Reconstructing Trauma and Meaning

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Life Narratives of Survivors of Political Violence during Apartheid in South Africa

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PREFACE

The new power relationships and social structures emerging during socio-economic transition to democracy often endanger those who still carry with them the sequels to trauma of the past, gradually silencing their voices. Living myself for more than 20 years under totalitarian communist repression in Romania and witnessing directly its collapse in 1989, I have often wondered why post-conflict societies do not create more space for former victims on their journeys of healing by trying to clarify ambiguities, to facilitate the revelation of truth and to deal with injustices. Within the post-communist Romanian context of transition to democracy, I have felt the pervasive opposition of the new political power to uncovering past injustices and gross human rights violations. The conspiracy of silence at the political macro-level has increased the marginalisation of those who survived the communist repression, their voices remaining largely unheard at the societal level. The South African experience through its Truth and Reconciliation Commission has been enlightening for me in this respect. Reflecting on this process, I can see how much this journey has become my own story of making sense of past experiences lived during repressive times.

As a psychologist and family therapist at the Family Association of South Africa (FAMSA), I interacted with families and individuals from various backgrounds. In most cases, their current challenges were closely related to their traumatic experiences during apartheid. This was one of the reasons that prompted me to embark on a research study to explore survivors' current reconstructions of their trauma during apartheid and their pathways towards healing and making sense of life again. This book, therefore, is based on my PhD research for the Department of Psychology at the University of Cape Town in South Africa, during 2008-2011 (Rogobete, 2011).

The central aim of this work is to examine the narratives of survivors of political violence during apartheid and their complex ways of reconstructing trauma and recovery, almost twenty years after the collapse of apartheid in South Africa. The traumatic events experienced by victims occurred during 1960 - 1993. I interviewed twenty survivors who suffered gross human rights violations, such as detention, torture, police harassment, displacement, shootings, or the loss of a significant other.

Participants were coming from both sides of the conflict and belonged to various racial groups, ages, gender and socio-economic status. The study used qualitative research methods and thematic narrative analysis. The conceptual framework of the study was informed by contextual and narrative approaches to understanding trauma and recovery, shaped by social constructionist theories regarding reconstructions of meaning and the *self* after trauma. Central to the theoretical framework of the study was an understanding of trauma as loss of meaning and shattering of the self. Recovery was thus defined as a process of making meaning of the self, others and the world in which one lives.

The meaning-making process is multidimensional and is pursued through reflexivity, interpretation, language, human activity, interactions with others and social engagement with contextual realities. The self was understood as being constructed through narratives within a relational, moral and ethical universe shaped by social, political and cultural realities. Moving beyond a mere medical approach, the analysis highlighted complex articulations of trauma reconstructions and multiple pathways to recovery. There was no straightforward pattern or single profile that could describe experiences of trauma, but rather manifold ways of dealing with suffering and healing. In the highly unequal South African society, trauma and recovery were experienced differently across race and form of political violence. Victims of repressive political violence from black communities reconstructed trauma as an engulfing continuous process, affecting all areas of life, including the present context. Racial segregation and the ongoing oppression had a shattering effect not only on individuals but on families and communities as well. Trauma was constructed in terms of helplessness, despair and anger due to injustice, humiliation and marginalisation.

In contrast, survivors of reactive political violence inflicted by liberation movements (targeting the White population, considered as "beneficiaries" of the repressive system) reconstructed trauma as a result of the particular traumatic event in which they were involved, and not as a continuous type of violence such as Black participants had experienced. Their narratives, however, did not focus only on individual symptoms but rather on communal experiences further mediated by political, cultural and social realities. The unfolding of narratives revealed a variety of life trajectories and pathways to recovery. Findings clustered around three main categories of recovery: (1) survivors who made substantial progress by finding new meanings for their lives; (2) survivors who are still struggling in the process of meaning-making but remain committed to this journey and (3) survivors who were not able to progress and have given up

searching for new alternatives in their journey to recovery. Within the whole sample it has been found that recovery is closely related to survivors' ability to *repair* or to meaningfully *transform* what trauma had destroyed in their lives. While acknowledging the limits of the research and the need for continuous development of conceptual frameworks, this work has finally argued for a contextual understanding of trauma and recovery, highlighting the complexity and diversity of survivors' experiences within the current South African context.

