates with the African tradition of telling oral histories to the next generation (Frankish, 2009). The methodology therefore focused on life histories, and the semi-structured interviews also focused on “how” and “what” family stories were told and on the silences (See Appendix V for the Interview Schedule). The main paradigm is a postcolonial indigenous research paradigm using decolonisation as a methodological framework. Narrative therapy theory and collective narrative practice (Denborough, 2008) based on the discourse analysis of Foucault and Freire’s Pedagogy of Hope (1994) are therefore ideal to integrate in the methodology as it decolonises the methodology as well as the conceptual framework of the study, which is based on the medical model of trauma transmission.

### **4.3.4 Decolonising the conceptual and methodological framework**

The medical model of trauma transmission, does not take into account historical trauma of colonialism and slavery. The main focus is on the family and specifically the parents or

grandparents who unconsciously transmit or project issues onto their children. There is limited focus on contextual issues although Weingarten (2004) focuses on contextual issues, but she aims her intervention only at families and individuals. Using the medical model specifically, Weingarten (2004) has identified mechanisms of transmission in society, the family and the individual, highlighting the different ways in which trauma can be transmitted in families, society and intergenerationally. I used the mechanisms of trauma transmission as identified by Weingarten (2004), Danieli (1998) and Kellerman (2001) to clarify how the trauma of displacement has been transmitted in the families in this research. However, there is criticism on the medical model of trauma transmission and the fact that the medical model of trauma is not appropriate for intergenerational trauma in black and Aboriginal families (Evans-Campbell, 2008). The Aboriginal model of historical trauma has therefore been included to provide a way of understanding how colonisation has impacted indigenous communities today (Brave Heart & De Bruyn, 1998; Evans-Campbell, 2008; Poupart, 2003; Menzies, 2010; Wesley-Esquimaux & Smolewski, 2003). The concept of historical trauma is included in Cape Town's colonial past, specifically the trauma of slavery. Hence, one has to contextualise the experiences of black families in Cape Town who are descendents of slaves to see how they make sense and meaning of their slave heritage.

In both the Aboriginal and medical model, there is limited focus on how people have resisted trauma. Upon critical reflection on the methodology of using the paradigm, I became aware of the limitations of the methodology that, in order for it to be decolonising and to bring to the fore subjugated knowledge, I would need a methodology or technique to do this. To include the aspects of resistance, I used the checklist of psychological and social resistance by Denborough (2008), based on collective narrative practice. Collective narrative practice principles were therefore integrated to decolonise the methodology of this research.

The principles of collective narrative practice (2008) are based on Freire's Pedagogy of Hope (1994) and on the work of Denborough (2008) in order to analyse and interpret the data. To decolonise the conceptual framework, I have used the narrative therapy theory of Alice Morgan (2000), based on Foucauldian discourse analysis. Participatory learning and action (PLA) techniques have been used as a means to facilitate discussions in the focus groups. PLA techniques have previously been used by Bozalek and Biersteker (2010) to highlight power relations among social work students in the Western Cape as well as forms of power and powerlessness in relation to their community. The combination of the paradigmatic framework based on decolonisation and the principles of narrative therapy theory as well as collective narrative practice guided this research process and methodology.

### 4.3.5 Narrative therapy theory

The philosophy and principles of narrative therapy theory and principles of collective narrative practice were used as a guide throughout the research process, not only for the conceptual framework but also for methodology and as a means of analysis. Narrative therapists believe that individuals are living many stories at the same time and that different stories can be told about the same event. According to Morgan (2000:9), "... the act of living requires that we are engaged in the mediation of dominant stories and alternative stories of our lives. We are therefore always negotiating and interpreting our experiences". There are also different types of stories such as individual, family and community stories.

In this research, the focus of the analysis with the participants and families were their dominant and alternative stories. A dominant story develops when different events are given the same meaning and the broader society maintains this meaning. The dominant story of the families in this research was their displacement, poverty and gang violence. Alternative stories referred to stories which people would like to live by. Morgan (2000:59) refers to alternative stories as the "anti-problem" and says that such stories bring forth skills, abilities and competencies which are often hidden because of the power of the dominant story. The alternative stories of families in this research were their survival in the midst of the trauma of displacement, poverty and gang violence. Making people aware of their alternative stories brings to the fore their dreams and hopes and ideas for the future. Narrative therapists are therefore interested in the dominant and alternative stories of people's lives, "...their effects, meanings and the context in which they have been authored" (Morgan, 2000: 10). Collective narrative practice extends the work of Morgan (2000). The principles of collective narrative practice ( Denborough, 2008) are based on Freire's Pedagogy of Hope (1994) where he believes it is the task of the progressive educator to unveil opportunities for hope. Freire (1994) stated that the attempt to do without hope in the struggle to improve the world would lead to hopeless and despair . Freire (1994:8) believed that hope was an ontological human need which demands being anchored in practice and therefore he advocated for an education in hope. Hopelessness and despair are both the cause and consequence of inaction or immobilization. In order to avoid becoming immobilized due to hopelessness the one has to look at specific situations and find the reasons for both positions of hopeless and hopeful. Basing collective narrative practice on Freire's Pedagogy of Hope Denborough (2008) believed that opportunities to unveil hope can be done by :

- Listening to double-storied accounts of the trauma and also of how the person responded to the trauma in ways to protect themselves
- Finding ways to richly acknowledge the real effects of the abuse or trauma that they had experienced
- Linking life and experiences to some sort of collective and collective history
- Conceiving of the person meeting with us, representing a social issue
- Enabling people to speak through us, not just to us.

#### **4.4 RESEARCH DESIGN**

##### **4.4.1 Multiple case study design**

A multiple case study design was chosen as the research design. A case study can be defined as an “empirical phenomenon (a “case”) set within its real world context” (Yin in Yin, 2012: 3). Case studies are ideal when the research is focusing on “what” and “how” questions. The design allows one to focus on the complexity and details of relationships between people (Yin, 2012:5). The phenomenon that was studied is intergenerational trauma and how this is transmitted within families and across generations. Multiple case studies were used, with a family being considered a unit of analysis or a case.

Case study design is ideal for studying contextual issues, and understanding the contextual issues in this research was crucial. This became more apparent with the analysis. A multiple case study design was chosen because this design is suitable for the replication of theory and, in this research, the replication of intergenerational trauma transmission. The focus was on how the families experienced the trauma of displacement and how the trauma was transmitted from one generation to the next generation.

Five key steps need to be considered and applied when using a multiple case study design to ensure the success of the design (Yin, 2003) . These are:

- i) A study’s questions: How did the families experience the trauma of displacement and how was this trauma transmitted were central.
- ii) Its propositions, if any: Yin (2003) excludes exploratory research in this case but suggests that there has to be some purpose to the exploration. In this research study, the purpose was to explore how the trauma of displacement may have been transmitted across three generations.
- iii) Its unit of analysis: The unit of analysis in this research was the family. Some of these families included three generations of people.

- iv) The logic of linking the data to the propositions: This refers to explanation, building and cross-case synthesis. In this research process, the mechanisms of trauma transmission were used to explain how the trauma was transmitted intergenerationally, and narrative therapy theory was applied to contextualise the trauma transmission.
- v) The criteria for interpreting the findings: This refers to the way the data was analysed. Thematic analysis and narrative thematic analysis were applied in addition to using principles of collective narrative practice to interpret the data.

A multiple embedded case study design as the unit of analysis focuses on three generations of a family. The unit of analysis is critical. In this case, both the family and how they experienced the trauma of displacement across three generations are the units of analysis. The family as a whole as well as each generation are embedded within the family-created unit of analysis.

The cases are represented in the form of case vignettes, applying the principles of Yin (2009) and basing it on the “critical” case which is important in describing the theoretical perspectives, the “average” case, based on the literal replication, representing the average case, and the “revelatory” case focusing on the atypical nature of the case.

#### **4.4.2 Sampling and size**

Case study selection is of primary importance in case study research as the cases need to represent a population but also need to be varied, which is an ignored aspect of case study selection (Seawright & Gearing; 2008:294-308). Multiple case study designs use *replication logic* which uses the idea of how best a case represents the chosen theoretical framework and not the population. Both the individual case and multiple case results are the focus of this report. Seven families were chosen as this represents theoretical replication where one can focus on two patterns of theoretical aspects. In this case, the mechanisms of trauma transmission and how the families responded to trauma.

The snowballing technique was applied and started with six families until data saturation was reached with seven families. I therefore ensured that all the families selected as case studies met the inclusion criteria stated below. I gained access to families via key informants in Mitchell’s Plain. For replication logic, the number and size of cases is not the focus but it depends on the theory and how many replications would make the theory applicable or certain (Yin, 2009.58). Due to the complex nature of the theoretical framework, six families were selected and, eventually, after collecting the data of the first two families, an additional

family was selected, ending with seven families. Intergenerational themes emerged after analysing the data obtained from two families. The replication of intergenerational theory became apparent after analysing the data of seven families where intergenerational patterns observed across the first, second and third generations within families. Data saturation was reached at seven families following the replication logic of Yin (2003) because the same intergenerational themes were observed as within the first two cases. Yin (2003:54) purports that multiple case studies with replication logic present evidence which is more robust than a single case study.

#### 4.4.3 Universe and population

The universe are families in the Western Cape who have been displaced during the Group Areas Act. The target population were families who had typical slave surnames such as Titus, Scipio, September, February, as well as various Muslim surnames that are slave surnames (Mountain, 2004:45). This increases the likelihood that they may be descendants of slaves. All seven families have slave surnames, which have appeared in historical work by Shell (2001) and in the online slave archives.

Pseudonyms have been used in this report to protect the identity of the families, given the ethics around working with three generations of a family. However, the pseudonyms are a reflection of the slave surnames in Cape Town.

- i) **Inclusion criteria:** Families which reside in Mitchell's Plain; families where at least one generation (possibly the grandparent) has lived in Cape Town and had moved to Mitchell's Plain as a result of the Group Areas Act or forced removals; families who have a typical slave surname, indicating that they may have a slave heritage, and families where consent was given by three generations. According to intergenerational trauma literature, by focusing on two or three generations I will be able to identify the transmission of trauma from one generation to the next (Danieli, 1998; Kellerman, 2001; Kupelian *et al.*, 1998; Lazar *et al.*, 2008).
- ii) **Exclusion criteria:** No participant is allowed under the age of 18 years old. A profile of all the participants and families is attached in Appendix I.

#### 4.4.4 Methods of data collection

Life histories, semi-structured interviews and focus groups were the main means of data collection. All the participants took part in the life histories, semi-structured interviews and



focus groups, except in the case of the three families. The focus groups consisted of three generations of each family, with each family forming a separate focus group.

#### **4.4.4.1 *Life histories***

Life histories have their roots in Eastern Europe with its a long tradition of collecting family histories when face-to-face communication was a more reliable source of historical information than highly controlled official sources (Miller, 2000:viii). Later during the 1950s, it started developing within sociology.

A collection of life histories highlights questions of time, which are usually obscured or neglected by conventional research. The conceptualisation of time, and how one uses it in analysis, has been central to biographical research. “Time effects” can be divided into five categories: aging, generations, cohorts, historical trends and period effects. Age is a structural variable of central importance and of significance equal to that of other structural variables such as gender, social class, and racial or ethnic group.

In this research, three generations and the time periods in which they were born were significant in relation to the families’ displacement. The second generation became the cohort generation born and raised during apartheid. The first generation was born before apartheid became official (1948), and the third generation was born after 1985 when apartheid was starting to be dismantled.

Three approaches to biographical research can be followed, namely realist, neo-positivist and narrative. A narrative approach was chosen because it attempts to understand the individual’s unique and changing perspective as the context becomes more important than factual data (Miller, 2000:12). In the narrative perspective, *context* includes both positioning in social structure and time as well as the social structure of the context of the interview. The researcher as a collaborator is never really in control of the story told. It is based on post-modernism because reality is seen as situational and fluid, jointly constructed by the interview partnership. The researchers are not prevented from reacting openly to personal statements of the participants or from providing personal details of their own. While the narrative approach is located in the present, remembrances of the past and anticipations of the future are reconstructed continuously within the present (Miller, 2000:17).

*Life history* originally referred to the account given by an individual on his/her own life, and it had to be validated by external sources. The concern of triangulation for narrated life stories in early practice has been reduced by the narrative perspective because it is always

subjective and based on meaning and context. Life history is told from a narrative perspective and is generally viewed as the account given by an individual on his/her life but it is ordered into themes and topics that the individual chooses to tell in his/her story or to omit. Life history can also refer to a series of substantive events arranged in chronological order.

A biographical perspective also lends itself to understanding historical events that shaped a life. According to Miller (2000:20), family history covering three generations can easily cover over a century, and it will therefore inevitably include historical events and social changes that affected the family over that time. This has made life histories ideal for exploring intergenerational trauma. The life history consists of two interviews, one unstructured life history interview and the second interview semi-structured in order to focus on specific events and elements. This was implemented in this research project where the first interview was unstructured and the second interview a semi-structured interview focusing on different aspects of the displacement, family life and the family members' meaning of their slave heritage.

#### **4.4.4.2 *Semi-structured interviews***

The semi-structured interview formed the second part of the life history, which is more structured. In the semi-structured interviews, I focused on asking the participants to tell me about their lives before they moved to Mitchell's Plain, or how the Group Areas Act affected them and their families. This also included questions around family values and beliefs, guided by Ancherhoff *et al.* (1998). Types of qualitative interviews conducted include questions of behaviour or experience, opinion or belief, feelings, sensory experience, and background and information (Patton 2002). See Appendix I for the semi-structured questions.

#### **4.4.4.3 *Focus groups***

Focus groups were successfully conducted with four of the seven families. Two of the families did not meet together due to conflict within the family, and one family did not meet due to the passing on of the first generation participant. Additional interviews were arranged with individual family members. The focus group method was chosen as it is suited to generate a wide range of data on family dynamics.

Puig, Koro-Ljungberg and Echevarria-Doan (2008) believe that the focus group method for family research is useful to gather information about socially constructed phenomena. For this research, the focus was on how family members have experienced the trauma of displacement during apartheid across generations and the meaning they give to their slave

history. In order to facilitate the discussion in the focus groups the intention was to use Participatory Learning and Action (PLA) techniques such as river of life and community mapping with each family separately. PLA techniques could provide the families with new information on themselves and their family (Bozalek, 2011; Bozalek & Biersteker, 2010). In the process of conducting the research, the participants were reluctant to do drawings or mapping work, but preferred to verbally discuss their reflections and views. Only two participants were willing to draw the communication maps and river of life and community maps (see Appendix VI). According to Zaveri (2009:182-184), the communication maps and community mapping also illuminate relationships and can be used as an evaluation tool for both the participant and facilitator.

The other participants refused to draw, saying that they could not draw, or would prefer not to draw but were willing to verbally discuss the issues with me. Noticing their reluctance, I adapted the PLA drawing techniques into reflections about their family and community. Upon critical reflection, I realised the participants' vulnerability to draw as the process of drawing requires confidence, which some participants may not have had. Being creative involves being brave and taking a risk, and as researchers it may be unfair to expect participants to take a risk when we are strangers in a sense (Zinker, 1977:3). I also became more aware of the power relations between myself and the participants, and gave more choices and freedom in terms of what they wanted to be creative about. This happened with the first case study, the September family. With the following case studies, participants were given the choice to draw or verbally discuss their views. By allowing participants a choice in what they wanted to produce or be creative about, brought about unexpected results with one participant sharing poetry and art with me (see Appendix VI). The verbal discussions did not detract from the issues which were discussed. Reflections and discussions are pivotal in PLA techniques. The emphasis is on new insights, and critical reflection by the participant and the researcher (Bozalek & Biersteker, 2010; Bozalek, 2011). Data arising from discussions prompted by the PLA techniques has been integrated into the research in the form of excerpts from the participants. The families also discussed their hopes and dreams, including skills in overcoming obstacles, based on the Hero Book techniques of Jonathan Morgan (2006).

## **4.5 DATA ANALYSIS**

### **4.5.1 Thematic analysis by Braun and Clark**

The data collected on the mechanisms and indicators of intergenerational trauma transmission was analysed according to the phases as mentioned by Braun and Clark (2006):

### **Phase 1: Familiarising yourself with the data**

The data of the first two case studies was collected and interviews transcribed using Yin's (2003) case study procedures. I listened to the recorded data and read the transcripts, which were independently transcribed. I then immersed myself in the data by reading and re-reading the transcripts from the first two families, and started to make notes and generate codes. As I was focusing on intergenerational trauma of displacement and the meaning that the participants associated with slavery, I started to develop codes on the intergenerational patterns that emerged.

### **Phase 2: Generating initial codes**

A list of ideas about what was interesting in terms of the two cases was generated. Initial codes were based on semantic content focusing on displacement, slavery and intergenerational patterns, family secrets and imprisonment. The coding was done manually in order to identify particular features of the data, i.e. intergenerational patterns, displacement trauma and slavery. A common problem with coding is that the context gets lost. However, using narrative thematic analysis in addition to Braun and Clark's phases resolved this issue. I started with initial codes based on the trauma of displacement and the meaning families gave to slavery. This was divided into each generation using a table to represent each family. See Table 4.1 below:

**Table 4.1: Initial codes based on the trauma of displacement and the meaning given to slavery**

First generation: born (1930) before apartheid	<b>Displacement:</b> <b>Slavery:</b>
Second generation: born (1959) and grew up under apartheid	<b>Displacement:</b> <b>Slavery:</b>
Third generation: born (1984) during apartheid, adolescent during post-apartheid (1994)	<b>Displacement:</b> <b>Slavery:</b>

### **Phase 3: Searching for themes**

Once all the data had been collected from all seven cases, themes were generated. Themes started to emerge on experiences of displacement, loss and nostalgia, poverty, alcohol abuse and drug abuse, and community and family violence, specifically intimate partner violence. The indicators of intergenerational trauma by Menzies (2007; 2010) were used to identify themes of intergenerational trauma. Indicators of intergenerational trauma include:

- Poverty
- Alcohol and drug abuse
- Community violence
- Family violence
- Loss and separation from carers
- Homelessness.

A second set of codes and themes were developed based on the mechanisms of trauma transmission by Danieli (1998), Kellerman (2000) and Weingarten (2004). These were interpersonal relations, socialisation, silence, shame and humiliation. Tables were used to create the codes and themes. Each family had its own table with codes and themes. The table below (Table 4.2) is an example of the codes and categories. This was completed with each generation in the family in order to see intergenerational patterns (See Appendix VII).



**Table 4.2: Mechanisms of Trauma Transmission**

Generation	Mechanism	Means of Transmission to next generation	Indicators of Intergenerational Trauma
First	Socialization Silence, Shame	Society Parenting,	<p><u>Manifested (effects) in the first generation as</u></p> <p><u>Intimate partner violence</u> : Like uhm beating up a woman, he doesn't do that no more.</p> <p><u>Homelessness&amp; Overcrowding</u>: Mrs Williams and her children lived with her mother . No I lived with my parents.</p> <p><u>Community Violence</u> : then I said no ...then you know gangsters came and then I said I wouldn't like my children to grow up here.</p>
Second	Socialization; Silence Shame Interpersonal Relations	Society, parenting, Enactment, Over- disclosure Projective Identification	<p><u>Effects manifested in second generation as</u></p> <p><u>Homelessness&amp;Overcrowding</u> : I've lived in most areas, you must want to keep yourself big. Run away from home. I wasn't allowed to work. I left home at the age of 17, my father was...he was too strict. I left home on my own. I had to fend for my self out there...there were things...mostly that I know...today I have learnt how to, but today I can say to me it was a lesson in life because today I can pass it on to my children and they can pass it on to their children. It was hard...</p> <p><u>Community Violence</u> : I am not sure if it was Belgravia Street or 7th Avenue, as the police were coming and people were running amok then he was shot with a gun in the back. And the front part of his chest was just open...Police were shooting the people with rubber bullets, bird shots. My brother was shot twice with two birdshots and one rubber bullet.</p> <p><u>Imprisonment</u> : well he is in prison now. Ja He was still in the holding cells when i went to visit. My husband...he's in prison now. I went to visit him. He was also a gangster, but reborn now, he's at Voorbrug prison. I went to prison for pause pause 6 weeks...</p> <p><u>Gangs &amp; Crime</u> : and all that time when they started gang fighting we knew already our parents and grandparents didn't have to tell us not to go outside.</p>
Third	Socialization Silence, Shame Interpersonal Relations  Family Communication	Society , parenting, Enactment  Over-disclosure  Enmeshment	<p><u>Effects Manifested in Third Generation as :</u></p> <p><u>Homelessness &amp;Overcrowding</u> : I live by my friend. We moved around alot and we never had a place to stay, and that was the year I started high school.</p> <p><u>Gangs</u> : Its tough growing up here , everywhere there is gangsters and its tempting because they offer you stuff and when you don't want to take it then they threatening. I became aware of this when I was a teenager</p> <p><u>Imprisonment</u> : but with my father... we have like a father son relationship even though he is in prison</p>

The themes were categorised according to each generation, mechanisms of trauma transmission as well as indicators of intergenerational trauma.

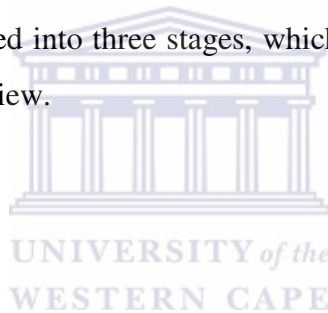
#### **Phase 4: Reviewing the themes**

While reviewing the themes, main themes and subthemes started to emerge within individual families as well as across all the cases. The main themes related to the trauma of displacement and slavery as well as intergenerational transmission using the mechanisms of trauma transmission. There were also themes around the effects of intergenerational trauma, namely what has been transmitted in each generation and how it has been transmitted. During this stage, I did a cross-case analysis drawing together all the themes from the families.

#### **Phase 5: Defining and naming the themes**

During this phase I defined and refined the themes and subthemes. A detailed analysis was written on each theme and subtheme. A subtheme is a theme within a more complex or larger theme.

This phase of analysis was divided into three stages, which included narrative analysis, case study analysis and a literature review.



**Table 4.3: Identifying themes and subthemes in participants' stories**

<b>MAIN THEMES</b>	<b>SUBTHEMES</b>
<b>Trauma of displacement</b>	Trauma and memory Nostalgia and loss Disenfranchised grief Housing Community violence Resettlement and political violence Poverty
<b>Meaning of slavery</b>	Lack of knowledge of family origin European ancestry Race Poverty Alcohol abuse Education Paternalism Denial and avoidance
<b>Mechanisms of transmission</b>	In families In society In individuals
<b>Socialisation</b>	Trauma of displacement Historical trauma of slavery Intimate partner violence Poverty Alcohol and drug abuse
<b>Silence</b>	Trauma of displacement Historical trauma of slavery
<b>Shame</b>	Slave heritage Poverty Intimate partner violence Alcohol and drug abuse
<b>Interpersonal relations</b>	First and second generation participants

*Narrative thematic analysis*

For the life histories, I used narrative thematic analysis to analyse the data. Ezzy (1998:169) states that narrative analysis builds on the strengths of qualitative research, because it investigates construction of meaning. In this research project, the analysis will focussed on the construction of meaning around the narrative of the trauma of displacement, apartheid and slavery. Narrative thematic analysis as adapted by Reissman (2008), which focuses on the



content of the narrative, namely “what” is being said was applied to the data. A typology of narratives by theme is a typical representation for case studies and case vignettes (Reissman, 2005: 2). This is useful for theorising across cases. In this research, theoretical themes revolve around intergenerational trauma of displacement during apartheid, and the historical trauma of slavery (Elliot, 2005: 36-41). For the mechanisms of transmission, I generated codes on silences and secrets, shame, projected emotions, family communication and conflict, family values (socialisation), ways of social learning in families and society, displacement, slavery and resistance.

Themes were generated for a second level of analysis, which was based on the mechanisms of trauma transmission, using Weingarten (2004), Kellerman (2001) and Danieli (1998). Kellerman’s table of classifying the different theories of trauma transmission was adapted and used to generate themes, categories and codes. This was used for each family (See Appendix VII) .

**Table 4.4: Mechanisms of trauma transmission**

<b>Mechanism</b>	<b>Main transmission factor</b>	<b>Narrative evidence</b>
Interpersonal relations	Unconscious displaced emotion (projection, enactment, over-disclosure)	
Socialisation	Society Parenting	
Family communication	Enmeshment	
Silence	Society Family Individual	
Shame and humiliation	Society Family Individual	

*The content of the narratives: thematic analysis*

This aspect of the analysis, which happened in parallel with both the processes of translation, entails investigating what is said and what is not said. Based on the general thematic tradition of Braun and Clark (2006), the data was ‘coded’ into themes that emerged most frequently across the interview participants as well as unusual or interesting explanations that participants drew from their stories. These explanations can be both accounts that ‘don’t fit’ into the thematic structure of the other participants or cases (families) more emergent as themes compared to what has been predicated.

McCormack (2004:219) notes that “researchers working within a narrative methodology frequently engage in in-depth conversations with participants”. Analysis and interpretation of these conversations often involve reducing long stretches of text to codes and recombining the codes into themes that move across stories, across people and across contexts. However, Reissman (2008) differentiates a narrative thematic analysis from a general interpretive thematic approach by noting four subtle shifts in method. The first relates to using theory to guide the interpretive process as well to actively seek novel theoretical “data” within the transcripts. Second, narrative analysts try to preserve the ‘stories’ participants tell and thus avoid cutting transcripts into small abstracted chunks of text. Reissman (2008:74) writes that “in narrative analysis we attempt to keep the ‘story’ intact for interpretive purposes, although determining the boundaries of stories can be difficult and highly interpretive”. This was implemented by focusing on each generation’s narrative of its displacement and how they made sense of slavery. Narrative therapy theory was integrated where the focus was on the dominant and alternative story, and how this is created within a context, both within the family, the socio-political context as well as the interview context. Third, by situating a narrative within a particular time, place and context, and by historicising a narrative account, thematic analysts of the narrative kind reject “generic” explanations of the phenomenon under investigation. Finally, narrative analysis is a case-centred approach, which made it ideal for this research project (Reissman, 2008).

#### *Case study analysis*

A third form of analysis and interpretation involved case study analysis analysing the families and data as separate cases and doing a cross-case analysis. Once all the codes and themes had been created, case study analysis was applied by integrating all the themes generated based on collective narrative practice principles and narrative therapy theory regarding the dominant and alternative stories; the resistance of the families as well as the meanings and context in which they have formed and authored their stories. A descriptive framework to describe the case was developed.

I also used Yin’s (2003) *simple time series* analysis where the focus is on time periods. In this case, it was related to when each generation was born and to what the socio-political circumstances were at the time, in relation to each generation’s experience of the family’s displacement and the meaning they gave to their slave heritage. I also focused on the means of trauma transmission and family resistance to tell the dominant and alternative story of each family spanning multiple generations. Further insights and meaning were developed from the

case studies and cross-case analysis using Morgan's (2000) narrative therapy theory focusing on the dominant story and alternative story of participants and their families. Denborough's (2008) checklist of psychological and social resistance was adapted and used to analyse the data collected from the PLA techniques.

*Collective narrative practice: The checklist of social and psychological resistance*

The Dulwich Centre is based in Adelaide Australia and is viewed as the "home" of narrative therapy and community work. It is also known as the Dulwich Centre Institute of Collective Narrative Practice as where David Denborough has developed collective narrative practice along with other narrative practitioners such as Micheal White. They have developed a range of diverse methodologies to respond to individuals, groups and communities experiencing hardship. This checklist is one of the tools which the Dulwich Centre uses as a form of collective narrative practice in its work with traumatised individuals and communities. In this research project, it was used as an analytical and interpretive method. The checklist is based on an alternative form of trauma assessment list which is usually used to ascertain whether people have been traumatised (Denborough, 2008: 127-136). The list is usually based on symptoms of post-traumatic stress disorder. The traditional trauma checklist only elicits a problem saturated account of an individual's identity. The checklist by Denborough (2008) includes signs of social and psychological resistance by enquiring about the prevalence and diversity of acts of psychological and social resistance.

Denborough, together with activists from the Khiam Centre in Lebanon, decided to create an alternative list. It was based on their work involving social action and psychosocial support to mothers whose sons were held in Israeli prisons. This psychological and social resistance checklist was developed because they felt that the trauma assessment was not culturally resonant, especially in non-Western countries where therapy was not part of addressing social and emotional trauma or difficulties. They also wanted to honour the resistance that individuals, families and communities showed in the midst of the destruction that war had caused in South Lebanon. The aim was not to diminish or deny the effects of trauma on individuals and communities but to speak only of trauma symptoms would not enable people to continue living with dignity in the midst of devastation (Denborough, 2008). The purpose of the list was to enable practitioners to adapt it to different contexts so that double-storied accounts of people lives could be heard. The original lists were based on how people responded during a bombing attack and after a bombing attack. In order to adapt it to the context of the families living in Mitchell's Plain, the ten aspects below were used to analyse

and interpret the data in relation to the families and individual family members. This was used to understand how families had resisted the trauma of displacement and its effects. This formed part of the alternative story of families to enrich their “thin” stories:

- They tried to protect themselves physically and emotionally (how).
- They displayed acts of caring, concern and comfort to others.
- They received comfort from others (able to take this in).
- They made plans to rebuild what has been destroyed or to build new lives.
- They spoke with others or listened to others about the experiences in ways that contribute to feeling stronger and joined.
- They displayed acts of dignity or pride despite living amidst (poverty and violence).
- They were able to find joy in small moments within life.
- They were able to connect with humour and the irony of life.
- They linked with others through song, music, art and prayer, and they shared experiences of their sorrows, hopes and dreams.
- They found ways to take action, either individually or with others, in accordance with their dreams and hopes for their lives.

The social and psychological resistance allowed the double-storied accounts and alternative stories to emerge from the data. This data also forms part of knowledge that has been subjugated and it is these aspects that created alternative stories and the counter-memories and histories that Foucault refers to. The adapted checklist for the families formed part of the decolonising methodology that was applied in this research project. In order to address the limitations of intergenerational theory and the methodology, these principles were used reflexively during analysis and data interpretation as well as during the writing up of this thesis.

#### *Review of literature and higher level of analysis*

A final higher level of analysis involved a review of all the literature to integrate all the themes and subthemes which allowed for the development of insights beyond a description of the data. The integration of the data also included Foucault’s (1975) concepts of counter-history and counter-memory, given the historical background of the families. Foucauldian epistemology of resistance, where the emphasis is placed on both power and resistance, has also been included. The mechanisms of trauma transmission and intergenerational trauma are then viewed within the context of power relations happening within the family and society.

Individual and family responses to the trauma of displacement and the historical trauma of slavery are then related to the dominant discourse and to discursive practice.

The final themes that emerged from integrating the data with the literature were disenfranchised grief, the conspiracy of silence, shame and internalised oppression and socialisation within institutional racism.

**Table 4.5: Themes emerging from integrating the data with literature**

Main theme	Subtheme
Disenfranchised grief	Intergenerational transmission via socialisation and interpersonal relations. Enactment to the first, second and third generation.
Conspiracy of silence	Intergenerational transmission via silence about slavery and displacement in individuals, families and society.
Shame	Intergenerational transmission via shame and internalised oppression (alcohol and drug abuse, racialisation, community violence, intimate partner violence)
Socialisation in institutional racism	Intergenerational transmission of historical trauma of slavery and displacement, and the effects of both. The trauma of institutional racism.
Counter-memory and counter-histories	Subjugated knowledge and resistance

### Phase 6: Producing the report

The report was written up, keeping in mind the principles of collective narrative practice and the protection of the identity of the families. The families have pseudonyms which I have chosen. On reflection, I should have asked the families to choose their own pseudonyms.

#### 4.6 PROCEDURES

- Ethical approval was obtained from the Dean of Research at the University of Western Cape and the ethical clearance letter can be found in the appendices. The registration number of the ethical clearance is 12/5/10.
- The families were recruited two weeks before the data collection process was completed. Access to the families was gained through key informants. The families were given the consent forms and information forms when the project was introduced. The family members brought the forms with them to the interviews.
- Some interviews were conducted at a local church hall and others at family homes.
- I completed the data collection process with each family, taking approximately two weeks with each family. The data was first collected on the first two cases and then

analysed, as suggested by Yin, before completing the process with the rest of the families. The data was analysed throughout the process as well as after each phase was completed.

**Table 4.6: Collecting data by interviewing the families**

<i>FAMILY</i>	<i>ACTIVITY</i>	<i>DURATION</i>	<i>WEEK</i>
September family(x3 generations)	<b>Phase 1</b> Life histories Semi-structured focused life -history interviews <b>Phase 2</b> Focus groups	7 hrs	Week 1 and Week 2
February family (3 generations)	<b>Phase 1</b> Life histories Semi-structured interviews No focus group	6hrs	Week 1 and Week 2
Data transcribed and analysed			Week 3
Valentine Family (x 2 generations) First generation passed on before being interviewed & family conflict about interviews.	<b>Phase 1</b> Life histories Semi-structured focused life -history interviews <b>Phase 2</b> Focus groups	8hrs	Week 4 to Week 8
Jacobs family (x 2 generations interviewed) First generation agreed but did not give consent eventually.	<b>Phase 1</b> Life histories Semi-structured focused life-history interviews <b>Phase 2</b> Focus groups	6hrs	Week 4 to Week 8
Williams family (x 3 generations)	<b>Phase 1</b> Life histories Semi-structured focused life-history interviews No focus group	6 hrs	Week 4 to Week 8
Diedericks family (3 generations)	<b>Phase 1</b> Life histories Semi-structured focused life-history interviews <b>Phase 2</b> Focus groups	4 ½ hours	Week 4 to Week 8
Caesar family (3 generations)	<b>Phase 1</b> Life histories Semi-structured focused life-history interviews No focus group	8 hrs	Week 5 to Week 9

Member checking was done where the results of the findings were shared with the participants.

#### 4.7 TRUSTWORTHINESS AND VALIDITY

Data triangulation was employed to ensure trustworthiness. Data triangulation was achieved by utilising three different methods of data collection, namely life histories, semi-structured interviews and focus groups. In addition, three types of analysis were used, namely thematic analysis, narrative thematic analysis and case study analysis. Interviewing three generations of the same family also ensures data triangulation (Gabb, 2010; Wengrath, 2001). According to Lieblich (1998:173), there are four aspects to ensuring validity in narrative enquiry: width, coherence, insightfulness and parsimony. I have discussed these aspects in the table below, giving details of how I met the criteria for validity and trustworthiness in the project.

**Table 4.7: Ensuring validity in narrative enquiry**

Validity in narrative inquiry	Application of criteria
<b>Width</b> which refers to the amount of evidence allows the reader to make an informed judgement on the evidence and its interpretation.	Detailed case vignettes and excerpts with identification of the family and generation.
<b>Coherence</b> refers to the way different parts of the interpretation create a complete and meaningful picture.	A sufficient number international studies and literature are available on intergenerational trauma. In addition, a significant amount of research is becoming available on the trauma of apartheid and its impact today. This will enable the research to be compared with similar projects.
<b>Insightfulness</b> refers to the originality of the story and its analysis.	Biographic narrative life histories were used with minimal interaction from myself. Thematic analysis was used where the participants' exact words and translations were used to present the evidence.
<b>Parsimony</b> refers to the evidence of analysis based on a number of small concepts.	The small number of concepts related to intergenerational trauma and apartheid were silence, shame, socialisation and interpersonal relations.

#### *Evaluation of the research*

The research project is evaluated using the "Big Tent" criteria of Tracy (2010:839) who proposes eight criteria for the evaluation of qualitative research to ensure that it meets the criteria of qualitative quality research. Tracy's (2010:840) 'Big Tent' criteria for excellent qualitative research have been adapted and applied to this research study. The eight criteria are a worthy topic, rich rigour, sincerity, credibility, resonance, significant contribution, ethics, and meaningful coherence.

**Table 4.8: Tracy's eight criteria for the evaluation of qualitative research**

Criteria	Means achieving the criteria
<b>1. Worthy topic</b>	<p>The topic of the research is:</p> <p><b>Relevant:</b> The topic is relevant given the historical trauma in South Africa and its recent apartheid past.</p> <p><b>Timely:</b> The topic is timely because we are living in the post-apartheid era and are attempting to address the legacy and trauma of the past.</p> <p><b>Significant:</b> The topic is significant given the national and collective trauma of apartheid and the historical trauma of slavery.</p> <p><b>Interesting:</b> The topic is interesting because it challenges assumptions and established practice.</p>
<b>2. Rich rigour</b>	<p>The study uses sufficient, abundant, appropriate and complex data:</p> <p><b>Theoretical constructs:</b> The conceptual framework consists of a medical and Aboriginal model of intergenerational trauma, as well as narrative therapy theory</p> <p><b>Data and time in the field:</b> The data is rich as I have spent four months in the field.</p> <p><b>Samples:</b> Seven families made up the sample, with three generations being interviewed in five families and two generations in two families. The data analysis is described in detail in this report.</p> <p><b>Contexts:</b> The context was appropriate for the study as the families were displaced and were descendents of slaves. The contextual nature of the study is significant in this study.</p> <p><b>Data collection and analysis processes:</b> Three methods of data collection was employed as well as three groups of participants. Three types of data analysis was employed, namely thematic analysis, narrative thematic analysis, case-study analysis and a meta-analysis with literature. An extensive conceptual framework was developed and a literature review was undertaken.</p>
<b>3. Sincerity</b>	<p>The study is characterised by:</p> <p><b>Self-reflexivity about the subjective values, biases and inclinations of the researcher:</b> Self-reflexivity is discussed in detail and I have been honest and transparent about my subjectivity.</p> <p><b>Transparency about the methods and challenges:</b> I have been transparent about the methodology and the choice of methodology. The challenges have been discussed.</p>
<b>4. Credibility</b>	<p>The research is marked by:</p> <p><b>Thick description, concrete detail, explication of tacit (non-textual) knowledge, and showing rather than telling:</b> The detailed excerpts and case vignettes give a rich description of the data. The data is described giving examples of three generations and another two generations of families. Examples of poetry and drawings are available in the appendices.</p> <p><b>Triangulation or crystallisation:</b> Multiple data collection methods and three groups of participants with seven families have been used in this research. There are multiple data analysis methods and multiple theoretical constructs from which to view the data. The criteria for narrative validity are also applied.</p> <p><b>Multivocality:</b> The research presents views from multiple ages, generations, abilities and gender.</p>
<b>5. Resonance</b>	<p>The research influences, affects or moves particular readers or a variety of audiences through:</p>



Criteria	Means achieving the criteria
	<p><b>Aesthetic, evocative representation:</b> The narratives and excerpts in the report are rich and engaging.</p> <p><b>Naturalistic generalisations:</b> The generalisations are made within the context of the multiple cases.</p> <p><b>Transferable findings:</b> The findings reflect similar studies with marginalised groups and Aboriginal communities.</p>
<b>6. Significant contribution</b>	<p>The research provides a significant contribution:</p> <p><b>Conceptually or theoretically:</b> The study challenges assumptions of trauma and combines the medical model of trauma transmission with an Aboriginal model of historical trauma.</p> <p><b>Practically:</b> The study has highlighted omissions in social work discourse, practice and education.</p> <p><b>Methodologically:</b> Traditional methodology in trauma transmission was decolonised using collective narrative practice.</p> <p><b>Heuristically:</b> The research can lead to new areas of research in social work in South Africa, such as internalised oppression.</p>
<b>7. Ethics</b>	<p>The research considers:</p> <p><b>Procedural ethics:</b> Ethical clearance was obtained by the University and informed consent obtained from the participants.</p> <p><b>Situational and culturally specific ethics:</b> Self-reflexivity raised awareness of differences and power relations between myself and the participants.</p> <p><b>Relational ethics:</b> Given the fact that the research focused on intergenerational trauma in families, I was particularly aware and sensitive of ethics in family research.</p> <p><b>Exiting ethics (leaving the scene and sharing the research):</b> The research findings were shared with the participants.</p>
<b>8. Meaningful coherence</b>	<p>The study:</p> <p><b>Achieves what it purports to be about:</b> The study focuses on the intergenerational transmission of trauma in displaced families who have a slave heritage.</p> <p><b>Uses methods and procedures that fit its stated goals:</b> The multiple case study methodology, which included data collection of such life histories, semi-structured interviews and focus groups, was appropriate for meeting the objectives of this research.</p> <p><b>Meaningfully interconnects literature, research questions/foci, findings and interpretations with each other:</b> The results answer the main research question, which was how trauma was transmitted in displaced families. The results reflect previous studies on intergenerational trauma in literature. The data is interpreted using decolonising methodology using narrative therapy theory and collective narrative practice based on the work of Freire (1994) and Foucault (1975).</p>

Source: Tracy, 2010:840.

## **4.8 ETHICAL CONSIDERATIONS**

The procedural ethics and ethics in practice will be discussed in this section (Guillemin & Gillam, 2004). Procedural ethics refers to consent and approval of research governance at universities and procedures guiding research at institutions where which the researcher is part of. Approval of the research and ethical clearance was obtained from the Office of the Dean of Research, UWC Community and Health Science Faculty Board Research Ethics Committees and UWC Senate Research Committee. I have also adhered to the Social Work code of ethics of the SACSSP.

### **4.8.1 The value of the study and the population benefit**

Ethical research, according to Maiter, Simich, Jacobson and Wise (2008:307), is about research based on relationships founded on trust and reciprocity. The research will be valuable to the target population because it will contribute knowledge to identify how trauma of the past is transmitted from one generation to the next. In addition, the participants will have an opportunity to tell their life histories, and their experiences in relation to their displacement and apartheid. Hill, Lau and Sue (2010) state that research on multigenerational or intergenerational trauma in indigenous communities is limited. The research can therefore contribute to the body of knowledge on intergenerational trauma in indigenous communities. According to Hawkes (2007), the telling and retelling of their stories may help individuals to recover from past traumas.

### **4.8.2 Consent**

The participants had a choice in giving their informed consent as participation was free and voluntary. All consent disclosures were written in English and Afrikaans (see Appendix IV). The participants were able to understand English or Afrikaans. In addition, the implications of giving consent were verbally explained. None of the participants were coerced to take part in the research or forced to give their consent. All the participants had the right to decline or withdraw from participation at any time without penalty. This research did not involve any participants who are under the age of 18 years as the first generation needed to have experienced displacement of the Group Areas Act, which meant that most of the third generation participants would be over 18 years old. All except one participant could read and write. The details of the project were explained verbally, as were the possible implications for their involvement. I obtained verbal consent, and this was also applicable if the participants

wished to withdraw their consent. One participant requested that his eldest daughter be present while the details of the project were explained, and I included the daughter when explaining the project. The daughter left once the participant agreed and the rest of the interview was carried out in privacy.

### **4.8.3 Confidentiality assured**

I ensured that confidentiality was maintained throughout the research process. When doing research within the same family, confidentiality is difficult because all the family members are aware of which family members are taking part in the research. I tried to address this by ensuring that the interviews were held in a place that ensured privacy. At the start of every interview, I explained the confidentiality of the interview and assured the person that I was obligated to keep the information they shared confidential. I explained and made use of colloquialisms that I would not reveal information to the rest of the family because the participants were aware that I would be interviewing other family members. This community speaks a combination of English and Afrikaans and particular words like confidentiality is not always understood by everyone.

The participants' real names are kept anonymous in the report, and pseudonyms have been used. All individual interviews were undertaken separately to ensure confidentiality. Interviews were conducted separately with individual family members.

The focus group interviews were conducted once all the individual interviews were completed. This ensured a level of confidentiality and containment. I emphasised that information shared in the group is confidential and that this information cannot be shared with family members not taking part in the focus group discussions. The consent form included an agreement that members understand that information shared in the focus group is confidential. Doing research with people involved in an intimate relationship with each other poses ethical dilemmas. In this context, Forbat and Henderson (2003) pose a dilemma, namely that when the research results are disseminated, confidentiality may be challenged when different family members may be able to recognise the quotes of other family members. I have tried to avoid writing directly or using direct quotes containing confidential information. When conducting the focus groups, the family members had a choice as to what they were willing to share with other family members and what information they were not willing to disclose. I only used this information in the report where necessary and then ensured that the identity of the family member was not recognisable in the text.

Another dilemma which Forbat and Henderson (2003) experienced is that one participant would ask what the other participants had discussed. This did not occur because I explained that I am obligated to keep other family members' information confidential at the start of each interview. I was explicit about confidentiality, and explained that I was not able to reveal what the other family members said without their consent. This enabled the participants to gain a level of trust. Throughout the research process, confidentiality and its implications were discussed with participants.

As a qualified social worker with more than 15 years of experience in working with families and issues around confidentiality and disclosures in families, I was able to manage the ethical dilemmas that arose regarding confidentiality.

#### **4.8.4 Ethical challenges in family research**

Forbat and Henderson (2003) focus on the potential of the researcher to become “stuck in the middle” of a relationship which affect the results and analysis. This could also occur when one person appears to be experiencing difficulties in a relationship, and the researcher may have a bias for that particular story. In order to address these challenges, I was reflexive in note keeping so that I became aware if these dilemmas occurred. There were several ethical dilemmas which occurred as described by Forbat and Henderson(2003). The first dilemma involved confidential information that one generation shared about another without knowing that the other member knew the truth ie. A mother tried to protect a daughter from the truth about her birth but the daughter knew from another source. Family secrets were shared with me confidentially. There was also conflict within three families but not knowing the families personally enabled me to avoid colluding with the conflict. In addition given my practical experience with families I was able to avoid being caught in the middle. There were also issues around my gender and interviewing male family members on my own and another family member had to be present with one interview. In another family, a partner wanted to get to know me and my credentials before approving that the partner gives consent. In *Ethics for Narrative Enquiry*, Adams (2008) states that life writings are the most vulnerable to being taken out of context and that a different sensitivity is required when representing parts of the narrative as it will now be separated from the larger story. This issue was resolved because of the case study methodology which viewed each family as unique within a context. In addition, the principles of narrative therapy theory focusing on contextual issues as well as alternative stories ensured that the narratives were not taken out of context. Thematic

narrative analysis also tries to ensure that the narrative is preserved. The case vignettes are presented in a narrative style.

With narrative enquiry, relational ethics are relevant. I was especially aware of the relational ethics involved in this process and was aware that disclosures of abuse may be made during interviews as the interviews focused on the persons' life histories. As a social worker I was obligated to follow the legal protocol and I made the families aware of this in the information sheet and when discussing issues of abuse. There were no disclosures with perpetrators in the same family, and where disclosures were made it had been adults disclosing childhood abuse which had been reported. In addition, where adult women disclosed current and past intimate partner violence they were aware of their rights and choices.

#### **4.8.5 No harm done or harm much less than benefit**

The participants were asked to relate potentially traumatic material to me. The trauma of their displacement and apartheid, and other traumatic material was disclosed while telling their life histories. This was not the case with every participant, and the researcher made them aware that they had a choice in what they wanted to tell the researcher, and that they were free to omit anything that they were not comfortable in revealing. Newman and Kaloupek (2004:383-394) discuss the potential harms and benefits of respondents participating in trauma-related research. Their study concluded that the majority of the participants benefitted from telling their story. Participants received satisfaction from contributing to the welfare of others. Some received insight and reported improved well-being after talking about their trauma incidents while some felt it was useful to reflect upon their experiences and felt empowered.

This research project revealed similar findings where participants enjoyed telling me about their lives. Several participants expressed a relief to discuss issues they never felt free to discuss with anyone.

#### **4.8.6 Action if participants are traumatised**

One participant arrived distressed at the interview as her son had been stabbed the previous night. I suggested that we postpone the interview, but the participant insisted on continuing with the interview. The participant then spent time talking about the stabbing incident and her son, and I provided emotional containment.

Upon reflection I became aware that participants have the need to discuss what is on their foreground, and that researchers needed to be able to put aside their own agendas and just

listen. This is part of the indigenous paradigm where the emphasis is on relational dialogue. I became aware that semi-structured interviews or even my own ideas about what needs to happen in the interview can be limiting. That participants need to have a choice about what they feel they need to speak about if the methodology is to be decolonising.

Two of the participants did not become “traumatised” or emotionally distressed in the interview when they disclosed childhood abuse. From my experience as a social worker working with traumatised individuals and communities, I became aware that they were experiencing long-term effects of trauma, possibly with signs of PTSD, namely intrusive thoughts and flashbacks about the incidents. I offered them the opportunity to go for counselling with an independent trauma counsellor, which they took up. It made me aware that signs of emotional distress in an interview are not a reliable indication of whether the person has been affected or traumatised by the interview or not. Support or counselling should be offered to all of the participants regardless of their demeanour because the relational nature of the methodology and interaction between researcher and participant would mean that both have been affected by the interaction regardless of the research material. Counselling was therefore offered to all the participants. As black researchers using an indigenous post-colonial paradigm, we need to be more sensitive to the interactional process between the researcher and participant. This is especially true when using a narrative approach to life-histories where any traumatic experience may be brought into the interview.

#### **4.8.7 Fieldwork problems**

The problems experienced included three families who were not available for the focus groups because of family conflict. I resolved this by having separate interviews and adapting the focus group discussions to individual interviews.

Another challenge was that there were two families (Jacobs and Valentines) where family members were reluctant to be interviewed and did not give their consent in the end. Two generations were therefore interviewed in these families instead of three. The lack of a third generation did not detract from the rigour as intergenerational trauma transmission can be identified over two generations. There were five other families where three generations were interviewed.

Privacy and a venue were problems at times but I resolved this by being flexible and understanding that some participants were reluctant to leave their homes because of their safety and felt more comfortable in their own homes. I understood that the data they gave me may have been influenced by the lack of privacy. However, as I interviewed three generations

I was still able to achieve crystallisation. Only two families' interviews took place in their homes. The rest of the interviews were conducted at a church hall in the community.

#### **4.9 LIMITATIONS OF THE STUDY**

This research project only focuses on seven families in one displaced community. Increasing the number of families taking part in research on intergenerational trauma could reflect different results. There are several communities in Cape Town where people were forced to move. Mitchell's Plain was chosen as it was the largest community. Each community is unique and by changing the context of the study by using another community may have different outcomes and results. This study only focused on slave descendents in an urban setting. Many slaves also settled and lived on farms in the rural areas of Cape Town. A study on intergenerational trauma in a rural setting may therefore yield different results.

The displacement in Cape Town as a result of the Group Areas Act affected black African families too whereas this study was limited to 'Coloured' families.

The research project covering both the trauma of displacement and historical trauma of slavery was ambitious. A more focused study would have yielded more in-depth results. However, upon reflection, both the historical trauma of slavery and the trauma of displacement are embedded in institutional racism which compounded the effects on the families who are descendants of slaves. It was therefore important to include both forms of trauma in the research to reflect this intersection. In addition, the fact that the displaced families are descendants of slaves is often forgotten.

#### **4.10 SELF-REFLEXIVITY**

Reflexivity in research is a process of critical reflection both on the kind of knowledge produced from research and how that knowledge is generated (Gillam, 2011:274). Reflexivity involves looking critically at one's role as researcher throughout the research process; it therefore involves self-reflexivity. Reflexivity in research is not a single or universal entity but a process – an active, ongoing process that saturates every stage of the research (Gillam, 2011:274). I am a black, third-generation descendent of a family that was displaced in Cape Town. Both paternal and maternal families were displaced. My maternal family has a slave heritage traced to slaves who arrived from Malaysia and East Africa, and my paternal family arrived as orphaned immigrants from India. I engaged in critical reflection of myself and the

research process throughout the research project. When collecting the data and interviewing the families, my own experience of being a third-generation woman, whose family was displaced gave me insight into the experiences of the participants.

I was able to gain the trust of the participants because I grew up in another section of the community in which the families were based. There were times during the data collection process that the information impacted me and I obtained support from my supervisor and external supervisor (a clinical psychologist and academic) to separate my own family's history from those of the families in the research. During an interview, a participant was relating her story of how, as a child, she had been forced to leave school and her family to work as a nanny for a white family. The impact of institutional racism is traumatic and I identified with this story reflecting on my own experience and my family's experience of institutional racism. The following is an excerpt from my journal

Every time I read Mrs September's story, I remember her telling me how she cried as a little girl being forced to leave her family to support her mother. It makes me think about how I as the eldest daughter had to support the family. And how I did not like that. This seems to happen a lot in black families. The effects of institutional racism ... poverty, it really makes me so angry. Yet, I am still privileged as I went to school, but many of the participants did not have this privilege (15 January).

I had attended a post-graduate course on Black Leadership in white organisations while living in the UK and felt that the course had prepared me to some extent to work effectively with the issues in research. The course had been led by black psychotherapists and enabled me to deal with my own experience of racism and trauma of racism. The data analysis process was challenging because the trauma of slavery and how it affected the current descendants shocked me and I spent time processing this and obtaining support from my supervisor by discussing this with her. The following is an excerpt from my research journal:

The slave history of the Cape is particularly difficult for me because of the brutality, the people and stories who are practically forgotten about, dead and buried. My family have a slave heritage and it was really strange, almost shocking to see my mom's maiden surname in Shell's book. "Jacobs". Katie Jacobs was the last slave to be interviewed. I always knew about my slave heritage, but it was still strange to see the surname in an official book ... making my slave heritage official. I'm not quite sure how I'm suppose to feel about this. On the one hand this is a confirmation about a heritage I always knew I had and it is important to know your "roots" but on the other hand I'm trying to make sense of this and know that it is an ongoing journey (18 June).

Reading *Lose your mother* by Hartman (2007) helped me come to accept the ambivalent feelings I have about my own slave heritage as she discusses the paradoxical nature of claiming a slave heritage, where aspects of loss and freedom are interrelated. I was aware of



how my subjectivity could influence the methodology I chose and the way I could interpret and analysed the data, as well as present the data. The reflections enabled me to write about the historical trauma of slavery in an honest way, without compromising the research process or scholarly purpose of the thesis.

The trauma of the families and participants have been overwhelming, especially during the analysis when I gained new insight into the real effects of the trauma of displacement and the historical trauma of slavery on the families. The trauma of gang violence was another aspect where I became aware of my privilege and also the devastating effects of the gang violence. In the following excerpt from the journal I write about how vulnerable I felt at times, hearing about the extent of the gang violence:

All the talk about the gang violence in the area from the participants is beginning to make me feel worried about my safety, especially when I am waiting alone in the church hall and David tells me to lock the door. I wonder if the gang violence happens during the day or night and if I am really safe. But then I realise that for the families who live here, they cannot leave like I can leave when the interviews are done. They are forced to live here every day (3 December).

By reflecting on my own vulnerability during the time collecting the data I was able to gain new insight into the gang violence which I was previously indifferent to because I have worked in areas of gang violence before. However, listening to so many stories of gang violence and being in the community for three months on a regular basis made me aware of the real trauma of gang violence that the families are exposed to.

The data that I had gathered was rich and it was difficult to choose which excerpts or narrative to use because they were all important. After support from both supervisors and counselling from my external supervisor I was able to work through some of the identification and feelings of anger to complete the report in a way that does not affect the rigour of the data.

#### **4.11 CONCLUSION**

The main purpose of this chapter was to describe the methodology and justify why the chosen methodology and paradigm were applied in this study. In addition, it was important to be explicit about the research process and describe how the data was analysed and interpreted. The indigenous postcolonial paradigm with the decolonising methodology was appropriate for the context and the families partaking in the research because the families' response to trauma was not pathologised but viewed as an appropriate response to the trauma given their choices within the network of power relations in which they are involved. The trauma and trauma transmission were viewed within the socio-historical context of the dominant society.

The next chapter presents the cases and results in the form of case vignettes. I also provided a discussion and analysis of the data leading to a framework for working with families who experience intergenerational trauma.



## CHAPTER 5

### INTERGENERATIONAL TRAUMA TRANSMISSION

#### 5.1 INTRODUCTION

In the previous chapter, the methodology of the research project was discussed. In this chapter, the data is presented of the seven families who make up the case studies. The chapter is divided into two sections. In the first section, I discuss the data and summary of the findings. In the second section I discuss the analysis of the results, focusing on the major themes of disenfranchised grief, the conspiracy of silence and shame which have contributed to the transmission of the trauma of displacement and the historical trauma of slavery in the families in this study. The data is presented in case vignettes. The purpose of the chapter is to address the research questions. The research questions that this chapter aims to address are:

- How have families experienced the trauma of displacement?
- How do family members give meaning to the historical trauma of slavery?
- What are the multiple ways in which trauma is transmitted from one generation to the next in families according to literature?
- What are the mechanisms of trauma which are evident in the families studied in Cape Town?

The research questions are addressed by focusing on the experience of displacement and how the participants make sense of their slave heritage. I also attended to the research questions by focusing on how different mechanisms of trauma transmission – such as interpersonal relations, socialisation, silence and shame – transmitted the trauma of displacement and the historical trauma of slavery. This is followed by a summary of the main results of the study.

#### 5.2 SUMMARY OF RESULTS

Seven families took part in this research, making up the seven case studies. Three generations were interviewed in each family except the Jacobs and Valentine families. In the Jacobs and Valentine families, two generation were interviewed. The biographical details of the families and participants can be found in the appendices. The cases represent the literal replication and theoretical replication principles of Yin (2009; 2003). Table 5.1 represents the seven families and how they match the conceptual and theoretical frameworks.

### 5.2.1 Indicators of intergenerational trauma

The indicators of intergenerational trauma in each family are described in Column A of Table 5.1. This was used to identify intergenerational trauma transmission in the families. The indicators of intergenerational trauma transmission are poverty, substance abuse, family loss and separation, intimate partner violence, and community violence (Menzies, 2007; 2010 ).

### 5.2.2 Intergenerational transmission and mechanisms of transmission

Column B in Table 5.1 below is an indication of what has been transmitted intergenerationally. Column C describes the mechanisms of trauma transmission, which is how the trauma has been transmitted.

**Table 5.1: Intergenerational transmission of trauma and mechanisms of transmission**

<b>Name of family</b>	<b>A. Indicators of intergenerational trauma</b>	<b>B. Intergenerational transmission (what is being transmitted intergenerationally )</b>	<b>C. Mechanisms of trauma transmission</b>
Valentine	Intimate partner violence Loss and nostalgia Homelessness Lack of education Drug and alcohol abuse Racialisation	Loss and nostalgia due to the trauma of displacement Historical trauma of slavery Drugs and alcohol abuse Lack of education	Socialisation Shame Interpersonal relations Enmeshment Silence
Williams	Homelessness Intimate partner violence Loss or absence of main carer	Loss and nostalgia of trauma displacement Historical trauma of slavery Loss of main carer Homelessness Lack of education	Silence Interpersonal relations Socialisation Shame
September	Family violence Intimate partner violence Poverty Community violence Racialisation Lack of education	Trauma of displacement Historical trauma of slavery Poverty Intimate partner violence Racialisation Lack of education	Shame Silence Socialisation Enmeshment
Jacobs	Lack of education Community violence Loss and nostalgia Racialisation Lack of education Poverty	Loss and nostalgia of trauma of displacement Historical trauma of slavery Racialisation Community violence	Enmeshment Socialisation Shame Silence

Name of family	A. Indicators of intergenerational trauma	B. Intergenerational transmission (what is being transmitted intergenerationally )	C. Mechanisms of trauma transmission
February	Alcohol and drug abuse Poverty Intimate partner violence Loss of carer Lack of education Racialisation Community violence	Trauma of displacement Historical trauma of slavery Alcohol and drug abuse Poverty Family and intimate partner violence Lack of education	Silence Interpersonal relations Shame Socialisation Enmeshment
Caesar	Loss and nostalgia Poverty Community violence Racialisation Lack of education	Poverty Loss and nostalgia of trauma of displacement Racialisation Lack of education Community violence	Socialisation Silence Interpersonal relations Shame Enmeshment
Diedericks	Loss and nostalgia Community violence Lack of education	Enmeshment Family support Lack of education Community violence	Socialisation Silence Enmeshment Shame

### 5.3 SUMMARY AND DESCRIPTION OF THE RESULTS

- i) The trauma of displacement has been transmitted across three generations in all the families. The trauma of displacement has been transmitted via the mechanisms of interpersonal relations, silence and shame. The reason for this was the unresolved trauma and grief the participants experienced in relation to their displacement. The trauma was also transmitted as a result of disenfranchised grief.
- ii) Families and participants attached subjective meanings to slavery. Some families had no knowledge of their slave heritage and wanted to learn more about their heritage.
- iii) Several participants mentioned “Jan van Riebeeck”. One participant found it difficult to speak about slavery because of what it evoked in her.
- iv) The historical trauma of slavery has been transmitted via the mechanisms of shame, silence and socialisation in the families and in society.
- v) Internalised oppression and racialised thinking were also evident in all the families. Racialised thinking and internalised oppression were transmitted intergenerationally via the mechanism of shame and socialisation.

- vi) Other than the trauma of displacement and historical trauma of slavery, what has also been transmitted via socialisation in society are the effects of the trauma of displacement and historical trauma of slavery, such as poverty, alcohol and drug abuse, community violence, intimate partner violence, family violence, overcrowding and poor housing. The trauma was also transmitted through enmeshment in families because of overcrowded housing conditions. In the Diedericks family, the enmeshment was viewed as a means of family support.
- vii) Poverty has been transmitted across three generations in the following families: the September, February and Caesar families via the mechanisms of socialisation in society.
- viii) All the first-generation participants did not attend high school. Only two families had family members (the third generation of the Jacobs family) who completed high school and had gone on to higher education. One family member in the September family completed high school. Three of the families (September, Caesar and February) mentioned having to leave school to support the family. The lack of education has been transmitted via the mechanism of socialisation through society and the family.
- ix) All seven families mentioned alcohol or drug abuse either by the participants themselves or within their families. Alcohol abuse has been transmitted across two generations in the February family. In the February case, the transmission mechanisms are socialisation and interpersonal relations.
- x) Intimate partner violence has been transmitted across three generations in the September family and February family. Intimate partner violence was also experienced in the Valentine family and Williams family but there was no evidence that this had been transmitted intergenerationally.
- xi) All the families mention community violence, especially in relation to drug-related crimes and gang violence. Community violence is transmitted across generations via socialisation and enactment in the community and society.

Before analysing and interpreting the data I have given a brief description of the characteristics which emerged of each generation in the research.

### **5.3.1 First generation (born 1930-1961)**

The first-generation participants were born between 1938 and 1961 in the families in this research. All were born before apartheid was institutionalised in 1961 when South Africa became a republic and left the British Commonwealth ( Barbrin & Richter, 2002:27) . The

forced removals took place between 1950 and 1985. The first generation in the Diedericks family was born in 1961. However, institutional racism has been a part of South Africa since colonialism and there were forced removals since 1901, which means that this generation would have experienced institutional racism as much as the second and third generations (Field 2001, Shell 2001). Mrs Williams and other first-generation participants were children or adolescents at the time (Diedericks, Caesar, Valentine families). Hyder (2005:7) states that conflict and violence severely undermine childhoods, and the vulnerable such as children become even more vulnerable. This is due to the fact that circumstances directly affect the development of the child. The unpredictability of the physical environment, access to health care, family stress and continuity of care all have an impact on the child's development. Given the family stress and unpredictable new environment and loss of support due to the displacement, it would have affected the development of the first-generation participants. This is reflected in the fact that none of the first-generation participants went to high school. Given the direct trauma of displacement that the first generation experienced, the unresolved trauma of the displacement would have been transmitted to second and third generations (Weingarten 2004). The second generation witnessed the struggle to adapt to the displacement.

### **5.3.2 Second generation (born 1959-1983)**

In all the families, the second generation was born and raised during apartheid. This generation would have experienced the displacement as well as the violence and trauma of apartheid. In the Jacobs family, Mr Jacobs recalls the loss and nostalgia about times when he lived with his family in Cape Town. He also recalls the trauma of the displacement. He has ambivalent feelings of loss and nostalgia because he recalls that it was the best time of his life but due to the forced removals he was temporarily separated from his parents because he remained living with his grandparents while his parents moved. Feelings of loss and nostalgia were also experienced by both, the first generation and second generation. The second generation in the Diedericks family was the only participant in this generation who heard about the Group Areas Act but did not have any knowledge about it. This is reflective of the silence within the family and the isolation of the family in comparison with the rest of the families. In the interview with the first generation of the Diedericks family, Mrs Diedericks said they were not "political" people. The choice to be silent or withdraw from what was happening in society is also reflected in the second generation. It could also reflect the extent to which her family went to protect her from apartheid trauma.

### 5.3.3 Third generation (born 1984-1995)

This generation was born between 1984 and 1995 when apartheid was being dismantled. This is reflective of third-generation participants in the Caesar family and February family. For all except the Jacobs family, the third generation seems to have assumed that the trauma of displacement has not affected them. Conceptualisations of trauma often focus on direct trauma where people experience PTSD symptoms. This was often not the case with the trauma of displacement in the third generation. There is the assumption that, because they were not born when their family was displaced, they cannot be affected. In some of the families, like the Jacobs, Valentine and Caesar families, the third generation acknowledged that their family were affected, but they have not been able to verbalise how the family has been affected. In the Williams family and Diedericks family, the third-generation participants did not have any knowledge or had never heard about the Group Areas Act. With the Jacobs family, the third-generation participant was able to explain in detail how the trauma of displacement affected her family. She feels a sense of loss when she says that it is “heart sore” that the older generation lived in a happy place before they were displaced and she now has to live in “this place”. She says that the environment in which her parents and grandparents grew up was better than the environment in which she has grown up.

## 5.4 EMERGING THEMES

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After coding and categorising the data, using the mechanisms of trauma transmission in the conceptual framework, themes started to emerge. The literature was used to confirm and further analyse the data. Principles of collective narrative practice were used as a guide to “decolonise” the medical model of trauma transmission of the conceptual framework used to identify the mechanisms of trauma transmission. The principles of collective narrative practice acknowledge the real effects of trauma and how people protected themselves. These principles also viewed the families as representing a social issue and allowed the participants to speak through and to link the families and their experiences to some sort of collective voice and collective history (Denborough, 2008).

Four major themes emerged from data, namely disenfranchised grief, a “conspiracy of silence”, shame, and socialisation in intuitional racism. Each theme will be discussed in detail below as well as how each theme emerged.

Disenfranchised grief will be discussed first because the first and second generations were directly exposed to the trauma of displacement and were forced to move. Sub-themes such as



the role of disenfranchised grief in trauma transmission; vertical and horizontal transmission and enactment will also be discussed as they relate to disenfranchised grief. Psychological and social resistance also emerged as a sub-theme and has been included in the discussion. The trauma of displacement was social trauma affecting 150 000 people in Cape Town (Trotter, 2009:49). The grief due to the trauma of displacement became disenfranchised because of the age of the participants, the lack of formal support and the social discourse at the time of the removals (Field *et al.*, Trotter, 2009). The causes of disenfranchised grief and the role disenfranchised grief has played in the transmission of the trauma are supported by literature (Brave Heart & DeBruyn, 1998; Doka, 1989; Stein, 2012).

#### **5.4.1 Disenfranchised grief**

The trauma of displacement has been transmitted across generations via the trauma transmission mechanism of interpersonal relations. The first and second generations in the families were forcibly removed between 1960 and 1980, and they directly experienced the trauma of displacement (Field *et al.*, 2000; Trotter, 2009). Two families, the Jacobs family and Williams family, are discussed to illustrate the transmission of the intergenerational trauma of displacement.

The first-generation and second-generation participants were all children or young adolescents when they were displaced while their parents and adults were trying to cope with the trauma of displacement. Children were vulnerable to the transmission of intergenerational trauma because they had no support to express or deal with their own trauma associated with the displacement (Hyder, 2005; Weingarten, 2004). Recent studies on the transmission of intergenerational trauma show that what cannot be contained or mourned for or worked through in one generation (especially from parents) will be transmitted unconsciously to the next generation (Stein, 2012:173). The following case vignette reflects the transmission of the trauma of displacement because the parents were unable to contain and work through their trauma and unconsciously transmitted this to their children.

##### **5.4.1.1 Case vignette**

Three generations of the family were interviewed. Mrs Williams is a first-generation participant who was a child when her family was displaced. In the quote below, Mrs Williams explains how she was a child and she remembers how she was forced to move:

I was still small, but I remember that's where the group areas ... then we had to move out. We had to move out and then my mommy said we stayed in Belgravia,

till we moved into these flats. That was all apartheid business. Apartheid was horrible, we had to cope with it. (Williams, first generation)

The quote above reflects how Mrs Williams felt powerless and identified with her parents' trauma when she says "we had to cope" with it. By "it", she is referring to the trauma of their forced removal and displacement. By saying "we had to cope with it", indicates how disempowered Mrs Williams and her mother felt at the time. Other participants such as Mr Jacobs also expressed his family's disempowerment. Mr Jacobs said:

We stayed in District 6 and we were forced to be removed...to move. They(Mr Jacobs parents) were very unhappy yes, very disgruntled. But you know they could not do anything about it. (Jacobs 2<sup>nd</sup> generation)

In this comment, Mr Jacobs explains how unhappy his parents were about their displacement and concludes that his parents were powerless as they could not do anything about their displacement.

The comments by Mrs Williams and Mr Jacobs are a reflection of their parents' sense of powerlessness which was transmitted to them via the means of projection where the parents unconsciously projected their feelings of distress and powerlessness onto their children as way of coping with the trauma (Dekel & Goldblatt, 2008:284). Projection is one of the means of trauma transmission which happens in interpersonal relations. Parents unconsciously transmitted the trauma of displacement onto their children by projecting their unresolved trauma in order to cope with their displacement. The children responded by identifying with the parents' projection, resulting in intergenerational trauma transmission (Danieli, 1998, Dekel & Goldblatt, 2008; Weingarten, 2004). The identification process causes the children to lose their ability to differentiate between the self and the traumatised aspects of their parents. Identification leaves the children vulnerable to having to deal not only with their own trauma in relation to their displacement but also having to make sense of their parents's trauma. Through projection and identification, the trauma of the displacement was transmitted intergenerationally in the families in this research (Kogan, 2012:7). The families also had unresolved grief because the displacement was enforced and they had no choice where to live. The grief was also unresolved because families felt they were dispossessed and they were powerless to address this (Brave Heart & DeBruyn, 1998; Poupart, 2003; Stein 2012). Both generations directly experienced the trauma of displacement. Because the trauma was social trauma, horizontal trauma transmission occurred. This happens where several generations are affected simultaneously. They received no formal support and had no avenue

to express their loss and grief, which is the environment in which the transmission of intergenerational trauma occurs (Brave Heart & DeBruyn; Stein, 2012; Trotter, 2009).

#### 5.4.2 Intergenerational trauma transmission

Mrs Williams, in her narrative of her displacement, said “that was all apartheid business”, referring to their forced removal. By saying “that was all apartheid business”, she is dissociating herself from the experience of displacement. Dissociating and repressing memories of the trauma allows the trauma to remain unresolved. She describes apartheid as being “horrible”, which is an indication of the unresolved grief and trauma regarding the displacement because it reflects how overwhelming the experience was for her. The trauma of displacement was transmitted to her daughter, the second generation of the Williams family. Ms Williams, the second-generation participant, discusses how her family had to cope with the displacement. She says, “ they had to adapt to a new lifestyle ... to new things. In the beginning it was hard, but as time went on they began to cope ”. By “they”, Ms Williams is referring to her parents. The second-generation participant witnessed her parents’ struggle to adapt to the displacement. When discussing the family’s displacement, Ms Williams says:

I remember her (referring to her mother) saying that it was very emotional. There were lots of tears involved because they had to depart from people, ... the community out there they grew to know each other, they knew each other. They were always willing to help each other. And they didn’t see each other as neighbours, they... I think they saw each other ... as a family. They lived in one street, if I’m not at home then that neighbour would look after my place, or my child is your child. If there hadn’t been a *Group Areas Act*, the people would still have been living there. I would also be a part of it. . I don’t think Mitchell’s Plain would have been here. (Williams second generation)

Ms Williams is referring to her mother when she says, “I remember her saying”. Ms Williams recalls her mother telling her about the trauma of the displacement when she says “it” was very emotional. Ms Williams also describes the loss of community her mother experienced. The excerpt reflects the loss and nostalgia which has been transmitted to Ms Williams because she says “If there had not been a Group Areas Act the people would still be living there. I would have also been part of it”. When she says “there”, she is referring to Cape Town, the place where her parents were forced to move from. Ms Williams identifies with her mother’s trauma when she says, “If there hadn’t been a Group Areas Act, I would also be a part of it”. By identifying with her mother’s projection of loss and nostalgia the trauma of the displacement is transmitted to Ms Williams as the second generation. The trauma of displacement remains unresolved because the loss and nostalgia about the displacement has not been integrated into the social discourse of society. Intergenerational trauma transmission

occurs when the trauma is cut off from the discourse of the family and society because the trauma and grief are not acknowledged (Fromm, 2012: xxi).

### **5.4.3 Vertical and horizontal transmission**

Trauma transmission can happen in two ways, namely vertical transmission and horizontal transmission. Vertical trauma transmission has occurred in the Jacobs family where the third-generation family member still experiences the trauma even though she was not present or witnessed the trauma (Stein, 2012:175). Horizontal trauma transmission occurred with the first and second generations in the Jacobs family when several generations were affected by the same traumatic happenings, such as the displacement, because they were present or witnessed the trauma. This will be illustrated using a case vignette.

#### **5.4.3.1 Case vignette**

The Jacobs family were displaced in the 1960s and the first and second generation were forced to move. The third generation was born in 1992 when apartheid was being dismantled. I asked Mr Jacobs how his family adapted to their new environment after they were forced to move and he responded by saying:

I think you know I don't know much about my father but he ...became a compulsive drinker you know, but he was never like that in his younger days. So I don't know...because he... what I probably also think because he had to make new friends, but that time he use to be a very good sportsman. He had trophies...a cabinet full of trophies you know. He was a good swimmer, a gymnast, and we got photos of him. That was the kind of activities that he was involved in. Now you know he's in a different environment, so he started drinking. And that affected our life. That's why I never drink in my whole life you know, because I hate it. Because he would go to the shebeen, get robbed and then he comes home without money. Luckily my mother worked all her years; she never even smoked a cigarette. She was practically supporting the family.  
(Jacobs second generation)

Abusing alcohol is associated with the long-term effects of trauma which is unresolved. The individuals use alcohol to help them cope with an overwhelming sense of loss, grief and PTSD symptoms of the trauma (De Zuleta, 2007:175). Alcohol abuse is also an indication of intergenerational trauma in Aboriginal families and communities who have experienced social dislocation and historical trauma. It is linked to the unresolved trauma and grief of dispossession (Brave Heart & DeBruyn, 1998:70). Mr Jacobs' father (first generation) projected his unresolved grief onto his son (second generation). Children, due to their developmental age, often do not have the capacity to understand trauma and complex situations like displacement. This makes them vulnerable to the projections of their parents'

unresolved trauma (Dekel & Goldblatt, 2008; Weingarten, 2004). Mr Jacobs' daughter identifies with her father's projection even though she did not experience the displacement directly. This was evident when she said:

To me its messed up. I honestly think we're still living the same, we still getting treated the same, we haven't moved forward ever since. Although since the white man is not ruling, there's been so much changes but its still not enough for us for what our parents went through understand? (Jacobs third generation)

Her identification with her father's trauma is indicative of the unresolved trauma associated with the family's displacement. The statement also indicates how the trauma has been transmitted across three generations where the third-generation participant still experiences the trauma even though she was not born when the displacement occurred (Weingarten, 2004).

Another means of trauma transmission to a third generation who did not experience the forced removals is socialisation. The excerpt by Miss Jacobs as a third-generation participant indicates that there are complex cultural and family processes of social learning and intergenerational transmission of values and beliefs that shape the way the memory of a traumatic past continues to shape the perceptions of this past by those who did not experience it. Traumatic memories are kept alive through socio-cultural learning in families.

Belnap (2012:16) refers to the traumatic learning as life lessons. Socialisation in the family and South African society were powerful mechanisms of trauma transmission, making it possible for the generation born after apartheid to experience the trauma of displacement where they display the behaviour and attitudes of their parents or previous generations born during apartheid (Jansen, 2009). A study by Lazar, Livak-Hirsh and Chitain (2008:98) revealed that young Jewish-Israelis view the Holocaust as cultural trauma, and that those unique socio-cultural processes created a social cultural code which revolves around security and education and which is laden with Holocaust symbols and rhetoric. The Holocaust is kept alive by the memories of their grandparents and through media exposure, as well as through their educational system.

#### **5.4.4 Unacknowledged grief in trauma transmission**

The trauma of displacement was not recognised and acknowledged as trauma because the apartheid government justified the displacement as necessary to segregate the community, to rid the area of slums and to improve conditions for black people. However, it was an attempt to get rid of black people within the city and maintain power based on racialised difference (Field *et al.*, 2001; Trotter, 2009). The families were not able to mourn or grieve the loss and

trauma of displacement because it was publicly unacknowledged and ignored. For the families and participants, trauma remained unresolved because their trauma and resulting grief was not acknowledged by society. Their grief had become disenfranchised (Stein, 2012: 173-175). As a result, the participants continue to struggle to make sense of the trauma by transmitting it to the next generation because it was not perceived by society and dominant social discourse as traumatic. In the following excerpt, Mr Valentine, a first-generation participant who was displaced as a young child, still questions the reasons of the government for the removal after he was forced to move more than 40 years ago. He also discusses the loss that he experienced:

And when we went out as a family, the whole family went together. That was the love that I lost. That was lost, when we started moving out of the area. And I miss that, even up till today I miss that because to me it even that was one fantastic way to have your family with you. Like the togetherness of people, the unity, if it were, no matter what religion you had. You understand. We were just like one family as we were growing up. But where our family is concerned, I miss them you know. I wanted my children to have that, to see that, and how close the family bond is, I'm not blaming the state for it, I can't do that, you know we don't know what would have been there. Where would I have stayed when I got married? And we stayed in the same place. I am not going to blame the state for it, maybe they had different views. But putting us out here, what we now call the bush... (Valentine, first generation)

This quote also reflects the loss and nostalgia he experienced as a result of the removals when he says that he misses the unity and the family being together. The unity and bond which the participant had with his community and family is the love which he felt was lost when he was forced to move. Various participants expressed the loss of family ties, community ties and support. Mr Valentine's ambivalence is reflected when he first says that he cannot blame the state, but then he questions why the apartheid government put them in the bush, which reflects his unresolved trauma and grief over the loss. The "bush" reflects the geographic area of the "Cape Flats", which is where most of the displaced families were forced to move too. The area is made up of sandy, windswept dunes and bushes on the outskirts of Cape Town (Field, 2001; Trotter, 2009). Rive, a poet, called the Cape Flats "desolate without soul" in comparison with the communities from which they were forced to move. This indicates the sense of loss and abandonment that many displaced people in Cape Town experienced because they had moved from a built-up town and city with amenities which were convenient to living in communities without infrastructure.

Families were able to describe their traumatic experiences as it related to their displacement while others did not have the words to explain how the trauma of displacement or slavery

affected them but they could articulate the meaning they attached to the trauma of displacement as evident in the quote below. The quote is made by Mr Valentine's son, a second-generation participant. The quote below is used to illustrate how narratives of displacement do not reveal the structural inequality that the families experienced over several generations (Menzies, 2010):

"I don't think it had much impact on my family, because we all normal. It's just that we have a lot of issues"(Valentine, second generation)

Mr Valentine's son is referring to the trauma of displacement when he says "I don't think it had much impact ...". In this quote, the nature of the intergenerational trauma of displacement is implicit. In her work with traumatised refugees in the UK, Danieli (2007:69) is of the opinion that neuro-scientific information suggests that in trauma normal neurological links with speech will be disrupted and concludes that both verbal and non-verbal communication are relevant. With refugees, the nature of trauma is overwhelming, often leaving the individuals without words to describe their experiences completely. Although implicit, the trauma is still overwhelming for the participant because he says that his family "just has a lot of issues" and denigrates his family's experience of the trauma because this is how the dominant discourse responds to the trauma of displacement. Trauma can become "cut off" from social discourse, leaving people with unacknowledged grief (Divoine & Gaudilliere, 2004). According to Stein (2012:175), what is consciously "banished" from society comes back in the form of enactment. Attending to the verbal and non-verbal communication of the participants in order to contextualise their experience and the narrative was essential to understand the trauma of displacement and how it affected generations of the same family. The non-verbal communication is the contextual nature of the trauma where the family has experienced not only the trauma of displacement but also the historical trauma of slavery, based on institutional racism over several generations.

Intergenerational trauma is based on the assumption that when trauma is unresolved it is transmitted to the next generation. Families were forced to move from the late 1950s to 1985. This spans 30 years of forced removals and it was only in the post-apartheid era that the trauma of displacement was officially recognised. This has left almost 30 years of misrecognition and unacknowledged grief. This period of 30 years include years of political violence and suppression, and overt institutional racism. This severely affected people's ability to grieve and mourn their loss. Displacement accompanied by trauma such as political violence significantly affects quality of life (Araya, Chotai, Komproe & De Jong, 2007:919).

#### 5.4.5 Disenfranchised grief and enactment as intergenerational trauma transmission

Community violence, specifically gang violence, permeated every family's experience in different ways and all the families mentioned gang violence, leaving all the families vulnerable, powerless and often fearing for their lives. Most have no choice about where they can live and are forced to live in these circumstances, exposed to gang violence on a daily basis. The pervasive gang and community violence that the families in the research experience is a form of enactment where the disenfranchised grief associated with the trauma of displacement and political violence is being enacted and transmitted across several generations in the families in the research (Brave Heart & DeBruyn, 1998; Poupart, 2003; Stein 2012). Community violence in the form of gang violence has been transmitted across several generations through enactment and over-disclosure. Over-disclosure occurs when children are exposed to traumatising adult behaviour (Dekel & Goldblatt, 2008:285).

This is evident in the excerpts from the Caesar family and Jacobs family below. These excerpts reflect how pervasive and traumatising the gang violence is and how the trauma of exposure to gang violence has been transmitted across generations via direct exposure to the trauma because all three generations had been exposed to gang violence.

*My pad was baie gevaarlik. Ek hettie gewiet toe ek intrek dat daar was a merchant nie. Hulle het vir n't hele 5 maande geskiet ... Toe sê die gangsters vir my sê vir jou broer ek gaan sy kop afkap en vir sy ma op 'n skinkbord gie. [My street was very dangerous. I did not know when I moved in that there was a "merchant" (drug dealer). They were shooting for five months ... So the gangster said to me tell your brother we are going to cut off his head and give it to your mother on a tray.] (Caesar, second generation)*

In the above excerpt, Mr Caesar explains that he was not aware of the danger of the street that he moved into, indicating that he had no choice about where he moved to because he remained living there despite the ongoing violence. Many displaced families were forced to move to areas where gang violence was a problem (Trotter 2009). The gang violence and community violence is a result of the displacement, poverty and institutional racism (Adonis 2008, Barbarin & Richter, 2002; Trotter, 2009; Wilkinson, 2002). He says that "they" were shooting for five months. By "they", he is referring to rival gangs. The gang violence affected everyone in his family because Mr Caesar recalls a gang member telling him that he is going to kill his brother and then give his severed head to his mother. His daughter (third generation) is affected and traumatised in a different way. She explains how the gang violence affected her as a child growing up in this environment. She says:



*Dit was baie gevaarlik. Ons kannie skool toe gegaan hettie vir weke tot 'n maand omdat die skietery. Ons het in die kaste en onder die kooie geslaap daai's die beste. Ons het in die territory van die Americans<sup>8</sup> gebly. [It was very dangerous. We could not go to school for weeks up to a month because of the shooting. We slept in cupboards and under the beds, that's the best place. We lived in the territory of the Americans.] (Caesar, third generation)*

The violence not only affected her school attendance, but also their daily life where they were forced to sleep under beds and cupboards. She said that this was best place to sleep and that they lived in the territory of the “Americans”, which is a gang. This is indicative of how living in the gang violence had become a way of life for the family. Living in the “territory” of the Americans meant that the family had to cope with the violence because they had no other choice. This can be seen in the case vignette below:

#### **5.4.5.1 Case vignette**

A third-generation member of the Jacobs family was a victim of a stray bullet and a large part of her narrative is about the trauma of the incident and how unsafe she feels in the community in which she lives:

Honestly, it's a horrible place really. To me here's no good memories that I can recall. Ok another story is I was shot now about 10 years ago. That was...I was about 10 years old, just down our road. A stray bullet or something like that hit me... so to me this.... Yes and I wouldn't want anybody else younger than me to live in a place like this. Yes they were shooting on this house on the corner. (Jacobs, third generation)

Miss Jacobs was 10 years old and an innocent victim in the gang violence. She remains traumatised by the incident as she recalled the detail of the incident and remains fearful of living in the area. This was the first words she said in her interview, which reflects the unresolved trauma of the incident and its long-term effects on her as she remains fearful of living in that community. Her father has similar experiences growing up in the community as he and his parents were forced to move to. In response to his experiences of growing up in his new community, he said, “The kind of things that everyone that growing up in Hanover Park goes through, dodging bullets now and then”. His statement reflects how children and young people growing up in the displaced communities are exposed to and socialised in the violence because he says “what everyone goes through growing up in Hanover Park”. He also mentions that his parents did not like living in the new area because of the gang violence. He says, “They didn't like it man. You know it's a big contrast to what they use to in District 6

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<sup>8</sup>“Americans” is the name of a gang in Cape Town.

and now ... There was always gang fights, they were robbing the people all the time". Mr Jacobs refers to his parents when he says "they". He explains that his parents did not like living in the new area they were forced to move to because of the gang violence and crime.

The intergenerational nature of the violence, which affected all the generations in all the families, is also indicative of how the families are socialised in the violence. Community violence is not only the result of the disenfranchised grief associated with the trauma of displacement but it is also one of the long-term effects of the historical trauma of slavery which has been transmitted via the means of socialisation (Poupart, 2003; Wesley-Esquimaux & Smolewski, 2004). Violence was used as a form of social control and domination against the slaves. The slave owners and colonial government also forced slaves to punish and commit violence against other slaves (Shell, 2001:189-191). The historical roots of violence in South Africa therefore lie within the historical trauma of slavery. The displacement and apartheid policies compounded the violence that communities experienced, causing the violence to spread to communities and families (Barbarin & Richter, 2001).

There is extensive literature on the intergenerational transmission of violence. Intergenerational trauma theory is based on the premise that projection, identification, over-disclosure and enactment are means of trauma transmission in interpersonal relations. However, it is also a natural response to dealing with unresolved trauma or a way of trying to make sense of events which are overwhelming (Alayarian, 2007). The gang violence in Mitchell's Plain can be viewed as the enactment of the families' disenfranchised grief associated with the trauma of their displacement and the long-term effects of historical trauma of slavery (Rice & Bensen, 2005; Stein, 2012; Volkan, 2012). Mr Caesar explains how, after dispossession, individuals saw gangs or drugs as an option:

*Baie van onse bruin mense wat mooi plekke gehet in Wittebome, Constancia, Wynberg, as ons daai plekke kon weer terug kry dan sal ons nie so gesukkel het nie. Ek mean ons sal well af gewies het. Die facilities was goed, dit was still gewies en jy sal nie miskien involve geraak het met gangsterims of drugs nie. Jy sal gekyk het vir a future voorentoe vir jou, daai's wat ek nou dink. [Lots of us 'Coloured' people who had nice places in Wittebome, Constancia and Wynberg, if you could have those places back again, then we would not have struggled. I mean we would have been well off. The facilities were good and you would maybe not have become involved in gangsterism or drugs .You would have looked towards a future, that's what I think.] (Caesar, second generation)*

Mr Caesar's grief about his loss is expressed when he says if the families' homes could have been returned to them, then they would not have struggled; they would have been "well off". This indicates his unresolved grief, which cannot be resolved by gaining back the land. He

also expresses despair at the loss of a future that he longs for. Upon reflection, Mr Caesar believes that the families turned to gangsterism and drugs as a result of their dispossession when he says “maybe you would not have become involved in gangsterism or drugs”. His reflection is indicative of the way families have not passively accepted the trauma but have showed signs of social and psychological resistance. His grief has been disenfranchised because he has no avenue of expressing his grief and trauma of what he has lost. The loss and grief are expressed when he says, “you would have looked towards the future”, reflecting the despair and hopelessness the families felt about their displacement. Unless a discourse is created to incorporate his grief into the social discourse of society, his grief will remain unacknowledged (Stein, 2012).

The social discourse and dominant values of a society prescribe what events are described as traumatic. By prescribing what event is considered traumatic, it defines who was affected by the trauma and who was not. The trauma narratives of the participants were therefore largely influenced by how society responded to the trauma of displacement (Stein, 2012; 175-180). In this way, dominant discourse and state propaganda until 1994 did not present the Group Areas Act and the displacement of families as a form of trauma, but justified it as a means of improving the lives of the black families in Cape Town. Trotter (2009:52) gives examples of the propaganda when he cites TE Donges, Minister of Interior at the time introducing the Group Areas Bill into parliament, who confirmed that the policy was designed to “eliminate friction between the races”. He also cites the chairperson of the Group Areas Board who states, “ Truly, for the majority of people the advantage would be that they will be provided with better housing and living under much better hygienic conditions ”. While coping with their loss and trauma, and adjusting to their new environment these families also had to deal with the trauma of violent political suppression of the state and again there was no formal support or recognition for the trauma and the violence they had witnessed (Field *et al.*, 2001; Trotter, 2009). The following excerpt is from Ms Williams, a second-generation participant, recalling political violence she witnessed with her mother:

And I can remember, when I was very small, my mom had this friend with the name of Riaad, I am not sure what riot they had, but he was standing apparently with me on his arm. I am not sure if it was Belgravia Road or 7th Avenue, as the police were coming and people were running amok then he was shot with a gun in the back. And the front part of his chest was just open ... He died on the scene ... when the gun shot went off my mother then, they didn't know that it was him they just saw somebody was shot, until my mother went there to the scene and then she only realised ... What I remember vaguely as my mom went down to the scene, I was with my mom when she went to the scene, I was with her... she was holding my hand. (Williams, second generation)

This excerpt reflects the collective trauma of political violence. It is also an example of horizontal trauma transmission in society where two generations (mother and daughter) are simultaneously affected by collective trauma. During periods of political violence, there was no formal support available for families who had witnessed political violence, and any expression of dissent was met with state violence. It was only after 1994 that there were avenues of formal support and that the trauma of the political violence was acknowledged. The collective trauma of political violence was also transmitted through socialisation in a violent society to communities and families. The following narrative is an example of how a participant was socialised in the gang violence. Ms September (third generation) tells a narrative of her brother who became a gang member and how this traumatised her because other gangs would “rush” the house. This is a colloquial term for when a house is mobbed. Several families and three generations were living in the house at the time:

*My broer het uitgedraai wat hy 'n gangster geword het 'n HL<sup>9</sup>, hy het geword 'n HL. Hy was 'n HL en daar was altyd moeilikheid by die huis as gevolg van hom, mense het gehardloop met sale en goete en ons se huis gerush soos die Americans en goete soos daai. Hulle het baie onse huis gerush, dan as klein kinders het ons so gesit in die hoekies en ... of in die baddens gesit en die deure toe gesluit het sodat hulle nie kan inkom nie, en ek dink dis daarvoor wat hoe kan ek se ... ek is nou nog nervous as daar geskelery hoor of so dan sal ek opspring, ek worry nie watter tyd nie, want ek gaan kyk. Want ons het groot geword in die moeilikheid. besides die huis gerushery en almal die 112 dinge... ons het oor dit gekom. En vir ons wat so jonk gewees het, het dit somehow geaffect dis hoekom ons nog so is vandag. [My brother changed when he became a gangster, when he became an “HL”. He was an “HL” and there was always trouble at the house due to him, people ran around with knives and things and our house was attacked by the Americans (rival gang) and things like that. They attacked our house a lot, and then as small children, we sat in the corners and ... or in the baths, we sat and locked the doors so that they could not come in, and I think... that’s why, how can I say... I am still nervous if I hear an argument or so I will jump up, I don’t worry what time, because I am going to look. Because we grew up in trouble, besides the house being attacked and all the 112 things that happened ...we got over that,. And for us, who were so young, it somehow affected us because that is why we are still like that today.]*

The narrative by Ms September reflects how she was socialised in the gang violence because she says, “we grew up in the trouble”. By “trouble” she is referring to the gang violence. She also mentions that her home was attacked by a rival gang, the “Americans a lot”, which is an indication of the extent of the gang warfare in the community. The long-term effects of the trauma are evident when she says, “I’m still nervous when I hear an argument I will jump

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<sup>9</sup> “HL” refers to the Hard Livings gang in Cape Town.

up”. She also reflects on the long-term impact it had on her as a child when she says “And for us who were so young, it somehow affected us because that is why we are still like that today”. When she refers to “we and us” in her narrative, she is speaking about her siblings and cousins because three families were living in the house at the time. Ms September also describes how as children they had to hide away in bathrooms and cupboards, and shows her psychological and social resistance in order to protect herself. She also mentions “and all the 112 things that happened ... we got over that”. She is referring to the trauma the family experienced. The fact that Ms September says “we got over that”, reflects the family’s resistance and survival in the midst of the gang violence. However, by saying “we got over that” in a dismissive tone indicates that she underestimates the skills of survival and resistance required to survive trauma. Underestimating their social resistance to the trauma is a reflection of all the families, including the Jacobs family and Caesar family, when relating their experience of surviving the gang violence.