Knowledge does not reside in one person's mind. Thus, this book as well is the result of an interchange of ideas and co-creation of meaning developed between myself and many wonderful people I met (either in the world of ideas or in person) during this process of research and writing. I would like to acknowledge the contribution and support of my supervisor, Professor Donald Foster. I am deeply grateful for his professional guidance, encouragement, intellectually stimulating discussions and constructive feedback. Special thanks to Dereck Summerfield, Brandon Hamber and Gillian Eagle for their valuable comments and suggestions for improvement. I would also like to thank the survivors who participated in this study, for sharing with me their experiences of suffering and healing. Their stories have changed the way I perceive life and have become a source of inspiration and personal growth. I am who I am now because of my encounter with you. Several institutions graciously offered me support and assistance throughout my research. I am deeply thankful to The Khulumani Support Group, The Institute for Justice and Reconciliation, The St. James Church, The Family Association of South Africa, The Ubuntu and The Amy Biel Foundation. Their dedication and engagement with people and current challenges helped me understand the ethical and moral dimension of "being-in-the-world".

My thanks and appreciations go to Charles Villa Vicencio, Fanie du Toit, Ruben Richards and Hugo van der Merwe for their valuable time and insightful discussions. Your passion, wisdom and love for justice are highly inspiring. To my dear friends, Juliet du Mont and Pamela LaBreche, go many thanks for their careful proofreading, dedication and astute comments. Florin Vidu deserves special thanks for his technical editing. I am also grateful to my two sons, Andrei and Ralph, for putting up with a busy mother. It is my hope that their generation will stand firm against any form of oppression. Finally, I would like to thank my husband, Silviu, for his love, support and insightful philosophical discussions. From him I learnt to wrestle with injustice and to search for a voice when others want to silence it.

CHAPTER ONE

INTRODUCTION

The dehumanising effect of apartheid in South Africa has been widely documented and confirmed by various organisations both nationally and internationally. The multiple forms of political violence under apartheid shattered the lives of individuals, families and communities. In an attempt to acknowledge the complexities of people's suffering on both sides of the interracial conflict, five years after the collapse of apartheid, Desmond Tutu affirmed:

> There is consensus that atrocious things were done on all sides. We know that the State used its considerable resources to wage a war against some of its citizens. We know that torture and deception and murder and death squads came to be the order of the day. We know that the liberation movements were not paragons of virtue and were often responsible for egging people on to behave in ways that were uncontrollable. We know that we may, in the present crime rate, be reaping the harvest of the campaigns to make the country ungovernable. We know that the immorality of apartheid has helped to create the climate where moral standards have fallen disastrously. (Truth and Reconciliation Commission, Vol. 1, 1998)

Apartheid did not only cause suffering to individual victims but also destroyed the fabric of human connections, which have their basis in moral and ethical standards. It destabilised people's practical ways of life and how they perceive themselves, others and the world in which they live. Although apartheid officially ended with the release of Nelson Mandela in 1990, the process of transition from a divided nation shattered by interracial conflict to a democratic society and national reconciliation has been marked by victories and challenges, as well as excitement and scepticism. Undeniably, one of the most significant accomplishments was the role played by the Truth and Reconciliation Commission of South Africa (TRC) in achieving a peaceful transition. The new discourse based on forgiveness and reconciliation gave birth to a metaphor - the new South Africa as the *rainbow nation.* However, a question was still lingering in

people's minds: Would the rainbow nation be able to repair the wreckage caused by the storms of apartheid?

The process of transition, besides successes, has also revealed many challenges in the process of rebuilding the nation. Confronted with economic poverty and marginalisation, many victims of apartheid who live in black communities continue to be victimised even in the present. Although some prominent former political activists and members of the liberation movements have become part of the new political elite, enjoying the benefits of social and economic power, there is an estimated number of 85,000 former victims of apartheid who are still fighting for their rights to reparations, established through the TRC Act (Khulumani Support Group, 2015). They feel the social contract has been breached as they consider that "the process of providing measures for amnesty and other benefits for perpetrators has not been balanced by an equal focus on the provision of redress for victims. Victims have not experienced the equal protection of the law in post-apartheid South Africa" (Khulumani Support Group, 2011). The Khulumani Support Group appears to be the only national organisation still advocating the rights of victims of gross human rights violations under apartheid. Although society may prefer to close the chapter on apartheid and its victims, it is still an ethical and moral responsibility to listen to their present stories and honour them, in order to create space for healing. Meaningful interventions for the victims of apartheid can be developed only by listening to their stories of suffering and allowing them to find their voices. This book is thus an attempt to tell the story of victims' successes and failures on their journey towards making sense of their suffering, and their lives after trauma.

With regard to the conceptual framework of this analysis, the discourse on trauma and recovery is part of a wider theoretical debate and its trajectory has been dynamic, contradictory and often elusive. With a history over a century old, discussions on the psychological effects of traumatic events have been generally prompted by significant shifts in the historical, political and cultural context in which they were developed. Significant reviews on trauma (Bracken, 2002; Herman, 2001; Joseph, Williams & Yule, 1998) have traced the first debates as early as the 1880s, within the context of train collisions and resulting spine injuries. Since then, the concept of trauma has been continuously shifting according to the socio-political realities of the last century. From the concept of nervous shock to hysteria, anxiety neurosis (Freud, 1894, 1919) and shell shock (Mott, 1919), trauma discourses have been constantly associated with political movements throughout history. Such movements include the

antiwar movement after the Vietnam War and, later, the feminist movement in Western Europe and North America (Herman, 2001).

However, even in terms of formal conceptualisations, the trajectory of trauma debate has not been free of interruptions. Although the concept of *gross stress reactions* was mentioned in the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM I*, APA, 1952), it was afterwards withdrawn from the *DSM II* (APA, 1968) and re-included much later in the *DSM III* (APA, 1980) as the *Posttraumatic Stress Disorder* (PTSD). In addition, as trauma concepts have been mostly developed in Western cultures, the discourse on trauma and recovery tends to be dominated by a positivist individualist framework. Such an approach views trauma as a straightforward medical condition by assuming that symptoms of trauma are directly caused by the traumatic event. It also believes that psychological negative impact and recovery from trauma takes place solely in the individual's mind and is independent of the contextual factors and socio-cultural realities in which traumatic events take place.

Nevertheless, at the end of the nineties, researchers and clinicians working with traumatised populations in non-Western contexts started to address concerns regarding the universality of PTSD and its applicability in cultural contexts which operate on different assumptions about self, relationships, community and meanings of suffering and healing (Bracken et al., 1995; Herman, 2001; Straker, 1992; Summerfield, 1991, 1997, 1998; Young, 1995). Qualitative research and clinical interventions with trauma survivors in non-Western cultures have strongly emphasised that victims' experiences of trauma and recovery have been profoundly shaped by their social, political and cultural context as well as their idiosyncratic ways of making meaning of life after suffering (Bracken, 2002; Hamber, 2009; Sideris, 2003; Summerfield, 2002; Weine, 2006).

Within the South African context, some of the earliest empirical studies with survivors of political violence have emphasised the devastating impact of detention, torture, police harassments and intracommunity violence on youth, adults, families and communities (Dawes & Tredoux, 1989; Foster, Davis and Sandler, 1987; Hirschowitz & Orkin, 1997; Skinner, 1998; Straker, 1992; Straker, Mendelsohn, Moosa & Tudin, 1996). Although after the collapse of apartheid significant conceptual discussions and studies on victims and trauma started to emerge (Kaminer, Stein, Mbanga & Zungu-Dirwayi, 2001; Pillay, 2000; Stein, Walker, Hazen & Forde, 1997), empirical research on the effects of political violence during apartheid gradually faded away after the Truth and Reconciliation Commission in 2000. It is surprising that studies on the subject of recovery after traumatic experiences of political violence are

quite scarce. The trauma discourse has progressively shifted towards newer and more pressing issues such as community crime, sexual assault, domestic violence and HIV/HIDS (Kaminer & Eagle, 2010).