#### **5.4.6 Psychological and social resistance**

The Caesar, Jacobs and September families have responded in ways to protect themselves and their families. Other families had similar experiences. Denborough (2008:7) explains that we not only need to look at how people have been traumatised but also what people and communities have done to protect themselves and to resist the trauma. He calls this psychological resistance and social resistance, and for the purpose of this research, I will refer to it as “resistance” to include conceptualisations of psychological resistance or “social action” which I believe is vital to discussing the families and their contextual circumstances. The families’ trauma of displacement and ongoing trauma in the midst of gang violence has not been recognised by society. Because the effects of the trauma have not been recognised, their psychological and social resistance also goes unrecognised. The misrecognition of the trauma of displacement then continues to be transmitted through socialisation in society and it manifests in the high levels of gang violence in the community of Mitchell’s Plain. The trauma of the displacement and trauma of gang violence continue to be transmitted across generations because misrecognition disenfranchises the grief and loss of the trauma. The loss becomes evident when Ms September expresses the loss of lives due to gang violence when she says:

*Daar is 'n paar vriende van ons wat nou al vermoor is soos Peter, en hulle ... en daar's 'n hele paar wat vermoor is [ There are a few friends of ours who have been murdered already like Peter,... there's quite a few who have been murdered.]*  
(September, third generation)

High levels of homicide were also found in Aboriginal communities, and Brave Heart and De Bruyn (1998), Poupourt (2003) and Whitbeck (2004) view this as a result of disenfranchised grief. Currently, there is no support for the families who have been exposed to gang violence. The lack of support for individuals and families exposed to past trauma is confirmed by research undertaken on families in Cape Town. Hope (2012), in her thesis based on families in Cape Town who received social welfare support over several generations, reports that they experienced loss and grief that was unresolved because the families and individuals recalled traumatic incidents of their past and how this was still having an effect on them today. Hope (2012) states that these individuals and families had not received any formal support such as counselling to help resolve the trauma. Trauma is usually accompanied by silence, which explains the lack of support for families who have experienced past trauma (Danieli, 1998; Mckinney, 2007; Weingarten, 2004). This silence is not only in relation to current experiences of trauma but also in relation to the “silence” regarding the historical trauma of slavery and trauma of displacement. I will therefore discuss the “silence” regarding the historical trauma of slavery and displacement as the “conspiracy of silence” as the next theme. Themes around silence started to emerge, including “the conspiracy of silence” as conceptualised by Danieli (1998) and extended by Mckinney (2007), which led to the transmission of trauma.

#### **5.4.7 The conspiracy of silence**

Silence was found to be one of the main means of transmitting the historical trauma of slavery and the trauma of displacement in the families in this research project (Danieli, 1998; Weingarten, 2004; Stein, 2012). I found that the oral history that is usually passed down over generations did not happen in these families. This is confirmed by Hartman (2007:155) who says that “in every slave society, slave owners attempted to eradicate the slave’s memory”.

The findings reveal that there is a *conspiracy of silence* regarding slavery in Cape Town, among descendants of slaves, society and the families in this research. The conspiracy of silence was evident in the data when participants discussed slavery, as can be seen below:

If you look at the movies, and you know that’s probably the ... only time where we can really see what slavery meant, because we never lived through that you know. But whether it’s now fact or fiction I don’t know. (Jacobs, second generation)

I am not really interested in what they say about slaves and stuff, because it’s not a good topic for me to speak about or to hear even about. I avoid that topic being a slave and this one that is slaves...so ja. (Jacobs third generation)

Sometimes then I ...when I watch movies where slaves are involved then I would think, did that happen back in the day or I would think when I was on school, how we were taught about Jan van Riebeeck.(Williams, second generation)

I think its important for people to know that we are from descendents of slaves. But not to take it to the mind. (Williams, third generation)

Danieli (1985) conceptualised the term *conspiracy of silence*. She explains how the Holocaust survivors' stories were so horrifying that people found it difficult to believe and listen to. Survivors also faced the idea that they were passive or participated in their destruction. This ensured that the survivors remained silent. What ensued was what she defined as the *conspiracy of silence*.

The families were not taught about their slave heritage or the contribution that slaves had made towards the culture and economy of the Cape. The impact of conspiracy of silence is felt by participants who had been denied the knowledge of their slave heritage and wanted to know more about their slave heritage. Hartman (2007) discusses the desire of slave descendants to search for their roots and Kussisto-Arponen (2009:547-548) discusses how bodily memories of "home" are engraved in generations who have been forcibly displaced and there is a desire to return. The following quotes reflect the impact of the conspiracy of silence:

I never looked at my family's surname in that way, for me its not a problem. Its important because I want to know about how my mother's mother lived. I would be interested in looking up my family's surname and history. (February, third generation)

I really actually wanna know where I come from? I am glad I wasn't born then, but I would like to know where I come from at the end of the day. (Valentine, second generation)

Denying the descendants of slaves knowledge of their heritage, or withholding this knowledge, enforcing the silence, and refusing to acknowledge the horror of slavery or contribution that slaves have made is a form of traumatising, as stated by Stein (2012) and McKinney (2012). The *conspiracy of silence* is the silence of denial between slave descendants and society that anything horrific had happened (Danieli, 1998). In this way, society denied slave descendants their right to mourn and commemorate their slave past or to remember it, and withheld this knowledge. It is only since apartheid was dismantled in 1994 that museums and other forms of remembering slavery have been introduced. The *conspiracy of silence* that exists on slave heritage in the Cape has been confirmed by Worden (2009) who calls the silence the "amnesia" of recalling a slave heritage in Cape Town.

Trotter (2009) also mentions the reluctance of slave descendants remembering their slave heritage. The “amnesia” and reluctance have been because of the trauma of institutional racism and the accompanying shame. The descendants of slaves have taken on the identity which has been assigned to them in society both past and current (Graf, 2011).

The *conspiracy of silence* was not only restricted to the families slave heritage but also the trauma of displacement. This can be seen in the following quotes:

“It probably affected my mother and father. They did not speak about it to me” (February, third generation)

And if you do speak about certain things like for example apartheid, you know or how they lived. If you speak about your childhood or how they lived, which is normal for us to ask. People my age want to know how their parents, parents lived, and so that’s quite a touchy subject, if you think about that. They don’t give us much detail. So obviously they don’t have good memories about apartheid so not much is being talked about their past life. (Jacobs, third generation)

These are quotes from third-generation participants on how the Group Areas Act and displacement affected their families. These quotes are an indication of how the mechanism of silence has transmitted the trauma of displacement to the third generation in these families. The conspiracy of silence regarding the trauma of displacement is confirmed by Trotter’s (2009:62) research as he states that “The idealization and massive omission of negative memories...” were part of the themes that emerged in the narratives of the displaced participants he interviewed in 2007. A study by Lazar, Livak-Hirsh and Chitain (2008:99) revealed that there is a continuum which three generational families of Holocaust survivors fall along, from silence to exposure to memories. Lazar, Litvka-Hirsh and Chitain (2008:99) state that the continuum from silence to exposure can be explained by the silence that occurs from dissociation and repression, which is associated with the intergenerational transmission of trauma. Silence about trauma can communicate several messages as the above quotes reflect. It can reflect that the trauma was not significant or the silence can communicate that it was overwhelming and discussing the topic should be avoided (Weingarten, 2004). This can be seen in the quote by the third-generation participant in the Jacobs family where the participant assumes that the trauma must have been difficult because the lack of details given to her by her parents and older generations in her family. The younger generation is aware of the risk that communication may hurt the survivor generation. They approach such intimate moments with a mixture of guilt, awe, fear of causing injury, and distress regarding how to integrate various revelations shared by their elders into their family relationships, sense of self, and understanding of the world (Lin, Suyemoto, Kiang, 2009).



There has been a “conspiracy of silence” about the families’ displacement as well as apartheid because of the “reconciliation” ideology of post-apartheid. The Truth and Reconciliation Commission formed a large part of promoting this ideology. Some of the TRC’s attempt was to end the “silence” of apartheid’s human rights abuses. However, it contributed to silencing the vast majority of apartheid victims and rendered their trauma invisible, because of its focus on human rights abuses and amnesty for perpetrators (Lephakga, 2012; Bowman, Duncan & Sonn, 2010).

Stein (2012) refers to this kind of silence as “enforced silence” and he views this as a form of traumatisation. “Enforced silence is the isolation and indifference, to be treated as if nothing terrible had happened as if there was no reason to be upset” (Stein, 2012:180). He states the “Get over it and get a life” is the cultural values and beliefs on mourning that is taking too long. In addition, the statement below reflects the idea that there is a dominant discourse around the time one is supposed to mourn and be affected by what has occurred in the past. The quote below indicates how this participant believes that because she was born when apartheid was being dismantled, she assumes that she cannot be affected by the past of apartheid:

“I don’t know about the Group Areas Act but know about apartheid. It did not affect me because I was born in 1990”. (February family, third generation)

The post-apartheid ideology of reconciliation therefore created an environment in which it is not possible to talk about the past trauma of apartheid, including displacement, because atrocities had been forgiven. The ideology of “reconciliation” promoted the idea that South Africans needed to forget the past and rebuild the country. In 1995, the Reconciliation Act (Promotion of National Unity and Reconciliation Act , No. 34 of 1995, 1995 :ss 2-11) was introduced allowing the Truth and Reconciliation Commission to be formed. This statement by a third-generation participant is reflective of South African society’s views that apartheid officially ended and we had the Truth and Reconciliation Commission. We are therefore no longer encouraged to talk about the trauma of apartheid. Stein (2012) poses the question: What happens when the grief that is supposed to be over is not? In collective or social trauma, there are categories of people who are affected by the trauma but who according to society were not supposed to be affected “directly” by the traumatic event, yet they are deeply emotionally and even physically affected. Stein (2012:175) uses quotation marks when he says “directly”, because one can be emotionally and physically affected by a traumatic event without being present when the trauma took place. The meaning we attach to

trauma is influenced by the dominant discourse. An example is third-generation participants who were born after their families were displaced, yet they still experience the loss and trauma of the displacement. Some of the participants' identification with the historical trauma of slavery is another example where they were not "directly" affected but still experience the effects of the trauma.

The high levels of alcohol and drug abuse in the families where participants were physically dependent on the substance are evidence of how they have been physically affected by the trauma of slavery through the *dopstelsel* which was institutionalised for nearly 300 years.

The enforced silence, which has been created by the reconciliation ideology of the post-apartheid government, therefore ensured that the grief remains disenfranchised. It is therefore both the "conspiracy of silence" and the "enforced silence" that continue the transmission of trauma into the next generation. The reconciliation ideology is an example of how political changes or succession can be means of trauma transmission.

Political succession, as in the change of leadership whether violent or peaceful, can also be a mechanism which transmits the unfinished emotional trauma from one generation to the next (Stein, 2012: 183). Mourning and grieving become complicated because of the traumatic past which inserts itself into present-day society (Stein, 2012:185). South Africa is clearly living in the post-apartheid era and literature on the legacy of apartheid indicates that on a daily basis South Africans are reminded of its traumatic past (Adonis, 2008; Barbarin & Richter 2001; Bozalek, 2010; Keizan & Duncan, 2010).

Silence and shame are connected and according to Wepster (2012:1), shame is at the heart of the conspiracy of silence. Graf (2011) maintains that shame causes one to conceal and withdraw. It is the shame of the trauma which maintains the conspiracy of silence. "What is shameful is banished from awareness" (Gump, 2010:623). The trauma of slavery and racism is of such a nature that it causes dissociation where both descendants and society experience shame, which causes them to maintain the silence.

Shame therefore emerged as a theme in the research. Shame contributes to the silence and transmission of trauma (Weingarten, 2004). I will be discussing shame and internalised oppression as these constructs were connected because internalised oppression is the result of the shame of institutional racism (Graf, 2011; Pyke, 2010).

#### 5.4.8 Shame and internalised oppression

Shame is a mechanism of trauma transmission in the families of this research project. I found that shame was linked to internalised oppression in the families. Internalised oppression is defined as internalising the values of the oppressor and is a response to institutional racism. Internalised oppression results in shame and has also been confirmed by research on black and Aboriginal families (Alleyne, 2005; Poupart, 2003; Watts-Jones, 2004; Williams, 2012). The participants in the study revealed that they felt shame in relation to their slave heritage. This was especially apparent when participants discussed their slave heritage and their family surname being a typical slave surname. See the quotes below:

*Ek het nie geweet nie. Ek het mos nou eintlik gehoor hoe Jan van Riebeeck Kaap toe gekom het, en hy het mos nou 'n Boesman vrou gehad. En my oupa was ook gebaster uit wit uit Want hulle van was Goliat, hulle was van die Goliathse. Want dan sal hulle nou altyd gese het, die van is Goliat, maar nou as hulle in die Kaap kom dan is dit Goliath. [I did not know . I actually heard how Jan van Riebeeck came to the Cape, and he had a Bushman wife. And... my grandfather also came from white (mixed heritage).Because their surname was "Goliat" they were of the"Goliathse" and when they came to the Cape, then it was "Goliat"] (Caesar family, first generation)*

*Ons sal mossie wiet waarvan ons kom. Miskien in Jan van Riebeeck se tyd was die mense van ander lande soos my vriend hulle is, ek het n' vriend gehet sy pa is van Germany ... maar ons sal nie weet nie want dis mos geskiedenis. [We wouldn't know where we come from. Maybe in Jan van Riebeeck's time, there were people from other countries and like my friend them, I had a friend whose father is from Germany, but we would not know because its history.](Caesar family, second generation)*

The above quotes reflect the shame and internalised oppression the participants have about not knowing about their slave heritage. The participants explain why they never had this knowledge in order to make up for their shame as if they should have known. Mrs Caesar (first generation) explains that she did not have any knowledge about her slave heritage because she was only taught about "Jan van Riebeeck" who was the first European to settle in South Africa. Her son's (second generation) explanation for his lack of knowledge is simply that the slave heritage is history and he assumes that because it happened in the past they would never know about their heritage.

These quotes also reflect both shame and internalised oppression because the participants dissociate themselves from their slave heritage. Mrs Caesar implicitly denies her slave heritage when she says that her grandfather had a white heritage and mentions her maiden surname "Goliat" which she infers is foreign or European because she says it was changed to "Goliathse" when they came to the Cape. Her son denies his slave heritage when he says that

because it is history, they would not know, and he recalls a friend who had a German father. The shame and internalised oppression are also the means of historical intergenerational trauma transmission of slavery.

The quotes of the Caesar family are also indicative of how the trauma of slavery has been transmitted via the mechanism of shame in the Caesar family where both generations refer to European family or friends. Worden (2009) explains that during slave times, archival records indicate that people or families did not acknowledge their slave heritage because of the shame of having a slave heritage. The trauma of slavery and the shame that it produced would have meant people would be reluctant to acknowledge their slave heritage (Graff, 2011).

Shame about the trauma of slavery causes and caused dissociation for slaves and their descendants. With dissociation and repression, what has survived out of slavery is personal and institutional racism (Graf 2011). According to Graff (2011), there is always shame where there is trauma, and there is shame around slavery. In these families, there is a shame of being not white and of being descendants of slaves. In addition, there is also the shame of being “shamed” as the participants respond defensively explaining their lack of knowledge. This is confirmed by research of Watts-Jones (2002) who explains that as black people, the trauma of oppression has caused them to feel shame on two levels, namely the shame of being of African descent or not white, and the shame of being shamed.

The shame of being shamed is related to acknowledging one’s vulnerability and to being a victim. Shame is a consequence of both the trauma of slavery and institutional racism (Watts-Jones, 2002; Pyke 2010). This was evident in the responses of participants who would refer to a white heritage or European heritage. The shame of being a slave and the shame of being shamed that the families in this research experienced is the result of the historical trauma of slavery and institutional racism of apartheid (Graf, 2011; Watts-Jones, 2002). The shame that the families experience about their slave heritage has been confirmed by research by Worden (2009) and Trotter (2009) who mention the shame of slavery and the shame Cape families had about the fact that they were slave descendants. Trotter (2009:57) explains that the ‘Coloured’ families in Cape Town were displaced and that they were also descendants of slaves who experienced “genocidal dispossession, apartheid degradation and social dislocation and whose history is fraught with gaps”. He goes on to explain that they do not invest in a remote past. The trauma of institutional racism produces shame not only about the families’ slave heritage but also about the families’ experiences of their displacement. The effects of the trauma of slavery which causes internalised oppression (manifested in the form

of high levels of substance abuse, intimate partner violence, community violence and racialisation) has been transmitted via the mechanism of shame because institutional racism still exists and challenges South Africa today.

#### 5.4.8 Substance abuse as internalised oppression

I found that participants experienced shame about social problems such as substance abuse, which is a form of internalised oppression. The quotes below are examples of the shame associated with substance abuse and the transmission of substance abuse in three generations. One of the major effects of the historical trauma of slavery has been the transmission of alcohol and drug abuse due to the “dopstelsel” in the Western Cape. Three generations in the February family were exposed to alcohol abuse and Mrs February apologised that she had been drinking at one of the interviews:

*Ek is jammer ek het 'n drink in my liggaam nou. Hy't altyd vir ons ... dronk uit die werk uit, om te dink almal die dinge wat opkom, almal die dinge wat kom op my. Dan sit ek so, ok haal ma ... vat ma so 'n bietjie om jou mind ... darem dit ease jou, dan dink jy nie meer nie. [I am sorry that I have a drink in my body now. He would always come drunk from work, to think that all these things are coming up now. Then I sit , ok take a little(alcohol) to ease your mind then you don't think any longer.] (February family, second generation)*

She had also been exposed to her father's alcohol abuse saying, “He would always come home drunk from work”. Mrs February also says that she drinks to “ease” her mind, which is indicative that she uses the alcohol to cope with the trauma she experienced as a child. She has also become physically dependent on the alcohol (Myhra, 2011). Zakeya February, a third-generation participant, reflected on her mother's alcohol abuse several times during her interviews when she said:

... but that time my mother wasn't drinking that time, but as I grew up I saw her drinking. If she's got money then she goes to drink and she makes a fool of herself in the road. And as for my other brother. He is on tik.<sup>10</sup> , he's on drugs, my father's on drugs.

In this quote, Zakeya also mentions her father and her brother's drug abuse. This quote is indicative of how the cycles of alcohol and drug abuse have been transmitted in the family via shame and socialisation in the family. The shame is reflected when Zakeya refers to her mother's drinking when she says “If she's got money, then she goes to drink and makes a fool of herself in the road”, because she remembers a time when her mother was not drinking.

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<sup>10</sup> “Tik” is the colloquial name for crystal methamphetamine.

All the families mentioned alcohol abuse and all the families were affected by drug abuse whether that was through a family member abusing drugs or through drug-related crime in the community. One participant said:

... and because of the drugs my wife left. That bugs me man. I didn't speak about it ... I don't like speaking about it. Like you get influenced, peer pressure. Quick, quick, you're on tik, then you're going to do a lot of stupid stuff. Unfortunately, when I say stupid, I say stupid because I'm referring to the drugs. It's just the drugs and the influence on the young children, it's just big. (Valentine, second generation)

This quote reflects the shame when he says that he does not like speaking about “it”, By “it”, Mr Valentine (second generation) is speaking about his divorce as a result of his drug abuse. Shame causes people to want to withdraw or conceal (Graff, 2011). Mr Valentine also tries to explain his drug abuse by saying that the influence of drugs on young people is huge. Mr Valentine started using drugs when he was young. Mr Valentine's father (first-generation participant) also mentions his own drug use when he was younger, reflecting the intergenerational pattern of substance abuse. “Got involved with gangsterism by smoking dagga and that type of thing”.

The shame of substance abuse as a form of internalised oppression is supported by previous research on intergenerational trauma in Aboriginal communities where there has also been a high incidence of alcohol and drug abuse (Brave Heart & DeBruyn, 1998 ; Menzies, 2010; Myhra, 2011; Poupart, 2003). Internalised oppression and societal shame about the trauma of slavery and the shame of the *dopstelsel* continue to transmit the trauma of slavery in the families in this research (Myrha, 2011; Van der Merwe, 2010). Internalised oppression is not a characteristic of oppressed people or communities; it is an appropriate response to the trauma of racism and historical trauma of slavery. Internalised oppression in its various forms as described in this section (intimate partner violence, substance abuse and racialisation), continues to be transmitted via the mechanisms of shame and socialisation because institutional racism did not end with the abolition of slavery. Slave descendants are still dealing with the trauma that institutional racism causes, such as shame and internalised oppression (Graf, 2011; Lephakga, 2012; Pyke, 2010).

The following theme to be discussed is socialisation in institutional racism as a means of trauma transmission to indicate how the intergenerational trauma of displacement and the historical trauma of slavery have been transmitted by being socialised in an institutionally racist society.

#### 5.4.9 Socialisation in institutional racism as trauma transmission

Being socialised in institutional racism has been the main means of transmitting the trauma of the displacement and historical trauma of slavery (Fanon, 1952; Dalal, 2002; Graf, 2011; Wesley-Esquimaux & Smolewski, 2003). All the families in this research have been socialised in a society whose values had been based on institutional racism for 300 years from 1652 to 1994. (See Chapter 2 for a definition of institutional racism.) The transmission of intergenerational trauma of slavery can be seen in the following case vignette:

##### 5.4.9.1 Case vignette

Mr Valentine is a first-generation participant of the Valentine family. His family was also displaced and were forced to move. The excerpt below is his response when discussing his slave heritage. He was born approximately 100 years after the abolition of slavery, yet as a descendent he still experiences the trauma. In the excerpt, Mr Valentine speaks both English and Afrikaans as he is bilingual:

*Ons het al op skool geleer al, primere skool like hoekom meneer Stam is hy't heeldag om 'n boomstam gesit [We learnt at school, primary school, why Mr. "Stam" (tree trunk) is called by that name, because he sat all day under a tree trunk ], things like that, that's how they got the name like that, you know. Or Mr "Takke" (tree branches) ... Hendrick yeah, my grandmother's husband. He was part of the historical events, the slavery part. How do I cope with it? I overlook it, I have to overlook it now. You see. Because there's better things to look at. Things to read, understand that's how I have to cope with it. It makes me stronger. I try not to, like I said I try not to fight them, always try to avoid an argument, if you say something then I say I sorry I didn't mean it. You know. Rather be the weak one. Or pretend to be the weaker. Wees ma onderdanig, dis oraait man. Jy weet jy kan sterk wees, ma los dit ma. Verhoed die argument van verder gaan. [Rather be submissive, that's ok, you know you can be strong, just leave it. Prevent the argument from going further]. There is times where you have to do something about it, you can just keep quiet or run away. (Valentine, first generation)*

Mr Valentine is referring to the derogatory naming system when he says that he was taught at school that "Mr Stam" is called that because he sat under a tree all day. A "boomstam" is a tree trunk in Afrikaans. Slaves who arrived in the Cape were given names reflecting how they looked or based on racial stereotypes at the time. The comment that Mr "Stam" was called Mr Stam because he sat under a tree all day is based on racist stereotyping of colonial society who regarded indigenous and black people as lazy (Shell, 2001:300). Mr Valentine was born in 1952 after colonialism had officially been ended in South Africa. Yet, the racial stereotyping remained within the curriculum of the education system. The education system plays a major role in socialising children in the values of colonial society and transmitting the

historical trauma of slavery across multiple generations in the families of slave descendants. Fanon (1952) postulates that socialising a black child in white society is traumatising because the child will internalise the values of the white family and through socialisation the values of white society is transmitted intergenerationally to black families. Socialisation has been viewed as the main means of transmitting historical trauma in research by Wesley-Esquimaux and Smolewski (2004) in Aboriginal families. Jansen (2009) and Keizan and Duncan (2010) conducted research on racism among post-apartheid students and found that socialisation within the family and societal institutions such as the education system contributed to the transmission of racial stereotypes and attitudes.

The excerpt also reflects how Mr Valentine has repressed and dissociated memories of his slave ancestors when he says, “I overlook it, I have to overlook it because there are better things to look at ... and that’s how I cope with it”. By “it”, Mr Valentine is referring to remembering his slave heritage, giving an indication of the trauma he associates with memories of his slave heritage. Recalling the trauma of his slave heritage even though he has been born 200 years after slavery ended, is a result of unresolved historical grief which has been transmitted intergenerationally through socialisation in the family and society (Brave Heart & DeBruyn). Shell (2001) explains how damaging slavery has been to the psyches of not only slaves but their descendants due to paternalism and compliance which has been transmitted to the descendants. In the second part of the narrative, Mr Valentine says: “I try not to fight them”. By “them”, Mr Valentine is referring to white people, reflecting his compliance in relation to white people. He also says, “prevent the argument from going further” and “or you can just keep quiet and run away”. Mr Valentine’s words reflect the avoidance which occurs when one experiences trauma. His words are in response to the trauma of slavery and his encounters with racism are an indication of the colonial trauma response which Evans-Campbell (2008) conceptualised. According to Evans-Campbell (2008), the *colonial trauma response* focuses on both historical and contemporary trauma responses where current discriminatory experience can trigger the individual to connect or identify with a past collective sense of trauma as a member of an oppressed group. Mr Valentine’s son’s discussion on the family’s displacement also triggered his experiences of the racism he encountered. I asked him how the displacement and Group Areas Act affected him and his family, and he responded by saying:

Obviously, it affected everyone. You can’t go where you want to, can’t go to that beach ... Some stuff I can remember still others I can’t. I can remember when I was small, I loved swimming, so my dad would say “you can’t go that side”. Some board was there, a policeman with a whistle there. That I can remember.



So, I wanted to know why I can't go, he couldn't explain right to me back then.  
(Valentine, second generation)

The above incident is an example of intergenerational trauma transmission because the father feared for his son's safety when he saw that his son wanted to swim in an area designated for white people only and there was a policeman to uphold the law. The second-generation participant says, "So my dad would say you can't go that side". Mr Valentine's son also says, "So, I wanted to know why and he couldn't explain right to me back then". In this incident, the son witnessed his father's humiliation in not being able to explain that his son could not swim in the area marked for whites because the son was black. The trauma of racism causes shame and humiliation, and the son witnessed his father's shame and humiliation and the trauma is transmitted to him because he says, "he could not explain to me right back then". In addition, this memory was triggered when the son was discussing the family's displacement, reflecting what Evans-Campbell called one traumatic incident triggering another.

Both the trauma of displacement and the historical trauma of slavery have been transmitted because institutional racism still exists today (Graf, 2011). Socialisation can take place via society through societal institutions such as education, religion, government and culture. Individuals also become socialised via the family where culture and values are instilled in a child or individual. Socialisation also happens when we are exposed to situations and experiences in the family and society (Ancherhoff *et al.*, 1998; Weingarten, 2004). The data of this study reveal particularly how the effects of the displacement have been transmitted through the quality and lack of housing which was provided by the government for families who had been forcibly removed. A case vignette will be used to illustrate this intergenerational transmission.

#### **5.4.9.2 February case vignette**

Family members related narratives of over-crowding housing conditions. In the February family, three generations experienced over-crowded conditions. This can be seen in the comments the participant made about housing. Mr September said that his parents lived in a room when he says "op 'n kamer" [on a room]. The family lived in Cape Town at the time and after their displacement they were forced to move to Bonteheuwel where he and his family lived in one bedroom. His daughter, a second-generation family member, also confirmed that they all lived in one room. The family moved again to Mitchell's Plain and they are still living in overcrowded conditions, where the third-generation participant says:

I passed to grade 10 but I dropped out of school, because why the condition of our house. I couldn't sleep at night because they were fighting and I had to go to school ... only thing is unhealthy for a lot of people to live in one house. There was two married couples in one room, we had our own room. My granny was also living with them in one room, and there was another couple at the bottom, and there were people in the yard. (February, third generation)

Enmeshment occurs when personal boundaries are overstepped. In this case four families, who had all been displaced, were living in a single-bedroom house. This blurred the personal boundaries of roles in a family, causing conflict (Kellerman, 2001). Black families were forced to live on the outskirts of the city and were not provided with sufficient and adequate housing as a means to control the growth of the black population (Trotter, 2009). Enmeshment which is a familial mechanism of trauma transmission occurred because of poor housing which was transmitted via socialisation in society. The conflict created within the family due to enmeshment was a result of poverty and housing conditions. Both societal and familial mechanisms of trauma were present in some families where enmeshment occurred due to poor housing as in the February family above. Poor housing is a means of intergenerational trauma transmission where several generations within the same family are socialised in the same house and housing conditions, which also creates enmeshment (Sharkey, 2008; Weingarten, 2004). The houses in Mitchell's Plain never had hot running water and families had to boil hot water in kettles or pots for bathing. This third-generation participant relates how her cousin died in the bath because of a gas stove which was in the bathroom to boil hot water for the bath:

*Waar hy en my broer in die bad gewees het, maar die gas stove was in die toilet gewees, en die pot water was op. En iemand het geklop by die deur en my broer, het uit die bad uit geklim om die deur oop te maak to gly hy, toe stamp hy die gas tank, toe het die pot water op my broer geval en die gas van die stove het toe vir hom... en hy het in die bad, kan 'n mense se like verdrink. [Where he (cousin) and my brother were in the bath but the gas stove was in the toilet and the pot of water was on, and someone knocked on the door and my brother got out of the bath to open the door, so he slid and he knocked the gas tank, so the pot of water fell on my brother and the gas stove fell on him (cousin) and the gas of the stove made him ... and he was in the bath ... can a person say like drowned.] (September, third generation)*

As families are socialised in these overcrowded conditions and poor housing, the trauma of displacement continues to be transmitted to the next generation because they experience the same disadvantages in housing as their parents and grandparents. Racial inequality and poverty restrict the mobility of black families to move out of deprived neighbourhoods which are notoriously known for their poor housing quality (Sharkey 2008, 935). The trauma of

displacement continues to be transmitted across generations through socialisation and enmeshment caused by the long-term effects of the trauma of displacement. A third-generation participant said that conditions since the dismantling of apartheid have remained the same when she responded to the discussion on how she has been affected by her family displacement:

I still feel like we are still living the same. Cause like each and every white person has got their hidden agenda. They might not show it. They might not expose it, but deep inside when you around them and the area, you can feel this is for us and that is for you. (Jacobs's family, third generation)

Ms Jacobs says that "I feel like we are living the same". She is referring to the post-apartheid era where her expectation was that racism would end after apartheid and that there would be equality. This resonates with the reconciliation ideology that existed after 1994. What this excerpt reflects is the invisible trauma of racism, specifically cultural racism, which can be defined as the promotion of white values and beliefs. Cultural racism is defined as the belief that the characteristics and values of one's racial group are superior to that of other racial groups (Jones & Carter, 1996). In terms of cultural racism, Sue (2003:34) stated, "White Euro-Americans use power to perpetuate their cultural heritage and impose it on people of Color while diminishing the importance of or destroying another group's way of life (cultural genocide), it represents racism of the extreme kind". When Ms Jacobs says, "They might not expose it, but deep inside when you around them, you can feel this is for us and that is for you". Her comment reflects all the aspects of the trauma caused by racism. The fact that racism is often implied and not visible causes the trauma in addition to the feelings of shame or inferiority it creates. It has become widely accepted that racism forms part of traumatic experiences (Carter, 2007). The trauma of displacement and historical trauma are embedded in institutional racism. Therefore, discussing either the trauma of displacement or the historical trauma of slavery would trigger other incidents of racism (Alleyne, 2005; Carter, 2007; Evans-Campbell, 2008; Sonn, 2010). What makes the trauma of racism difficult to understand is that racism has been sanctioned by society for 300 years. The effects have not been recognised. Societal discourse has therefore greatly contributed to the transmission of the trauma of racism, with displacement and slavery forming part of this.

## 5.5 CONCLUSION

This chapter has addressed the following research questions:

- How have families experienced the trauma of displacement?
- How do family members give meaning to the historical trauma of slavery?

- What are the multiple ways in which trauma is transmitted from one generation to the next in families according to literature?
- What are the mechanisms of trauma which are evident in the families studied in Cape Town?

The analysis of the participants' experience in relation to the trauma of displacement and the mechanisms of trauma transmission, which include interpersonal relations, projection, identification, over-disclosure and enactment were discussed. The transmission of trauma reveals that disenfranchised grief, socialisation, shame, the conspiracy of silence, the trauma of displacement and the historical trauma of slavery have been transmitted in the families who are themselves the victims of displacement and slavery.

As there were no legal avenues to express the shame, grief and loss of their displacement and enslavement, the trauma was enacted and expressed on those closest to them and resulted in forms of internalised oppression such as gang violence, drug and alcohol abuse, and intimate partner violence. The apartheid ideology, as well as post-apartheid era of reconciliation has created a "conspiracy" of silence where the dominant discourse did not create a climate for the expression of grief.

The families have resisted the trauma of displacement and have resettled. However, they remain vulnerable to the long-term effects of the historical trauma of slavery and displacement such as poverty, substance abuse, intimate partner violence and community violence. Substance abuse, intimate partner violence and community violence are forms of internalised oppression which have also been transmitted across generations. The intergenerational transmission of internalised oppression and the long-term effects of historical trauma and displacement, such as poverty, over-crowding and poor housing, have been transmitted to the third-generation participants. The third generation, who were born when apartheid was being dismantled, remain vulnerable because they face the same inequality that their parents experienced.

In conclusion, inequalities still exist because the long-term effects of institutional racism are still pervasive in society. What the intergenerational transmission of trauma has highlighted is the role that society and the dominant discourse has played in transmitting the trauma and in continuing to transmit the trauma to the third generation or post-apartheid generation.

Intergenerational trauma will continue to be transmitted if the narratives and grief of individuals who have been marginalised have not been integrated into the social discourse of

society. Foucault (1975) developed concepts of counter-history and counter-memory, where he emphasises the power relations in what is remembered and forgotten, as well as in how and by whom and with what effects.

In the following chapter I will discuss Foucault's concept of counter-histories and counter-memory to illustrate the importance of power relations in maintaining the transmission of trauma but also as a means to interrupt the transmission of intergenerational trauma. The following chapter will focus on developing a framework to assist social workers to work with intergenerational trauma.



## **CHAPTER 6**

### **COUNTER-HISTORIES, COUNTER-MEMORIES**

#### **6.1 INTRODUCTION**

In the previous chapter, I focused on presenting the research findings and analysing the results with the purpose of addressing the research questions (which were how the families experienced the trauma of displacement and gave meaning to their slave heritage, as well as the multiple ways and mechanisms in which trauma has been transmitted in the families ). In this chapter, I will address one of the objectives of the research which is to develop a framework to assist social workers to identify mechanisms of intergenerational trauma which may be operating in families and to provide guidelines for engaging in intergenerational trauma in families. I will discuss and apply Foucault's concepts of counter-history and counter-memory to the research findings because it useful to understand trauma transmission because emerging research indicates that trauma transmission occurs when the trauma of marginalised groups is not integrated into the social discourse (Fromm, 2012; Stein, 2012). The purpose of discussing counter-histories and counter-memories is to explain how the framework to assist social workers in engaging with intergenerational trauma in families was developed because social work education and training does not include intergenerational trauma.

#### **6.2 COUNTER-HISTORIES AND COUNTER-MEMORY**

Medina (2011) states that scholars cannot start their critical work if they do not consider the past and ongoing debates of the lived experiences and memories of the marginalised who have become the silent scars of forgotten struggles. The findings of the study reveal that society responded to the trauma of displacement and historical trauma of slavery through silence and shame causing disenfranchised grief where the grief of slavery and displacement remained unresolved. Historical unresolved grief and disenfranchised grief as a means of societal trauma transmission has been confirmed by Aboriginal scholars such as Brave Heart and DeBruyn (1998), Poupart (2003), Volkan (2005) and Stein (2012).

The concept of counter-memory and counter-history is based on Foucault's concept of discourse analysis and subjugated knowledge. Foucault believes that critical scholars have to revive hidden or forgotten experiences and memories. Medina (2011) says that critical genealogies contribute towards creating counter-histories which are focused on those

memories and histories which have not been heard or integrated into the “official histories”. Counter-histories are based on people’s memories which do not fit historical narratives available or who remember “against the grain” (Medina, 2011:12). The memories are therefore “counter-memories” because people remember despite dominant society subjugating these memories. Trotter’s (2009) life stories of displaced adults in Cape Town were aimed at creating counter-transcripts or counter-memories in opposition to the “official story” of the dominant group at the time. Trotter (2009) states that the official transcript to justify the forced displacement was based on the idea that, according to the government of the time, the areas were slums with unhygienic conditions and that the forced removals were necessary to halt urban decay and overcrowding. The government emphasised that the “criminal activity” would end and that the “coloured under-class” would be given a new start. Those forced to move believed that the Cape Town they remember was a place without racial conflict and that their former homes and lives had met their needs. The stories of the children who were displaced with their families have not been heard and the participants making up the first and second generations in this research were the children who were displaced. The memories and stories of the third generation of displaced families have also not been heard. The memories and stories of the third generation challenge discursive practice because these do not fit in under apartheid experiences because they were born after apartheid was dismantled. Hence, the assumption is made that they were therefore not affected by apartheid. I will use the following narrative by a third-generation participant of the Caesar family to illustrate how Amanda’s narrative represents a counter-memory and counter-history. Amanda related this narrative when I asked her how she thought the displacement and Group Areas Act affected her family and herself. She explains:

*Hulle het soes nou baie rond getrek. Ek het gehoor van my ouma, maar soes sy gepraat het hulle het baie swaar gekry. Ons het by my ouma gebly totdat ons onse eie huis kry. Ek was vier jaar oud toe het ons nog 'nupstairs huis to brand my pa my. Toe kom my pa op met die stairs en ek hardloop toe vas in hom ... Ek het afgekom hardloop en toe val die koekende water op my . Ek is nou nog soe ... my hele lyf is gebrand. Ek was 'n jaar en ses maande in die hospital.*

[They moved around a lot. I heard from my grandmother and she used talk about how they used to struggle. We used to live by my grandmother until we had our own house. I was four years old when we still had an “upstairs” house and then my father burnt me. So, my father came up the stairs and I ran into him ... I came down the stairs running and so the boiling water fell on me. I am now still ... [She lifts her blouse and shows me how her body was burnt] ... my whole body is burnt. I was in hospital for a year and six months.] (Caesar family, third generation)

As a third-generation family member, Amanda's narrative tells her family's story about how they had to move around a lot as her family did not have a house of their own. She was told this by her grandmother, as she lived with her grandmother. Her father is a second-generation participant. All three generations lived with their grandparents, because they did not have a house of their own either due to poverty or because there is a chronic housing shortage in Cape Town (See appendices for a letter regarding the shortage of housing). The effects of the family's forced displacement from Wynberg have been transmitted to Amanda. Hence, the family was affected by socialisation in a society impacted in particular by government policies on housing during apartheid. She has also experienced the trauma of displacement indirectly through getting burnt by boiling water. The houses were small and built without any running hot water. Families had to boil water in kettles or on the stove. Therefore, the effects of the trauma of displacement (poor housing conditions) have been transmitted to the third generation.

Counter-memories come from people whose memories do not fit the historical narratives. Counter-histories and counter-memories have the potential to challenge and transform discursive practice (Medina, 2011:16). Because this research is based on historical trauma and knowledge, and how this was remembered and experienced, power relations are inherent in the ways people remember and what they remember. It has therefore been important to have a theoretical approach alongside intergenerational theory to acknowledge the contextual nature and power relations involved in remembering the trauma of displacement. Intergenerational trauma theory does not take into account power relations and there is limited integration of the contextual nature of how people respond to trauma. This also applies to the historical trauma of slavery and the way families make sense of their slave heritage. The Apartheid Archive Project's main aim is to create an avenue and space for marginalised narratives to be included into the mainstream of society by creating an archive of narratives which tells the story of people's experiences with apartheid. By integrating the marginalised narratives into the mainstream of society, the AAP is creating counter-histories and counter-memories.

The researchers at the AAP advocate an expansion of experiences of life under apartheid to include voices which had been silenced by society, because the dominant version of history have silenced or undermined other experiences and memories of life under apartheid (Sonn, 2010:240). The work at the archive includes notions of reclaiming historical memory and rearticulating historical experience (Sonn, 2010:241). The focus of the work at AAP is on apartheid memory as a form of history. However, the historical trauma of slavery needs to be



included in reclaiming and re-articulating history. The voices of slave descendants still living in Cape Town have not been included. Yet, families who were able to immigrate to Australia have had their voices expressed and included (Sonn, 2010). This is an example of how power relations are manifested in society with those who have access to knowledge production.

Interpretation and analysis of the data also incorporated the work of Foucault's epistemology of resistance as discussed by Medina (2011). Medina postulates that a Foucaultian genealogy offers a critical approach to practices of remembering and forgetting, which is significant for resisting oppression and dominant ideologies. Foucault (1978:95-96) believes that where there is power there is resistance. The two are often thought to be separate but Foucault believes that they are related within conceptions of power because of the relational aspect of power relations in society. Multiple heterogeneous forms of power are flowing in the social fabric of society, offering various opportunities for resistance. Our cognitive, affective and political lives are caught up in various tensions among multidirectional relations of power and resistance (Medina, 2011:10). Our ways of thinking, feeling and acting become empowered and disempowered in specific respects as they are formed and remained inscribed within the different networks of power relations and the different forms of resistance that shape our lives in various (and not always fully coherent) ways. What this means for this research project is that traumatic events have happened to generations of these families and the way they have responded is determined by the multiple directions of power relations within the society at the time. The power relations are multi-directional and have provided various points of resistance. Therefore, the way individuals, families and communities respond to trauma is determined by the power relations within the dominant society at the time. Individuals and groups will respond in ways which empower or disempower them. I therefore believe that in order to understand how the families have responded to the trauma of displacement and made sense of their slave heritage, I need to look at and understand the networks of power relations they have been involved in. By understanding the power relations in society, people will also become aware of the causes of the trauma transmission in the families. The trauma was transmitted across generations because of the power that the dominant society had to control and subjugate knowledge. The main means of trauma transmission have been disenfranchised grief, socialisation, conspiracy of silence, shame and internalised oppression, all of which are mediated by society.

Weingarten (2004) calls these constructs societal mechanisms of trauma transmission. Fanon (1952) also postulates that the way colonial society maintained power was through socialisation. Medina (2011:12) states that Foucault's approach to understanding the past

within multiple forms of power relations allows one to bring possibilities of resistance to the fore. This occurs because remembering the past and knowledge of the past are held within the knowledge framework of the dominant society. Knowledge of the past and knowledge of traumatology in South Africa have been based on colonial society and Eurocentric epistemologies which have excluded indigenous ways of knowing and living.

The following case vignette of the Diedericks family is an illustration of how enmeshment, which is usually viewed as pathology (Kellerman, 2001), can be viewed as social and psychological resistance because the family view living together as form of support:

*Case vignette*

The Diedericks family have been displaced. The family have coped with the displacement and challenges of poverty and community violence by all living together as a family. Mrs Diedericks is a widow and her married and adult children with the grandchildren all live in one house. The family did not mention over-crowding but viewed everyone living together as an advantage:

*Ons is nie eintlik mense wat in daai belangstel nie. Ons was nie political people: Ons is nie eintlik mense wat in daai belangstel nie. In apartheid nie. Ons cope, die een help die ander ene.*

[We are not actually people who are interested in that. In apartheid. We were not political people. We cope, where the one helps the other.] (Diedericks, first generation)

Mrs Diedericks' statement reveals how she and her family have tried to avoid the trauma of apartheid. However, the family was directly affected by apartheid policies because of the Group Areas Act. Avoidance is a typical response to the trauma and violence of apartheid as well as the trauma of displacement. This was again a way in which families tried to protect themselves but the reality is that despite the families' efforts to survive and cope because of the collective nature of the trauma of apartheid and the displacement it was unavoidable. Despite withdrawing from the community to protect themselves, they have been affected not only by their displacement but also by community violence. When asked about what they would like to change in the community, Mrs Diedericks mentioned the gangs and poverty. The psychological and social resistance and how the family copes is further expressed when Mrs Diedericks (first generation) expresses her joy at having all her family with her when she says:

*Ons geniet alles saam, want ons bly almal saam. [We enjoy everything together, because we live together.] (Diedericks family, first generation)*

When the second generation of the family was interviewed, I asked how the family had experienced their displacement. Mrs Diedericks' comment was similar to her mother's when she said:

Not actually that we've been through a difficult time, because my sister, the eldest one, she works and she always provides everybody. When the one has less and the other has more we ... because we are always together, we are always entwined in sharing with one another. (Diedericks, second generation).

According to Kellerman (2001) and family therapy models (Baptist *et al* .2010), the enmeshment which is demonstrated in depending on one another, may be viewed as inappropriate for the healthy development of interdependence. However, the notion of independence is also based on Western models of family. According to the checklist of psychological and social resistance (Denborough, 2008), the Diedericks family's supporting each other reflects psychological and social resistance. According to Akinyela(2002), Africa has always dealt with trauma and there have always been ways which families have survived and been vulnerable but the ways and knowledge in which black and indigenous families have resisted the trauma have been subjugated (Medina, 2011:11).

The Diedericks family are not the only family who have survived the trauma; all the families have survived the trauma of displacement and historical trauma of slavery. They showed signs of social and psychological resistance but these skills are not recognised by society. The dominant society was based on institutional racism and therefore discursive practice ensured that the trauma was ignored and cut off from the social discourse. By marginalising and disenfranchising the trauma of displacement and slavery, the skills of surviving the trauma also went undetected. Foucault (1975) calls this "subjugated knowledge" where forms of experiencing and remembering are marginalised because of the hegemonic discourses at the time. Knowledge that is subjugated remains invisible to the mainstream of society.