Nevertheless, it is worth mentioning the efforts of researchers and clinicians who worked with seriously traumatised populations during apartheid in South Africa. Gill Straker and the Sanctuaries Counselling Team (1987) brought into discussion the concept of Continuous Traumatic Stress Syndrome as a contextually specific condition developed by individuals living under continuous and intense levels of violence in townships. The debate has continued with conceptual contributions developed during the *National Symposium on Traumatic Stress in South Africa* in 2010 and 2011. The symposium aimed to develop clearer descriptions of continuous traumatic stress and its social and collective impact in South Africa, to negotiate complex relationships between various approaches and interventions, and finally, to carve space for a conceptual framework that will coherently conceptualise the theory and practice on the topic of continuous traumatic stress in South Africa (Kaminer, 2011; Eagle, 2011). Significant discussions revolved around the concept's validation and the need for further qualitative and quantitative research on trauma and recovery within the South African context, so often dominated by continuously threatening conditions, especially in economically poor communities.

The current study, therefore, is in many ways framed by these contextual realities, and aims to "remain constantly aware of, and sensitive to, issues of cultural, racial, linguistic and class differences" (Kaminer & Eagle, 2010, p. 153) when approaching the subject of trauma and recovery within the South African context. Thus, the conceptual framework of this work goes beyond the PTSD concept defined through the list of symptoms included in the *DSM IV* (APA, 1980), with the intention of exploring contextual and subjective interpretations of trauma due to political violence, its complex impact, and trajectories of recovery in post-apartheid South Africa.

The central aim is to examine the life trajectories of survivors of political violence under apartheid in South Africa. By using a qualitative approach and narrative analysis, the study seeks to unravel participants' subjective experiences of past trauma and their life journeys up to the present time. The purpose is to highlight survivors' reconstructions of traumatic experiences, their complex ways of dealing with suffering and their attempts to rebuild their lives after trauma. In addition, since political violence under apartheid was multidimensional in its form and nature, this

study aims to emphasise the psychosocial impact such various forms of violence had on individuals, families and communities.

Furthermore, another important aim is to highlight how historical, socio-economic, political and cultural realities have shaped survivors' journeys to recovery after the collapse of apartheid until the present. By capturing survivors' experiences and the meaning they attach to their suffering and healing, this study attempts to facilitate the emergence of a contextually specific understanding of trauma and recovery in the context of transition in South Africa characterised as it is by socio-economic inequalities, ongoing structural violence and disempowerment among the Black population. Finally, the study aims to discern the multiple factors and interactions related to survivors' recovery processes as well as significant elements that facilitated or impeded their complex ways of making meaning of life again in the aftermath of serious traumatic experiences.

With regard to the structure of this book, the discussion begins by locating the present work within the context of previous studies and contributions in the field of trauma and recovery (Chapter Two). By highlighting some of the limitations of the PTSD concept elaborated in Western cultures, this chapter stresses the importance of the social, political and cultural context for the understanding of suffering and the reconstruction of meaning after trauma. In so doing, the discussion is carving a niche for this study as a qualitative piece of research aiming to examine the life trajectories of survivors of political violence, seventeen years after the collapse of apartheid.

Chapter Three highlights the main theoretical assumptions that constitute the epistemological framework of the study. It defines the hermeneutic key of the analysis as being sensitive to contextual and relational dimensions of human suffering, multidimensional meaning-making processes as well as to identity being shaped by culture, language and social reality. Chapter Four outlines the main elements of the methodological framework defined by a qualitative approach that adopts narrative methods for research. This chapter also includes descriptions of the study, the interviewing process, the participants and role of the researcher.