Knowledge of the families' abilities to survive the trauma as well as the damage caused by the historical trauma of slavery and displacement and the effect of this on the psyche of descendants remain invisible. In this study, trauma and the ways of resisting trauma are interrelated, and according to Denborough one cannot listen to trauma narratives without listening to the ways in which people and families have resisted the trauma (Denborough, 2008). When people have internalised specific epistemological frameworks exclusively, they are unable to see that power and resistance are interrelated, and that the possibility of resistance and subversion go undetected. Foucaultian genealogy therefore offers the opportunity to challenge established practices of remembering and forgetting "by excavating

subjugated bodies of experiences and memories, bringing to the fore the perspectives that culturally hegemonic practices have foreclosed” (Medina, 2011:11). By creating narratives of counter-histories and counter-memories, knowledge that has been subjugated can emerge (Medina, 2011:12).

The principles of collective narrative practice were used as an analytical tool to demonstrate how applying these principles could create counter-memories and counter-histories, and how experiences and knowledge which had been subjugated can now emerge. This is one of the themes of Denborough’s (2008) collective narrative practice approach “to create contexts in which people’s own initiatives and healing knowledge are noticed and more richly described. Collective narrative practice includes unearthing the skills, values, hopes and dreams that are implicit in people’s responses to hardship, and the histories of these in the lives of individuals, cultures and communities” (Denborough, 2012:2) . I applied the principles of collective narrative practice to this research and discuss it below.

### 6.3 COLLECTIVE NARRATIVE PRACTICE

Collective narrative practice is based on the following principles which are discussed individually in relation to the research project and families.

- i) To listen to double-storied accounts – descriptions not only of the trauma, but also of ways in which people respond to this and how they have tried to protect themselves
- ii) To find ways to richly acknowledge the real effects of the trauma that they had experienced
- iii) To link the families and their experiences to some sort of collective and shared history
- iv) To enable the families to make a contribution to the lives of others
- v) To conceive of the person or family meeting with us as representing a social issue
- vi) To enable the person and families to join a collective endeavour in some local way on this issue
- vii) To enable people to speak through us, not just to us.

**To listen to double-storied accounts – which means descriptions not only of the trauma, but also of ways in which families respond to trauma and how had they tried to protect themselves:**

Pluznick and Kis-Sines (2010: 43) define double-storied accounts as acknowledging the difficulties families faced in their lives and relationships, and making visible the skills and

knowledge that sustained families. The underlying principle of double-storied accounts is the belief that no matter the degree of hardship, trauma or desolation, individuals, groups and communities will be responding to the situations in which they find themselves. Individuals or families are therefore always taking action to try to reduce or redress trauma and/or to care and protect others. Another aspect of double-storied accounts is that the ways families have taken action need to be recognised and made visible. Anti-oppressive social work practice promotes the ideas of recognising the ways marginalised and oppressed people have been affected by oppression but also the way in which they have coped with oppression (Pollack, 2005:694). However, social workers in South Africa are still largely being trained in Western models which do not acknowledge the trauma and the effects of the trauma on marginalised families, and do not recognise the actions taken by families to address the trauma. The inability of social work education to address the needs of black families and the inappropriateness of systems theory has been highlighted by Bozalek (2004). The lack of transformation in social work education in addressing the needs of marginalised and traumatised communities was highlighted by Abdullah (2013:5) who states that despite the list of failures of the profession submitted to the TRC "... multicultural social work in the context of the country's broader social circumstances of national trauma and dealing with its long-term socio-psychological and human development implications at community levels is still indistinct". Abdullah's (2013) article was aimed at addressing the limitation in social work to address national trauma, and it provides multicultural social work as a framework for practice. The failures of social work education and the lack of transformation highlighted by social work academics such as Bozalek (2004), Sacco and Hoffman (2004) and Abdullah (2013) indicate that social workers are still largely trained in Western models which denigrate and pathologise black families' experiences.

The families in this research project have told stories of the trauma as well as the ways in which they have survived and how they responded to the trauma. These stories reveal how trauma has been transmitted in each family and which mechanisms of trauma are present in the families. However, individuals and families have told me how they protected themselves and how they took care of their families. By focusing only on the trauma without listening to "double-storied" accounts, social workers maintain the shame and silence within the families, thereby continuing to support the transmission of the trauma of displacement.

Enmeshment, which has occurred because of the overcrowded conditions in which the families in this research find themselves, is often seen as negative in family therapy. However, families and individuals have said how they support each other and share resources

in the family. By understanding that living together to share resources and support one another is a form of social and psychological resistance, social workers can identify the double-storied narratives. Hope (2012) also stated that family and community support was the main protective factor against poverty. Focusing on mechanisms within the family or within individuals (interpersonal relations and family communication) that transmit trauma, the blame is located within individuals and families. This in turn will continue intergenerational patterns of trauma because we add to the dominant stories in people's lives instead of interrupting the transmission of trauma by listening for double-storied accounts of trauma.

The checklist of social and psychological resistance was used to allow the double-storied accounts to emerge in the research because the focus of the checklist was aimed at how families responded during traumatic times to protect and support each other. The purpose of the PLA techniques was to allow families to critically reflect on positions of power in relation to their circumstances and community.

**To find ways to richly acknowledge the real effects of the trauma that they had experienced:**

The findings of this research reflect the devastating effects of the trauma of slavery and displacement on the families. Participants have expressed the trauma of displacement thorough loss and nostalgia. Other participants' stories reflect how they have been traumatised by institutional and personal racism. Poverty, alcohol and drug abuse, intimate partner violence, overcrowding and poor housing, racialisation<sup>11</sup> and gang violence have been transmitted across several generations and are forms of internalised oppression. The intergenerational transmission of internalised oppression is a response to the trauma of hundreds of years of institutional racism as a result of colonialism (Brave Heart & DeBruyn, Fanon 1952, Graff, 2011; Myhra, 2011, Poupart, 2003; Pyke, 2010; Williams 2012). The trauma of displacement and slavery has resulted in shame and internalised oppression (Graff, 2011). Families and individuals unconsciously transmitted the trauma of displacement through the mechanisms of trauma transmission – such as interpersonal relational mechanisms (enactment, over-disclosure or projective identification) – in order to resolve the trauma and make sense of traumatic material.

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<sup>11</sup> Racialisation according to Dalal 2002(27)" is the process of manufacturing and utilizing the notion of race in any capacity".

Society and the social work profession have failed to acknowledge the effects that slavery and the displacement have had on these families. Within social work education in South Africa, students have not been taught about intergenerational trauma or the historical trauma of slavery. Social work has not entered the discussion on postcolonial studies where there is an acceptance and historical fact that a large percentage of the Western Cape's citizens are descendants of slaves. The Western Cape has a museum dedicated to slave memory, yet slave memory and postcolonial studies have been omitted from social work discourse. Historical slave archives and historians describe in detail how slaves were brutalised and how the historical trauma of slavery has been transmitted to the lives of slave descendants (Graff, 2011; Mountain, 2004; Shell, 2001). In consultation with an expert on slave descendants, it was revealed that because the Cape was not accustomed to slaves like other societies (Asian and Dutch Indian societies), the slave owners did not know how to manage slaves and were therefore particularly brutal. This often included torture. Various historical accounts and archives confirm the types of torture that were used (Newton King, 2013). The intergenerational violence in Mitchell's Plain can therefore be viewed as the unresolved trauma and violence of the past being enacted today. In order to address or interrupt the transmission, the real effects of the trauma of displacement and historical trauma of slavery have to be richly acknowledged and become part of social work discourse (Danieli, 1998; Stein, 2012; Weingarten, 2004).

**To link the families and their experiences to some sort of collective (and history)**

By individualising the problems and locating the blame within individuals and families themselves, social workers can create shame which also ensures the transmission of trauma. By linking these families' stories to the collective history of Cape Town, which includes the history of slavery and apartheid, will enable the families to externalise the blame as they view the problem from a broader, socio-historical perspective.

**To enable the families to make a contribution to the lives of others:**

It must be acknowledged that families such as those in this study have the skills and resources to contribute to the lives of others. Many of the families are already contributing to the lives of others, either in their own family or both their own family and the community. There are also stories where families have contributed to the anti-apartheid movement at the time with stories of children and family actively protesting and resisting. In Mitchell's Plain, the United Democratic Front was formed and played a vital role in the anti-apartheid movement (Le Roux & Ommundsen Pessoa, 2011:5).

**To conceive of the person or family meeting with us as representing a social issue:**

Various personal issues arose in the interviews conducted during this study. These issues include alcohol abuse and intimate partner violence. It was and it remains important not to see the person as the problem but to view the problem as separate from the person, and to see the person or family as representing a social issue. Drug abuse, alcoholism, intimate partner violence, and leaving school to take care of children are not personal or family issues but social issues which are a result of the long term effects of slavery and apartheid and families or individuals should not be pathologised. These social issues and internalised forms of oppression related to poverty or the violence that has pervaded Cape Town for 300 years. The ways of surviving the trauma of displacement and historical trauma of slavery have also resulted in internalised oppression. The alcohol abuse is a legacy of the *dopstelsel* which only ended after 300 years. Racism and racialised ways of thinking in the families and participants were also social issues related to 200 years of colonialism in South Africa.

**To enable the person and families to join a collective endeavour in some local way on this issue:**

The families in this research were actively involved in community activities which were aimed at preventing children and young people from dropping out of school and becoming involved in drugs. These initiatives included forming and running soccer clubs and a brass band. For example, Mr Valentine explained that he formed a soccer club: “And I tried to implement discipline into the children by taking children out of the streets, away from the drugs and gangsterism and playing soccer”. The families were also involved in neighbourhood watches in order to prevent crime from escalating in the areas. One participant had a discussion with a gang leader to try and end the gang violence. Another participant, who has a shop at his home, installed satellite television so that people from the neighbourhood could watch football. In this way, he could occupy the children and keep the neighbours entertained and safe from the gang violence on the street.

**To enable people to speak through us, not just to us:**

Trauma mechanisms and historical processes can offer families a framework for understanding their experiences and ways to transcend them and end the transmission of destructive cycles within the family and community. The transmission of intergenerational trauma can help families to view their trauma as an adaptive process and response to a traumatic event. According to Ober, Peeters, Archer and Kelly (2006:247-248), the medical model of trauma and trauma mechanisms have made Australian Aboriginal people vulnerable



to misdiagnosis, because the trauma was individualised and viewed as a pathology instead of being viewed as the effect of complex social and historical processes. Ober *et al* (2006: 247-, 248) state that the blame is located in the communities themselves and that there is a common thread of the social and emotional impact of colonisation on indigenous communities and post-colonial societies. The mechanisms of trauma transmission reveal that the families living in Mitchell's Plain are impacted by complex social and historical processes, and that the cycles of social problems and destructive behaviour within families cannot be treated by or receive individualised solutions.

I have found that the effects of the trauma of displacement and the historical trauma of slavery include high levels of substance abuse. These findings are confirmed by Hope (2012) who, as a social worker doing research on black families in Cape Town, found that statutory agencies would remove the child from its family in case of issues of substance misuse. The agencies do not have consistent or effective ways of working with these families who had also been displaced during apartheid. Hope found that generations of families were living in poverty and that these families had many issues of unresolved trauma that social workers working with these families did not know about or which had not been addressed.

#### **6.4 FRAMEWORK FOR ENGAGING WITH INTERGENERATIONAL TRAUMA**

The conceptual framework of this study focuses on intergenerational trauma theory and mechanisms of trauma transmission. Traditionally mechanisms of trauma transmission are based on a medical model which has not always been appropriate for black families or other marginalised families. Conceptions of trauma are also based on Western models and do not take into consideration the contextual nature of trauma. The medical model of trauma and ways of working with traumatised black families has attracted a significant amount of criticism because trauma theories have not come to understand the real effects of racism. I have therefore included narrative therapy theory as a way to decolonise the mechanisms of trauma transmission as my methodology is based on a postcolonial indigenous research paradigm. The postcolonial research paradigm requires that I, as a black researcher be critical of the research that I produce. Foucault suggests that to begin with critical work, one has to revive hidden and forgotten experiences and memories to create counter-memories and counter-histories. This framework has therefore been developed to assist social workers with intergenerational trauma in families because of the role that the social work profession has played in contributing to the intergenerational transmission of trauma. As a black researcher and social worker, I have to understand the power relations involved in what one knows and

how one knows it (Foucault, 1977). Families and participants come to social workers when they experience trauma. The power relations are therefore unequal because social work in South Africa has its roots in institutional racism and has colluded with apartheid.

James and Breckenridge (2010:259) propose that social workers should be trained in multi-faceted ways of dealing with trauma-related experiences. By adopting the principles of collective narrative practice, we may be able to contribute towards opening the discourse on the trauma of slavery and displacement and its effects on families in Cape Town. In addition, we may be able to create counter-memories and counter-histories which challenge discursive practice. By listening to the trauma narratives of marginalised families, such as the ones in this research study, we are able to integrate their trauma into the social discourse (Stein, 2012). By listening to the trauma narratives of displacement, we also help families to integrate their traumatic experiences into narratives which help individuals to heal (Trotter, 2009: 62). Some of the principles of collective narrative practice were adopted throughout the research process in listening to the families as well as writing up and analysing their stories so that they were not only speaking to me but speaking through me. It is through adopting these principles that a framework has been developed for understanding and working with families who have experienced generations of trauma.

Narrative therapy theory was part of the conceptual framework and collective narrative practice was used in the methodology to analyse and interpret the data. I discuss collective narrative practice principles and used it to develop a framework for working with families with intergeneration trauma in the second part of this section. Akinyela (2002) views narrative therapy theory developed by the Dulwich Centre in Australia as a way to decolonise the research and methodology. Narrative therapy theory is based on Foucault's discourse analysis. Narrativity is also closely linked to a politics of emancipation and social justice (McKinney, 2007:270).

The research identifies the mechanisms of socialisation, silence, shame and humiliation, enmeshment and interpersonal relations and family communication operating in the families on individual, family and societal level. In order to prevent trauma from being transmitted, intervention is required on all levels, i.e. at societal, national or community level, at family level and at individual level. The implications for social work practice are that interventions aimed only at individuals or families or communities will not be successful (Abdullah, 2013). In order to understand intergenerational trauma, the history and context of the family need to be considered. Intergenerational patterns and the transmission of trauma can only be detected

in families when we understand how traumatic events in the past and current trauma have an impact on more than one generation.

#### **6.4.1 Interrupting trauma transmission**

In order to prevent the trauma of slavery and displacement from being transmitted to the next generation, or to interrupt this transmission, it is useful to understand how the mechanisms of trauma transmission operate in families. Often, the ways in which social workers do research and work with families maintain the mechanisms of trauma by creating shame and humiliation and in this way silence families. In reality, the power relations between the social worker and the client remain unequal as the statutory social welfare agency's mandate and role are often in conflict with the values of social work, such as self-determination. Research by Bozalek (2010), Hope (2012), and Abdullah (2013) reveals that families are still impacted by past trauma and that social workers have not been able to address the past traumas because past inequalities of institutional racism continue to challenge social workers.

However, in order to interrupt the transmission of intergenerational trauma, social workers need to understand the trauma and its effects, and also to recognise and acknowledge the ways in which families have responded to the trauma in order to protect themselves and their families. Anti-oppressive practice offers social workers the opportunity to examine the power relations in society which have led to families being traumatised through oppression and which allows social workers to become aware of the need to intervene in ways that challenge inequalities and "depathologise" marginalised families (Pollack, 2005). Collective narrative practice is based on principles which promote anti-oppressive social work, where the effects of oppression on individuals and the ways in which they are coping are recognised. Trauma narratives are not only seen as personal experiences but are also understood as the effects of broader social issues.

Collective narrative practice is based on Freire's Pedagogy of Hope and it decolonises the Eurocentric influence of intervention methods with black families because the families can make their own meaning of events of their lives. Collective narrative practice also enables such families to define their preferences for their relationships and lives; and give them the opportunity to be free of Eurocentric judgments and values about their lives and themselves (Akinyela, 2002:38). Using the principles of collective narrative practice in combination with PLA techniques are helpful as families are enabled to interrupt mechanisms of trauma transmission such as silence, shame and humiliation because they are able to critically reflect on their circumstances in relation to the social context. The motivation for developing a

framework to assist social workers is to help prevent the transmission of intergenerational trauma.

The framework was developed in order to assist social workers to support families who may have indicators of intergenerational trauma within the family. This is also a way to identify what mechanisms of trauma transmission may be operating in the family. This framework will help social workers to identify destructive family cycles and areas of unresolved trauma of the past. This will provide a starting point for social workers to engage with intergenerational trauma in families and to decide on the type of intervention required in order to interrupt trauma transmission. The framework is divided into five stages, which are discussed below.

## **6.5 THE PRACTICAL APPLICATION OF THE FRAMEWORK**

### **Stage 1: Indicators of intergenerational trauma (assessing the family)**

The first stage is to assess the family and to determine whether they have experienced intergenerational trauma. To assess or work with the family, the socio-historical context of the family is important in order to determine indicators of intergenerational trauma on family, individual or group/community level. The indicators provided by Menzies (2007; 2010) are helpful to identify intergenerational trauma because the effects of intergenerational trauma do not resemble PTSD symptoms, which most trauma literature in social work focuses on (James & Breckenridge, 2010). The indicators also give an indication of all the aspects of individual, family and community life that have been affected by intergenerational trauma, making it possible to identify areas that may need support both on micro and macro levels. The indicators are mentioned below.

#### ***Individual indicators***

Individual indicators include lack of belonging or lack of identification with a particular family, community, culture or nation; feelings of “abandonment” by caregivers; limited or no information about one’s culture of birth, including language, customs, belief systems and spirituality; one or more “flight” episodes from a caregiver environment as a youth; the inability to sustain personal or intimate relationships; being present-oriented, not future-oriented; low self-esteem; limited education and employment history; history of substance misuse; history of involvement with the criminal justice system, precipitated by substance misuse; and involvement with the mental health system.

#### ***Family indicators***

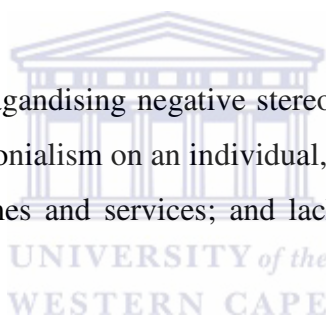
Family indicators include chronic or episodic family violence, including physical, sexual, emotional and/or verbal abuse of children by adults in the household; lack of emotional bonding between parents, siblings and extended family members; denial of cultural heritage by older family members; perpetuation of negative stereotypes within the family of birth or caregiver environment; irregular contact or the absence of contact with caregiver family members; and unconcealed and rampant alcohol and drug misuse that crosses generations

### *Community indicators*

Additional factors that may be present in the community and that may have influenced the individual's early life history must also be considered. These factors include unconcealed alcohol and drug misuse among community members; lack of cultural opportunities, including transmission of language skills, history, traditional values and spirituality; unwillingness to "reclaim" community members; and low levels of social capital, including trust, reciprocal helping relations and social engagement.

### *National indicators*

National indicators include propagandising negative stereotypes through mainstream media; social policies that perpetuate colonialism on an individual, family and community basis; lack of support for holistic programmes and services; and lack of support for community self-determination.



## **Stage 2: Listening to the family and the individual's story**

Individuals and families come to social workers usually as a result of a trauma in their own life or a family member's life. Attending to traumatic experiences of clients is therefore an essential part of social work. Social workers need to be trained and educated in a broad and flexible way to understand the effects of past and current trauma on individuals, families and communities (James & Breckenridge, 2010). One of the best ways in which people can cope with trauma is through telling their trauma narrative, with narrative work focusing on the life-story as the main source of healing and change. Post-structural narrative work views "problems as not located within individuals, but rather within the narratives which situate both past and current relationships but which, through reiteration, obscure their own social production" Pollack (2004:694). Understanding trauma from a post-structural view is essential given the fact that the medical model of trauma according to the ongoing debate on post-traumatic stress disorder (PTSD) is a limited construct that "individualizes, medicalizes, and reifies without regard to cultural factors in the expression of symptoms and expectations

of treatment or the socio-political cultural context in which trauma occurs ” (Bala & Kramer, 2010:154). The construct of PTSD only describes part of the impact of violence, ignoring issues of loss, injustice, meaning and identity that may be of greater concern for the traumatised individuals and for their families and children or later generation (Kirmayer, 2007:vi).

Social workers therefore need to respond to the trauma in effective ways that attend to the individual as well as to the family and community, and also in ways that do not pathologise families. Collective narrative practice offers intervention in which social workers can attend to the individual, family and community’s trauma within the social and political context. Collective narrative practice also promotes anti-oppressive social work. Collective narrative practice is particularly useful because it was developed by individuals who were not professionally trained as psychologists or social workers and in communities where going to counsellors or social workers to discuss traumatic experiences is not part of the culture. This makes collective narrative practice suitable for diverse settings such as South Africa where poverty and infrastructure may prevent people from accessing support in dealing with trauma. When families and individuals tell their stories, adopting collective narrative practice can help families to integrate their trauma in the social discourse and help them to heal. By integrating their trauma into social discourse and listening to their trauma narrative using the principles of collective narrative practice can help to interrupt trauma transmission. These principles will briefly be discussed below:

**i) To listen to double-storied accounts – descriptions not only of the trauma, but also of ways in which people respond to this, how they had tried to protect themselves.**

Denborough (2008) suggests various methodologies which can help one to listen to double-storied accounts. These methodologies include collective timelines, maps of history, collective narrative documentation, rituals and ceremonies of definition, exchanging messages between communities, songs of skills and knowledge, the Tree of Life (a collective narrative approach to working with vulnerable children), the Team of Life (offering young people a sporting chance), and the Kite of Life (strengthening relations across generations in immigrant/refugee communities).

However, I have used the checklist of social and psychological resistance (Denborough 2008) to look at different aspects of how families responded to the trauma. This includes how the families:

- Tried to protect themselves physically and emotionally (how)

- Displayed acts of caring, concern and comfort to others
  - Received comfort from others (able to take this in)
  - Made plans to rebuild what had been destroyed or to build new lives
  - Spoke with others or listened to others about the experiences and ways that contributed to feeling stronger and joined
  - Displayed acts of dignity or pride despite living amidst (poverty and violence)
  - Found joy in small moments within life
  - Connected with the humour or irony of life
  - Linked with others through song, music, art and prayer, shared experiences of sorrows, hopes and dreams
    - Found ways to take action either individually or with others that are in accordance with what their dreams and hopes for their lives are.
- ii) To find ways to richly acknowledge the real effects of the trauma that they had experienced.**

This can be done by listening to the physical effects of the trauma, how it has affected their sense of self, their lives, their family, their social and work life, their thoughts moods and feelings (Morgan 2000:39).

(See previous discussion on these principles)

- iii) To link the families and their experiences to some sort of collective (and history)**
- iv) To enable the families to make a contribution to the lives of others**
- v) To conceive of the person or family meeting with us as representing a social issue**
- vi) To enable the person and families to join a collective endeavour in some local way to address this issue.**
- vii) To enable people to speak through us, not just to us.**

The checklist is mainly suited to adults who can verbalise their experiences. When working with children and families with a wide range of abilities and backgrounds, PLA techniques and the Hero Book work of Jonathan Morgan may be useful.

### ***PLA techniques and family Hero Books***

Participatory learning and action techniques (PLA techniques) can be used to listen to and work with families. PLA techniques decolonise methodologies with families and groups

because they highlight marginalisation and privilege (Bozalek 2011: 469). This approach can encourage social workers to be critically reflective in relation to the social, political and cultural assumptions they may hold about themselves and others, becoming effectors of social change (Bozalek & Biersteker, 2010:551). The Hero Book techniques of Jonathan Morgan (2006) can be adapted to work with families. The activity “tactics and tricks” can be used to focus on moments when families felt they had power over problems. Other activities such as “shining moments” can help the family look at its resources, hopes and dreams.

### **Stage 3: Identifying mechanisms of trauma transmission in the family**

This involves becoming aware of how socialisation, silences, shame and interpersonal relations transmit trauma in families. Social workers need to have basic understanding of the mechanisms of trauma transmission which operates in the family and society. Kellerman’s (2001) table of theories underpinning different trauma mechanisms which I adapted in Chapter 2 can be useful to understand the basic mechanism of trauma transmission. Remaining aware and reflecting on relations of power or marginalisation can highlight how discursive practice contributes to trauma transmission in the families. Anti-oppressive social work with emphasis on oppression and power relations can help to view the trauma within its social context. Interdisciplinary work with psychology, sociology and community workers can be helpful in obtaining the necessary support for families.

### **Stage 4: Interrupting the transmission**

The purpose of studying the transmission of trauma is to investigate ways to interrupt the cycles of intergenerational trauma. Emerging research by Fromm (2012) and Stein (2012) indicate that trauma is transmitted across generations because the disenfranchised grief of the trauma has not been included in the social discourse. In order to interrupt trauma transmission and prevent intergenerational trauma, the trauma of families have to be included in the social discourse. Fromm (2012,xx) believes that the task of preventing trauma transmission is to not allow trauma to be repressed or dissociated, but allowing the trauma to be acknowledged and integrated into social discourse. Fromm (2012) suggests that as practitioners working with traumatised families and individuals we must not allow them to become “lost in transmission” of the trauma, and this occurs when trauma has not been included in the social discourse. By creating counter-memories and counter histories in the narratives of clients social workers can interrupt the transmission of trauma. The participants and families have experienced the long-term effects of trauma and the trauma needs to be attended to. One of the many ways of interrupting trauma transmission is listening to individuals’ trauma



narratives and applying the principles of collective narrative principles. This can be done by using the checklist of social and psychological resistance, or referring clients for trauma counselling where it is appropriate.

Abdullah (2013) has proposed a multicultural framework to work with national trauma in South Africa focusing on individuals, families and communities. Warner (2001:115) suggests post-structuralism therapy where “Problems are not located within individuals, but rather within the narratives which situate both past and current relationships but which, through reiteration, obscure their own social production”. This resonates with narrative therapy theory on which collective narrative practice is based.

There are many models of trauma intervention. However, Danieli (2009), who completed seminal work on trauma transmission in 1998, stated that the most effective tool for addressing trauma is social support. Collective narrative practice fits the criteria as suggested by various trauma theorists including Danieli (2009) as the trauma is viewed within the broader social context and methodologies such as the checklist for social and psychological resistance focus on social support and joining others in collective endeavours.

## **6.6 RELEVANCE AND USEFULNESS OF THE FRAMEWORK TO OTHER OPPRESSED COMMUNITIES**

The framework to engage with intergenerational trauma is based on collective narrative practice. In combination with PLA techniques it can be used in a range of diverse settings. It can be helpful in marginalised communities because both collective narrative practice and PLA techniques were developed in collaboration with marginalised groups of people. Collective narrative practice was developed in partnership with people in countries like Lebanon, Rwanda, Palestine, Southern Africa and the Australian Aboriginal communities where Western therapeutic modes of trauma intervention are not part of the culture. The framework can be used by postcolonial societies with families who experienced historical trauma. It can also be useful to countries who have experienced national or collective trauma or by communities who have been oppressed for generations. What is useful about collective narrative practice and PLA techniques is that they are applicable to working with individuals, families or groups in communities. One can therefore apply the framework to individuals, families or groups in communities.

## 6.7 CONCLUSION

In this chapter, I have focused on addressing the objective of developing a framework for social workers to engage with intergenerational trauma transmission in families. I started by explaining how intergenerational trauma needs to be integrated into the social discourse in order to interrupt the transmission of the historical trauma of slavery and the trauma of displacement. I have used Foucault's concepts of counter-history and counter-memory to explain how one can integrate the trauma into the social discourse and how we can engage with intergenerational trauma by creating counter-histories and counter-memories. Collective narrative practice was used as an analytical tool to demonstrate how the principles of collective narrative practice can enable subjugated knowledge of the families to emerge. The framework was therefore based on collective narrative practice. A practical application of the framework was presented and an explanation provided on how social workers can use the framework to engage with families experiencing intergenerational trauma.

In the following chapter, the implications and conclusions of the research project are discussed.



## CHAPTER 7

# DISCUSSION AND CONCLUSION: IMPLICATIONS FOR SOCIAL WORK PRACTICE AND EDUCATION

### 7.1 INTRODUCTION

In this chapter, I will discuss the implications and conclusions of the research findings. The focus of this chapter is the implications of the research for social work practice and education given the limited discourse of intergenerational trauma in social work discourse in South Africa. The conclusions and implications of the research are linked to current debates on reparations for past atrocities and transformation within social work practice and education. The conclusions are divided into factual and conceptual conclusions. Recommendations regarding practice, education and further research are also proposed. An overview of the research is provided where the research problem, aim of the research and objectives are revisited in the following section.

### 7.2 OVERVIEW OF THE RESEARCH

#### 7.2.1 The problem studied

The problem that I set out to study, as discussed in Chapter 1, was the trauma of displacement due to forced removals during apartheid and the historical trauma of slavery experienced by families in Cape Town. Social problems such as substance abuse, and family and community violence in displaced communities in Cape Town are the effects of intergenerational trauma which has been transmitted from previous generations who have experienced the trauma of the forced removals of apartheid and the historical trauma of slavery. This includes coping with the trauma and loss of being forced to move to areas on the Cape Flats with little community infrastructure and resources (Trotter, 2009; McMaster, 2007). The findings of the research confirm that the issues of poverty, community violence, intimate partner violence and high levels of alcohol and drug abuse are the effects of the trauma of displacement and historical trauma of slavery. This is supported by literature on Aboriginal communities, who have experienced similar social problems. Writers such as Brave Heart and DeBruyn (1998), Duran and Duran (1995), Evans-Campbell (2008), Gagné (1998), Poupart (2003), Quinn (2007), Wesley-Esquimaux and Smolewski (2004), and Whitbeck *et al.* (2004) believe that it is the unresolved trauma and grief of dispossession, loss of land, culture and lives that are being transmitted from one generation to the next, resulting in the high levels of substance

abuse, and family and community violence experienced in Aboriginal communities, which includes Native American Indians, Indigenous or Native Indian Canadians and the Aboriginal people of Australia. The families in this study presented with similar social problems as the Aboriginal communities.

### **7.2.2 Aim and objectives of the study**

The aim of this study was to explore intergenerational trauma in families who were displaced during apartheid and who may also have a history of slavery, and to identify mechanisms of trauma transmission operating within the families in order to develop a framework for social work intervention in helping to prevent intergenerational trauma in families. The objectives of the study were to:

- Explore the trauma of displacement, forced removals and a history of slavery of black families in Cape Town
- Identify the multiple ways in which trauma is transmitted from one generation to the next
- Investigate intergenerational trauma experienced by black families against the background of apartheid and historical trauma of slavery
- Develop a framework to assist social workers and provide guidelines to engage with intergenerational trauma in families
- Provide recommendations for social work curricula on family studies and social work intervention with black families who were traumatised by South Africa's violent past.

I will give a brief description of each chapter to explain how I went about achieving the aim and objectives of the study. Chapter 1 provided an introduction to the study, focusing on the problem formulation and context. The aims, objectives and research questions were presented. In Chapter 2, the conceptual framework focused on the theoretical concepts which guided the exploration of intergenerational trauma and which included intergenerational trauma transmission theory, historical trauma and narrative therapy theory. Chapter 2 also covered the mechanisms of trauma transmission as suggested by literature on intergenerational trauma transmission. In Chapter 3, a literature review of intergenerational trauma in South Africa was presented, providing a context for studying intergenerational trauma transmission in South Africa. In Chapter 4, the methodology with its paradigmatic framework was discussed as well as how the study was implemented. This included how the data was analysed. In Chapter 5, the data and findings were presented. The chapter focused on intergenerational trauma transmission and how the families experienced the trauma of

displacement and historical trauma of slavery. Meta-themes emerged from the data, which were disenfranchised grief, conspiracy of silence, shame and internalised oppression. Intergenerational trauma transmission was discussed within the meta-themes in relation to the mechanisms of trauma transmission operating in the families. Chapter 6 focused on developing a framework for social workers to work with intergenerational trauma in families.

In order to show and motivate the reasons for the framework, Foucault's counter-memory and counter-history were discussed. An analysis was also given of the research findings according to principles of collective narrative practice which informed the framework. I discussed counter-histories, counter-memories and collective narrative practice to theoretically demonstrate how trauma transmission can be disrupted by applying these concepts. The final chapter focused on the implications and conclusions.

The factual conclusions are discussed in the next section, followed by the conceptual conclusions. The conclusions focus on answering the research questions, which were: *How has the trauma of displacement during the apartheid era and historical trauma of slavery been transmitted intergenerationally in families in the Mitchell's Plain community in Cape Town?*

The secondary research questions were as follows:

- How have families experienced the trauma of displacement?
- How do family members give meaning to the historical trauma of slavery?
- What are the multiple ways in which trauma is transmitted from one generation to the next in families?
- What are the mechanisms of trauma which are evident in the families?
- What are the implications of these findings for social work education and practice in South Africa?

The factual conclusions will be discussed in the following section and they are written reflecting the research questions

### 7.3 FACTUAL CONCLUSIONS

The factual conclusions are a summary and description of the research findings and outcomes.

**The first and second generations directly experienced the trauma of displacement because they were forced to move.**

The families experienced the trauma as cultural dislocation and dispossession where they experienced the loss of family and community support and felt uprooted. The first-generation and second-generation participants had unresolved trauma associated with their displacement. This was expressed through their narratives of loss and nostalgia. The families were forced to move and to cope with their displacement while any form of protest was being violently suppressed by the state. The grief and trauma remained unresolved and disenfranchised because the first and second generation were children and adolescents at the time and had no formal means to support them with the trauma. Children's vulnerability during displacement and conflict is well documented by Hyder (2005), Walls and Whitbeck (2010), and Araya *et al.* (2007). The trauma of displacement was transmitted across three generations via the mechanism of interpersonal relations through projection, identification, enactment and over-disclosure (Dekel & Goldblatt, 2008; Stein, 2012; Weingarten, 2004).

**The families had no knowledge of their slave heritage and were ambivalent.**

When discussing their heritage, the participants either had no knowledge of their slave heritage or they had ambivalent feelings. Others were not certain whether slavery existed and the third-generation participants wanted to know more about their heritage. The lack of knowledge about slave heritage is a result of the historical trauma of slavery being excluded by discursive practice. Trotter (2009) believes that the historical memory of 'Coloured' people is fraught with silences and ambiguity. The majority of 'Coloured' people in Cape Town are descendants of slaves and this included the families in this research. Trotter (2009:49) states that some scholars believe that a significant feature of 'Coloured' identity is that they do not identify with a historical past. Shell (2001:40) states that with the "Cape's community's loss of memory of slaves' origins, there was a corresponding loss of identity among slaves' descendants."

**All the families had been affected by alcohol and drug abuse.**

Some of the families showed patterns of intergenerational transmission of alcohol and drug abuse. However, all were affected by abusing drugs and alcohol themselves or by being

affected through family members' drug and alcohol abuse. As early as 1652, slaves were being paid in tobacco and soon they were paid with alcohol (Van der Merwe, 2010). The abuse of alcohol and the legacy of the *dopstelsel* in the Western Cape are hugely problematic. The Foetal Alcohol Syndrome Disorder task force are dedicated to research and attending to FAS children. However, the economy of the Western Cape is dependent on the wine industry and there is a vested interest in the dominant society to maintain power through the sale of alcohol. Paying slaves and eventually farm workers with alcohol is an institution which has been entrenched in the Western Cape for 300 years. Unless the power relations within the wine industry and economy are challenged, alcohol use and abuse, despite being outlawed in 1969, will remain institutionalised in the Western Cape because families like the participants in this research have become physically dependent on the abuse (Van der Merwe, 2010). Drugs are readily available and there are interconnections with the gang violence in Cape Town with many gangs being involved in "turf" wars related to drug dealing (City of Cape Town: Gang Unit, 2012 [www.capetown.gov.za](http://www.capetown.gov.za)). There is a wealth of research by Aboriginal and Native American scholars (Duran & Duran, 1995; Brave Heart & De Bruyn, 1998; Myhra, 2011; Poupart, 2003) who view the high levels of alcohol abuse as the effects of colonialism. Myhra (2011) focuses her research on the intergenerational transmission of alcohol abuse in Aboriginal families and views alcohol abuse as a form of internalised oppression and a result of colonialism. South African social historians such as Mountain (2004), Shell (2001) and Van der Merwe (2010) discuss the intergenerational legacy and effects of alcohol abuse in the Western Cape and the insurmountable damage this has done to the descendants of slaves.

**All the families had been directly affected by gang violence.**

All the three generations in the research have been affected by gang violence. Families have become socialised and traumatised in the gang violence. The effects of the trauma of gang violence have resulted in physical, emotional and psychological injuries and PTSD in some participants who remain hyper vigilant and live in fear because they are forced to remain living in the community because of poverty.

I have discussed gang violence as a form of enactment where the gang violence is a response to the trauma of the past, including the historical trauma of slavery and the trauma of displacement. Community violence as an enactment of unresolved trauma and disenfranchised grief has been confirmed by writers such as Brave Heart and DeBruyn (1998), Poupart (2003) and Stein (2012). In addition, community violence as a response to

experiences of shame and humiliation experienced by black families in South Africa has been discussed by Adonis (2008), Weingarten (2004) and Volkan (2006).

**The trauma of displacement and historical trauma of slavery have been transmitted intergenerationally via the mechanisms of socialisation, silence and shame.**

The main mechanisms of trauma transmission in the families were socialisation, silence and shame by society and the family. Weingarten (2004) identified the mechanisms of trauma transmission. However, the findings of this research indicate that the trauma has been transmitted because of disenfranchised grief, socialisation in institutional racism, the conspiracy of silence, shame and internalised oppression. Each one will be discussed below.

**The trauma of displacement and historical trauma of slavery have not been recognised or acknowledged, resulting in disenfranchised grief.**

The trauma of displacement had been transmitted by means of interpersonal relations when the first and second generations were forced to move and were directly exposed to the trauma of displacement via interpersonal relations such as projection and enactment. McKinney (2007) believes that everyone's trauma narrative needs to be told in order to be integrated. The displacement was not recognised as traumatic and the grief was not acknowledged because of the dominant values of the apartheid government and society at the time. However, because there was no recognition or acknowledgement of the trauma and loss of the displacement, the grief became disenfranchised and the trauma remained unresolved for approximately 30 years before apartheid ended. Due to the ideology of reconciliation created by the TRC and post-apartheid government, the grief of the families in this research remain disenfranchised and cut off from the social discourse of society. The TRC's focus on human rights abuses and testimonies of perpetrators marginalised the majority of South Africans' experiences of apartheid (Lephakga, 2012).

A fact that is often forgotten by society is that the families in this research and many families in Cape Town are descendants of slaves. The historical trauma of slavery was generally not considered part of the social discourse both before apartheid ended and after. Before apartheid ended, slavery was ignored and not acknowledged, including the trauma of slavery because the society was based on colonialism and institutional racism. In the post-apartheid era, the trauma of slavery and slavery in the Western Cape have been acknowledged. However, it remains marginalised because of the ambivalence regarding slavery in the Western Cape. Slavery in the Western Cape did not fit into requirements of UNESCO because slaves were imported to the Western Cape from other countries and not exported



(Worden, 2009). By not acknowledging both the trauma of displacement and historical trauma of slavery in these families, their grief remains disenfranchised. Disenfranchised grief resulted in enactment in the form of community violence, especially gang violence as in the case of the families in this research (Brave Heart & DeBruyn, 1998; Poupart, 2003; Stein, 2012). Disenfranchised grief has become a means of trauma transmission because the narratives of the families' trauma of displacement and slavery have not been included in the social discourse. The historical trauma and trauma of displacement have therefore been transmitted intergenerationally.

### ***Socialisation in institutional racism***

The research findings indicate that being socialised in an institutionally racist society has been traumatic for the participants (Fanon, 1952). The trauma of institutional racism and its effects on black South Africans are well documented. The transmission of intergenerational trauma occurs through socialisation in society by means of the educational system, and government policies and religion (Weingarten, 2004). Research by Lazar *et al* (2008) indicated how societal systems played a role in socialising Jewish families on the holocaust contributing to the trauma transmission in Jewish families. However, what is different about the families in this research in comparison with Jewish families is that the families were socialised in institutional racism based on colonialism, and institutional racism is still present in society today. Socialisation in families through family values and family communication can transmit the trauma of displacement and historical trauma of slavery (Wesley-Esquimaux & Smolewski, 2004). However, education and the school environment is one of the main ways in which children are socialised in society, after the family. Jansen (2009) and Keizan and Duncan (2010) found that the racialised attitudes of young adults were transmitted from parents to adolescents who had been born after apartheid had been dismantled. The educational system, religion and government institutions in South Africa played a huge role in shaping and maintaining the values and beliefs of South Africans, and this overlaps with mechanisms of trauma transmission in the context of the family in South Africa.

### ***Conspiracy of silence***

The findings of the research indicated that there is silence about the trauma of displacement and the historical trauma of slavery on all levels – individual, family and society (Weingarten, 2004). I have called this silence the conspiracy of silence as coined by Danieli (1998) because the silence in participants and the families was a result of the denial by society that something traumatic occurred, which the families unconsciously colluded with.

Stein (2012:180) extends the idea of the conspiracy of silence and calls the denial by society “enforced silence” which creates indifference where individuals are isolated and “... treated as if nothing terrible had happened, or there was nothing to be upset about”. Social and collective silence marginalises the process of meaning-making and questioning for people involved and affected by the trauma. Personal memories remain individually isolated and unacknowledged by the larger society. This leaves the younger generation without a larger context that can connect and identify family and community with history, culture and society (Lin, *et al.*,2009). Furthermore, particularly among families who avoid referring to the past, children may experience and transfer the older generation’s avoidance and discomfort to themselves. Silence at a national level in South Africa also carries with it the burden of a traumatic and violent past where gross human rights violations were ignored for decades and where the Truth and Reconciliation Commission attempted to deal with some of the consequences of these violations. The silence on the trauma and memory of slavery is not only a feature of Western Cape society and South Africa but a feature of all postcolonial societies (Graff 2011). Scholars like Worden (2009) believe that the descendants of slaves have “historical amnesia”. This “amnesia” is a result of the trauma of slaves and of the political conflict and debate that the slave heritage and identity in the Cape evokes. The ‘Coloured’ community makes up half of the Western Cape and their votes are highly sought-after by political parties in order to gain political leadership of the Western Cape. Past elections have seen this vote being fiercely contested for by the dominant political parties. Bozalek and Biersteker (2010: 16) state that “those who are marginalised are commonly deprived of the discursive space to define themselves in their own terms and have, therefore, to subscribe to the definitions of themselves by those who are in power in order to survive”. It is therefore understandable that this disenfranchised group who, according to Trotter (2009:49), have experienced enslavement, dispossession, genocidal extermination and apartheid degradation, would have difficulty in remembering and identifying with a traumatic, violent and painful past.

The literature (Ancherhoff *et al.*,1998; Belnap, 2012; Danieli, 1998; Lin, *et al* 2009; Weingarten ,2004) on intergenerational trauma indicates how damaging these silences are, and shows that if these silences are maintained they form one of the key mechanisms through which individuals, families, communities and states intergenerationally transmit trauma.

In addition to the silence in the families, the research findings indicate that shame was also a means of trauma transmission. The experience of trauma does not only result in silence but is

also accompanied by shame. The families and participants experienced shame regarding their displacement and historical trauma of slavery.

I will discuss shame and internalised oppression as they were interrelated in this research.

### ***Shame and internalised oppression***

Shame is one of the effects of the trauma of institutionalised racism which results in internalised oppression. The families therefore had shame regarding their slave heritage and did not have any knowledge about their slave heritage. They also recalled white and European ancestry reflecting their racialised thinking. The internalised oppression experienced by the families is therefore a direct result of the trauma of displacement and historical trauma of slavery which is embedded in the experience of oppression.

The shame of recalling or remembering a slave heritage has been confirmed by Worden (2009) who says as early as 1909 it was desirable to be “white” because of the social and political benefits of being white at the time, and it was shameful to have a slave heritage. The desire of the descendants of slaves to be white and forget their slave heritage is a direct result of the trauma and oppression of colonialism. The shame of having a slave heritage is therefore societal shame because it is a result of the historical trauma of slavery. Fanon (1952:191), in his classic work *Black Skin, White Masks*, discusses what he views as the pathology and impact of colonialism on the psyche of black people. He states: “I am a white man. For I unconsciously distrust what is black in me, which is the whole of my being”. It is helpful to view internalised oppression as a response to the trauma of institutional racism and not as a characteristic of a group of people (Watts-Jones, 2004; Pyke, 2010).

The shame and internalised oppression have also been transmitted across generations in the families interviewed in this research (Williams, 2012). The forms of internalised oppression which the families experienced shame about were alcohol and drug abuse as well as intimate partner violence. Community violence as a form of internalised oppression was also transmitted across generations because of shame of the trauma of displacement and historical trauma of slavery incubates violence (Weingarten, 2004). Violence as the response to shame has been confirmed by writers such as Rice and Benson (2005), Weingarten (2004) and Volkan (2005). Adonis (2008) and Weingarten (2004) refer to *shame* at a societal level as *humiliation*.

The extent of community violence in the form of gang violence that the families in the research have been exposed to is a response to the shame and humiliation experienced by the

violence of a colonial past as well as the shame and humiliation experienced under the apartheid regime. Weingarten (2004:45-59) states that, “Although humiliation is enacted and experienced by individuals, it is built into the structure of social relations and institutions and the response to the humiliation is violence”. However, what has occurred in families in this research and in Aboriginal communities (Brave Heart & De Bruyn, 1998; Poupart, 2003) is that the violence is enacted not against the dominant society or those who caused the humiliation but the violence is enacted on the family and community.

Volkan (2006) states that societies, like South African societies, which have experienced the trauma of political violence, have to deal with this shame and humiliation, including the transmission of trauma. Volkan (2012: 83) views the shame and humiliation as being the result of as “chosen trauma” which is transmitted across generations. He defines *chosen trauma* as “the shared mental representation of an event that has caused a large group’s ancestors to face drastic losses, to feel helpless, to experience shame and humiliation at the hands of enemies and to suffer from difficulty or an inability to mourn losses” (Volkan, 2012:83). The trauma is unconsciously “chosen” as specific traumatic events will be selected for a group to remember and identify with a past generation’s mental representation of the event. Apartheid and racism has therefore been identified as traumatic events which caused shame and which are mechanisms of trauma transmission. Adonis (2008) and Frankish (2009) refer to the shame and humiliation of apartheid which have been transmitted from the previous generations. Writers on shame and humiliation based on the transmission of trauma describe how shame is enacted in society and how it creates cycles of violence (Adonis, 2008; Rice & Benson, 2005; Volkan, 2006, 2012; Weingarten, 2004).

The findings of this research indicate that shame has been transmitted across generations but with devastating effects on the families themselves and that the shame manifests as internalised oppression. Aboriginal and black writers (Alleyene, 2005; Brave Heart & De Bruyn, 1998; Lephakga, 2012; Poupart, 2003; Pyke, 2010; Watts-Jones, 2004; Whitbeck *et al.*, 2004; Williams, 2012) have found similar results in black and Aboriginal communities.

**The effects of the historical trauma of slavery and displacement – such as poverty, intimate partner violence, community violence, racialisation and substance abuse – have been transmitted across multiple generations.**

The effects of the intergenerational trauma of displacement and the historical trauma of slavery have also been transmitted via socialisation, silence and shame. Similar results have been found in research on Aboriginal communities (Brave Heart, 1999; Evans-Campbell,

2008; Menzies, 2010; Poupart, 2003). In addition, the direct effects of the trauma of displacement in my research also included over-crowding and poor-quality housing which have been transmitted intergenerationally because of poverty. The high levels of alcohol and drug abuse, poverty, and family and community violence that the families experience are the long-term effects of the historical trauma of slavery which have been compounded by their displacement, creating chronic overcrowding and gang violence with high levels of drug addiction (Pludderma *et al*, 2009). The historical trauma of slavery still has had a profound influence on the family life of slave descendants today because the trauma was based institutional racism and overt racism which is still present in South African society (Graff, 2011; Lephakga, 2012).

**The dominant story of the families was the loss and trauma of displacement and the alternative story was their resistance.**

Families have also resisted the trauma of displacement by settling in and adjusting to the new communities but remain vulnerable to substance abuse, poverty and community violence. The families have alternative stories to the trauma of their displacement and slave heritage in that they tell stories of courage and bravery in their survival of their trauma of displacement and historical trauma of slavery. Their resistance in the face of ongoing gang violence emerged as a theme where participants needed to protect themselves and their families. Enmeshment, which is usually viewed as dysfunctional or a pathology (Baptist, Thompson, Norton, Hardy & Link, 2012; Kellerman, 2001) because the boundaries of roles are blurred, has been viewed as a form of social support where families support one another materially and emotionally. The material and emotional support that families have shared with one another in order to survive can be interpreted as a form of social and psychological resistance (Denborough, 2008).

**Exploring the transmission of intergenerational trauma has highlighted the trauma of institutional, cultural and interpersonal racism, which families in the research had experienced.**

The intention of this research was to explore and study the intergenerational trauma of displacement and historical trauma of slavery. However, as participants told their narratives, their traumatic experiences in relation to racism emerged. Discussing one form of discrimination and trauma can trigger previous experiences of trauma and discrimination (Evans-Campbell, 2008). Recalling incidents of racist trauma can also trigger previous memories of racism which the individual has experienced and this explains why the

participants recalled other incidents of racism while discussing their displacement and slavery.

The effects of racism have led to internalised oppression and the intergenerational transmission of internalised oppression. Forms of internalised oppression – such as intimate partner violence, alcohol and drug abuse, and community violence – have also been transmitted intergenerationally via silence, socialisation and shame (Pyke, 2010; Williams, 2012).

#### 7.4 CONCEPTUAL CONCLUSIONS

The conceptual conclusions are based on the conceptual framework of this research as well as the paradigmatic and methodological framework of the research methodology.

##### **Traditional definitions of trauma were not appropriate for the families in this research.**

Participants told narratives of the effects of their displacement and historical trauma of slavery. This included the trauma of poverty, gang violence, intimate partner violence, drug and alcohol abuse, overcrowding and homelessness. Gagné (1998:355-373) explains that the effects of colonialism are intergenerational in that it formed the root of trauma that led to dependency, cultural genocide, racism and alcoholism in communities. She further purports that this has led to family violence, sexual abuse and accidental deaths within indigenous communities who were previously exposed to colonialism. Social problems such as poverty and forms of internalised oppression such as alcohol abuse in this research are underpinned by the historical trauma of slavery (Brave Heart & De Bryun, 1998; Myhra, 2011). A broader definition of trauma is therefore required to understand intergenerational trauma and historical trauma, and how past trauma influences people today. Evans-Campbell (2008), an Aboriginal writer, proposes a multilevel framework to understand intergenerational and historical trauma and how they influence contemporary experiences of trauma.

The DSM-IV is the diagnostic manual that is predominantly used in Western societies but also in South Africa, and it is based on Eurocentric values of trauma (Denborough, 2008; Evans-Campbell, 2008). The DSM-IV describes trauma as an event that involves actual or threatened death or serious injury or threat to physical integrity of self or others. In order to understand how the trauma of displacement and historical trauma of slavery were transmitted in the families who took part in this research, a broader definition of traumatic is required. Traditional ways of defining trauma are focused on the individual and are based on a

medical model of PTSD symptoms rather than the meaning people give to an event. Hence, the traditional definitions of trauma were not appropriate.

The families in this research study did not present with classic PTSD symptoms such as persistent re-experiencing of the event, hyper-arousal and persistent avoidance. Therefore, the traditional medical model of classifying trauma is not appropriate for families and communities who have experienced intergenerational trauma because it focuses on individual symptoms of PTSD and not the collective or group experience (Evans-Campbell, 2008). The trauma related to slavery and displacement does not always fit into traditional trauma narratives. For example, participants in this study did not talk about a singular event and they did not refer to their traumatic experiences in terms of a specific event (Tuval-Mashiach, Freedman, Bargai, Boker, Hadar & Shalev, 2004; Ringle & Brandell, 2012). The trauma of displacement involved traumatic events of forced removals and resettlement. The displacement spanned 30 years in which participants had to deal with the loss and trauma of displacement while adjusting to new environments. The displacement took place in the midst of the trauma of political violence and state suppression (Adonis, 2008; Barbarin & Richter, 2001). Kira's (2001) classification of trauma has been used to understand the impact that trauma has had on the individuals, families and their community context. Kira's (2001) two classifications of trauma are broad and inclusive. He has included historical trauma, and the trauma of displacement would be classified as collective trauma, or social trauma where groups or communities are affected by trauma resulting from, among others, political violence, genocide and forced displacement (see Chapter 2). Kira (2001:76) views displacement as "disconnectedness" trauma where individuals are forcibly uprooted from the social relations within family and community in which they are embedded. The relationships usually serve as a form of security and belonging for the individual, and being displaced causes trauma and loss because the security provided by that the relationships has been lost.

**The social discourse of the dominant society defines what is a traumatic event is and has a direct result on the transmission of intergenerational trauma.**

The trauma of displacement and the historical trauma of slavery were not perceived as traumatic by the dominant society and discursive practice of displacement and slavery in the Western Cape at the time. The way in which families and individuals make sense of and have given meaning to their traumatic experiences is influenced by the values of the dominant society and discursive practice (Taylor, 2006:96). The dominant values of the society in South Africa were based on institutional and cultural racism denigrating all other forms of

knowing and experiencing. By having this subject-object relationship which was literal in slave times, the trauma of slavery and displacement was not only ignored but deliberately suppressed in order to maintain power relations. Slavery was deeply traumatic, and this has been recognised internationally by well-known writers and academics on slavery such as Orlando Patterson (1982) and Nell Painter (1995). Despite slavery being so traumatic, the discourse on slavery only gained momentum in the early 1980s. Previously, only Fanon (1952) had engaged in the discussion. Despite the wealth of literature on slavery, slavery as a form of historical trauma has not been included in the DSM-IV's description of trauma.

Gump (2010: 46) states that the trauma of slavery has been denied by the victims of the trauma as well as white people who made up the dominant society and the slave owners. The trauma of slavery has been difficult to integrate into society because of white dominant society's denial of their forefather's responsibility in slavery (Gump2010:47). As white dominant society defines what is traumatic, the historical trauma of slavery remains absent from trauma literature (Graff, 2011:135). Trauma writers such as Mattar, Drozdek and Figley (2010:1) have confirmed that definitions of trauma in trauma literature have not taken multiple realities and historical processes into account. The lack of understanding of the trauma of racism and slavery in conceptualisations of trauma have been criticised by black and Aboriginal writers (Bryant-Davis & Ocampo, 2005; Carter, 2007; Evans Campbell, 2008).

Despite the dismantling of apartheid in 1994, the families and participants' trauma of displacement and slavery remain cut off from the social discourse because of the discursive practice of institutional racism and the ideology of reconciliation. The gaps in trauma literature on slavery are examples of how knowledge has been subjugated by the dominant group. Cape Town has the most well-preserved slave archive in the world because the colonial powers needed to keep records of their property and slaves. Despite this, the knowledge of the slavery has not been integrated into society including social work discourse and those in the helping professions dealing with traumatised individuals and communities. In the post-apartheid era, there was only a brief mention of slavery in the TRC (Abdullah, 2013).

The TRC has been severely criticised for creating an environment in which all past atrocities have been forgiven and forgotten in order for South Africa to "move on" in the spirit of reconciliation. What post-apartheid research has highlighted is that institutional racism is still entrenched in discursive practice in society. Examples of how institutional racism is still



entrenched will therefore be cited. In social work, Abdullah (2013) discusses how the social work profession has not been able to address national trauma because Western models are still being used. Bozalek (2004, 2010) discusses the effects of institutional racism and the misrecognition of black families in South Africa. Jansen (2009) explains how socialisation in institutional racism has maintained racist values amongst white students and in academia.

The AAP is dedicated to creating a space for counter-histories and counter-memories to be told and focuses on apartheid experiences of trauma and not historical trauma of slavery. The implications has meant that in South Africa, the continual denial of the trauma of displacement and the trauma of slavery have compounded the experiences of misrecognition which black families experienced as a result of 200 years of institutional racism under colonialism and slavery. How the families experience the trauma, whether they viewed the displacement as trauma or not, is determined by society. The dominant society did not recognise participants' experience of trauma. Therefore, the participants repressed and dissociated trauma. The trauma was then projected and enacted on those close to them in order to cope with the trauma. Displacement is not easily forgotten and communities who have been displaced have a need to trace their memories of belonging. The families experienced the trauma of displacement as a loss of family and community support and were nostalgic about the past communities in which they lived. Kuusisto-Arponen (2009:548) goes on to explain that diasporic bodies are engraved with memories of place, which continue to affect their experiences of place. Even though the trauma of displacement was not recognised and cut out of the social discourse, the physical and emotional trauma of displacement was experienced by the families and their slave ancestors. These memories may become repressed depending on the social and political context (Kuusisto-Arponen, 2009). Disenfranchised grief and enforced silence have been a contributing factor because these families have been excluded from the dominant society and they have not been allowed to mourn or express their loss. Discursive practice also dictates the length of the period of mourning.

The politics of the time forced people to adjust to their new environment, not leaving any space to mourn or grieve the multiple losses. However, through loss and nostalgia they continued to experience the trauma (Kuusisto-Arponen, 2009). A wealth of literature is being developed on the nostalgia of apartheid era. Nostalgia can be viewed as the longing for home. Hook (2012:230) says, "Nostalgia is despite the factors of social and political mediation a mode of experience of memory and indeed of affect". Nostalgia is relevant not only to the history of apartheid but also to the historical trauma of slavery. The topic of nostalgia again focuses only on apartheid nostalgia and excludes the nostalgia of slaves who were forcibly

removed from their families and homeland. The nostalgia and slave memory of “longing for home” has become a topic within slave research, and there has been a wealth of literature generated in America on slave memory (Hartman, 2007; Morrison, 2007; Painter, 1995; Patterson, 1982). However, slave memory has not been included in ways of experiencing and remembering trauma in South Africa. Part of the historical trauma experienced by the families and participants in this research is that they recall no memory or knowledge of their slave heritage, with a younger generation wanting to know about this heritage. The focus on nostalgia also excludes the third-generation participants who were born after apartheid yet still experience the effects of racism. Discursive practice therefore dictates the time period of mourning a trauma or loss, thereby excluding groups of people and the ways people experience the trauma. The underlying assumption is that one needed to experience the trauma “directly”. Yet, the findings in this research and research on intergenerational trauma (Evans-Campbell, 2008; Stein, 2012) indicates that participants are still affected by past trauma even though they may not have been present when the trauma occurred. There is an underlying assumption that slave descendants cannot still be mourning the loss of their homeland, or cannot still be experiencing or remembering the trauma of slavery. Ways of experiencing trauma, such as the loss and memory, as well as mourning periods for experiencing trauma are therefore dictated by discursive practice even in the post-apartheid era. The knowledge being produced on memory and nostalgia as part of the AAP reflects how different forms knowledge and experiences become subjugated as part of discursive practice because those who have the power to produce knowledge dictate the social discourse. Medina (2011: 27) states that “Foucault invites us to pay attention to the past and ongoing epistemic battles among competing power/knowledge frameworks that try to control a given field”. Different domains of discursive interaction have specific epistemic frames of knowing and ways of producing knowledge, and in the interaction of the different domains, some forms of knowledge become subjugated – with their particular ways of producing knowledge. By not questioning the underlying assumptions or definitions of trauma, post-apartheid discourse on the trauma of apartheid may continue to marginalise groups of people and their experiences. The counter-memories and counter-histories created by the narratives of slave descendants in this research create opportunities for resistance because they question accepted epistemic frameworks. The narratives of the families and participants in this research do not fit the usual narratives of apartheid or trauma and they may therefore remain cut off from the social discourse. The marginalisation of the historical trauma of slavery prevents the narratives of slave descendants from becoming integrated into social discourse of experiences of trauma

and results in intergenerational trauma transmission. If the stories and memories of slave descendants are not integrated into the social discourse, the historical trauma of slavery will continue to be transmitted intergenerationally.

**Subjugating knowledge: The transmission of trauma reveals how dominant society uses the same mechanisms of trauma transmission – such as socialisation, silence and shame – to maintain power.**

I found that exploring the transmission of intergenerational trauma made visible some of the ways in which dominant society maintains power. By placing historical knowledge and ignorance in the context of power networks, a space for resistance also emerges (Medina, 2011:10). The mechanisms of trauma transmission are inextricably linked to how dominant society maintains power through the culturally hegemonic practice of silence, shame and socialisation. The social discourse of white dominant society was based on institutional and cultural racism which created shame and internalised oppression (Graff, 2011; Lephakga, 2012; Pyke, 2010; Williams, 2012). One of the many ways in which colonialism perpetuated itself was through hegemonic practice by creating myths in society that become accepted in society as truth. One of the “myths” about colonialism among African people is that Africa only existed when the white man arrived (Fadal, 2002). In my research findings, several of the participants recall “Jan van Riebeeck” when discussing their slave heritage because the history of slavery and African history before the arrival of Europeans have been subjugated by the colonial powers and slave owners. Social history in Africa has had to be decolonised because of the colonial ideology and myth that Africa and its people have had no history until the arrival of the white man in Africa and that Africa was a collection of primitive tribes, with no clothes and no brick walls (Depelchin, 2005).

Subjugating the knowledge of slavery and trauma of slavery is a form of traumatisation because the subjugation and resulting silence relay indifference that the trauma was not worthy of recognition (Stein, 2012:180). The trauma of slavery is what Foucault (2003:7-9) would define as subjugated knowledge “where forms of remembering and experiencing are pushed to the margins and rendered unqualified and unworthy of epistemic respect by prevailing and hegemonic discourses”. The trauma has been transmitted across generations over 200 years because colonial dominant society also maintained power through violence and social discourse. Deliberate attempts were made to erase the memories of slaves about their homeland in order to control them and to prevent resistance. Depelchin (2005:3) states that “among those who have suffered enslavement, colonization, steady and relentless

economic exploitation, race and class discrimination and political repression, *silences* should be viewed as deliberate”.

Despite the silence of the trauma of slavery there is a wealth of literature including slave archives held at the Western Cape Archives and Records Service which indicates how colonial powers maintained power through violent suppression in the Cape. Violence is traumatic in itself and the results of the trauma of violence have long-term effects not only on the individual but also on future generations. The families have told narratives of political violence but they also told narratives of the effects of historical trauma of slavery. In this context, Fadal (2002) also says that horizontal violence was used where colonial authorities would use slaves to commit acts of violence against other slaves. Shell (2001:189-190) explains how slaves employed by the colonial government acted as executioners to physically punish or flog other slaves.

Another myth and way in which the dominant society maintained power was the idea that Africans and indigenous people were primitive and therefore needed controlling. Bozalek (2004) discusses what she calls the “primitivisation” of black families where black social work students reported that their families’ culture and way of life was being denigrated and seen as primitive in relation to their experience of cultural racism. The trauma resulted in shame and internalised oppression which was transmitted intergenerationally to the current post-apartheid generation. The oppression has now become internalised where the dominant society does not need to use overt force to maintain power because the values have become internalised in the oppressed (Freire, 1970). The internalised oppression which the families in this research experienced, is confirmed by Bozalek’s (2004:179) research as she states that “Students’ accounts revealed how misrecognition was interiorised so that students and their family members colluded in their own subjugation, whether in terms of race, gender or generation.” According to Foucault’s “interiorisation”, where the values of dominant society are internalised by the oppressed, reflects how dominant discourses maintain power in making docile subjects. Williams (2012) discusses how internalised oppression is transmitted across multiple generations of slave descendants in America. Internalised oppression is therefore another way in which the dominant society maintains power. Gump (2010) discusses how powerful discourse on institutional racism is in America, saying that not even having a black president can change dominant discourse on race. Bozalek (2004; 2010) discusses the devastating effects of cultural and institutional racism on generations of black families and confirms the power of dominant discourse on race in South Africa. Abdullah

(2013) discusses how national trauma has affected generations of black families and how that the trauma remains unaddressed.

The intergenerational nature of the trauma of slavery reveals how dominant society has contributed to the intergenerational trauma and has maintained power through the trauma of institutional racism. In order to disrupt intergenerational trauma, inequalities in power relations need to be simultaneously addressed, given the power of the dominant discourse of institutional racism and trauma in South Africa. Intergenerational trauma of the past will continue to be transmitted if inequalities are not challenged. This needs to happen on all levels of society. Abdullah (2013) explains that nationally, there has not been a strategy to address the trauma of the past and that a strategy needs to be developed on all levels.

Counter-memories and counter-histories are therefore essential to challenge the *status quo* and inequalities of the past that still exist. Counter-memories and counter-histories allow the subjugated knowledge to emerge because it brings to the fore what culturally hegemonic practice has made invisible. The trauma of displacement and the historical trauma of slavery are examples of where the trauma has been deliberately silenced by the dominant society in order to maintain power across generations. This silence goes beyond the conspiracy of silence, as analysed by Danieli (1998), because it is a conscious and deliberate strategy to use silence as a means to suppress people. Silence at national and societal level can come from various religious, and educational and governmental institutions. Depelchin (2005) refers to this *silence* as ideological and conceptual because it is knowledge which has not been accepted or integrated into the dominant discourse of society. Institutional racism in South Africa was the dominant discourse and it did not accept indigenous knowledge, explaining the “amnesia” about slave heritage and the idea that ‘Coloured’ people do not invest in a past (Trotter, 2009; Worden, 2009). Education under apartheid denied black people the opportunity to study their own history and culture while promoting racist ideology. This is how several generations of black people were socialised through societal institutions. What the study has revealed is that racism and being socialised in white society is a form of trauma for black families. This type of ideological silence also resonates with Foucault’s “subjugated knowledge” where the dominant discourse at the time is dependent on those who have power over what knowledge is remembered and how it is remembered (Medina, 2011:11). There has been enforced silence regarding the trauma of displacement and the historical trauma of slavery when the trauma was ignored and suppressed, and therefore not allowed to be acknowledged. The trauma was treated as insignificant because of the values of the dominant society. Silence about collective trauma like the trauma of displacement and historical trauma

of slavery can be maintained and transmitted over several generations. Silence in society about trauma has consequences on multiple levels for individuals, families and communities. There are many examples of this, such as the Armenian genocide, Rwanda and Cambodia (Depelchin, 2005:3). The conclusions and findings of the study have been similar to what were found in other marginalised communities which experienced intergenerational trauma.

Similarities and differences between this research and previous research studies mentioned in the conceptual framework and literature review will be discussed briefly.

## **7.5 SIMILARITIES BETWEEN MY FINDINGS AND THOSE REPORTED IN THE CONCEPTUAL FRAMEWORK AND LITERATURE REVIEW**

This research found that socialisation, silence and shame were the main mechanisms of transmitting the trauma of displacement and the historical trauma of slavery. These findings are similar to those of Weingarten (2004), Danieli (1998), Kellerman (2001) and Wesley-Esquimaux and Smolewski (2003). The mechanisms of trauma transmission were similar to those researched by Kellerman (2001), Weingarten (2004), Danieli (1998), Stein (2012), Belnap (2012), Fromm (2012) and Volkan (2012), indicating that interpersonal relations, projective identification, enactment, socialisation, silence and shame are the main means of trauma transmission in society. The mechanisms were the same as those found in Holocaust survivors' research, while the outcomes and experiences of the families reflected similar outcomes as Aboriginal communities. The experience of colonialism and enslavement could explain the difference between the families in this research and Aboriginal communities in comparison with Holocaust survivors.

The families taking part in this research had no knowledge of their origins. Origins of slave heritage in Cape Town are complicated because the slaves were imported from several different countries. South Africa, in comparison with all other slave societies, was the most diverse because slaves were imported from several countries. In the majority of slave societies, the slaves tended to be imported from one to three countries, making their origins easier to trace (Shell, 2001:427).

The families' experience of the trauma of displacement and historical trauma of slavery resulted in disenfranchised grief and enforced silence, shame and internalised oppression, and these results reflect the findings of Brave Heart and De Bruyn (1998), Gump (2010), Poupart (2003), Stein (2012), Volkan (2012) and Williams (2012). The families and community have the same outcomes and experiences of poverty and internalised forms of oppression (intimate

partner violence, alcohol and drug abuse, racialised thinking and community violence) as Aboriginal communities, according to previous research by Aboriginal scholars like Brave Heart and DeBruyn (1998), Duran and Duran (1995), Evans-Campbell (2008), Menzies (2010), Poupart (2003), Myhra (2011), Walls and Whitbeck (2010), and Wesley-Esquimaux and Smolewski (2003). The writers also regard the outcomes of the families as the effects of historical trauma and displacement and include internalised oppression. The families had exhibited the indicators of intergenerational trauma such as poverty, alcohol and drug abuse, intimate partner violence, and loss and displacement, as claimed by Menzies (2010). Similar results were found regarding the effects of slavery on black communities and post-slave societies (Alleyene, 2005; Graf, 2011; Gump, 2010; Williams, 2012).

The difference in the results of this research compared with the outcomes and experiences of Aboriginal communities was the pervasive gang violence as a form of community violence. The gang violence was experienced across several generations and affected the daily lives of families and the community. The media coverage and local government involvement have been extensive. Yet, a solution remains elusive.

Overcrowding and poor-quality housing as a research finding differs from research on Aboriginal communities where homelessness was an intergenerational indicator (Menzies, 2010). Overcrowding and poor-quality housing were intergenerationally transmitted as a result of poverty and the trauma of displacement. The results have been devastating for some participants, and have included an accidental death and extensive hospitalisation as a result of burn wounds from boiling hot water when there was no running hot water.

The findings of this study reflect similar findings on intergenerational trauma by Frankish (2009) who focused on the violence of apartheid. This study revealed that silence and the conspiracy of silence were major contributing factors to the transmission of intergenerational trauma. Frankish (2009) found similar results where the trauma of apartheid in families was surrounded by silence. The difference in this study was that the conspiracy of silence on all levels (individuals, families and society) contributed to the transmission of intergenerational trauma. In his study, Frankish (2009) focused on the trauma of apartheid whereas this study included the historical trauma of slavery because the participants were descendants of slaves. The effects of the trauma of displacement and historical trauma of slavery – such as poverty, poor housing and internalised oppression – are similar to the results of Bozalek (2004) on the intergenerational effects of institutional racism on the families of black social work students. The difference in my study is the emphasis on the mechanisms of trauma transmission which

include silence, shame, interpersonal relations and socialisation. One of the main means of trauma transmission was socialisation in institutional racism and the results are similar to the study by Jansen (2009) in which he describes the significant impact of family and society in socialising students. However, his study focuses on white racism while mine focuses on the intergenerational trauma of displacement and historical trauma. The significance of my study will be discussed in the next section.

## **7.5 THE SIGNIFICANCE OF THE STUDY**

The trauma of displacement and the historical trauma of slavery still affect the lives of the families in this research despite the abolition of slavery in 1834 and the dismantling of apartheid in 1994. The families still experience the loss and trauma of past atrocities because the trauma has remained unresolved and became disenfranchised. The effects of the trauma of displacement and the historical trauma of slavery are manifested in the poverty, overcrowded and poor housing conditions and community violence that the families in the research experience. The families display high levels of alcohol and drug abuse, intimate partner violence and racialisation which are forms of internalised oppression, and this has resulted in poor outcomes for the families. The findings indicate that trauma has been transmitted intergenerationally and will continue to be transmitted if the trauma of the past is not addressed. According to Abdullah (2013), the national trauma of South Africa's past has not been addressed and she suggests that social workers use the archive of the TRC to help address the trauma of the past. Socialisation, silence and shame were the means of trauma transmission but they were also the means in which the dominant white society maintained institutional racism and maintained power because the dominant society dictates the social discourse and controls the power of knowledge production. Social work as a profession has contributed towards intergenerational trauma transmission because it formed part of that society and colluded with the apartheid government by, among others, upholding segregation policies (Patel, 1999; Sacco & Hoffman, 2004). The research has highlighted that the same mechanisms of trauma transmission (socialisation, silence and shame) are used by the dominant society to maintain power. In order to disrupt the transmission of intergenerational trauma, inequalities and discursive practice needs to be challenged by creating opportunities for resistance through making visible the counter-memories and counter-histories of narratives of marginalised families such as the ones in this research study (Foucault, 1975). Viewing the historical trauma of slavery and the trauma of displacement within the context of power relations provides a model for working with intergenerational trauma within the social



work field, which has largely been dominated by psychology. The dominant society and the social discourse prescribed what is traumatic and who are allowed to mourn and grieve. The trauma of displacement and the historical trauma of slavery were not officially recognised as a trauma until the post-apartheid era, resulting in disenfranchised grief because the trauma of the displacement and the historical trauma of slavery have not been included in social discourse (Stein, 2012). The post-apartheid discourse of reconciliation has contributed to the idea that the trauma of the past has been dealt with.

The roots of the social work profession in South Africa were based on institutional racism. Despite apartheid ending in 1994, transformation in social work education and practice has been slow with discursive practice reflecting institutional racism. Inherent within social work discourse is the blaming of families and individuals for social problems such as community violence, poverty, and alcohol and drug abuse. Locating trauma and response to trauma within power relations, shifts the responsibility of intergenerational trauma transmission from the families and individuals back to society.

## **7.6 IMPLICATIONS OF THE RESEARCH FINDINGS FOR SOCIAL WORK EDUCATION AND PRACTICE**

The historical trauma of slavery and the trauma of displacement have not been a feature of social work discourse and training because the historical nature of social work in South Africa has been based on institutional racism. The Group Areas Act formed part of a group of policies which was institutionally racist, and displacement was part of more than 200 years of institutional racism in South Africa. The sporadic research on the psychological and emotional effects of the trauma of slavery and the trauma of displacement indicate that there is a lack of understanding in South African social work discourse of the emotional, psychological and even physical effects of racism. Only a limited number of articles exist on the TRC and on reparations and acknowledgement of the trauma of apartheid. The lack of literature both on slavery and displacement is the result of the shame experienced by social work as a profession where the grief, the horrific and political nature of the historical trauma of slavery and displacement are so shameful that as a profession social workers are unable to recognise or acknowledge its effects. By not being able to acknowledge the trauma of slavery and displacement, social workers continue to contribute to the shame and are unable to stop its transmission in the lives of the slave descendants of today. The shame that social work as a profession or group experiences is confirmed by Stein (2102:180) who comments, “[a]dded to the tendency to use dissociation as an individual defence is the dissociation induced by the

group to sustain their own tenuous denial, dissociation and repression in order to ward off intolerable anxiety and grief". The denial that the social work profession experiences in relation to the trauma of slavery and the displacement is a result of the shame the profession experiences in relation to the role social work has played in colluding with apartheid. What this means is that despite the transformation, social work as a profession and social workers have not been successful in addressing past inequalities. UNICEF 2011 said that despite making progress towards improving the conditions for children, South Africa's children are still greatly disadvantaged by the racial inequalities of the past which have not been addressed.

### **7.6.1 Social work's collusion with apartheid**

Social workers and social work as a profession have been complicit and colluded with the apartheid government (Bozalek, 2004; Mamphiswana & Noyoo, 2000; Patel, 1999; Sacco & Hoffman, 2004; Smith, 2013). This meant that there was little understanding of the trauma of the displacement and the historical trauma of slavery within the social work profession because the apartheid government did not view slavery or the forced removals as traumatising. Social workers and the social work profession upheld segregation policies including the Group Areas Act which resulted in the trauma of displacement. In a submission to the TRC in 1999, a report by the National Welfare and Social Service forum described the different ways in which social workers and the social welfare system had upheld the policies of apartheid, which included segregation and the Group Areas Act. The report also states that in order to force people to move and to adhere to the Group Areas Act, state pensions or state grants were withheld. Social work and social welfare are rooted in the response to white poverty and therefore many charities and the state welfare board had members of the Afrikaner Broederbond in key positions in order to ensure white privilege by discriminating against black people. Race-based measures, such as those implemented between 1950 and the late 1980s, gave the majority of funds to whites and left black families impoverished and marginalised. The social work profession and social welfare system in South Africa was based on racial segregation from the 1930s till apartheid was dismantled. Social workers and social welfare workers had to implement apartheid policies. For example, a white children's home received ZAR175 per child while a black children's home received ZAR60 per child, and abandoned children were racially classified. Social workers and community workers who did not uphold apartheid policies or who protested were disciplined by the Social Work Council. By upholding apartheid policies like the Group Areas Act the social work profession

and social welfare have contributed to transmitting the trauma of displacement and the historical trauma of slavery

### **7.6.2 Social work and the TRC**

The National Social Services and Welfare (1999) submission report to the TRC called for the transformation of the social work profession and social welfare system. This included training institutions. Training institutions like social work departments at universities contributed to the transmission of the trauma of displacement and the historical trauma of slavery in the way they have socialised and educated social work students. The social work department at a traditionally white university explained the measures they would take to transform the department because the department's policies marginalised black students (Sacco & Hoffman, 2004:162). They also stated how the training only focused on clinical casework and did not include power issues and inequality in terms of race, gender and disability. They also neglected to educate students in a radical perspective which locates the challenges of vulnerable people within the political, social and economic structures of society (Sacco & Hoffman, 2004; Mamphiswani & Noyoo, 2000). This radical perspective was only highlighted at traditionally white universities in curricula after 1993, pathologising social problems in black families for many years (Bozalek, 2004; Mamphiswani & Noyoo, 2000; Sacco & Hoffman, 2004).

Despite the call for transformation in the social welfare system, social work profession and in education in 1999, changes to curricula have been slow because social workers are trained at universities which was institutionally racist in addition to racially segregating and excluding black students (Bozalek *et al.*, 2008; Mphiswana & Noyoo, 2000; Sacco & Hoffman, 2004). In the social work profession, social workers are still trained in Western social work methods which include systems theory. Bozalek (2004:175) stated that social workers needed to be “critical enough to be able to intervene in ways that the definition of social work proposes and the social work curriculum content needs to provide students with opportunities to interrogate the hegemony of functionalist theories”. Sacco and Hoffman (2004:165) stated that the submission by social work educators was the start of reparation but the work towards ongoing reparation, prevention and development initiatives need to continue and correspond with global trends towards reparations for past atrocities.

### **7.6.3 Reparations and social justice**

In societies with past atrocities such as colonialism and slavery, the victims have a right to social justice and reparation which respects their dignity. Reparations can describe a range of

actions which make amends for what has been done. The reparation can be symbolic or material, but it is a structured way of trying to redress harm (Hamber, 2009:1). A current international description for social work states:

The social work profession facilitates social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversity are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing (International Federation of Social Work : 2013).

All communities dealing with past atrocities have a need for their trauma to be acknowledged, for the truth about atrocities to be told and for social justice. Part of reparations and social justice is integrating communities, groups and individuals who have been marginalised as a result of past injustice into the social discourse (Sacco & Hoffman, 2004:158). In order to uphold principles of social justice, social workers in South Africa need to be informed and trained in working with families who have experienced intergenerational trauma. An awareness of the historical trauma of slavery and colonialism is required as well as an understanding of the real emotional, psychological, psychological and physical effects of all forms of racism – cultural, interpersonal and institutional (Carter, 2007).

The lived experiences of the descendants of slaves in the families studied indicate that they are still experiencing the effects and transmission of the historical trauma of slavery. This is particularly relevant to those who are working with families who have been oppressed for generations. There is an ethical obligation for social work professionals who are in daily contact with families of slave descendants in the Western Cape to understand the effects that both the trauma of displacement and the historical trauma of slavery have had on these families. Furthermore, it is necessary to deliberate on creative ways to interrupt the transmission of trauma in order to end cycles of violence, poverty and substance abuse in families.

It is crucial that we begin to engage in discussions or discourses on interrupting trauma transmission and cycles of violence in our families in Cape Town. As can be seen in Chapter 5, gang violence and community violence have had devastating effects on generations in these families. Despite the ubiquity of gang violence in the media, social work discourse in South Africa remains “silent” with only sporadic studies on gang violence (Recksford, 2003). In this way, we promote the principles of social justice through reparations by interrupting trauma transmission which is the result of past atrocities.

#### **7.6.4 Intergenerational trauma: Implications for social work education**

The ways in which trauma has been classified in the past has influenced social work curricula and practice. Traditional approaches of dealing with trauma are aimed at assessing and identifying individual symptoms of trauma, often using the DSM-IV as a guide. Regarding social work training on trauma, James and Breckenridge (2010:257) maintain that there is a need to train social workers in multifaceted approaches which moves intervention from the individual to the community. This is required so that social workers are prepared and more effective in dealing with global challenges where entire groups and communities have been traumatised because intervention has been based on trauma literature aimed at individuals.

According to Evan-Campbell (2008), the nature of the historical trauma of slavery and the trauma of displacement is that it has an impact on all levels, namely individual, family and community. Traditional approaches to trauma do not focus on its collective impact on the family and community. Also, traditional approaches do not focus on historical cumulative effects and do not include the ways in which historical traumatic events interact with current traumatic experiences in individuals, families and communities. This has created difficulties in understanding intergenerational trauma and its transmission as this has not been included in the DSM-IV. Intergenerational trauma as a module has therefore only been included in Social Work curricula in America, Canada and Australia. Menzies (2007) states that social work intervention generally does not include working with individuals and families in relation to their extended family, community and nation. Even though family group conferencing is a social work method, family group conferences are generally focused on child protection issues. As an academic, social work practitioner and Aboriginal person, Peter Menzies indicates his frustration with the inability of the social work profession to effectively address the historical context of the Aboriginal people because of traditional methods of social work intervention in traumatised families and communities. Given the constraints of social work intervention, Menzies (2007) developed indicators for intergenerational trauma for social work and from a social work perspective. His model on indicators of intergenerational trauma (see Chapter 2) was used to identify intergenerational trauma transmission in families in this research project.

## 7.7 RECOMMENDATIONS FOR EDUCATION, PRACTICE AND RESEARCH

### 7.7.1 Recommendations and guidelines for education

- i) Anti-oppressive practices need to form part of both undergraduate and postgraduate training in social work research as such practices challenge and highlight inequalities. Intergenerational trauma, including the historical trauma of slavery, needs to become part of social work curricula in modules of anti-oppressive practice. Conceptualisations of trauma need to be reflected upon and broadened to determine whether they are appropriate for marginalised communities. This study has revealed that transformation within the social work profession and education has been slow despite the end of apartheid and changes to curricula. Jansen (2009) has revealed the entrenched nature of institutional racism and cultural racism in higher education institutions, and although anti-oppressive practice is included in social work curricula, it should be taught within the pedagogy of discomfort. The pedagogy of discomfort requires that both educators and students develop a deeper understanding for their own and their shared past and present, and a necessary step is to move outside their comfort zones (Boler & Zembylas, 2003).
- ii) Narrative ways of working with traumatised and marginalised individuals, families and communities should become part of the curriculum, in conjunction with PLA techniques and collective narrative practice. Narrative frameworks and PLA techniques have been successful in highlighting privilege and marginalisation amongst social work students, and should become part of the curriculum (Bozalek, 2004; 2010). Narrative work and PLA techniques offer social workers a frame of reference to include counter hegemonic narratives in their work.
- iii) Critical Race Theory also provides a framework within which to include intergenerational trauma and the trauma of slavery. When Critical Race Theory is included in social work curricula, social issues such as alcohol and drug abuse, community violence, family violence and intimate partner violence can be viewed as forms of internalised oppression. Internalised oppression should be combined with training to understand the real emotional, physical, psychological and physical effects of the trauma of institutional, cultural and interpersonal racism. Social work education should include tools to deal with internalised oppression.

### **7.7.2 Recommendations for practice**

- i) The trauma of displacement and apartheid needs to be addressed, and intergenerational trauma transmission needs to be disrupted. Discursive practice and inequalities in organisations need to be challenged as continuing inequalities contribute to the transmission of trauma in families and communities. Social workers and social work agencies need to become aware of how current practice may contribute to trauma transmission.
- ii) Contemporary trauma as a result of intimate partner violence, family violence, gang violence, community violence and alcohol and drug abuse needs to be addressed in order to prevent the transmission of trauma and it needs to be viewed in the context of past trauma of displacement and slavery.
- iii) Training in anti-oppressive practice needs to be promoted to show how narrative work and collective narrative practices can help families and individuals to critically reflect on their circumstances in relation to the power structures in their lives. By providing opportunities for families and individuals to tell their stories, counter-memories and counter-histories are produced. These counter-memories and counter-histories provide opportunities for resistance which will contribute to disrupting trauma transmission.
- iv) Frameworks of intergenerational trauma (Evans-Campbell, 2008; Menzies, 2010), including the one proposed in this study, can provide social workers with a reference point to disrupt trauma transmission and help families and communities to heal.

### **7.7.3 Recommendations for further research**

- i) Further research on intergenerational trauma is required to look at different generations separately and to look at how each generation has been impacted.
- ii) The different trauma mechanisms – such as socialisation, silence and shame – need to be researched separately.
- iii) Research is required that only focuses on the historical trauma of slavery and its effects. Research focusing on the effects of the trauma of displacement – such as overcrowding and poor housing – is also required.
- iv) Further research is required on the different forms of internalised oppression and the effects of transmission of internalised oppression such as gang violence.
- v) Further research on the intergenerational trauma of displacement in black African families is required, given the limitations of the current research on ‘Coloured’ families.

- vi) Research on intergenerational trauma in a rural community or in the Boland area is required as many slaves settled in the Boland and their descendants still reside there.
- vii) There is limited research on the intergenerational transmission of social and psychological resistance or resilience in families, and this requires further exploration through empirical research.
- viii) Further research on disrupting and healing intergenerational trauma transmission is imperative, given South Africa's traumatic past.
- ix) Research on past trauma, using the slave archives and TRC archive, can be valuable to social work discourse in terms of reparation, national trauma and intergenerational trauma.

## **7.8 CONTRIBUTION TO KNOWLEDGE**

The gaps in literature indicated that social work discourse in South Africa has not focused on its colonial history nor on slavery, except for sporadic literature. Despite the trauma of apartheid, there has been sporadic discussions on reparation but with an emphasis on the TRC and not families who were displaced. This study provides an exploration of mechanisms of the trauma transmission in transmitting the trauma of displacement and the historical trauma of slavery. The study addresses the gaps in social work literature on the trauma of displacement and slavery. Intergenerational trauma has not been a focus of social work discourse in South Africa and the study engages in the discourse on intergenerational trauma. I also attempted to address the gaps in intergenerational trauma in South Africa by focusing on the mechanisms of trauma transmission. Previous studies have focused on the effects of apartheid while studies on the transmission of intergenerational trauma have been limited. The study reveals that socialisation, silence and shame have been the main means of trauma transmission in families who have been displaced and who have a slave heritage. In this way, this study has been able to bring about a new understanding of contemporary issues facing black families. I have provided motivation for the discourse of slavery to be included in social work discourse and for its inclusion in the discourse on trauma and memory with the Apartheid Archives Project. This study also engages in the discourse on reparation of past atrocities in which few social work writers have engaged (Abdullah, 2013; Bozalek, 2004; Patel, 1999; Sacco & Hoffman, 2010). In this study, the social issues in black families are viewed as internalised oppression; there have been limited discussions on this in social work literature other than Bozalek (2004).



I have extended the work of Weingarten (2004) on trauma transmission by contextualising it in power relations in dominant society in order to decolonise the medical model of trauma transmission. The work of Brave Heart and DeBruyn (1998) and Menzies (2010) has been extended by combining their work with specific focus on mechanisms of trauma transmission. The study has contributed to the findings of Bozalek (2004; 2010) on the intergenerational effects of institutional racism, internalised oppression and her work on challenging discursive practice in the social work profession in South Africa, which is essential for the transformation of social education and practice in South Africa.

It is critical to discuss intergenerational trauma in social work at this stage in South Africa's history because apartheid ended 19 years ago and emerging research, including this research, indicates that the trauma of the past has been transmitted to the current generations born after apartheid. If this trauma is not attended to and the transmission of trauma is not interrupted, the trauma will continue to be transmitted across multiple generations.

The findings highlight new areas of intergenerational trauma transmission which needs to be investigated. These are internalised oppression and forms of internalised oppression such as gang violence, and alcohol and drug addiction. The research findings of this study also highlighted the damaging effects of overcrowding and poor-quality housing which have been transmitted intergenerationally and which require further investigation. The findings of this research provides an explanation for the current social problems of gang violence, high levels of alcohol and drug abuse, and intimate partner violence experienced in a community that was displaced and that experienced the historical trauma of slavery.

The methodology has been implemented creatively by combining a medical model of intergenerational trauma transmission (Danieli, 1998; Kellerman, 2001; Weingarten, 2004) and decolonising it using an indigenous and decolonising methodology based on narrative therapy theory (Morgan, 2000) and collective narrative practice (Denborough, 2008). In this way, the research study can be relevant to marginalised communities who experience intergenerational trauma as well as to post-slave societies.

## **7.9 CLOSING REMARKS**

The intergenerational trauma of displacement, the historical trauma of slavery and the mechanisms of trauma transmission are based on trauma theory, which has been conceptualised by dominant society and discursive practice. Given South Africa's colonial history and the apartheid regime (which only ended in 1994), the trauma of displacement and

the historical trauma of slavery have largely been excluded from the dominant social discourse. Exploring the transmission of the historical trauma of slavery and the trauma of displacement has been challenging because of the limits of traditional medical and individual approaches to trauma. Exploring the transmission of intergenerational trauma is an emerging area of research in South Africa and a new research focus in social work discourse.

I have concluded that the families' experiences of trauma have not been recognised as traumatic by the dominant society. The traumatic experiences and memories have been deliberately obliterated in order to maintain the values and power of dominant society, which has been based on institutional racism. The real effects and trauma of racism and slavery have not been understood by society and have resulted in complicating the grieving and mourning of black families taking part in this research. The families had no alternative but to project the trauma onto the next generation in order to cope with traumatic experiences which have remained unacknowledged and invisible to society. The historical trauma of slavery and the trauma of displacement were transmitted via the trauma transmission mechanisms of silence, shame and socialisation.

This study addressed gaps in research and practice considerations when working with families who have experienced intergenerational trauma in South Africa. The study also highlighted the importance of the context of displacement and slavery when working with families who are descendants of slaves. The mechanisms of trauma transmission have been identified in the families and provided a framework to assist families experiencing intergenerational trauma. What this study highlighted, is the "conspiracy of silence" within social work regarding the displacement during apartheid and the historical trauma of slavery, allowing one to engage in a discourse of reparation and addressing past inequalities. Viewing trauma and intergenerational trauma transmission within the context of power relations in dominant society offers individuals opportunities for resistance by creating counter-memories and counter-histories. By integrating the counter-memories and counter-histories that do not fit the epistemic frameworks, social workers can challenge existing inequalities and interrupt trauma transmission in families.