The following three chapters (Chapter Five, Six and Seven) focus exclusively on the analysis of survivors' narratives of suffering during apartheid and their search for significant ways of reconstructing meaning after trauma. The analysis takes into consideration the complex ways in which participants interpret their past experiences, their current locations in the recovery process and future perspectives about the world in which

they continuously (re)create meaning for their lives. Chapter Eight concludes with an overview of central findings of the study, its contributions, limitations and a critical reflection on my journey during this research.

Since terms and concepts may have multiple connotations, it is therefore important to clarify from the onset some aspects related to the use of race terminology and concepts such as victim/survivor, political violence, trauma and recovery (De la Rey, 1999; Luthar, Cichetti & Becker, 2000). The ideology of race in South Africa has been an integral part of the apartheid repressive system in the past and terms such as Black[1], White and Coloured may carry with them painful memories of the "old times". Although there have been debates over such issues, these categories do not bear value demarcation anymore. They are used purely as technical terms to distinguish demographically between various race groups who are part of the current South African society (TRC Report, Vol. 1, 1998). Similarly, in this book, *White* and *Black* are the terms used most frequently. White refers to members of the groups who were full citizens of the apartheid state, thus enjoying the rights and benefits of such identity. The term Black refers to all members of the group who were disenfranchised under apartheid. *Coloured* is a sub-grouping within the category Black and is used in this work to signify mixed race and people of Indian origin. When not otherwise specified in this study, the term Black includes the Coloured and Indian participants in the sample.

The terms *victims* and *survivors* are used interchangeably in the study without conferring a higher value to one or the other. Therefore, when using the word *victim*, there is no intention to convey weakness to the individual, since both victim and survivor are used to signify the experience of gross violations of human rights as described in the Promotion of National Unity and Reconciliation Act, Section 1 (TRC Act). The word *victim* is also the accepted term within the framework of the Truth and Reconciliation Commission of South Africa. Differences between these terms are, however, highlighted in the study when participants themselves make a distinction between their meaning attributions.

The oppressive apartheid system used various forms of political violence, which will be presented in Chapter Two. Although *repressive* violence refers to the violence inflicted by oppressive structures of the apartheid state on the Black population (as the oppressed), in this work,

[1] When referring to persons, these terms are capitalised as recommended in the *Publication Manual of the American Psychological Association*, 6th edition, 2010, p. 75.

the expression ‘victims of *repressive* political violence’ includes also some victims who are White. Even if the victims of repressive violence were predominantly Black, there were also White people (even from outside the borders of South Africa) who actively opposed the system of apartheid and thus suffered the consequences of repressive violence as well. In a similar vein, it has to be mentioned that political violence inflicted by anti-apartheid movements, while targeting the White population, made victims among Black and Coloured people as well (for example the massacres in 1993).

Finally, the term *trauma* has been used in this study to refer both to clinical trauma as described by symptoms of *Posttraumatic Stress Disorder* as well as to a *crisis of meaning* created in an ongoing multidimensional traumatic context during apartheid and in some ways also perpetuated during the period of transition. Therefore the term trauma includes not only the psychological trauma of the individual but also historical, structural and communal trauma within the context of ongoing threat and adversity (Kaminer & Eagle, 2010). Such a situation makes it difficult to distinguish between the effect of a single traumatic event and its subsequent impact; therefore the term *trauma*, depending on the context, refers both to the nature of an event (as being traumatic) as well as to the suffering produced by such an event (as the traumatic aftermath). In a similar vein, the term *recovery* has been used to signify both psychological recovery as well as relational and contextual recovery. Recovery has been defined as a continuous and multidimensional process of making meaning of life after trauma.

Having briefly presented the general map of this work, I will turn now to a more detailed description of the contextual location of this analysis within existent conceptual and empirical studies in the field of trauma and recovery.