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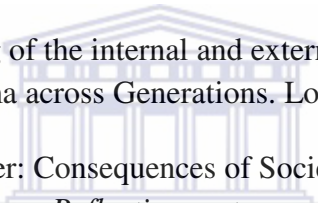
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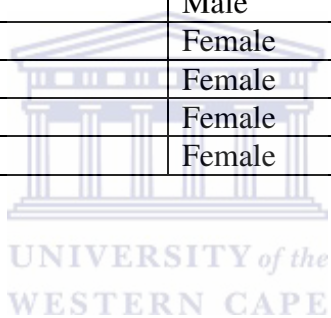
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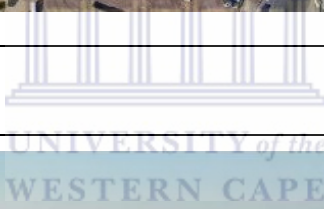
## APPENDIX I - BIOGRAPHICAL DETAILS OF PARTICIPANTS

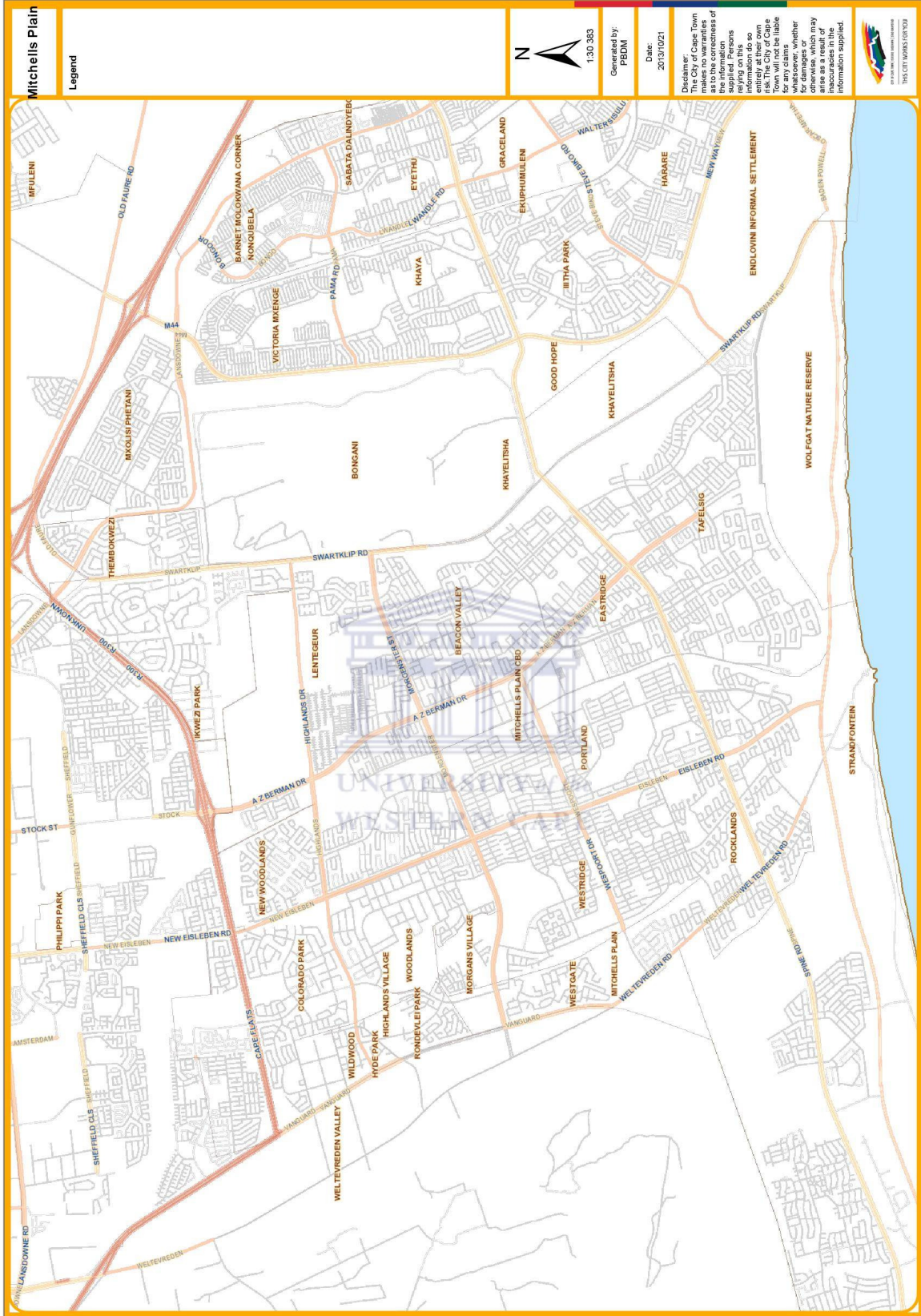
### Biographical Details of Families and Participants

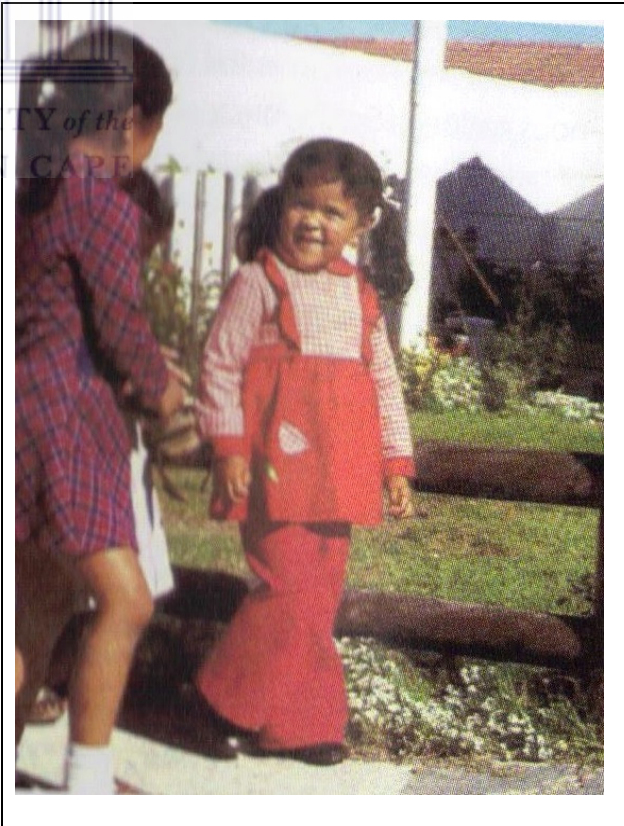
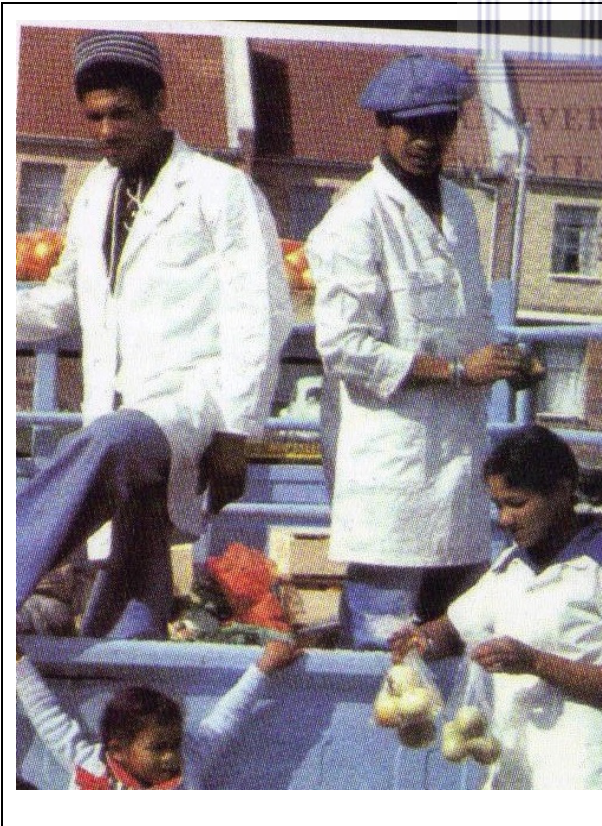
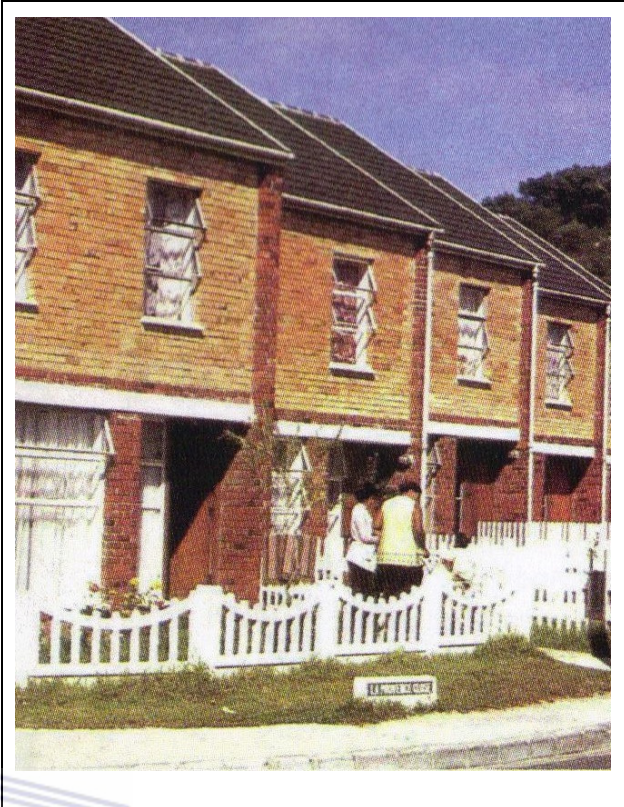
Family Surname	Age	Gender	Generation
September	80	Male	1 <sup>st</sup>
September	54	Female	2 <sup>nd</sup>
September	29	Female	3 <sup>rd</sup>
Valentine	57	Male	1 <sup>st</sup>
Valentine	30	Male	2 <sup>nd</sup>
Williams	54	Female	1 <sup>st</sup>
Williams	40	Female	2 <sup>nd</sup>
Williams	18	Male	3 <sup>rd</sup>
February	80	Male	1 <sup>st</sup>
February	49	Female	2 <sup>nd</sup>
February	23	Female	3 <sup>rd</sup>
Caesar	70	Female	1 <sup>st</sup>
Caesar	53	Male	2 <sup>nd</sup>
Caesar	30	Female	3 <sup>rd</sup>
Jacobs	41	Male	1 <sup>st</sup>
Jacobs	20	Female	2 <sup>nd</sup>
Diedericks	5.	Female	1 <sup>st</sup>
Diedericks	29	Female	2 <sup>nd</sup>
Diedericks	18	Female	3 <sup>rd</sup>



**APPENDIX II - MITCHELLS PLAIN (MAP AND PICTURES)**

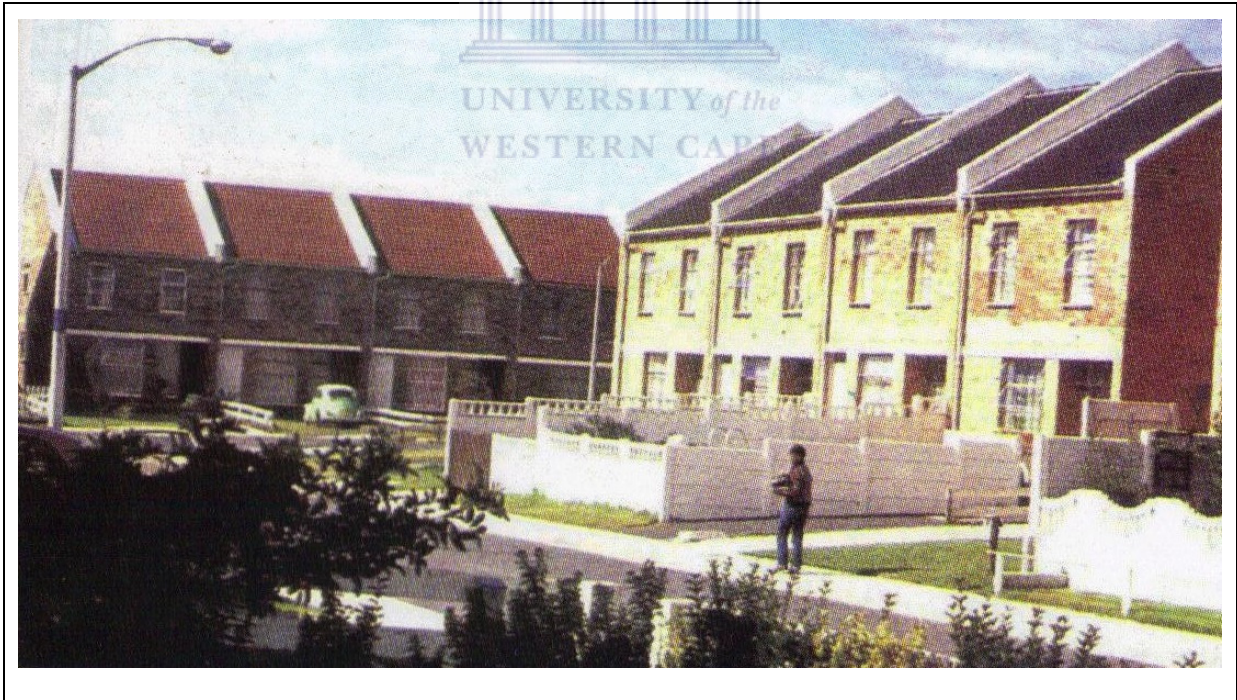




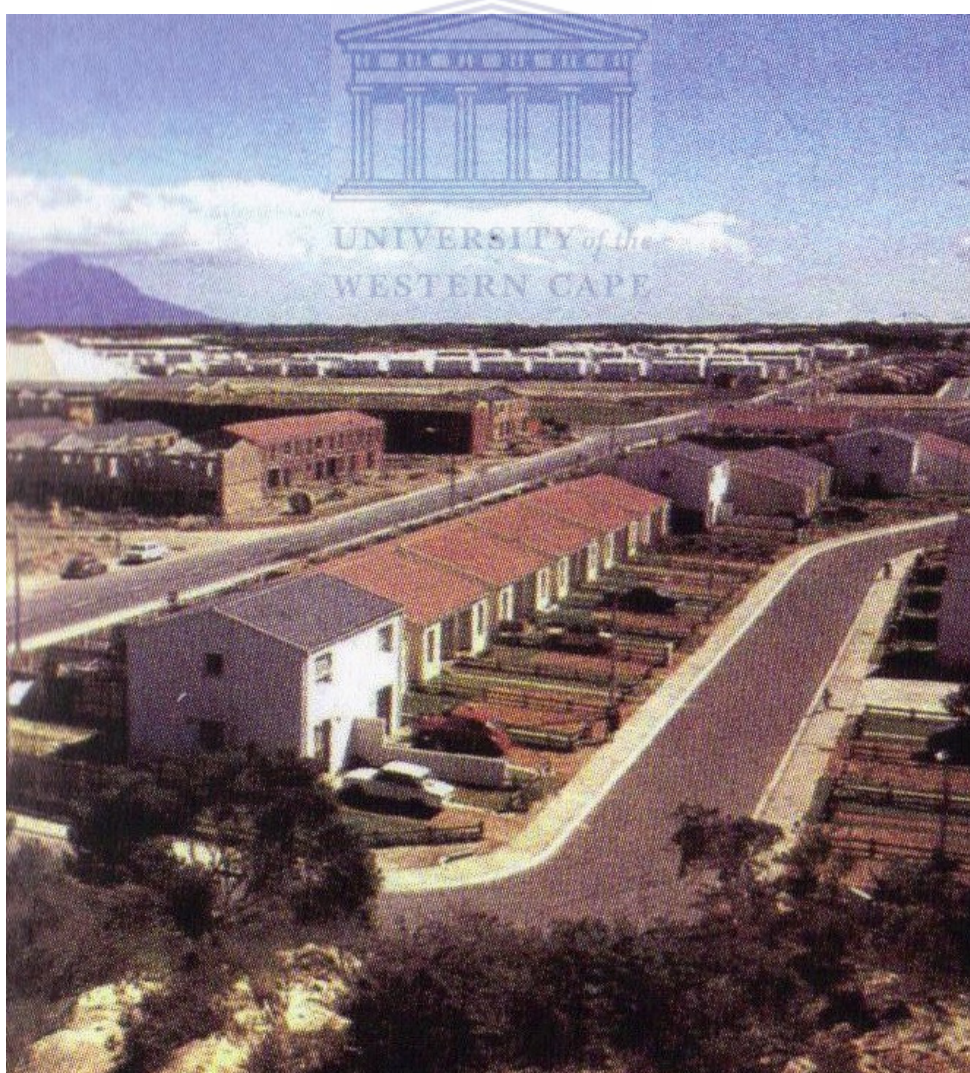




UNIVERSITY of the  
WESTERN CAROLINA







## Mitchell's Plain – stad van 150 000 mense



## Modelstad groei snel in vyf jaar

BO: Die kleinplein van die stadstroum wat met vrag  
bruik word in die middel is rubanise aangebring en  
die is die omgewing met pragtige bome verfron  
Adeley Hladine.

ONDER: Regs is 'n deel van die kassie-burgersentrum  
Lantegou, met die biblioteek op die otergrond.

## Mitchell's Plain Town Centre



### Carnival opening

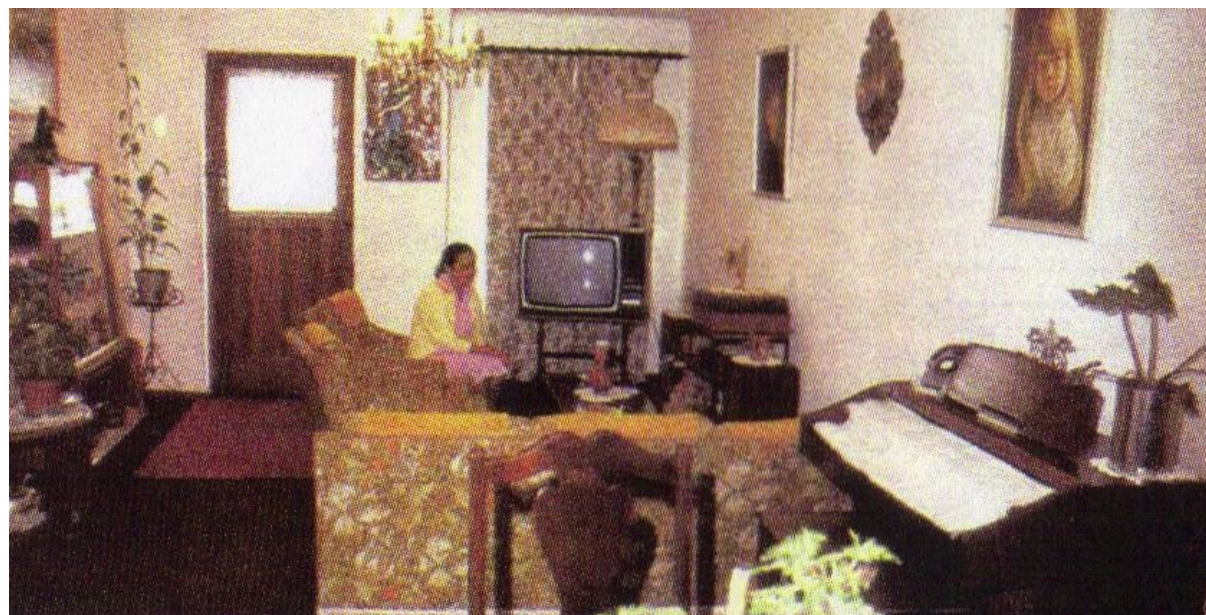
TOMORROW, exactly a year ago, the Mitchell's Plain Town Centre opened with a carnival atmosphere with singer Richard Jon Smith stealing the show 5 days prematurely from Father Christmas.

Last year when the shops opened their doors for the first time thousands of customers queued since the previous night to snap up cut-price items ranging from foodstuffs to bicycles in a super spending spree.

Many of the 500 shoppers who went to gain hunting gather in the main square hear Richard J. Smith. Other entertainment laid on included performance by comedian Al Debbio, pet and fashion shows at several shops a modern jazz and ju exhibitions.

A cordon of police men used dogs to control more than a thousand people waiting to enter a store.





## APPENDIX III - INFORMATION FOR PARTICIPANTS (ENG &AFR)



### UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa  
Tel: +27 21-959, Fax: 27 21-959 2277

E-mail: vbozalek@uwc.ac.za

## INFORMATION SHEET

**Project Title: [The Transmission of Intergenerational Trauma in displaced families]**

### **What is this study about?**

This is a research project being conducted by Shanaaz Hoosain at the University of the Western Cape. We are inviting you to participate in this research project because your family has been displaced and forcibly removed due to the Group Areas Act. Your surname is also indicative of families who may have a slave heritage.

The purpose of this research project is to explore intergenerational trauma in families who were displaced during Apartheid and who also has a history of slavery in order to identify the mechanisms of trauma transmission operating within the families so that we can understand how trauma from the past is passed on from one generation to the next in order to find ways to prevent cycles of trauma in families.

### **What will I be asked to do if I agree to participate?**

You will be asked to \_\_\_\_.

- To tell your life history, this can take place in a venue where you feel comfortable. This can either be in a private space in your own home at a time that is convenient for you, or if you prefer in a private venue outside your home. Transport can be provided. This can be up to 2 hours at a time, and it may take meeting 3 times with you and longer if needed
- On a separate occasion I will then interview you and ask you a few questions. This will take about 2 hours and we may need to meet twice.
- I will ask you to meet with the rest of your family who have given consent to the research where you will take part in group activities and be interviewed as a group. This will take up to 2 1/2 hours and you will be required to meet 3 times as a family group. This is called a focus group and you will have to agree to keep all information shared in the focus group as confidential

### **Would my participation in this study be kept confidential?**

We will do our best to keep your personal information confidential. To help protect your confidentiality, your names will be kept anonymous and what you share will be confidential. This will be stated when the family gets together as a group. And those family members keep information shared in the group confidential and not share the information with other family members not part of the group. The data will be kept in locked cabinets, and in files and documents which are password protected. Only the researcher will have access to the data.

### **Audio taping/Photographs/Digital Recordings**

This research project involves making **audio files and using photographs, old photographs, letters or documents (of you) you are willing to share and consent to.** The audiotapes are way of recording what you have said so that the researcher can remember what has been said and use this for the research. The photographs will be add to value of the research and the life history it may also help you remember past events in your life. The photographs may be used in the final report if you give consent to this. This will mean that the public will have access to the photographs. The researcher and the transcriber will have access to the audio files. The audio files will be stored in a secure environment.

If we write a report or article about this research project, your identity will be protected to the maximum extent possible.

In accordance with legal requirements and/or professional standard as a registered social worker will disclose to the appropriate individuals and/or authorities information that comes to our attention concerning child abuse or neglect or potential harm to you or others.

### **What are the risks of this research?**

There may be some risks from participating in this research study.

You may talk about traumatic experiences in your past and present. This may be emotionally uncomfortable or cause emotional or psychological distress.

Talking about your experiences or telling your life story may also trigger painful memories which may cause you distress or you may experience anger, resentment, fear or embarrassment.

### **What are the benefits of this research?**

The benefits to you include having the opportunity to share your life story and be listened to. You will also be able to work on a family life story together with other family members and tell your family's story.

This research is not designed to help you personally, but the results may help the researcher to learn more about how trauma is passed on from one generation to the next. We hope that, in the future, other people might benefit from this study through improved understanding of intergenerational trauma.

The research project will contribute to the field of intergenerational trauma in South Africa. The research project may also contribute to understanding how trauma from the past is transmitted in families and contribute to the prevention of trauma being transmitted in families.

### **Do I have to be in this research and may I stop participating at any time?**

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

### **Is any assistance available if I am negatively affected by participating in this study?**

If you are traumatized in anyway then the researcher will help you access a counsellor.

### **What if I have questions?**

This research is being conducted by *Shanaaz Hoosain in Social Work Department* at the University of the Western Cape. If you have any questions about the research study itself,

please contact Shanaaz Hoosain at: 24 Caesars Drive Colorado Park (h) 021 3716097 cell) 0849587657 or on email [ccyfshan@gmail.com](mailto:ccyfshan@gmail.com)

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Head of Department: Dr. N.Roman  
 Social Work Department  
 University of the Western Cape  
 Private Bag X17  
 Bellville  
 7535  
 Tel 021 9592970

(or)  
 Prof. H.C. Klopper  
 Dean of the Faculty of Community and Health Sciences:  
 University of the Western Cape  
 Private Bag X17  
 Bellville 7535  
 Tel 021 9592631/2746

*This research has been approved by the University of the Western Cape's Senate Research Committee and Ethics Committee.*

**Study Coordinator's Name: Prof V. Bozalek**

**Director: Teaching and Learning**

**Private Bag X17, Belville, 7535**

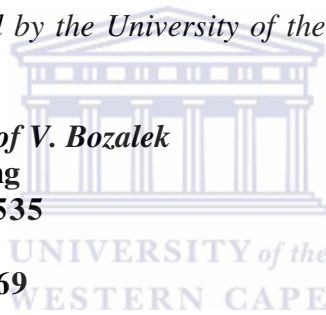
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**UNIVERSITY of the  
 WESTERN CAPE**



## UNIVERSITEIT WES- KAAP

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### INLIGTINGS BLAD

#### **Projek Titel: Die Oordrag van Intergenerasie Trauma in families wat verplaas is**

#### **Waaroor gaan hierdie studie?**

Dit is 'n navorsingsprojek deur Shanaaz Hoosain by die Universiteit van Wes-Kaap. Ons nooi u om deel te neem aan hierdie navorsingsprojek want u familie was verplaas en geforsier om te verhuis as gevolg van die Groepgebied Wet. U is ook 'n aanduiding van families wat 'n Slawe-erfenis het.

Die doel van hierdie navorsingsprojek is om die intergenerasie trauma in families wat verplaas is gedurende Apartheid en wat ook 'n geskiedenis van slawerny het, te ondersoek om sodoende die meganisme van trauma transmissie binne die families te identifiseer sodat ons kan verstaan hoe trauma van die verlede van een generasie na 'n ander oorgedra word sodat ons maniere kan vind om trauma siklusse in families te voorkom.

#### **Wat gaan ek gevra word om te doen as ek instem om deel te neem?**

U gaan gevra word om \_\_\_\_.

- U lewensgeskiedenis te vertel, dit kan plaasvind in die plek waar u gerieflik voel. Dit of 'n private plek in u eie huis wees op 'n tyd wat gerieflik vir u is, of buite u huis. Vervoer kan voersien word. Dit kan tot 2 uur per sessie duur, en dit mag 3 ontmoetings of meer, indien nodig, neem.
- Op 'n afsonderlike geleentheid sal ek 'n onderhoud met u voer en 'n paar vrae vra. Dit sal ongeveer 2 uur duur en ons mag dalk twee keer ontmoet.
- Ek sal vir jou vra om met die res van u familie, wat toestemming tot die navorsing gegee het te ontmoet, waar u in groep aktiwiteite sal deelneem en as 'n groep 'n onderhoud mee gevoer word. Dit mag tot 2 1/2 uur duur en u sal drie keer as 'n familie-groep moet ontmoet. Dit word 'n fokusgroep genoem en u sal moet instem om alle informasie wat gedeel word in die fokusgroep, vertroulik te hou.

#### **Sal my deelname aan hierdie studie vertroulik gehou word?**

Ons sal ons bes doen om u persoonlike inligting vertroulik te hou. Om te help om u vertroulik te beskerm, sal u name anoniem gehou word en wat u deel sal vertroulik wees. Dit sal aangedui word wanneer die familie byeenkom, as 'n groep. Die familie lede moet die inligting wat in die groep gedeel word vertroulik hou en nie die inligting met ander familie lede wat nie lede van die groep is nie, deel nie. Die data sal ingeslote kabinette wees en in lêers en dokumente met wagworde beskerm word. Slegs die navorser sal toegang tot die data hê.

#### **Audio opname/Foto's/Digitale opnames**

Hierdie navorsing behels die maak van audio lêers en die gebruik van foto's, ou foto's, briewe of dokumente (van u) wat u ingewillig is om te deel en toestemming daartoe gee. Die audio-bande is 'n manier om vas te lê wat u gesê het sodat die navorser kan onthou wat gesê is en vir hierdie navorsing gebruik word. Die foto's sal waarde aan die navorsing heg en die lewens-geskiedenis mag u help om gebeure in u lewe te onthou. Die foto's kan in finale



verslag gebruik word as u daartoe stemming gee. Dit sal beteken dat die publiek toegang tot u foto's sal hê. Die navorser en transkibeerder sal toegang tot die audio lêers hê. Die audio lêers sal in 'n veilige omgewing gestoor word.

As ons 'n verslag skryf oor hierdie navorsingsprojek, sal u identiteit tot die maksimum beskerm word.

In lyn met wetlike voorskrifte en/of professionele standaarde as geregistreeerde maatskaplike werker sal ek aan die bevoegde individue en/of outoriteite inligting gee wat onder ons aandag kom oor kindermishandeling of moontlike skade aan u of ander.

### **Wat is die risiko's van hierdie navorsing?**

Daar mag sommige risiko's wees as gevolg van deelneem aan hierdie navorsing-studie.

U mag praat oor traumatiese ervarings in u verlede en huidelik. Dit mag emosioneel ongemaklik wees of emosionele of sielkundige nood veroorsaak.

As u oor ervarings praat of u lewensgeskiedenis vertel mag dit pynlike herinnerings oproep wat u nood mag veroorsaak, of u mag woede, wrok, vrees of verleentheid ervaar.

### **Wat is die voordele van hierdie navorsing?**

Die voordele vir u sluit in die geleentheid om u lewensstorie te deel en om na geluister te word. U sal ook in staat wees om aan 'n familie lewensstorie saam met ander familieleden te werk en u familie storie te vertel.

Die navorsing is nie ontwerp om u persoonlik te help nie, maar die resultate mag die navorser help om meer te leer oor hoe trauma van een geslag na 'n ander oorgedra word. Ons hoop dat in die toekoms ander mense voordeel mag trek uit hierdie studie deur verbeterde verstaan van intergenerational trauma.

Die navorsing sal bydra tot die veld van intergenerasie trauma in Suid Afrika. Die navorsingsprojek mag ook bydra tot die verstaan van hoe trauma van die verlede oorgedra word in families en hoe dit bydra tot die voorkoming van trauma wat oorgedra word in families.

### **Moet ek in die navorsing wees en mag ek deelname enige tyd stop?**

U deelneem in hierdie navorsing is geheel en al vrywillig. U kan kies om glad nie deel te neem nie. As u besluit om deel te neem aan hierdie navorsing mag u u deelname te enige tyd staak. As u besluit om nie aan hierdie studie deel te neem nie, of in deelname te enige tyd staak, sal u nie gepenaliseer word of enige voordele verloor waarvoor u kwalifiseer nie.

### **Is enige bystand beskikbaar as ek negatief geaffekteer word deur my deelname in hierdie studie?**

As u in enige manier getraumatiseer word sal die navorser u met toegang tot 'n berader help.

### **Wat as ek vrae het?**

Die navorsing word uitgevoer deur Shanaaz Hoosain in Maatskaplike Werk Department by die Universiteit Wes-Kaap. As u enige vrae oor die navorsing studie het, kontak Shanaaz Hoosain by Caesars Rylaan 24, Colorado Park. (h)021-3716097 (Sel) 0849587657 of by e-pos [ccyfshan@gmail.com](mailto:ccyfshan@gmail.com)

As u enige vrae het oor hierdie studie en u regte as 'n navorsingsdeelnemer of as u enige probleme wat u ondervind het wil rapporteer betreffende die studie kontak asseblief

Departmenthoof : Dr N. Roman  
Maatskaplike Werk  
Universiteit Wes-Kaap  
Privaatsak X17

Bellville

7535

Tel 021 9592970

(of)

Prof. H.C. Klopper

Dekaan van Gemeenskap Gesondheids Wetenskappe

Universiteit Wes-Kaap

Privaatsak X17

Bellville

7535

Tel: 021 9592631/2746

Die navorsing is deur die Senaat Navorsing Komitee en Etiek Komitee van die Universiteit van Wes-Kaap goedgekeur.

**Studie Koördineerder: Prof V. Bozalek**

Direkteur: Onderrig en Leer

**Privaat Sak X17, Belville, 7535  
Suid Afrika**

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**UNIVERSITY of the  
WESTERN CAPE**

## APPENDIX IV - CONSENT FORMS



### UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa  
Tel: +27 21-959, Fax: 27 21-959 2277

E-mail: vbozalek@uwc.ac.za

### CONSENT FORM

**Title of Research Project: *The Transmission of Intergenerational Trauma in Displaced Families***

The study has been described to me in language that I understand and I freely and voluntarily agree to participate in the study, which includes being interviewed and taking part in a focus group. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way. I also undertake to keep the content of the discussion in the focus group confidential so as to protect the rights of every participant in the study.

**Participant's name** .....

**Participant's signature** .....

**Witness** .....

**Date**.....



### Audio taping/Photographs/Digital Recordings

This research project involves making **audiotapes and using photographs of you**

- I agree to be audiotaped/photographed during my participation in this study.
- I do not agree to be audiotaped/photographed during my participation in this study.
- I agree that my old photographs /letters /documents can be used in the participation of the study
- I do not agree that my old photographs/letters/documents can be used in the participation of the research project.
- I agree that my old photographs/letters/documents can be used in the final report.
- I do not agree that my old photographs/letters/documents can be used in the final report.

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

**Study Coordinator's Name:** *Prof V. Bozalek*

**Director:** Teaching and Learning

**Private Bag X17, Belville, 7535**

**South Africa**

**Tel:** +27 (0) 21 9592848 / 3069

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**Website:** [www.uwc.ac.za](http://www.uwc.ac.za)

**Researcher's name:** Shanaaz Hoosain

**24 Caesars Drive Colorado Park**

**7785**

**Tel:** 0849587656



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## UNIVERSITEIT WES- KAAP

Privaatsak X 17, Bellville 7535, South Africa  
Tel: +27 21-959, Faks: 27 21-959 2277

E-pos: vbozalek@uwc.ac.za

### Toestemmingsvorm

Titel van Navorsingsprojek: Die Oordrag van Intergenerasie Trauma in families wat verplaas is

Die studie is aan my beskrywe/verduidelik in 'n taal was ek verstaan en ek stem vryelik en vrywillig in om aan die studie in om aan die studied eel te neem. Dit sluit in om deel te neem in die onderhoude en fokusgroep. My vrae aangaande die studie is bevredigend beantwoord. Ek verstaan dat my identiteit nie verklaar sal word nie en dat ek van die studie te enige tyd mag onttrek. Sonder dat ek in rede verskaf en dat dit my geensins negatief sal affekteer nie. Ek onderneem ook om die inhoud van die bespreking in die fokusgroep vertroulik te hou om sodoende die regte van elke deelnemer in die studie te beskerm.

**Deelnemer se naam** .....

**Deelneemer se handtekening**.....

**Getuie** .....

**Datum** .....

### Audio opname/Fotos /Digitale Opnames

Hierdie navorsingsprojek behels die maak van audio bande en die gebruik maal van foto's van u

- Ek stem in om op audio-band opgeneem te word/ gefotografeer te word dedurende my deel
- Ek stem nie in om op audio –band opgeneem te word/gefotografeer te word gedurende my deelname aan hierdie studie nie.
- Ek stem in dat my ou fotos /briewe/dokumente gebruik kan word in die deelname aan hierdie Studie
- Ek stem nie in dat my ou fotos/briewe/dokumente gebruik kan word in die deelname aan hierdie navorsingsprojek nie.
- Ek stem in dat my ou fotos briewe/dokumente gebruik word in die finale verslag gebruik kan word.
- Ek stem nie in dat my ou fotos /briewe/dokumente in die finale verslag kan bebruik word nie.

As u enige vrae oor hierdie studie het, of enige problem wat u ondervind het aanstaande die studie, kontak asseblief die studie koördineerder

**Studie Koördineerder: *Prof V. Bozalek***

**Direkteur: Onderrig en Leer**

**Privaat Sak X17, Belville, 7535**

**Suid Afrika**

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**VERBAL CONSENT FORM**

**Verbal Consent for a participant unable to read or write**

**Title of Research Project: The Transmission of Intergenerational Trauma in families in Cape Town who have been displaced**

I have discussed this research study with ..... using language which is understandable and appropriate for the participant. I believe that I have fully informed him/her of the nature of the study and its possible risks and benefits. I believe the participant understood this explanation and assent to participate in this study.

Name of Researcher: Shanaaz Hoosain

Signature: .....



Participant's name .....

Participant's signature .....

Witness .....

Date.....

**Audio taping/Photographs/Digital Recordings**

This research project involves making **audiotapes and using photographs of you**

- I agree to be audiotaped/photographed during my participation in this study.
- I do not agree to be audiotaped/photographed] during my participation in this study.
- I agree that my old photographs /letters /documents can be used in the participation of the study
- I do not agree that my old photographs/letters/documents can be used in the participation of the research project.
- I agree that my old photographs/letters/documents can be used in the final report.
- I do not agree that my old photographs/letters/documents can be used in the final report.

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

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## APPENDIX V - INTERVIEW SCHEDULES

### Interview Schedule for Life Histories

#### *Life Histories – First generation and Second generation (if the second generation grew up in Cape Town)*

1. Can you tell me about your life, living and growing up in Cape Town in a time before you moved to Mitchells Plain. You can include any early memories about your grandparents or great grandparents and your family and friends

*Vertel my van jou lewe, die lewe en groot-word in Kaapstad gedurende die tyd vóór julle Mitchells Plain toe getrek het. Jy kan enige vroeë herinneringe oor oupas en oumas of oupagrootjies en oumagrootjies insluit sowel as ander familie en vriende.*

2. Could you please tell me about your family history or what you know about your family's history, also who told you and how did you come to hear about it. This can include any events or incidents that you see as important or even traumatic

*Vertel my van jou familie geskiedenis of wat jy oor jou familie geskiedenis weet en wie dit vir jou vertel het of hoe jy daarvan te hore gekom het. Dit kan enige gebeurtenis of voorval insluit wat jy dink belangrik is of selfs as traumaties beskou.*

#### *Life History – Third generation*

1. Can you tell me about your life, living and growing up in Mitchells Plain. You can include any early memories of your grandparents, great-grandparents, family and friends.

*Vertel my van jou lewe, jou lewe en groot-word in Mitchells Plain. Jy kan enige vroeë herinneringe oor jou oupas en oumas, grootouers, familie en vriende insluit.*

2. Could you please tell me about your family history or what you know about your family's history, also who told you and how did you come to hear about it. This can include any events or incidents that you see as important or even traumatic

*Vertel my van jou familie geskiedenis of wat jy oor jou familie geskiedenis weet en wie dit vir jou vertel het of hoe jy daarvan te hore gekom het. Dit kan enige gebeurtenis of voorval insluit wat jy dink belangrik is of selfs as traumaties beskou.*

### **Interview Schedule for Focus Groups**

1. How would you describe the community your family lives in now , to the one your family used to live in before they moved to Mitchells Plain

*Hoe sal jy die gemeenskap beskryf waarin jou familie nou woon teenoor die gemeenskap waarin hulle gewoon het vóór hulle Mitchells Plain toe getrek het?*

2. Can you tell me about your family history , all the events that you feel are significant

*Kan jy my vertel van jou gesin se geskiedenis, al die gebeure wat jy voel belangrik is?*

3. Please tell me about all the relationships in your family and how everyone communicates with each other

*Vertel my asseblief van al die verhoudings in jou familie en hoe elke familielid met elkeen van die ander kommunikeer?*

4. Can you describe all the heroes in your family

*Kan jy al die helde in jou familie beskryf?*

5. Can you describe your family's shining moments and how they have coped with all the obstacles they have experienced including any traumatic events and apartheid

*Kan jy jou familie se goeie momente beskryf sowel as hoe hulle al die struikelblokke hanteer het wat oor hul pad gekom het, insluitend enige traumatiese gebeure én apartheid?*

6. What are the hopes and dreams for your family

*Wat is die hoop en drome vir jou familie?*

### Interview Schedule for Semi-structured Interviews

1. Please describe how the Group Areas Act affected you and your family, you can also include how you and your family coped with this and your feelings about this

*Beskryf asseblief hoe die Groepsgebiedewet jou en jou familie affekteer het? Jy kan ook insluit hoe jy en jou familie dit hanteer het, sowel as jou gevoelens daaroor.*

2. Can you tell me about your family's history, whether there were any things in your family's history that you would have liked your parents to tell you more about, or what you heard or know about and is not spoken about in your family, or you were told not to talk about it, or you were perhaps too scared to ask about?

*Vertel my van jou familie se geskiedenis, of daar enige iets in jou familie se geskiedenis is waaroor jy bly sou wees as jou ouers jou daarvan vertel het, of waarvan jy gehoor het of weet waaroor daar nie in die familie gepraat word nie of waaroor jy dalk gevra is om nie te praat nie of waaroor jy dalk te bang is om oor te vra.*

3. Can you please tell me about any significant events in your life or your family's life that you have not spoken about or told your family about and do not want anyone or your children to know about. It could have been too sad or painful to talk about, or you just did not think they needed to know.

*Vertel my van enige betekenisvolle gebeure in jou lewe of jou familie se lewe waaroor jy nog nie gepraat het nie óf jou familie vertel het nie en waarvan jy nie wil hê dat enige iemand of jou kinders moet weet nie. Dit kon te hartseer of pynlik gewees het om daaroor te praat of jy het dalk gedink dat hulle nie nodig het om te weet nie.*

4. Please describe your family values or beliefs or things that are important to your family. What you would like to pass on to the next generation or things that you celebrate together, or rituals that you have.

*Beskryf jou familie se waardes en oortuigings of dinge wat vir jou familie belangrik is. Wat sal jy graag na die volgende generasie wil aangee t.o.v. dinge wat julle saam kan vier of rituele wat julle het?*

5. Please describe your relationship with your parents both when you were a child and now as an adult, and if there are any changes.

*Beskryf asseblief jou verhouding met jou ouers, beide toe jy 'n kind was en nou as volwassene en of daar enige veranderings is.*

6. How would you describe the way children are raised in your family and the ways your family communicates with each other.

*Hoe sal jy die manier beskryf waarop kinders groot gemaak word in jou familie en die maniere waarop jou familie met mekaar kommunikeer?*

7. Please describe how you feel about the fact that your family has a typical slave surname given the history of Slavery in the Cape

*Beskryf asseblief hoe jy voel oor die feit dat jou familie 'n tipiese slawe-van het, gegewe die geskiedenis van slawery in die Kaap.*



## PLA DATA COLLECTION TOOLS

### a) *Community Mapping:*

*Purpose:* To reveal people's different perspectives about a community.

*Step 1-* Draw a picture/map of your home and neighbourhood including the resources that are there.

*Step 2 -* Identify and label three things that you would like to change (these could be physical things or relate to attitudes or social issues).

*Step 3 -* Share in your group, explaining your picture/map and the reasons for wanting things to change.

### b) *Family River of Life*

*Purpose:* To allow participants (the family) to reflect on key stages in their lives, positive experiences and influences, and difficult challenges.

On the flipchart write/draw the following:

- River of life: key stages in your family life
  - Tributaries: positive experiences and influences
  - Rough waters: difficult challenges
- (Stick on the drawing pictures of themselves and their families, business cards, souvenirs, etc.)

#### *Discussion*

Various points on the **river** represent significant stages in one's life:

- **Tributaries** are drawn to indicate key influences (e.g. people, education, books, experiences, events, etc.) that have contributed directly or indirectly to their lives and work.
- **Rough waters** in the river illustrate times when one has encountered difficult challenges in life that have potentially been the source of valuable learning.
- The river can run straight or it can twist (e.g. on **turning point moments** in one's life). It can also become narrow or widen, depending on the horizon perspective at a particular moment in time.

### c) *Communication Map*

*Purpose:* To understand relationships and communication patterns

*Step -* Draw yourself in the middle of the paper any way you like. Draw or name all the people in your life. If you talk to them a lot, draw three lines from you to that person. If you don't talk much to them, draw one line and if you talk somewhat, draw two lines from you to that person. On the line, write what you talk about.'

**d) Visioning**

*Purpose:* To explore some images of the future to build dreams and hope.

*Step 1* – Please draw your vision of the future for their community and their own lives

*Step 2* - Can you please identify what is different in your picture to the current situation.

(Adapted from : Participatory learning and action : Community-based adaptation to climate change, International Institute for Environmental Development)



## HERO BOOK TECHNIQUES

### 1. *Family Heroes*

*Purpose:* This activity is designed to find out what kind of role models the family has celebrate their role in the family

*Step - Please* draw a picture or portrait of one or two heroes in your family on the same page. Then explain why they are a hero, and why they mean so much to you.

### 2. *Shining Moments - (when your family felt they had some power over obstacles or problems)*

*Purpose:* To clearly identify and hold on to, what seems possible, a different way of being, which might become a turning point in the life of the family and the obstacle-problem-solution.

*Step - Please* draw an actual time, a moment, when things felt different in the sense of feeling a little or a lot more hopeful, and tell me about your drawing

### 3. *Your Tactics and Tricks: (that give you power over problem-obstacles and that are likely to result in lots more Shining Moments)*

*Purpose:* Tricks and tactics are a kind of recipe for success, things they might try, or are doing, to stop the obstacle-problem winning every time. These are things they can do alone or with others.

*Step - Please* draw an actual time, a moment, when things felt different in the sense of feeling a little or a lot more hopeful in your family and tell me about your drawing

(Adapted from J. Morgan : Memory, Life Story Work Manual)

## APPENDIX VI - DRAWINGS AND POETRY

**Woodstock Woodstock** (A poem written by Mr Valentine about the home and area he was forced to move from)

Woodstock! Woodstock! A place where I was born, just before great Cape Town. A place of history, what pleasant memories, great people was in Woodstocka place with history .No matter if you were rich, no matter if you were poor, they looked out for each other with tender loving care, Woodstock! Woodstock! I think of you a lot because of what I got. I'll carry it in my soul

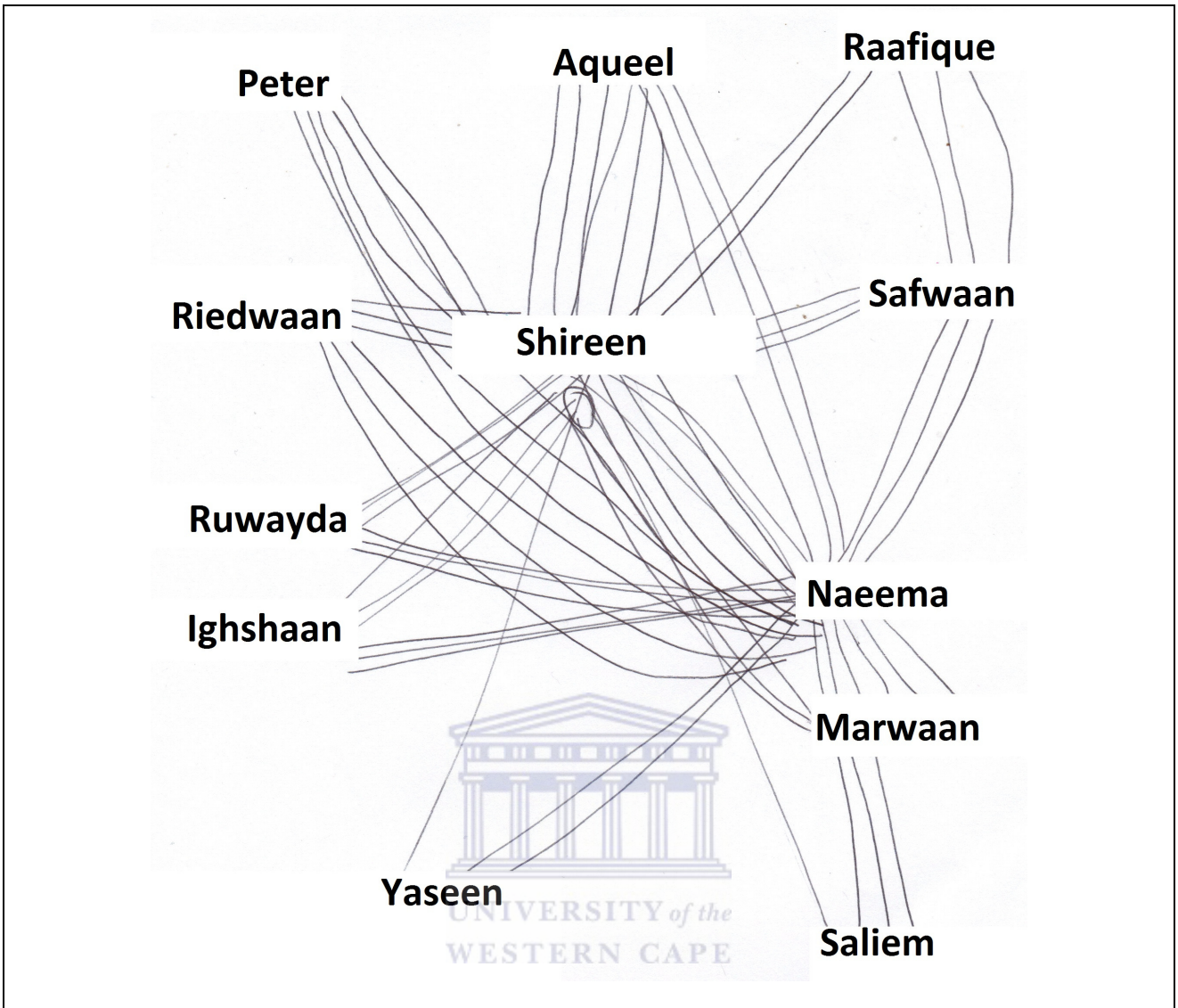
No matter if you Muslim or Christian, we grew up as a unit, close and close as can be. I'll tell my kids of You, with pride and joy, for with you I knew my place to pray or even to play, but let me say respect to our elders was always no 1.

But Woodstock !Woodstock the people of today don't even know your first name , not even President Zuma or even Malema . But I will say with a smile on my face proud to call your first name Papendorp, then Woodstock, hey they did not even know you had a beach and to get there we had to cross a bridge over a railway track and freeway. But now today they took away our beach with no place to show our kids where we played.

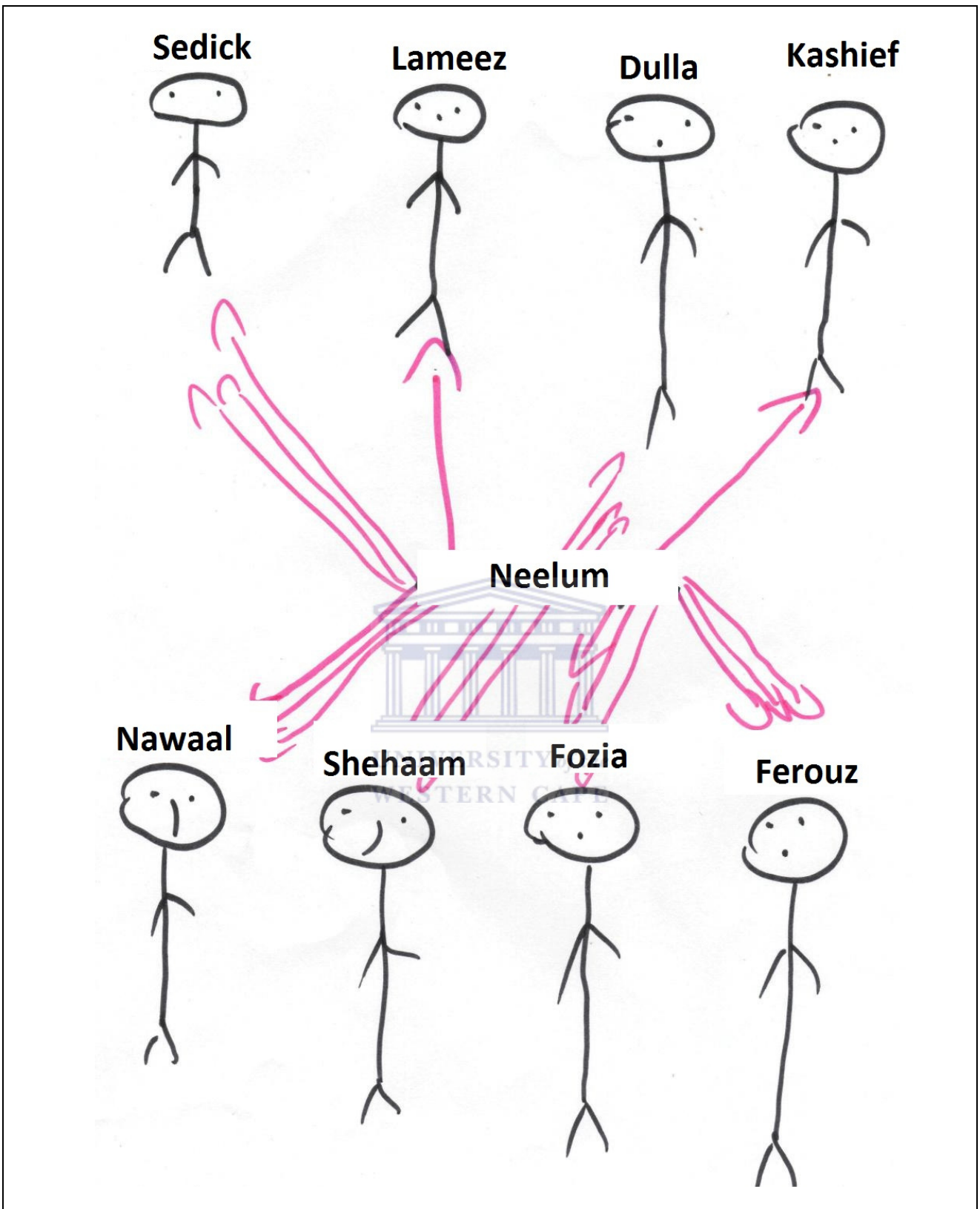
Hey they even today took our old school away, to make it a place for workshops. Can you believe it? The audacity of the these people who call themselves historians, what history are they talking about? This is not about a colour or a breed, it's all about money and greed. What about us? We were thrown on a bus.

*Ek se jou wat ek het ook familie bonde gehet. Ons was so close jy kon nie deur ons kyk nie. My oma, my auntie, uncles en neephies was almal bymekaar, die einde van die jaar gaan ons kamp. As ek dink dan wile k somer huil wants as ons nie gesky nie , het nie een van ons gegly nie. [ I tell you , I also had family bonds. We were so close, you could not see through us. My granny, my aunt , uncles and cousins , we would go camping the end of the year. As I think about it I want to cry because if we were not separated , then not one of us would have slid]*

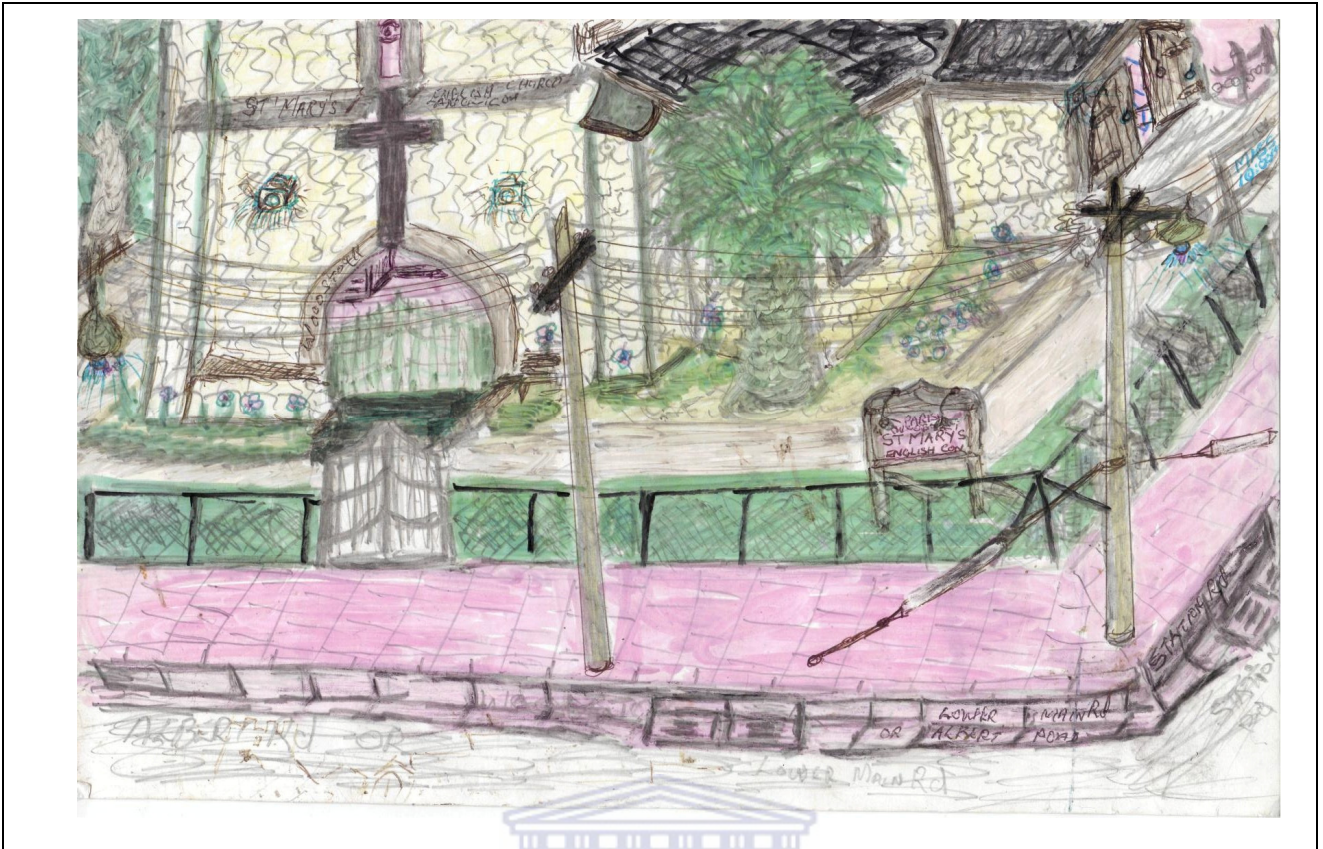




[Communication Map]



[Communication Map]

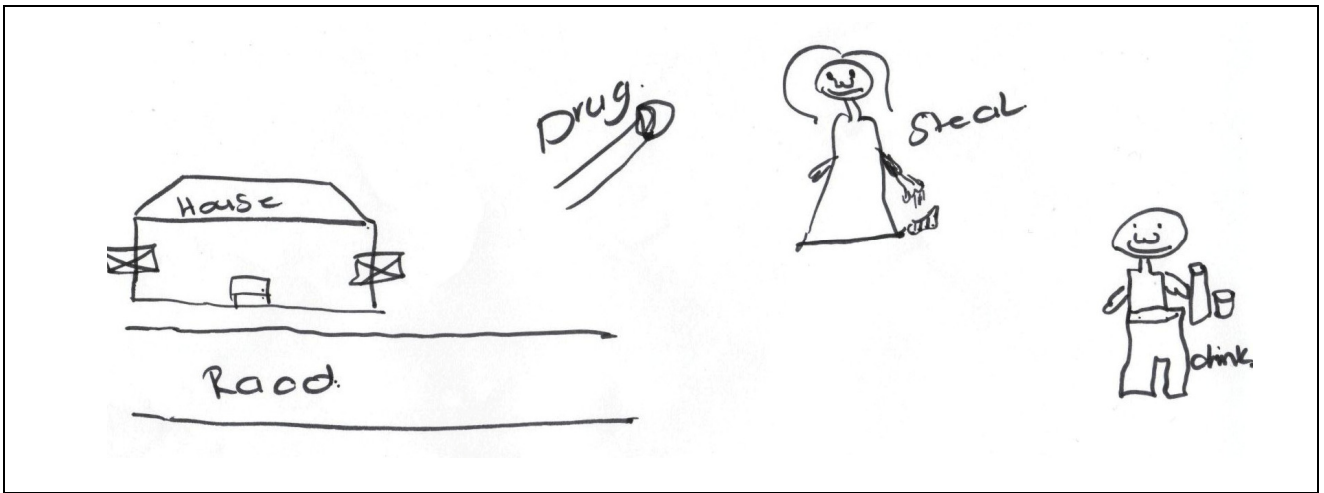


[Community Map]





[Community Map]



[Community Map]



## APPENDIX VII - DATA ANALYSIS TABLES OF FAMILIES

### Caesar Tables

#### B. Transmission of Trauma

The Table below represents and describes how the trauma of slavery and displacement may have been transmitted across the family's three generations

Generation	Mechanism	Means of Transmission	Transmission manifested in :
<i>First</i>	Socialization Silence and Shame	<i>Society</i>	<p><u>Effects Manifested in first generation as</u></p> <p><u>Poverty:</u> <i>ons het baie swaar groot geword, ...die eerste jaar wat my pa nou afsterwe. Want my pa het eintlik TB gehad. Dis daarom was ons onder die welsyn [ We really struggled when we grew up, because that was the first year that my father died. My father actually had TB and that is why we were given welfare services.</i></p> <p><i>En my ma het gehad 6 kinders en ons moet toe skool toe stap...loop in die oggend. Daar was nou nie transport daai tyd nie en uhm die welfare...daai tyd het hulle mos geroep die childlife, het toe vir ons gonderhou. En dan een maal 'n week het ons nou gegaan na Wynberg Townhall, waar ons mos nou 'n lunch gekry het.[ My mother has 6 children and we had to walk to school in the morning because there was no transport. And the welfare services was called "Childlife" and they provided for us. And once a week we had to go to Wynberg townhall we we received lunch.]</i></p> <p><i>En dit was nou om die familie te help. En ek het toe nou nie eintlik veel skool gehad nie, want ek was nou die oudste van die meisie kinders en ek moet ook by wit mense gaan werk het om my ma te help. [ And that was to help the family. And then I did not really have much of an education because I was the eldest of the girls and so I also had to work by white people to help my mother]</i></p> <p><u>Loss &amp; Separation:</u></p> <p><i>Ek weet net my pa baie siek was. My ma het eintlik ingeslaap by wit mense En my ma het mos nog gewerk, my ma was mos nou nie eintlik die een wat na ons gekyk het nie. Maar ok my ma het gesorge dat hier kos in die huis in is, en uhm sy sal nou soos Saterdag as sy by die huis is. . [ I know my father was very ill. My mother actually slept in by white people. And my mother worked , so she was not the one who cared for us, but my grandmother cared for us, but ok my mother would see that we had food when she was home on a Saturday]</i></p> <p><i>Ek was baie hartseer because ek het 'n baba verloor. En sy was siek gewees. En sy het TB gehad. En toe ek my ouma weer verloor, toe was dit ook baie hartseer toe nou my ma ook. Ek was nou nie so hartseer to</i></p>

Generation	Mechanism	Means of Transmission	Transmission manifested in :
			<p><i>my pa afsterwe nie, want daai was maar my eerste jaar op skool. So jonk...wel 'n mens is hartseer want jy sien die groot mense is hartseer en so aan. Nou begin jy te huil want hulle huil. Maar dan het jy nou nie so baie by jou verstand soos wanneer jy groot is nie. [ I was heartbroken because I lost a baby. And she was sick. And she also had TB. And then when I lost my grandmother , that was also sad and then my mother too. I was not so sad when my father died because that time I was in my first year of school. So young and well a person becomes sad when you see the adults are sad. Then you begin to cry because you see they are crying.]</i></p> <p><u>Racialization</u> : <i>ek moet ook by wit mense gaan werk het om my ma te help. Daar't baie wit mense ook tussen ons in die area gebly. a soos die wit area het ons in gebly. Ja. En ons het 'n wit predikant gehet. Ja ek het toe so gegaan by 'n plek om kyk na kinders wat ek nog jonk is ek was altyd die een wat so met die witmense se kinders gewees het. [ I also had to work for white people to help my mother . There was a lot of white people who lived in our area, like we lived in the white area. And our priest was white. Yes I went to a place to look after children because I was still young and I was always the one who had to work with the white people's children.]</i></p>
Second	Socialization, silence and shame	Society, parenting	<p><u>Poverty</u> : <i>Ons het baie swaar groot geword...kaal voet skool toe gegaan. Ons het baie swaar gekry ma my ouma het agter ons gekyk.[ We struggled when we grew up , went to school barefeet. We really struggled (or were poor) as my grandmother looked after us.</i></p> <p><u>Racialization/ Displacement</u> : <i>Ons hettie die vooregte ge het soos wit mense nie. Daai tyd het my ouma gewerk vir wit mense en my auntie het al die jare gewerk vir wit mense , my ma het ook gewerk vir wit mense. Toe stuur hulle n brief uit Engeland od Amerika hulle sal likes om vir haar te sien. Ons want die kant Wynberg, Contstancia mense ...het, het baie vooregte gehet om vir wit mense te werk. Oens hette poole gehet nie, en jy kan jou kinders gebring it vir n' dag of twee vir n' holiday. Jy iet saam met hulle, jy nie een kant gesit nie , jy het jou lunch tyd gekry, jou sak geld gekry , jou tyd wanner jy in die park kan gaan speel in het, maar toes die group areas kom to change daai alles... toe word alles daai weggevot , [ We did not have the privileges of as white people . That time my grandmother worked for white people and my aunt worked all the years for white people, my mother also worked for white people. Then they sent her a letter from England and America to say they would like to visit her. We who lived in Wynberg and Constantia, we had privileges to work with white people. We did not have swimming pools and you could bring your children for a holiday for a day or two. You could eat with them, you did not need to sit one side, you received your lunch time, your pocket money and a time you could play in the park, but when the Group Areas came in so everything changed... so everything got taken away.]</i></p>
Third	Socialization, silence and Shame	Society, parenting	<p><u>Poverty</u> : <i>Ons het baie swaar gekry...soes ons hettie soos ander mense kos geet nie, ons het pap geet, soes mielie meel en jungle oats. Is ma toes onse huis kla betaal het, het ons soes chops en steak geet. Ek het nie st 6 toe gegaan nie want daai tyd toe kry my ma mos dies twins. Toes moet ek agter die kinders kyk want dit was net my ma en pa wat gewerk het. Ek het agter hulle kyk toe hulle op skool is toe se my ma ek kan ma by die huis bly ek hoefie te werk nie want sy en my pa werk. Toe kyk ek agter die kinders, maak kos en skoon gemaak. Ek werk ma nou vir drie jaar [ We really struggled (were poor) like we did not eat like other people</i></p>

Generation	Mechanism	Means of Transmission	Transmission manifested in :
			<p>ate, we had porridge, like mielie meel and jungle oats. It is only when our house was paid , that we ate meat and steak . I did not go to high school because that time my mother had the twins and I had to look after them because it was only my mother and father who worked. I took care of them till they went to school. and the my mother said I can stay at home , I don't need to work because she and my father worked. So I took care of the children, cooked and cleaned the house. I am only working for the past 3 years.]</p> <p><u>Racialization</u> : <i>Ek hoor op die nuus en soe van swat mense en wit mense maar nooit enige iets ge experience nie.</i> [ I heard on the news about black people and white people , but have not experienced anything].</p>

### Trauma of Displacement

Generation	Mechanism	Means of Transmission to next generation	
First	Socialization Silence, Shame	Society Parenting	<p><u>Manifested (effects) in the first generation as</u></p> <p><u>Homelessness&amp;Overcrowding</u> : <i>En ek het nou saam met my ma gebly Nou Bishop Lavis se huis was eintlik my ma sin. Maar my ouma het mos saam met ons geverhuis... Maar. Die een seun bly by my, maar hy's mos al 30. Ja. Hy en sy seun.</i> [ And I lived with my mother. Now the Bishop Lavis house was actually my mother's. But my grandmother had to move with us. My one son is living with me , he is already 30 years old. My son and grandson.]</p> <p>Community Violence : <i>En ons het nie eintlik baie visitors gehad nie, because die mense het altyd gese julle gaan nou bly in "Kill me quick"...</i> [ And we did not have many visitors because they said we lived in "Kill me quick" ]</p>
Second	Socialization; Silence Shame Interpersonal Relations	Society, parenting, Enactment, Over-disclosure Projective Identification	<p><u>Effects manifested in second generation as</u></p> <p><u>Homelessness&amp;Overcrowding</u> : <i>Ons het gebly by my ouma. Ons het tie lekker saam gebly nie. Ons het almal saam gebly in een huis . Ons was vier families in n' een slaaplek huis. Ons moet op die vloer geslaap het. Ons het soos kat aen hond aan geggaan want die huis was my ma se broer se huis. In 1982 or 3 het my ma n' huis in Mitchells Plain gekry . [We stayed with my grandmother. We did not live well together. We all lived together in one house. We were four families in a one bedroom house. We have slept on the floor. We fought like cats and dogs because the house was my uncle's. In 1982, my mother got a home in Mitchells Plain.]</i></p> <p><u>Loss&amp; separation</u> : <i>Ons het by mekaar se huise geslaap , daai tyd to respek die mense vir ons. Maar vandag... die kinders van verdag hulle is nie so nie. . Ons was altyd a close familie en met die</i></p>



Generation	Mechanism	Means of Transmission to next generation	
			<p><i>neighbours ook. My vriend hy is ook nou dood. wag ons vir hom en daai dag het nooit aangebreek omdat daai dag stamp die trein vir hom dood die slefde gebeur met my ma, ons sal iets gerreel het ons sal iets vir haar daar by daai hotel in die Strand ...Lord Charles , ons sal al my ma's vriende genooi het. Ek my broer en al die kinders . ons sal iets vir haar gehou het. 27 sterf my ma . Ons gaan ma iets gie nou vir die ou mense [We slept at each other's houses, that time we had to respect the people. But today ... the children they are not so suspicious.. We were always a close family and the neighbors. My friend whodied. we were waiting for him and that day never come as that day the train knocked him. The same happened with my mother, we arranged we will have something for her at that hotel in the Strand ... Lord Charles, all my mother's friends were invited. My brother and all the children. We will still have something for her party. On the 27th my mother died . We will still do something now for old people]</i></p> <p><i>ek het gehoop dat ek eendag soos Bafana se squad beruik het maar automaties... multiracial het ons baie weg gehou. Apartheid het ons weg gehou van international , ons hettie gekom tot daar bo nie. [one day I hoped that I would reach Bafana's squad[national soccer team] but automatically ... multiracial kept many away. Apartheid kept us away from playing we could not reach there.]</i></p> <p><u>Gangs &amp; Crime</u> <i>Een broer van my was baie stout gewies... hy was die leader van die "terrible josters" [ One of my brothers were very naughty. ... he was leader of the "terrible josters" (gang)]</i></p> <p><i>Toe se ek jy moet klaar kom. Hulle het die mense gerop, rop die mense se geld en die merchants. Toe se die gangsters vir my se vir jou broer ek gaan sy kop afkap en vir sy ma op n't skink bord gie . Toesit die Hardlivings en die Dixie boys wat mekaar dood skiet hiet agter... hulle daai mense doodgeskiet op die veld. [When I said you should finish. They people gerop, rob the people's money and the merchants. Then the gangsters tell me to your brother I'm going to chop off his head and give it to his mother on a serving tray . So it was the Hardlivings and the Dixie boys who kill each other here behind ... they killed those people on the field.]</i></p> <p><u>Community Violence</u></p> <p><i>My pad was baie gevaarlik. Ek hettie ge wiet toe ek intrek dat daar was a merchant nie. Hulle het vir n't hele 5 maande geskiet. So ons het in baie gevaarlike area gewoon maar ek se dankie vir die Here alles het stil kom word. Die mense was te bang om te kom visit. [My road was very dangerous. I did not know when I moved there was a merchant (drug dealer). They were shooting for five months. So we lived in very dangerous area but I thank God everything went quiet. People were afraid to come visit.]</i></p>

Generation	Mechanism	Means of Transmission to next generation	
Third	Socialization Silence, Shame Interpersonal Relations  Family Communication	Society , parenting, Enactment  Over-disclosure  Enmeshment	<p><u>Effects Manifested in Third Generation as :</u></p> <p><u>Homelessness&amp;Overcrowding</u> <i>Ons het by my ouma gebly tot dat ons onse eie huis kry. Ek was vier jaar oud toe het ons nog n' upstairs huis to brand my pa my. Toe kom my pa op met die stairs en ek hardloop toe vas in hom....Ek het afgekom hardloop en toe val die koekende water op my . Ek is nou nog soe.... my hele lyf is gebrand. Ek was n' jaar en ses maande in die hospital. (She shows me how her body was burnt) [ We lived with my grandmother until we had our own house. I was four years old when we had an upstairs house . Then my dad came up the stairs and I ran in it .... I was running and the boiling water fell on me. I'm still scarred ... My whole body is burned. I was a year and six months in hospital.]</i></p> <p><u>Community violence;</u></p> <p><i>Dit was baie gevaarlik. Ons kannie skool toe gegaan hettie vir weke tot n' maad omdat die skietery. Ons het in die kaste en onder die kooie geslaap ...daai's die beste. Ons het in die territory van die Americans gebly , een huis weg in onse pad. Hulle het ook drugs vekoep. Ons kannie buite gespeel hettie dan se hulle ons moet binne die huis gaan omdat hull soe skiet. Ek het gese as ek eendag n' kind kry will ekkie he sy moet so opgroei soes wat eke . [It was very dangerous. We could not go to school . For weeks till a month they were shooting. We slept in the closets and under the bunks ... that's the best. We stayed in the territory of the Americans, one house away in our street. They were also selling drugs . We could not play outside . They said we should go inside the house because they were shooting. I said if I get one day a child I do not want her to grow up so like me.</i></p> <p>Poverty : Education</p>

**Table : Mechanisms and Means of Trauma transmission**

	Mechanism	Main Transmission Factor	Present in Family (Manifested as)
1	Interpersonal Relations	Unconscious displaced emotion (projective identification; enactment, over-disclosure)	<i>My ma het eintlik ingeslaap by wit mense En my ma het mos nog gewerk, my ma was mos nou nie eintlik die een wat na ons gekyk het nie. Maar ok my ma het gesorge dat hier kos in die huis in is, ek moet ook by wit mense gaan werk het om my ma te help. [My mom actually slept in by white people and and worked there, my mother was not the one who cared for us , but ok she saw that we had food in the house.I also went to work for white people to help my mother]</i>
2	Socialization	Society	<i>Ons het tie lekker saam gebly nie. Ons het almal saam gebly in een huis. Ons was vier families in n' een slaaplek huis. Ons moet op die vloer geslaap het. Ons het soos kat aen hond aan geggaan want die huis was my ma se broer se huis.[ We did not live well together. We were four families in one house and one bedroom. We</i>

	Mechanism	Main Transmission Factor	Present in Family (Manifested as)
			fought like cats and dogs because the house was my uncle's.]
		Society , parenting	<p><u>Racialization</u> : <i>Ek moet ook by wit mense gaan werk het om my ma te help. My ma het eintlik ingeslaap by wit mense. [ I also I had to work for white people to help my mother. My mother slept in by white people.]</i></p> <p><i>Ons want die kant Wynberg, Constantia mense ...het, het baie vooregte gehet om vir wit mense te werk. [ We who lived in Wynberg and Constantia had many privileges working for white people. ] Daar't baie wit mense ook tussen ons in die area gebly, soos die wit area het ons in gebly. Ja. En ons het 'n wit predikant gehet.[ There were white people living in our area , we lived in a white area.]</i></p> <p><u>Poverty</u> : <i>Ek het nie st 6 toe gegaan nie want daai tyd toe kry my ma mos dies twins. Toes moet ek agter die kinders kyk want dit was net my ma en pa wat gewerk het. Ek het agter hulle kyk toe hulle op skool is toe se my ma ek kan ma by die huis bly ek hoefie te werk nie want sy en my pa werk. Toe kyk ek agter die kinders, maak kos en skoon gemaak. Ek werk ma nou vir drie jaar.[ I did not go to high school because that time my mother had the twins and I had to look after them because it was only my mother and father who worked. I took care of them till they went to school. and the my mother said I can stay at home , I don't need to work because she and my father worked. So I took care of the children, cooked and cleaned the house.]</i></p>
		Society	<p><u>Poverty</u> : <u>Homelessness&amp;Overcrowding</u> : <i>Ons het gebly by my ouma. Ons het tie lekker saam gebly nie. Ons het almal saam gebly in een huis . Ons was vier families in n' een slaaplek huis.[ We lived with my grandmother. We did not live well together. We all lived in one house . We were four families in a one bedroom house.]</i></p>
		Society	<p><u>Trauma of displacement and apartheid</u> : <i>Het die group omgekom en ons moet toe ma verhuis. Maar ons het toe eers verhuis toe't ons van Wynberg af, toe het ons gaan bly in Bishop Lavis. Maar ons het dit nie goed gevind in Bishop Lavis nie, want ons was gewoon Wynberg.[ The Group Areas came in and we had to move. But we first had to move to move from Wynberg to Bishop Lavis]</i></p> <p><i>Baie van onse bruin mense wat mooi plekke gehet in Wittebome, Constancia Wynberg , as ons daai plekke kon weer terug kry dan sal ons nie so gesukkel het nie. Ek mean ons sal well af gewies het. Die facilities was goed, dit was still gewies en jy sal nie miskien involve geraak het met gansterims of drugs nie, Jy sal gekyk het vir a future voorentoe vir jou, daai's wat ek nou dink. [ Lots of us 'Coloured' people who had nice places in Wittebome, Constancia and Wynberg, if you could have those places back again, then we would not have struggled. I mean we would have been well off. The facilities was good and you would maybe not have become involved in gangsterism or drugs .You would have looked towards a future , that;s what I think.] (Caesar 2<sup>nd</sup> generation)</i></p> <p><u>Community Violence</u>: <i>Dit was baie gevaarlik. Ons kannie skool toe gegaan hettie vir weke tot n' maad omdat die skietery. Ons het in die kaste en onder die kooie geslaap. [ It was very dangerous . We could not go to school because they were shooting for weeks till a month. We slept in the cupboards and under the beds]</i></p> <p><u>Gangs</u>: <i>Een broer van my was baie stout gewies... hy was die leader van die "terrible josters" [ One of my brothers was very naughty . He was the leader of the "Terrible Josters" (gang).</i></p>

	Mechanism	Main Transmission Factor	Present in Family (Manifested as)
3	Family Communication	Enmeshment	<i>Ons was vier families in n' een slaapplek huis. Ons moet op die vloer geslaap het. Ons het soos kat aen hond aan geggaan [ We were 4 families in a one bedroomed house. We fought like cats and dogs]</i>
4	Silence	Individual	<i>Alcohol&amp;Drugs : My ma hettie ver ons vertel wat daar aan gaan nie .[ My mother did not tell us about what was going on in the house] (Cousins living in the house was on drugs)</i>
5.	Shame and Humiliation	Individual, Society	<p><u>Loss&amp;Separation</u> : <i>Ek het gehoop dat ek eendag soos Bafana se squad beruik het maar automaties.... Apartheid het ons weg gehou, ons hettie gekom tot daar bo nie. [ I hoped that one day I would play for Bafana Bafana (national soccer team), but Apartheid kept us away, we were not able to reach the national team.]</i></p> <p><u>Housing</u>: <i>. Toe kom my pa op met die stairs en ek hardloop toe vas in hom....Ek het afgekom hardloop en toe val die koekende water op my . Ek is nou nog soe.... my hele lyf is gebrand. Ek was n' jaar en ses maande in die hospital.[ Then my father came upstairs and I ran into him. I came running down the stairs and then the boiling water fell on me. I am still scarred ... my whole body was burnt. I was in hospital for a year and a half. ]</i></p> <p><u>Poverty</u> : <i>Ons het baie swaar gekry...soes ons hettie soos ander mense kos geeet nie, ons het pap geeet, soes mielie meel en jungle oats. [We really struggled (were poor) like we did not eat like other people ate, we had porridge, like mielie meel and jungle oats]</i></p>

## Diedericks Tables

Table : Mechanisms and Means of Trauma transmission

	Mechanism	Main Transmission Factor	Present in Family (Manifested as)
1	Interpersonal Relations	Unconscious displaced emotion (projective identification; enactment, over-disclosure)	<i>Ek glo, van die tyd van my man se dood, my familie moet rondom my wees.</i> [ Since my husband's death, I believe that my family should be around me.]  because we are always together, we are always entwined in sharing with one another
2	Socialization	Society	<u>Community Violence</u> : The people are robbing each other, they're killing each other, drunken people everywhere so if the community could change in that way.  <u>Trauma of Displacement</u> : <i>Hoekom ons getrek het, want destyds het hulle mos vir ons gese van group areas. Daar was nie crime soos dit nou hier in Mitchell's Plain is nie, en die mense was lief vir mekaar daarso. toe verhuis ons Manenberg toe. Uit Kensington Manenberg, en van Manenberg af Mitchell's Plain . : Ons het niks gehou daarvan nie.</i> [ The reason why we moved was because of the Group Areas that time. There was no crime like here in Mitchells Plain and people loved each other. Then we moved to Manenberg and from Kensington to Manenberg and from Manenberg to Mitchells Plain. We did not like it at all.]
		Society, parenting	Poverty : <i>En sy het net laer skool gegaan, maar ek wou haar nie verder stuur nie, dit was eintlik my fout gewees.</i> [ She (daughter) only went to primary school, but I did not send her further. It was my fault actually.]
		Society	Trauma of displacement and apartheid : ( <u>Loss &amp; Separation</u> ):
3	Family Communication	Enmeshment	Because we are always together, we are always entwined in sharing with one another.  <i>Ek glo, van die tyd van my man se dood, my familie moet rondom my wees.</i> [ Since my husband's death I believe that my family should be around me.  Not actually that we've been through a difficult time, because my sister, the eldest one, she works and she always provides everybody.
4	Silence	Individual, Family, Society	Silence: <i>My twee boys, toe hulle betrokke raak by verkeerde vrinde. Daar het al baie dinge hier gebeur.</i> [ My two boys they became involved with the wrong friends. Lots of things happened here.]
5.	Shame and Humiliation	Individual, Family, Society	Education : <i>En sy het net laer skool gegaan, maar ek wou haar nie verder stuur nie, dit was eintlik my fout gewees.</i> . [ She (daughter) only went to primary school, but I did not send her further. It was my fault actually]  Gangs/ Drugs : <i>My twee boys, toe hulle betrokke raak by verkeerde vriende</i> [. [ My two boys they became involved with the wrong friends]

## B. Transmission of Trauma

The Table below represents and describes how the trauma of slavery may have been transmitted across the family's three generations

Generation	Mechanism	Means of Transmission	Transmission manifested in :
First	Socialization Silence and Shame	Society	<p><u>Effects Manifested in first generation as</u></p> <p><u>Poverty:</u> "Daai tyd was maar swaar gewees, ma het gewerk by die poskantoor in die Kaap. Sy was die cleaner. Daai tyd toe moet ek maar handjie bysit. koerante verkoop en daai." ."[ That time was very difficult , my mother worked at the post office in Cape Town. She was the cleaner. That time I had to give a hand and help and I sold newspapers]</p> <p><u>Loss &amp; Separation:</u> die tweede wereld oorlog...Hy't nie terug gekom nie. Ek het nie my pa geken nie[ the second world war. He did not come back . I did not recognise him (father)]</p> <p><u>Alcohol abuse :</u> This was not raised in any of the interviews but daughters and granddaughter mentions this</p> <p><u>Intimate partner violence :</u> Mr. September did not mention this although his daughter alleges that he was violent towards her mother . The only reference Mr. September made about any difficulty in the relationship was "...gaan vir 'n skei" ..sy het gegaan [going for a divorce.. she went ]</p>
Second		Society, parenting, enactment	<p><u>Effects Manifested in Second generation as</u></p> <p><u>Poverty:</u> ons het baie swaar groot geraak. Vat ons 'n sakkie saam dan kom ons met daai, dan eet ons daar aan. Kakebene. [ We struggled when we grew up. Then we take a packet with us and then we eat on that... "jawbones" ]</p> <p><u>Loss &amp; Separation:</u> Ek is nou 49 years old. ...Ek het my oudste seun verloor. Die een het hulle geskiet, nou die oudste een is dood, hy sal 30 gewees het Toe staan ek mos ma en pa nou om vir hom te begrawe het. My pa was nooit daar gewees nie. Daar was nooit tyd waar ons kan se...soos 'n pa liefde gee vir die kinders nie. Ons ken nie daai nie.[ I am now 49 years old , I lost my eldest son. The one they shot, he was the eldest and he would have been 30. Then I stood as mother and father when he was buried . My father was never there. There was never a time that we could say we have a father's love as children]</p> <p><u>Alcohol abuse :</u> Ek is jammer ek het 'n drink in my liggaam nou. Hy't altyd vir ons...dronk uit die werk uit . Dan sit ek so, ok haal ma ...vat ma so 'n bietjie om jou mind... darem dit ease jou, dan dink jy nie meer nie. because ek kan sonder dit. . [ I am sorry , I have a drink in my body. Then I sit and think ok... maybe I should have a drink to ease my mind , then I don't need to think. I can do without a drink.]</p> <p><u>Intimate partner violence&amp; Family Violence :</u> My pa het my ma ge-abuse. Hy't vir haar ge-abuse, dan kom hy terug dan kom hy... ek was klein, dan kom hy, met 'n top sakkie aan daai jare. Dan lig hy vir ons op, dan sit ek en my ma, ons almal, dan sit ons so. Dan lig hy daai kooi net so op. Ons word omgetip met daai kooi. Hoekom hy my ma so behandel het, daai. Dis 'n question, ek weet ons was klein gewees, maar ons het daai</p>

Generation	Mechanism	Means of Transmission	Transmission manifested in :
			<p><i>dinge raak gesien. Ek is opgegroei met daai. En dit sal tog nie weggaan nie.</i> [ My father abused my mother. He abused her and then he would return, then he would come with alcohol. He would lift up the bed then my mother and I are sitting on it and we are all sitting on it. Then he would tip the bed upside down. How could he abuse my mother like that? That is the question I want to know. I know we were young, but we saw those things, I grew up with that and it will not go away.]</p> <p><i>Ek moet gevlug het wat die man aan my doen. I'm abused women,</i> [ I had to flee, because of what my husband did to me]</p> <p><u>Racialization</u> : <i>Ja dit was net die hare en die, en die wit vrou en die. Hulle het altyd eerste gekom. En dan het die wit man altyd gesorg dat die kinders...ons het onse boeke gekry Op die tv het hulle altyd so gewys...hoe het die swart man, die swart mense swaar gekry, die slawe, het deur die wit man, ...kinnetjies gekry. Die swart man. Hulle het nou die granste jobbe. Ons kinders sit nog hier buite wat matriek is.</i> [ Yes , it was just the hair and the white woman. They came first. And then the white man would always care for the children, see to it that we received our books. On the news that is where I saw how the black man struggled, the slaves had children from white men. The black man, now they have the grandest jobs.]</p>
			<p><u>Effects Manifested in Third generation as</u></p> <p><u>Poverty</u>: So we were through a tough time, because why we never had food. We would live...my father would go to town centre to go pick up fruit, when the people throw it away, onions and stuff, we would eat. We would eat like uhm ... we never ate for almost 3 months we ate ... we didn't know how it was to eat meat because ... we just ate pumpkin food and vegetables, the vegetables that my father get by his friends, and picked up in the Town Centre. But for me it was very difficult, I thought... this was like this is the break through, that my father got a job now that we can have food again</p> <p><u>Loss &amp; Separation</u>: Because why...I...my daddy went to sea Now when he come from sea I don't want trouble. And today my father don't even know what happened still. She never told my father. My father...because...I can still remember the time when my father use to come from sea (he's for 25 years now that he's still working at sea) when he came from sea, But as I grew up, they don't know what I'm going through. They don't know the hurt that I'm carrying now. For them its like...now everytime when we have an argument, and it feels like I don't have support from them. The only support is that I deal with my problems myself.</p> <p>My eldest brother passed away. So she was pregnant with me. I don't know if it's the hatred that she carried because it was the time that my brother...he died a month before I was born. I was ... Tony died March and I was born April. Now I don't know if she maybe blames me...maybe God gave her...maybe gave me and he took her son away</p> <p><u>Alcohol abuse</u> : <i>and everybody was drinking. And the people that was living there, My mother raised...I don't know...but that time on my mother wasn't drinking that time, but as I grew up I saw her drinking, but I know</i></p>

Generation	Mechanism	Means of Transmission	Transmission manifested in :
			<p><i>she was abused.</i></p> <p><u>Intimate partner violence</u> : . <i>My pa slaan my ma. dan hoor ek my pa het my ma geslaan</i> [ My mother hits my father and then I have to hear my father hit my mother]</p> <p>when I got met his father...met his father. Now it seems like, I don't know if that is the thing that made me ...that his father hurt me.</p>

### Trauma of Displacement

Generation	Mechanism	Means of Transmission to next generation	
First	Socialization Silence, Shame	Society Parenting	<p><u>Manifested (effects) in the first generation as</u></p> <p>Poverty, homelessness, alcohol abuse; intimate partner violence, loss &amp; separation</p> <p><u>Homelessness &amp; Overcrowding</u> : Was homeless but did not mention say (confirmed by second " <i>Jy was 'n bergie gewees al die jare en daai</i>" [ You were a vagrant all the the years ]</p>
Second	Socialization; Silence Shame Interpersonal Relations	Society, parenting, Enactment, Over-disclosure Projective Identification	<p><u>Effects manifested in second generation as</u></p> <p><u>Homelessness &amp; Overcrowding</u> : <i>Ja omdat ons almal was daar in die huis in. Ons het in 'n een kamer gelewe ne,</i>[ Yes because we all lived in one house. We lived in one room]</p> <p><u>Community Violence</u> : <i>En met die heel eerste riot... Een van 'n vriend van my...hulle het op die hoek gebly. ...toe het hulle sommer ingehardloop daarso, teargas en sy was geslat gewees. Hulle het een jongetjie kind het hulle geskiet, hy was 7 jaar oud toe skiet hulle vir hom. Bullets in en alles daai. Klein kindertjies en groot mense het gele. Ek het almal daai dinge raak gesien. Daai was daai jare. En my kind wat gesteek is , hy's dan net by die deur uit, net gisteraand. Net op in die pad, daar steek hulle vir hom.</i> [ Then with the first riot... One of my friends they lived on the corner , when they (police) just ran in and they shot teargas and they hit her. They shot one child and he was 7years old then they shot him. Bullets and all. Small children and adults were laying there . I saw all of that. That was those years. And my son who they stabbed...it just happened last night. Just in the street they stabbed him]</p> <p><u>Gangs &amp; Crime</u>: <i>Daar was gewees...daar was 'n klompie gang related soos dit is hier in die Mitchell's Plain in. Daar was die 7 sewes, hulle gecall vir hulle; hulle was ook 'n gang gewees. Dan was daar gewees die young red killers, dan is dit nou gewees ... wat is die ander gang...die Mongerols was ook almal daar.</i> [ Then there were many gang related like here in Mitchells Plain. There were 7 gangs. The Young Red</p>



Generation	Mechanism	Means of Transmission to next generation	
			<p>Killer, and other gangs, the Mongrels and all that.]</p> <p><u>Drugs</u>: 'n Jaar en 'n half kry hy 'n werk op die see. .. Terugkom, kom kom haal hy sy drugs. [ A year and a half he (husband) worked at sea .. and he returned and then he came for his drugs]</p>
Third	<p><i>Socialization</i></p> <p><i>Silence,</i></p> <p><i>Shame</i></p> <p><i>Interpersonal</i></p> <p><i>Relations</i></p> <p><i>Family</i></p> <p><i>Communication</i></p>	<p><i>Society , parenting,</i></p> <p><i>Enactment</i></p> <p><i>Over-disclosure</i></p> <p><i>Enmeshment</i></p>	<p><u>Effects Manifested in Third Generation as :</u></p> <p><u>Homelessness &amp;Overcrowding</u> I passed to grade 10 but I dropped out of school, because why the condition of our house. I couldn't sleep at night because they were going going on and I had to go to school. ... only thing is unhealthy for a lot of people to live in one house. There was two married couples in one room, we had our own room. My granny was also living with them in one room, and there was another couple at the bottom, and there was people in the yard. ... for me it wasn't easy growing up, because why it was 14 years like that.</p> <p><u>Community Violence</u> : it was always violence there where we use to live. We lived there, a few houses away my mommy's sister use to live there. I can still remember this day. There was a man, and a lady and children living there, they were renting a room there. So this man use to call me in and then he would tell he would give me money. I was four or five years old. Because there are sometimes things that you can't remember, but if its something like that you will always remember. And you will grow up with it.</p> <p><u>Gangs &amp; Crime</u>; but as he came on drugs, he started stealing from me. For this environment here I would like the gangsters, and this drug dealers that is selling drugs, I would the police must get them and lock them up, or destroy the places where the drug is made. then we have to suffer because why we can't even go late to the shop, because you don't know whose standing around the corner, and waiting for you to take your money. And its happening in the road. For me the environment it's nice. The people that are living around now is nice. But the gangsters is walking up and down. Now I don't know what to do, but for me I think it would be best if the druggies, I don't care about the gangsters, because why they choose to live like that</p> <p><u>Drugs&amp; Alcohol</u> And as my other brother. He is on tik. They drink, he's on drugs, my father's on drugs. . My mother's drinking. If she don't have money, then she won't drink</p>