CHAPTER TWO

TRAUMA AND RECOVERY: HISTORICAL ROOTS AND PARADIGM SHIFTS

At various times in human history, violence, wars and natural disasters have shattered the lives of people and communities in many parts of the world. The pain and suffering experienced by people has been interpreted in multiple and, often, contradictory ways, which in fact has mirrored victims' confusion and devastation in the aftermath of trauma. It has been widely acknowledged that people who experience political violence have suffered various forms of trauma. Depending on the historical context and type of traumatic event, the psychological suffering is conceptualised as war neurosis, shell shock or most often as Posttraumatic Stress Disorder (PTSD). The continuous transformation of such concepts throughout history clearly show that trauma has a dynamic and elusive nature, being in constant need of re-thinking and re-shaping according to context, history and culture. This chapter, therefore, seeks to answer several questions: What are the main ways of understanding trauma and recovery within the literature? What is the meaning of these concepts within the context of apartheid? Is there sufficient empirical evidence showing that people suffered trauma under apartheid? If there is, what types of trauma and what was the extent of traumatisation? Considering the racial differences, how was trauma and recovery experienced differently by Black and White people in South Africa? What is the meaning of recovery and what was people's experience of recovery in the aftermath of the collapse of apartheid until present?

In addressing these questions, the aim is to provide an overview of relevant studies and contributions in the field of trauma and recovery in general and the application of these concepts within the context of apartheid in particular. While there is abundant literature on the conceptualisation of trauma and recovery in general, it is surprising to notice the scarcity of empirical studies exploring such concepts within the South African context. The focus of discourses on apartheid trauma and political violence has gradually faded away and has been replaced by

concerns with other types of violence such as sexual abuse and crime (Kaminer & Eagle, 2010). Consequently, some of the questions regarding recent empirical evidence on trauma and recovery within the context of apartheid would largely remain unanswered in this chapter. This fact highlights the importance and relevance of the present work that takes place more than fifteen years after the collapse of apartheid in South Africa. The aim is to find out what happened with former victims of apartheid, how they recovered (if they did), how they remember their trauma and how they have been trying to make sense of their lives after trauma.

In so doing, the discussion will map relevant material in the field of trauma in general and the traumatic effects of apartheid in particular, focusing especially on the contested nature of PTSD. The structure of the argument will initially deal with the main ways in which trauma is understood, showing how various changes in conceptualisation have been prompted by significant transformations in the socio-political context (Herman, 2001[1]; Joseph et al., 1998; Moon, 2009). Secondly, the chapter will explore psychosocial and broader approaches to trauma and recovery, highlighting some of the limitations of PTSD concepts and thus emphasising the importance of historical, ideological and cultural aspects for the understanding of suffering and the reconstruction of meaning after trauma (Bracken, 2002, 2007; Brison, 2002; Etherington, 2003; Herman, 2001). Third, the argument will turn towards the actual context of apartheid and the way trauma and recovery has been conceptualised through empirical studies and conceptual analyses in South Africa (Foster et al., 1987; Gobodo-Madikizela, 2009; Hamber, 1995, 1998, 2004, 2009; Kaminer, Grimsrud, Myer, Stein & Williams, 2008; Kaminer et al., 2001; Manganyi & du Toit, 1990; Straker, 1992). In conclusion, the chapter will emphasise the place of the current study among previous research and its contribution to the furthering of knowledge on apartheid trauma and survivors' ways of rebuilding their lives after massive suffering.

2.1. Understanding trauma and recovery

It should be stated from the onset that the literature on psychological trauma is vast and it is beyond the scope of this chapter to provide an exhaustive account of the historical development of trauma. Moreover,

[1] This is the 4th edition of Herman's book *Trauma and Recovery*, published in 2001 with a new afterword. However, it should be mentioned that the book was first published in 1992.

comprehensive reviews on understanding trauma have been already presented in various clinical books and empirical studies (Andreasen, 1985; Bracken, 2002; Herman, 2001; Joseph et al., 1998; Wilson, 1994). Thus the key purpose in this chapter is to discern from among various approaches, which type of trauma concepts provide the current discussion with a suitable framework for the exploration of traumatic experiences of survivors of political violence during apartheid.