**Table : Mechanisms and Means of Trauma transmission**

	<b>Mechanism Present in Family</b>	<b>Main Transmission Factor</b>	<b>(Manifested as)</b>
1	Interpersonal Relations	Unconscious displaced emotion (projective identification; enactment, over-disclosure)	<p><u>Intimate partner violence</u> : Hoekom hy my ma so behandel het, daai. Dis 'n question, ek weet ons was klein gewees, maar ons het daai dinge raak gesien. Ek is opgegroeï met daai. En dit sal tog nie weggaan nie. [ Why did he treat my mother that way. That is the question that I want to know. , I know we were young, but we saw those things . I grew up with that and it won't go away.]</p> <p><u>Alcohol abuse</u> : <i>ek is jammer ek het 'n drink in my liggaam nou.. Dan sit ek so, ok haal ma ...vat ma so 'n bietjie om jou mind... darem dit ease jou, dan dink jy nie meer nie.</i> [ I am sorry , I have a drink in my body. Then I sit and think ok... maybe I should have a drink to ease my mind , then I don't need to think.]</p> <p><u>Drug abuse</u> : my other brother. He is on tik. They drink, he's on drugs, my father's on drugs.</p> <p><u>Loss and separation</u> : It feels like I don't have support from them. The only support is that I deal with my problems myself. my eldest brother passed away. So she was pregnant with me. I don't know if it's the hatred that she carried because it was the time that my brother...he died a month before I was born. I was ... Tony died March and I was born April. Now I don't know if she maybe blames me...maybe God gave her...maybe gave me and he took her son away</p>
2	Socialization	Society, parenting	<p><u>Alcohol abuse from slave heritage</u></p> <p><i>Hy't altyd vir ons...dronk uit die werk uit</i>[ He would always come home drunk after work.] If my mother's not drinking really, there's no problem.</p>
		Society , parenting	<p><u>intimate partner violence</u> : <i>My pa slaan my ma;</i>[ My father hits my mother]</p> <p><i>Hoekom hy my ma so behandel het, daai. Dis 'n question, ek weet ons was klein gewees, maar ons het daai dinge raak gesien. Ek is opgegroeï met daai. En dit sal tog nie weggaan nie.</i> [ Why did he treat my mother that way. That is the question that I want to know. , I know we were young, but we saw those things . I grew up with that and it won't go away.]</p>
		Society, parenting	<p><u>Poverty</u> : <i>Ek het uit die skool uitgegaan... want ek het gevoel om my ma te gaan help werk. Ek was 14 jaar oud.</i> [I passed to grade 10 but I dropped out of school, because why the condition of our house.]</p>
		Society, parenting	<p><u>Trauma of displacement and apartheid</u> : Community violence (riots) <i>Hulle het een jongetjie kind het hulle geskiet, hy was 7 jaar oud toe skiet hulle vir hom. Bullets in en alles daai. Klein kindertjies en groot mense het gele. Ek het almal daai dinge raak gesien. Daai was daai jare.</i> [ They shot one boy , he was 7 years old, then they shot him. Bullets and all that. Small children and adults were laying there. I saw all that. That was those years.]</p> <p><u>Community Violence</u> : it was always violence there where we use to live we can't even go late to the shop, because you don't know whose standing around the corner, and waiting for you to take your money. And its</p>

	Mechanism Present in Family	Main Transmission Factor	(Manifested as)
			<p>happening in the road.</p> <p><u>Racialization</u> : <i>Ja dit was net die hare en die, en die wit vrou en die. Hulle het altyd eerste gekom.</i>[ Yes is was just the hair, and the white woman]</p> <p><i>Hoe het die swart man, die swart mense swaar gekry, die slawe, het deur die wit man, ...kinnetjies gekry, groot mense hoe hulle werk. Die swart man. Hulle het nou die granste jobbe. Ons kinders sit nog hier buite wat matriek is.</i>[ How did the black man struggle ? The black man struggled and the slaves had children through the white man. The black man, they now have grand jobs. Our children who have matric are still sitting outside]</p>
3	Family Communication	Enmeshment	<i>only thing is unhealthy for a lot of people to live in one house. so obviously there was conflict... My cousin will steal our clothes before we go.</i>
4	Silence	Individual, Family, Society	<p><u>Community Violence (child abuse)</u> but this I never told my mommy and my daddy all she told me was don't tell your father what happened. And I kept my mouth because I was still a child. She never told my father</p> <p><i>Sy het nie eintlik baie gepraat nie.</i> [ She never actually spoke much]</p> <p>Loss and separation : Ek praat nie[ I don't talk]</p>
5.	Shame and Humiliation	Individual, Family, Society	<p><u>Intimate partner violence</u>., <i>Almal weet wat my man maak.</i> [ Everyone knows what my husband does]</p> <p>Community Violence (child abuse)</p> <p>Poverty : when I grew up with 4 families in the house, I could never have friends invited over because why I couldn't, because that time I was so shy because why everytime it was in our house...the people knew here around that that people is gonna have...then we as children stand or they stab each other with knives in the house,</p> <p>Alcohol&amp;Drug abuse : If she's got money then she goes drink and she makes a fool of herself in the road. She started arguing with all the people.</p> <p><i>Ek is jammer ek het 'n drink in my liggaam nou.</i>[ I am sorry I have taken a drink.]</p>

## Jacobs Family

### Transmission of Trauma

The Table below represents and describes how the trauma of slavery and displacement may have been transmitted across the family's three generations

Generation	Mechanism	Means of Transmission	Transmission manifested in :
<i>First</i>	Socialization Silence and Shame	<i>Society</i>	<p><u>Effects Manifested in first generation as</u></p> <p><u>Poverty</u>: Luckily my mother worked all her years; she never even smoked a cigarette. She was practically supporting the family.</p> <p><u>Loss &amp; Separation</u>: For me that was some of the best days of my life. The little I remember. I remember that you know everything was so convenient, so close...you know it was just a stone throw away, kind of. You know here you moved to places like Hanover Park where there wasn't even a proper bus terminus, a bus service you know. You have to travel and you had to spend so much money to get to essential places like shops and whatever, you know</p> <p><u>Alcohol abuse</u> : he [pause] became a compulsive drinker you know Now you know he's in a different environment, so he started drinking.</p>
<i>Second</i>	Socialization, silence and shame	<i>Society, parenting</i>	<p><u>Poverty</u> : my father and my mother both worked, so we grew up with you know my grandmother raised us practically, and she stayed in Distrik 6. So I was like almost broke before I decided to start this shop. so I have been through a tough time for these four years you know. It shows you...I felt for a bit...these four years I struggled so much that I ...I gave up actually on life.</p> <p><u>Alcohol abuse</u> : That's why I never drink in my whole life you know, because I hate it. Because he would go to the shebeen, get robbed and then he comes home without money. so that's why I never stayed I never used drugs, alcohol because she was doing it all the time.</p> <p><u>Loss&amp; separation</u> : For me that was some of the best days of my life. The little I remember. I remember that you know everything was so convenient, so close...you know it was just a stone throw away, kind of. You know here you moved to places like Hanover Park where there wasn't even a proper bus terminus, a bus service you know. You have to travel and you had to spend so much money to get to essential places like shops and whatever, you know . . . As I said it was just a one bedroom, a kitchen and a outside toilet.</p> <p>I: Was the house bigger in town?</p> <p>P: Much bigger yes, much bigger. I think it was 3 or 4 bedrooms. I probably had like R5000 .... So I fixed up the garage, started the shop and ...and uhm...I have been... my family. I put my daughter through university you know, I bought like probably more than 10 cars from that. I had you know adequate bank account you know, we were living a good life you know pause and ... until four years ago And ... so I have been through a tough time for these four years you know. you know we're not well off, but there was a time when we were ok.</p>

Generation	Mechanism	Means of Transmission	Transmission manifested in :
			<p>You know when we had the shop. We were very successful.</p> <p>And I had to cross all their territories to go to school, and so often I had to run for my life you know. So pause there went all the potential I had you know. Then I finished 1980 pause I couldn't write my final exam, but up till then I only had A's and B's you know. And, and so I went to look for work. because I played provincial soccer I could have made the but that time it was different also man...</p> <p>You know...obviously the mother and me...we're not married anymore</p> <p>Racialization : She was uhm her father was European or can't say European lady...South African...but Afrikaner,</p> <p>And he's married to also a white women, a UK citizen, My father and mother wasn't really involved, my father was kind of, I would say, brainwashed in terms of ...ok we're surviving under the white government so why rock the boat. He say what will happen if the blacks come in parliament, but I took a different view towards those things you know.</p>
<i>Third</i>	<i>Socialization, silence and Shame</i>	<i>Society, parenting</i>	<p>Loss&amp; Separation Mmm obviously it heart sore for me because I am growing up in this place and they grew up there with no bad memories. Just the environment was far better than this. They did not have to worry about anything. Everybody was just living their own life, you know? It was like a whole lot of father, everybody was family, that's how I see it. Ja that's about it</p> <p>What's happening is now they are staying in one house, and they obviously "talaked", you know who wants to stay in the same house? So memories of them being together was my happiness. The negative part is when they "talaked", when they divorced</p> <p>Racialization : Although since the white man is not ruling, there's been so much changes but the still not enough for us for what our parents went through understand? Certain people the white man will employ you and you will work under him, but the black man will work under you. So to me it's still messed up. Why must the black man be lower than the coloured and the coloured be lower than the white man?</p>

## Trauma of Displacement

Generation	Mechanism	Means of Transmission to next generation	
<i>First</i>	<i>Socialization</i> <i>Silence, Shame</i>	<i>Society</i> <i>Parenting</i>	<u>Manifested (effects) in the first generation as</u> Poverty: Education Homelessness& Overcrowding : Community Violence
<i>Second</i>	<i>Socialization;</i> <i>Silence</i> <i>Shame</i> Interpersonal Relations	<i>Society, parenting,</i> <i>Enactment, Over-</i> <i>disclosure</i> <i>Projective</i> <i>Identification</i>	<u>Effects manifested in second generation as</u> <u>Homelessness&amp;Overcrowding</u> : Yor we were a big family. I was staying...I was staying with ... my grandmother from my father's side. But ... my step grandfather had...was previously married, so he had children, and they were all raised in that house. then they moved to...and the house was very small. As I said it was just a one bedroom, a kitchen and a outside toilet. <u>Community Violence</u> : The kind of things that everyone that growing up in Hanover Park goes through, dodging bullets now and then. , but they often came here, and even on Eid day to raid our house to see if there's drugs, guns, even got one tattoo on my body. You know what I'm saying? <u>Gangs &amp; Crime</u> : There was always gang fights, they were robbing the people all the time ...and And that boy they killed was in my class in matric. I was still young that time you know, 17, 18 and uhm ... and the cops forced us to be witnesses in this case. So every time when we go to court, you know like a 100 of those heavily tattooed men would come to the court and they would say is it this one, is it that one. That threatening behaviour to intimidate you kind of, you know. And it went so bad, that time there was no court, the nearest court was Athlone, Wynberg and Retreat, but I think we appeared in Retreat. It was still an old school building that they used as a court. And they just chucked out...it was a murder case...they just chucked it out, because even the cops was afraid. Because they would turn up in hundreds at the court building you know, because this was like their biggest leader in the Mongrel gang. And ... I couldn't go to school there you know. From Groenvlei, and my school is on the Vangaurd side, Crystal High. And I had to cross all their territories to go to school, and so often I had to run for my life you know. So ... there went all the potential I had you know. <u>Poverty</u> : Education So ... there went all the potential I had you know. You know even my cousin that's been ... older cousin we all grew up in one house, he went to university. He use to tell my children you know your father had so much potential, his grades he had up till matric was better than most people on university level. I mean my one daughter she's been to UWC and she would come home and I could help her with her homework. Do you know what I am saying? And ... but anyway...that's another chapter. Then I finished 1980 ... I couldn't write my final exam, but up till

Generation	Mechanism	Means of Transmission to next generation	
			then I only had A's and B's you know. And, and so I went to look for work. I got a job in town, Council Head Office. I started off as a messenger and in that time there I had like...I was promoted thrice, because they could see I had the potential.
<i>Third</i>	<i>Socialization</i> <i>Silence,</i> <i>Shame</i> <i>Interpersonal</i> <i>Relations</i>  <i>Family</i> <i>Communication</i>	<i>Society , parenting,</i> <i>Enactment</i>  <i>Over-disclosure</i>  <i>Enmeshment</i>	<p><u>Effects Manifested in Third Generation as :</u></p> <p><u>Community Violence</u> : A stray bullet or something like that hit me... so to me this....</p> <p>Yes and I would want anybody else younger than me to live in a place like this. Ja they were shooting on this house on the corner, this woman sold drugs.</p> <p>She just moved in a year ago, and it's going like that. Then what happened was I played with my friends down the road, and that's how it came that I got shot. less gangsterism and drug infested. this is a horrible place, I mean we go sleep at night ne honestly yor (...) just last night no say three nights ago, it was like war here really bullets this side and that side.</p> <p>Its not lekker here, to live in a place like this. I told my mommy them also I am not comfortable here, it's not for me it's. It's yor. You don't know when something happen to anybody in your house or...it's horrible.</p>

**Table : Mechanisms and Means of Trauma transmission**

Mechanism	Main Transmission Factor	Present in Family/ Evidence (Manifested as)
Interpersonal Relations	Unconscious displaced emotion (over-disclosure)	I am really an open book you know I find it difficult to keep secrets. So...there's nothing significant that I kept from them. What's happening is now they are staying in one house, and they obviously "talaked", you know who wants to stay in the same house? So memories of them being together were my happiness. The negative part is when they "talaked", when they divorced But to have peace in the house, then everybody would say ... all the children would say... "Daddy you stop, you know she won't stop". You just stand back and let her have her way you know.
Socialization	Society	Alcohol abuse from slave heritage : I don't know much about my father but he ... became a compulsive drinker you know,
	Society , parenting	Ok look uhm I regard...I have a high regard for education, you know. Like all my children, without exceptions, except the one's still at school, they finished matric you know
	Society	Community violence : A stray bullet or something like that hit me...
	Society	Trauma of displacement and apartheid : Ok we...obviously we were affected because we stayed in District 6 and we were forced to be

Mechanism	Main Transmission Factor	Present in Family/ Evidence (Manifested as)
		<p>removed; I</p> <p>think you know ... I don't know much about my father but he ... became a compulsive drinker you know, but he was never like that in his younger days. So I don't know...because he... what I probably also think because he had to make new friends; like certain amenities was restricted for whites, so we only could only go to Kalkbay, Strandfontein you know and you know. We experienced that in our lives you know, and we didn't like it, we hated that. To me its messed up.</p> <p>I honestly think we're still living the same, we still getting treated the same, we haven't moved forward ever since. Although since the white man is not ruling, there's been so much changes but the still not enough for us for what our parents went through understand</p>
Family Communication	Enmeshment	What's happening is now they are staying in one house, and they obviously "talaked", you know who wants to stay in the same house? So memories of them being together was my happiness. The negative part is when they "talaked", when they divorced
Silence	Individual, Family, Society	<p>I would like to find out more really, but she's not one to speak man...</p> <p>Trauma of Slavery</p>
Shame and Humiliation	Individual, Family, Society	<p>Loss and separation : Then I finished 1980 ... I couldn't write my final exam, but up till then I only had A's and B's you know.</p> <p>Displacement : housing then they moved to...and the house was very small. As I said it was just a one bedroom, a kitchen and a outside toilet.</p> <p>Poverty : That's why I never drink in my whole life you know, because I hate it. Because he would go to the shebeen, get robbed and then he comes home without money.</p> <p>Trauma of Displacement and Slavery</p>



## B. Transmission of Trauma

The Table below represents and describes how the trauma of slavery may have been transmitted across the family's three generations

Generation	Mechanism	Means of Transmission	Transmission manifested in :
<i>First</i>	Socialization Silence and Shame	<i>Society</i>	<p><u>Effects Manifested in first generation as</u></p> <p><u>Poverty</u>: “<i>Daai tyd was maar swaar gewees, ma het gewerk by die poskantoor in die Kaap. Sy was die cleaner. Daai tyd toe moet ek maar handjie bysit. koerante verkoop en daai.</i>” [ That time was very difficult , my mother worked at the post office in Cape Town. She was the cleaner. That time I had to give a hand and help and I sold newspapers]</p> <p><u>Loss &amp; Separation</u>: <i>die tweede wereld oorlog...Hy’t nie terug gekom nie. Ek het nie my pa geken nie</i> [ the second world war. He did not come back . I did not recognise him (father)</p> <p><u>Alcohol abuse</u> : This was not raised in any of the interviews but daughters and granddaughter mentions this</p> <p><u>Intimate partner violence</u> : Mr. September did not mention this although his daughter alleges that he was violent towards her mother . The only reference Mr. September made about any difficulty in the relationship was “...gaan vir ‘n skei” ..<i>sy het gegaan</i> [going for a divorce.. she went ]</p>
<i>Second</i>	Socialization, silence and shame	<i>Society, parenting</i>	<p><u>Poverty</u> : <i>Vroeg opstaan ne 4 ‘clock moet ons drie al opgestaan het, voor ons skool toe gaan ne, dan moet ons in a lang lyn daais soos die “childlife” kinders ne, welfare kinders. ek kon nie skool klaar verder maaak nie, want ek moes vir mammie gaan help Ek en my kinders se man dan loop ons die hele Mitchell’s Plain vol, om net daai atchar en blatjang te verkoop, om geld te het vir kos so.</i> [ We had to get up early 4:00 am , before we went to school, we had to stand in a long queue like the “childlife” children welfare children., I could not finish school as I had to help my mother. My children , husband and I went to sell “atchar” and “blatchang” (pickles) for money.</p> <p><u>intimate partner violence</u>; <i>Ek het so bang geraak vir hom, want ek dink nou die man gaan my nou doodmaak.Blou merke geslaan, niks ope merke nie, dis blou merke</i>. [ I became so scared of him because I thought he would kill me. Blue marks , thats how he hit me, no open wounds just blue marks]</p> <p><u>Racialization</u>: <i>My oupa was ‘n blanke man...my oupa grootjie, mammie se pa was a blank man</i> [My grandfather was a white man, my great grandfather , my mother’s father, was a white man]</p> <p><u>Family &amp;community violence</u>; <i>mammie was wreed. Ons kon ook nie complain het nie, want mammie slaan ons nou met die draggie hout.</i>[ Mother was cruel. We could not complain, because she would hit us with pieces of wood.]</p> <p><i>En ek het gese slaan hulle almal. Hulle het vir hulle vasgemaak en geslaan, en ek het gekyk hoe slaan hulle my kind.</i> [ I said hit them all. So the tied them and hit them and I saw how they hit my child.]</p> <p><u>Loss&amp; separation</u> <i>Dan is daddy toe al die jare toe weg, maar aangegaan aangegaan, gewonder waar’s</i></p>

Generation	Mechanism	Means of Transmission	Transmission manifested in :
			<p><i>daddy.</i>[ Then daddy was gone for years and I wondered where daddy was. ]</p> <p><i>Nou se mammie, my kind jy moet nou saam met die wit vrou gaan, jy gaan werk by haar. Soos ek kan onthou pak mammie my arme paar stukkies lappies netso in 'n carrier baggie. O en ek huil...ek kannie is dan net 'n kind...ek is standerd 3 hoe kan ek hier weggaan.</i>[ So mommy said my child you must go with this white woman, you are going to work with her. Like I can remember, mommy packed my poor clothes just like that in a carrier bag (plastic bag) . Oh and I cried. I was just a child , I can't , I am in standard 3 (grade 4) how can I leave here.]</p>
Third	Socialization, silence and Shame	Society, parenting	<p>Poverty : <i>ek is eintlik baie lief gewees vir skool, maar ook van nie geld het nie, en sulke goedjies, toe sè my ma ek werk, ek moet kyk na my kleiner boeties.</i> [ I actually loved school , but also because of having no money, and such things , so my mother said she is working , I must look after my younger brothers]</p> <p><u>Intimate partner violence</u>; <i>ek het dieselfde oorgekom soos daai wat my ma oorgekom het. .... ek het ook nooit gepraat daaroor nie</i> [ I also experienced the same thing that my mother experienced and I also never spoke about it ]</p> <p><u>Racialization</u>; <i>Ja ek is nie eintlik seker nie, maar ek dink sy's 'n boer. Gebaste something, maar ok, hulle het die lang vlegsels gehad My ma hulle is al kleinkinders van haar wat kon ge-enter het want hulle het die hare gehad. En as jy nie hare gehad het nie, dan kan jy nie dan behoort jy nie aan haar nie. Van my ma my ouma se susters se anders kinders se haartjies was so bietjie gekrumpies of so ne, dan sal sy nou like vir hulle slaan of gooi met borde</i> [ Yes I am not sure I think she was a boer. Mixed race or something , but ok she had long plaits. My mother them are all grandchildren who could enter the house because they had the “hair” (straight hair). If you did not have straight hair , then you did not belong to her. My grandmother’s sisters children had hair which was a little curly and she would throw them with plates]</p> <p><u>Family &amp;community violence</u>; <i>Hulle het baie onse huis gerush, dan as klien kinders het ons so gesit in die hoekies en... ..of in die baddens gesit en die deure toe gesluit het sodat hulle nie kan inkom nie, en daai's waar my broer aangesluit het ook as die HL.</i>[ They used to mob attack out house often, then as small children we would sit in the corners or in the bath and close the doors so that they don't come in and that is where my brother joined the HL (Hard Livings - gang name)]</p> <p><u>Loss&amp; separation</u> <i>Ek het ook nog nie 'n bond met my pa nie. Ek sal hom phone party keer en so, maar omdat hy nie daar gewees het nie, van kleins af.</i>[ I don't have a bond with my father. I will phone him a few times but because he was not around since I was small.]</p>

## Trauma of displacement

Generation	Mechanism	Means of Transmission to next generation	
<i>First</i>	<i>Socialization</i> <i>Silence, Shame</i>	<i>Society</i> <i>Parenting</i>	<p><u>Manifested (effects) in the first generation as</u></p> <p>Poverty, homelessness, alcohol abuse; intimate partner violence, loss &amp; separation</p> <p>Homelessness&amp; Overcrowding : Was homeless but did not mention say (confirmed by second and third generation) <i>Hy lewe somaar bergie lewe oorkant hulle huis. Ons het al gedink hy's miskien dood en almal die [ He lives like a vagrant opposite their house (participant's sister). We thought he had died.]</i></p>
<i>Second</i>	<i>Socialization;</i> <i>Silence</i> <i>Shame</i> <i>Interpersonal</i> <i>Relations</i>	<i>Society, parenting,</i> <i>Enactment, Over-</i> <i>disclosure</i> <i>Projective Identification</i>	<p><u>Effects manifested in second generation as</u></p> <p><u>Homelessness&amp;Overcrowding</u> : <i>Ons was klomp in die huis in. Klomp klomp.[ We were a lot in the house. Lots , lots.]</i></p> <p><u>Community Violence</u> : . <i>En ek is baie in die nagte op, as dit deurmekaar is hier, en as daar hiers gebeur in die circle met enige een se kind, dan kom klop hulle by my. Of die kinders het nou stoute goed aangevang het of whatever, dan hardloop ek altyd saam, help waar ons kan help. [ And I am often awake at night, if there is trouble , or something happens in the neighbourhood with someone's child , then they run to me. Or the children did something naughty then I will run with to see where we can help.]</i></p> <p><u>Gangs &amp; Crime:</u> <i>Want die mense loop oor die veld en hulle skiet oor die veld.[ The people run across the field shooting]</i></p> <p><u>Drugs:</u> <i>My baby broer het ook my skoonsuster net so gedump, toe mammi klaar is toe's hy ook op die drugs.[ My youngest brother he also left my sister-in law and when our mother died so he was also on drugs.]</i></p> <p><u>Imprisonment / Prison</u> : <i>Twee jaar was hy daar by Pollsmoor. Van Pollsmoor af stuur hulle vir hom Drakenstein toe.[ He was 2 years in Pollsmoor (prison). From Pollsmoor they sent him to Drakenstein (a different prison)]</i></p>
<i>Third</i>	<i>Socialization</i> <i>Silence,</i> <i>Shame</i> <i>Interpersonal</i> <i>Relations</i>  <i>Family</i> <i>Communication</i>	<i>Society , parenting,</i> <i>Enactment</i> <i>Over-disclosure</i> <i>Enmeshment</i>	<p><u>Effects Manifested in Third Generation as :</u></p> <p><u>Homelessness&amp;Overcrowding</u> : <i>die omstandighede in die huis was nie baie goed nie, want daar was 4 of 5 families in die huis. [ The conditions in the house was not good because there were 4 or 5 families living in the house.]</i></p> <p><u>Community Violence</u> : <i>Daar is 'n paar vriende van ons wat nou al vermoor is soos Peter, en hulle... en daar's 'n hele paar wat vermoor is So ek is eintlik baie bang vir daai. hier om is ek die bangste, ek het al die jare hier gebly, vir hierdie gebiedtjie.[ There are a few friends of ours who have been murdered, like Peter them and so forth, quite a few who have been murdered. So I am actually scared of that. I am really scared of this place, I have been living here a long time, this little place.]</i></p> <p><u>Gangs &amp; Crime:</u> . <i>My broer het uitgedraai wat hy 'n gangster geword het 'n HL, hy het geword 'n HL. [ My</i></p>

Generation	Mechanism	Means of Transmission to next generation	
			<p>brother changed when he became a gangster. He became an “HL” ]</p> <p><u>Drugs&amp; Alcohol</u> <i>Ek kan nog onthou... ek dink sy het kannetjies wyn. [ I can still remember , I think she sold cans of wine]</i></p> <p><u>Imprisonment / Prison</u> : <i>Hy het 10 jaar gekry vir daai, maar my ma het besluit het om weg te breek van hom as gevolg van dit.[He got 10 years for that , but my mother decided to separate from him. Maar tot en met ek haar pa ontmoet het, toe hy uit die gevangenis gekom [ But when I met her father , so he came out of prison.]</i></p>

**Table : Mechanisms and Means of Trauma transmission**

	Mechanism	Main Transmission Factor	Present in Family (Manifested as)
1	Interpersonal Relations	Unconscious displaced emotion (projective identification; enactment, over-disclosure)	<p>Intimate partner violence</p> <p><i>Ek het dieselfde oorgekom soos daai wat my ma oorgekom het. ek het ook nooit gepraat daaroor nie(3<sup>rd</sup> generation)f [ I also experienced the same thing that my mother experienced and I also never spoke about it ]</i></p> <p><i>Blou merke geslaan, niks ope merke nie, dis blou merke”. [Blue marks , thats how he hit me, no open wounds just blue marks] 2<sup>nd</sup> gen</i></p>
2	Socialization	Society	<p><u>Alcohol abuse from slave heritage</u>: <i>Ma my ma het gese dit was as gevolg van sy gedrinkery.[ My mother said its because of his drinking (3<sup>rd</sup> gen about 1<sup>st</sup>)]</i></p>
		Society , parenting	<p><u>Intimate partner violence</u>: <i>Ek het dieselfde oorgekom soos daai wat my ma oorgekom het. ek het ook nooit gepraat daaroor nie [ I also experienced the same thing that my mother experienced and I also never spoke about it ] (3<sup>rd</sup> gen)</i></p>
		Society, parenting	<p><u>Poverty</u>: <i>Daai tyd was maar swaar gewees, ma het gewerk by die poskantoor in die Kaap. Sy was die cleaner .”[ That time was very difficult , my mother worked at the post office in Cape Town. She was the cleaner] (1<sup>st</sup> gen)</i></p> <p><i>Nou se mamma, my kind jy moet nou saam met die wit vrou gaan, jy gaan werk by haar. Soos ek kan onthou pak mamma my arme paar stukkies lappies netso in ‘n carrier baggie. O en ek huil...ek kannie is dan net ‘n kind...ek is standerd 3 hoe kan ek hier weggaan .[ So mommy said my child you must go with this white woman, you are going to work with her. Like I can remember, mommy packed my poor clothes just like that in a carrier bag (plastic bag) . Oh and I cried. I was just a child , I can’t , I am in standard 3 (grade 4) how can I leave here.] (2<sup>nd</sup> gen)</i></p>

	Mechanism	Main Transmission Factor	Present in Family (Manifested as)
		Society	<p><u>Trauma of displacement and apartheid</u></p> <p><i>toe wil hulle weer eens die huise aan die mense verkoop vir hoeveel geld... vir next to nothing en daai was die mense se eie huise. Ja toe kry ons elkeen net R450. [ So they first wanted to sell the houses to the people for how</i></p>
3	Family Communication	Enmeshment	<p><i>die omstandighede in die huis was nie baie goed nie, want daar was 4 of 5 families in die huis. [ The conditions in the house was not good because there were 4 or 5 families living in the house.]</i></p> <p><i>Mammie het geglo almal haar kinders moet by haar wees.[ Mommy believed that all her children should be with her</i></p> <p><i>En my ma slaan hom, en ek slaan hom, en ons slaan vir hom. [ And my mother hit him and I hit him and we hit him]</i></p>
4	Silence	Individual, Family, Society	<p><u>Intimate partner violence:</u> “Blou merke geslaan, niks ope merke nie, dis blou merke”.</p> <p><i>Ek will nooit dit vir haar vertel het nie. Nooit nie .[ Blue marks , thats how he hit me, no open wounds just blue marks. I will never tell her. Never.]</i></p>
5.	Shame and Humiliation	Individual, Family, Society	<p><u>Intimate partner violence</u> <i>Ek het ook nooit gepraat daaroor nie. [ I also never spoke about that ](3<sup>rd</sup> generation)</i></p> <p><i>Ek will nooit dit vir haar vertel het nie. Nooit nie. Ek weet mos nie hoe gaan sy voel nie.[ I will never tell her that. Never. I don't know how she will feel.](2<sup>nd</sup> generation)</i></p> <p><u>Poverty</u></p> <p><i>dan gooi sy food colouring in en dan is sy so skaam om vir ons party keer te se die middage is maize meal wat ons moet eet.[ Then she throws food colouring in because she is shy to give us maize meal in the afternoons to eat.](3<sup>rd</sup>)</i></p>

## Valentine Family

The Table below represents and describes how the trauma of slavery and displacement may have been transmitted across the family's three generations

Generation	Mechanism	Means of Transmission	Transmission manifested in :
<i>First</i>	Socialization Silence and Shame	<i>Society</i>	<p><u>Effects Manifested in first generation as</u></p> <p><u>Poverty</u>: There was always this poverty, it was always around. But it wasn't as it is now.</p> <p>You know you know that is what we use to sing in the morning. It was like to work together and to study together, make a difference in yourself, to rise from the crack we're in, you know the poverty stricken areas. To lift ourselves up.</p> <p><u>Loss &amp; Separation</u>: my family also like broke up, you know my personal family, like my daddy and my mommy. They separated at a very young age. I think this was where, around 8 or 9, my family broke up, I was still in primary school I remember. And my daddy married again</p> <p><u>Alcohol&amp;Drugs</u> I've done drugs in my life and alcohol in my life, the experiences that I went through</p> <p><u>Intimate Partner Violence</u> : a later date when my parents were separated then my step parents came in. Then I saw there's violence between my dad and my stepmother</p> <p><u>Racialization</u> : But she was not like white, like legs that cant bend and all that crap!They hold it in such type... in the white line... a it was mixed actually, English and Afrikaans. But she was like totally English. And that "La-die-dah" type, and she's like dark of complexion, looks like a charra complexion wise. And her hair and that type of thing. Look whites were whites, and coloureds were coloureds. Basically that's the law you know.</p>
<i>Second</i>	Socialization, silence and shame, Interpersonal relations	<i>Society, parenting, Enactment Over-disclosure</i>	<p><u>Poverty</u> : I actually dropped out of school, but I am planning on finishing up now in the following year, because I am tired of laying at home.</p> <p>Actually I did...I did panel beating, spray painting, tiling, plumbing all that. Not by trade, I don't have my trade papers because ...ja that's why I still want to do my matric and still study further.</p> <p>I am not angry with them for that because, at one stage I failed, because I wasn't studying, I felt it and I felt embarrassed to go back to school the following year, because I had to stay behind. So ja. It had an impact on me</p> <p>Intimate partner Violence : but growing up I remember a lot of stuff. Stuff from my mom and dad. they were always skelling, always skelling[ arguing]</p> <p><u>Drugs&amp;Alcohol</u> : My dad was also on drugs But I was like young and my brother and sister were a lot on school. It affected their school. Not me much. The first time (...) I used to be married before (...) and because of the drugs my wife left. Like you get influenced, peer pressure. Quick quick, you're on tik then you're going to do a lot of</p>

Generation	Mechanism	Means of Transmission	Transmission manifested in :
			<p>stupid stuff. Unfortunately when I say stupid, I say stupid because I'm referring to the drugs. Understand, but now it's okay now. Understand. It's just the drugs and the influence on the young children, it's just big</p> <p><u>Loss&amp; separation</u> : The first time (...) I used to be married before (...) and because of the drugs my wife left. That bugs me man. I didn't speak about it...I don't like speaking about it.</p> <p><u>Racialisation</u> : We were just coloureds here before like in Mitchell's Plain, but we come actually from Woodstock</p>

Generation	Mechanism	Means of Transmission to next generation	
<i>First</i>	<i>Socialization</i> <i>Silence, Shame</i>	<i>Society</i> <i>Parenting</i>	<p><u>Manifested (effects) in the first generation as</u></p> <p><u>Homelessness&amp; Overcrowding</u> : The houses became overcrowded, Then there was a bedroom which was also quite big. It was divided up basically for my sister and for us During a young age of 10, 11 around there. Ran away from home and I started strolling. Excuse me, met another stroller, It was fun for me during that time... but it's not fun... Slept in broken cars and under bridges</p> <p>Community Violence</p> <p><u>Gangs</u> : Got involved with gangsterism by smoking dagga and that type of thing, and landed up in reformatory. But out of that I got into gangsterism, you know. I was very undisciplined. I was disciplined during my parents time, when I was with them, when I left I became very undisciplined, because I had to be tough you know.</p> <p>And I tried to implement it into soccer. Taking children out of the streets, away from the drugs and gangsterism.</p> <p><u>Imprisonment</u> : Yes I come out of that life and I didn't want it to happen here. And basically the life that I lost through government, we call it jail time. In the reformatory and that type of thing.</p>
<i>Second</i>	<i>Socialization;</i> <i>Silence</i> <i>Shame</i> <i>Interpersonal</i> <i>Relations</i>	<i>Society, parenting,</i> <i>Enactment,</i> <i>Over-</i> <i>disclosure</i> <i>Projective Identification</i>	<p><u>Effects manifested in second generation as</u></p> <p><u>Community Violence</u> : I was bullied ja, it's not because I was afraid. And on school it's like one English class...public school is like one English class and the rest is just Afrikaans. You're always picked on</p> <p><u>Gangs &amp; Crime</u>: Once they don't work, they roam the streets...drugs... gangsterim... They encourage them to drop out to go and work for something in the house</p>

**Table : Mechanisms and Means of Trauma transmission**

	<b>Mechanism</b>	<b>Main Transmission Factor</b>	<b>Present in Family /Evidence (Manifested as)</b>
1	Interpersonal Relations	Unconscious displaced emotion (enactment & over-disclosure)	<p><u>Intimate partner violence</u> : Then I saw there's violence between my dad and my stepmother but growing up I remember a lot of stuff. Stuff from my mom and dad. they were always skelling, always skelling</p> <p><u>Alcohol&amp;Drugs</u> : My dad was also on drugs ; and because of the drugs my wife left.</p>
2	Socialization	Society	Alcohol&Drug (Substance) abuse from slave heritage
		Society , parenting	<p>intimate partner violence : but growing up I remember a lot of stuff. Stuff from my mom and dad. they were always skelling, always skelling</p> <p>Alcohol&amp;Drugs : . It's just the drugs and the influence on the young children, it's just big; My dad was also on drugs</p>
		Society	<p><u>Poverty</u> : Uhm there was always this poverty, it was always around</p> <p><u>Racialisation</u>: And her hair and that type of thing. Look whites were whites, and coloureds were coloureds. Basically that's the law you know.</p>
		Society	<p><u>Trauma of displacement and apartheid</u> : I am not going to blame the state for it, maybe they had different views. But putting us out here, what we now call the bush... .</p> <p><u>Loss&amp; Separation</u> See that is basically what happened. Cause the one family's over here, one's over there, and the other one's over there you know that was basically how we lost our family love to put it that way.</p>
3	Family Communication	Enmeshment	I was also out of the house, I moved back last year. She will like drill into you head, family is important
4	Silence	Individual, Family, Society	<p><u>Intimate partner violence</u> : <i>(question... things that occurred in the family but not spoken about)</i> ...I remember a lot of stuff. Stuff from my mom and dad. and because of the drugs my wife left. One of the first times where I'd seen him violent was with a women you know, and its something that always been on my mind, you know. I tried not to go there.</p> <p><u>Trauma of Displacement and Slavery</u> : How do I cope with it? I overlook it, I have to overlook it now.</p> <p><u>Alcohol&amp;Drugs</u> : That bugs me man. I didn't speak about it...I don't like speaking about it.</p>
5.	Shame and Humiliation	Individual, Family, Society	<p><u>Intimate partner violence</u> : One of the first times where I'd seen him violent was with a women you know, and its something that always been on my mind, you know. I tried not to go there.</p> <p><u>Alcohol&amp;Drugs</u> : ...and because of the drugs my wife left. That bugs me man. I didn't speak about it...I don't</p>



	Mechanism	Main Transmission Factor	Present in Family /Evidence (Manifested as)
			like speaking about it.
		Individual	<u>Poverty</u> : I just feel my education could have gone further you know, I actually dropped out of school, but I am planning on finishing up now in the following year, because I am tired of laying at home. I just feel my education could have gone further you know, if I had to stay with my mom that type of thing, or if the family together. Uhm I my careers, I had so many. I am intelligent in one way, but I am stupid in another way.
		Individual	Community Violence : I was bullied ja, it's not because I was afraid.



## Williams Tables

### B. Transmission of Trauma

The Table below represents and describes how the trauma of slavery may have been transmitted across the family's three generations

Generation	Mechanism	Means of Transmission	Transmission manifested in :
<i>First</i>	Socialization Silence and Shame	<i>Society</i>	<p><u>Effects Manifested in first generation as</u></p> <p><u>Poverty:</u> And then neighbours came to my mommy who had babies to look after them, and that was money that came in and we survived on that money.</p> <p><u>Loss &amp; Separation:</u> Well that's the time we were without a father. You see my mom didn't talk a lot. She and my father divorced, and then it was just us with my mom. I have three, one passed on just the two though. He was the eldest yes. He had a car accident, and that was now 9 years ago. He passed on 9 years ago ja.</p> <p><u>Intimate Partner Violence:</u> Like beating up a woman, he doesn't do that no more.</p> <p><u>Drugs&amp; Alcohol:</u> for the past three years, he's not drinking no more, because he use to be a heavy drinker. Okay when I was younger he used to do drugs. He stopped that, but he became a huge drinker. and I stopped drinking with her. whenever she takes a drink, then there's less arguments there's less things to worry about then I would just keep an eye out for when my father comes just to see that everything is going smoothly, the food is done, and whatever. And let her just enjoy herself, because she's also just caught up in that house.</p> <p><u>Race:</u> My cousin she had a white...her husband was white and they came to visit and they couldn't walk together, and that worked on his nerves.</p>
<i>Second</i>	Socialization, silence and shame	<i>Society, parenting</i>	<p><u>Poverty :</u> No I didn't reach high school, because I fell pregnant. I think my great grandmother from my father's side, when she came; she did domestic work back in the day. My father didn't want me to work at all. Reason being my eldest daughter was born, my first pregnancy. So every time when the conversation comes up about jobs and job hunting they would say "jy kyk na jou kind"[ You look after your child] . Now what's the point of him telling me to look after her because they were doing everything for her?</p> <p><u>Loss&amp; separation :</u> seems...he just got this vendetta towards me. I don't know what that feeling is, and she'd always ask me what, and I'd tell her a daddy's girl! I don't know that feeling. I would look at other fathers daddy's little girl teaching her how to ride her bike. I don't know that feeling.</p> <p>Like sometimes like now, when I think back, then I tell myself, why didn't you sign the adoption papers at red cross hospital, maybe that would have kept my parents together at the time</p> <p>the last one...I had 3 miscarriages and the one baby died. He was born on the 4<sup>th</sup> of March 2005. up until now I didn't deal with it. Look I was young at the age so it didn't really bother me; it actually came to mind now with my last pregnancy, when I think about it I just push it away.</p>

Generation	Mechanism	Means of Transmission	Transmission manifested in :
			<p>And and, as I grew older and wiser, it became annoying and my parents became divorced, my mother took him back, and they separated again. And she took him back, and they were separated again...she took him back...</p> <p><u>Alcohol&amp; Drugs</u> : Due to curiosity became involved in drugs</p>
<i>Third</i>	<i>Socialization, silence and Shame</i>	<i>Society, parenting</i>	<p><u>Loss &amp; Separation</u> : I don't have a relationship with my mother, but with my father... we have like a father son relationship even though he is in prison</p> <p><u>Alcohol&amp;Drugs</u> : All my friends got involved in drugs</p> <p><u>Racialization</u> : Maybe cause we coloured we must get over our problems quickly</p>

### Trauma of Displacement

Generation	Mechanism	Means of Transmission to next generation	
<i>First</i>	<i>Socialization Silence, Shame</i>	<i>Society Parenting</i>	<p><u>Manifested (effects) in the first generation as</u></p> <p><u>Intimate partner violence</u> : <i>Like beating up a woman, he doesn't do that no more.</i></p> <p><u>Homelessness&amp; Overcrowding</u>: Mrs Walters and her children lived with her mother . No I lived with my parents. Mr Walters And my father had a friend by the name of James, he lived in Woodstock, and my father was living with him at that time.</p> <p><u>Community Violence</u>: then I said no ...then you know gangsters came and then I said I wouldn't like my children to grow up here.</p>
<i>Second</i>	<i>Socialization; Silence Shame Interpersonal Relations</i>	<i>Society, parenting, Enactment, Over- disclosure Projective Identification</i>	<p><u>Effects manifested in second generation as</u></p> <p><u>Homelessness &amp;Overcrowding</u> : I've lived in most areas, you must want to keep yourself big. Run away from home. I wasn't allowed to work. I left home at the age of 17, my father was...he was too strict. I left home on my own. I had to fend for my self out there...there were things...mostly that I know...today I have learnt how to, but today I can say to me it was a lesson in life because today I can pass it on to my children and they can pass it on to their children. It was hard...</p> <p><u>Community Violence</u> : I am not sure if it was Belgravia Street or 7<sup>th</sup> Avenue, as the police were coming and people were running amock then he was shot with a gun in the back. And the front part of his chest was just open...</p> <p>Police were shooting the people with rubber bullets, bird shots. My brother was shot twice with two birdshots and one rubber bullet.</p>

Generation	Mechanism	Means of Transmission to next generation	
			<p><u>Imprisonment</u> : well he is in prison now. Ja He was still in the holding cells when i went to visit. My husband...he's in prison now. I went to visit him. He was also a gangster, but reborn now, he's at Voorbrug prison. I went to prison for pause pause 6 weeks...</p> <p>Gangs &amp; Crime : and all that time when they started gang fighting we knew already our parents and grandparents didn't have to tell us not to go outside.</p>
<i>Third</i>	<p><i>Socialization</i></p> <p><i>Silence,</i></p> <p><i>Shame</i></p> <p><i>Interpersonal Relations</i></p> <p><i>Family Communication</i></p>	<p><i>Society parenting, Enactment</i></p> <p><i>Over-disclosure</i></p> <p><i>Enmeshment</i></p>	<p><u>Effects Manifested in Third Generation as :</u></p> <p><u>Homelessness &amp; Overcrowding</u> : I live by my friend. We moved around alot and we never had a place to stay, and that was the year I started high school.</p> <p><u>Gangs</u> : Its tough growing up here , everywhere there is gangsters and its tempting because they offer you stuff and when you don't want to take it then they threatening. I became aware of this when I was a teenager</p> <p><u>Imprisonment</u> : but with my father... we have like a father son relationship even though he is in prison</p>

**Table : Mechanisms and Means of Trauma transmission**

	Mechanism	Main Transmission Factor	Present in Family (Manifested as)
1	Interpersonal Relations	Unconscious displaced emotion (projective identification, over-disclosure, enactment)	<p><u>Intimate partner violence</u> :</p> <p>Like beating up a woman, he doesn't do that no more. Okay when I was younger he use to do drugs. He stopped that, but he became a huge drinker.</p> <p>Due to curiosity became involved in drugs</p> <p>I stopped drinking with her. whenever she takes a drink, then there's less arguments there's less things to worry about then I would just keep an eye out for when my father comes</p> <p><u>Loss &amp; Separation</u>: Well that's the time we were without a father seems...he just got this vendetta towards me.</p> <p>I don't know what that feeling is, and she'd always ask me what, and I'd tell her a daddy's girl! I don't know that feeling. I would look at other fathers daddy's little girl teaching her how to ride her bike. I don't know that feeling.</p>

	<b>Mechanism</b>	<b>Main Transmission Factor</b>	<b>Present in Family (Manifested as)</b>
2	Socialization	Society	Alcohol abuse from slave heritage : Okay when I was younger he use to do drugs. He stopped that, but he became a huge drinker.
		parenting	Loss & separation And and, as I grew older and wiser, it became annoying and my parents became divorced, my mother took him back, and they separated again. And she took him back, and they were separated again...she took him back...
		Society, parenting	<u>Poverty</u> : My father didn't want me to work at all. Reason being my eldest daughter was born, my first pregnancy
		Society	Trauma of displacement and apartheid
3	Family Communication	Enmeshment	I stopped drinking with her. whenever she takes a drink, then there's less arguments there's less things to worry about then I would just keep an eye out for when my father comes
4	Silence	Individual, Family, Society	I had 3 miscarriages and the one baby died. He was born on the 4 <sup>th</sup> of March 2005. up until now I didn't deal with it. Well that's the time we were without a father. You see my mom didn't talk a lot.
5.	Shame and Humiliation	Individual, Family, Society	<u>Homelessness</u> : I've lived in most areas; you must want to keep yourself big. Run away from home. I had to fend for myself out there...there were things...mostly that I know...today I have learnt how to, but today I can say to me it was a lesson in life.  Like sometimes like now, when I think back, then I tell myself, why didn't you sign the adoption papers at red cross hospital, maybe that would have kept my parents together at the time