This section will start by briefly presenting some historical roots of the main concepts of psychological trauma and will continue with an analysis of PTSD and complex PTSD. The last part of this section will highlight some important limitations of the PTSD framework, thereby claiming that the understanding of trauma and recovery could be enhanced if contextual factors are taken into consideration. This argument will draw on evidence from significant studies emphasising the impact of trauma on wider social systems and the importance of relationships, family support, cultural beliefs and spiritual values in the process of rebuilding one's life after trauma. The concept of resilience and post-traumatic growth will also be explored, as relatively recent views on recovery that highlight the ability of survivors to access their strengths, transform themselves and even grow as a result of their trauma. However, not all survivors experience visible growth as some may admit that their situation is even worse than before the traumatic event. The section, therefore, will end with a brief description of the concept of posttraumatic embitterment as a challenging way of coping with trauma.

The earliest ideas about trauma begun to surface more than a hundred years ago and expanded in the context of discussions regarding the impact of various traumatic events on individuals. Throughout various periods of time, the development of trauma concepts has never been linear but always surrounded by heated debates concerning definitions of traumatic events and trauma, the presence (or absence) of certain symptoms and types of interventions employed for recovery. Approaches to trauma have been heavily influenced by philosophical ideas regarding the understanding of human beings and the meaning of the world in which they live, aspects that contributed to the continuous reshaping of trauma concepts.

Chronological reviews in the field of trauma emphasize that changes in conceptualisation are prompted by major shifts in the historical, cultural and political context, this fact highlighting once again the dynamic nature of trauma (Bracken, 2002; Herman, 2001; Joseph et al., 1998; Moon, 2009). Herman (2001) argues that significant developments of trauma concept are closely related to political movements throughout history, for example, *hysteria* that emerged out of the anticlerical political movement

at the end of the nineteenth century in France, the PTSD developed within the context of the Vietnam War and the anti-war movement, and trauma caused by sexual and domestic violence which coincided with the feminist movement in Western Europe and North America (p. 7-9).

Some of the first discussions on trauma in general, or more precisely on the psychological effects of traumatic events, trace their roots back to the nineteenth century and are linked to the context of train collisions, described in Ericksen's book from 1866 through the concept of *spinal concussion* and *railway spine* (Joseph et al., 1998). Further concepts have followed along the chronological line: nervous shock, traumatic neurosis, anxiety neurosis (Freud, 1894, 1919), fright neurosis (Kraeplin, 1886) and shell shock (Mott, 1919; Southward, 1919).

The first concept used to describe war trauma was *the shell shock* (Mott, 1919) developed in the context of the First World War. This diagnosis was attributed to soldiers who suffered brain injuries during explosions and, as a result, displayed symptoms such as trembling, paralysis of the limbs, loss of speech, convulsions, amnesia, insomnia, nightmares and depression. However, similar symptoms were discovered among soldiers who did not experience explosions, a fact that led to the execution of many soldiers accused of cowardice. After the Second World War, Kardiner (1941) brought further contributions through his post-trauma-syndrome (Joseph et al, 1998), although the descriptions of its symptoms did not differ from the previous ones. In terms of interventions, the role of the treatment consisted in "integrating the repressed events so that the patient may once again become master of what (it was assumed) had become a dissociated self" (Moon, 2009, p.74).

Posttraumatic stress disorder

The most acknowledged term used in connection with war trauma is the concept of Posttraumatic Stress Disorder (PTSD), elaborated in the aftermath of the Vietnam War and formally adopted by the American Psychiatric Association as a psychiatric disorder in 1980 (APA, 1980). However, stress reactions to trauma were mentioned earlier in DSM I (APA, 1952) as *gross stress reactions* but withdrawn from DSM II (APA, 1968) and much later reintroduced in DSM III (APA, 1980) as PTSD. From this perspective, trauma was defined in terms of exposure to a traumatic event and the symptoms experienced in the aftermath of the traumatic event (Joseph et al., 1998).

PTSD has its conceptual roots in Horowitz's (1975) two-factor model based on the information-processing theory. According to his model, in the

aftermath of a traumatic event, the person would experience intrusive disturbing memories of the traumatic event and also avoidant attitudes to escape the distressing feelings and images. These alternating phases of intrusion and avoidance became the framework for the new concept of PTSD that was included in the DSM III. PTSD was used as a diagnosis if the patient exhibited a set of symptoms that could be organised into three main categories: symptoms of intrusion (flashbacks, recurring nightmares and recurrent thoughts about the trauma), symptoms of constriction (numbing, feelings of detachment, avoidance of thoughts, places or activities reminiscent of trauma) and hyperarousal symptoms (irritability, insomnia, poor concentration, hypervigilance and guilt about surviving) (Blake, Albano & Keane, 1992).

Depending on the onset and duration of symptoms, DSM III distinguished three forms of PTSD: acute (the onset within six months from the event and a less than six months duration), chronic (duration of symptoms for six months or more) and delayed (the onset of symptoms at least six months after the trauma) (APA, 1980). The time constraints were better defined in the revised edition of DSM III – R (APA, 1987). In order to meet the diagnostic criteria of PTSD, the symptoms had to begin in the immediate aftermath of the traumatic event and last for no less than one month, although re-experience and avoidance symptoms were considered to appear even several years after the event.

Regarding PTSD conceptualisation, a major theoretical shift was introduced in DSM IV (APA, 1994) both in terms of time limits and the definition of a traumatic event. In contrast with DSM III-R, the new edition reintroduced *the acute stress disorder* characterised by symptoms that lasted for "minimum of two days and a maximum of four weeks" (Joseph et al, 1998, p. 12). Regarding the definition of a traumatic event, DSM III-R vaguely defined it as "an event outside the range of usual human experience" (APA, 1987). Therefore, DSM IV excluded the previous definition and considered that a traumatic event should consist of both: (1) experiencing or witnessing an event or events that "involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others" and (2) the person's subjective reactions of "fear, helplessness or horror" (ibidem, p. 13).

Individual responses to traumatic events and modes of recovery were explained through emotional cognitive approaches based on a series of theories such as emotional processing, conditioning theory, learned

helplessness and information processing.[2] Recovery was thus conceived in terms of therapeutic processes based on cathartic techniques of re-experiencing the memories of the traumatic event, followed by their integration into consciousness (Moon, 2009). Continuing the cognitivist tradition, Janoff-Bulman (1989, 1992) described trauma as the shattering of mental *schemas* and fundamental assumptions about the world as meaningful and benevolent. While these models and theories are helpful in explaining trauma and post-trauma responses, they fail to provide clear explanations of individual differences in reactions (including the fact that not all people exposed to traumatic events develop PTSD) as well as differences between PTSD and other psychiatric disorders such as depression and anxiety (Bracken, 2002; Summerfield, 1991; Yehuda, 1998). It has become apparent that, in order to understand the complexity of trauma and recovery, there was a need to go outside the intra-psychic world of the individual by trying to explore contextual factors that may mediate the outcome of traumatic experiences.

Complex posttraumatic stress disorder

Although initially a traumatic event was defined as an event "outside the range of the human experience", in Herman's view (2001), this definition has proved to be incorrect, since, for example domestic violence, rape and atrocities are a common aspect of human experience. She argues that "traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life" (p. 33). Within this context, Herman brings a dynamic perspective to the initial static understanding of PTSD by introducing the "dialectic of trauma" (p. 237-247). This concept is defined as a prolonged tension between intrusion and constriction symptoms, between remembering and forgetting, a process that emphasises the ambivalence, confusion and the helplessness of victims as well as the "self-perpetuating" character of trauma (Herman, 2001, p. 47). As a result of chronic repetitive trauma (such as the situation of child abuse and repression), Herman argues that survivors develop "characteristic personality changes, including deformation of relatedness and identity", that are often misdiagnosed with borderline personality disorder and multiple personality disorder (p. 119).

[2] Space does not permit a description of these theories. For thorough descriptions see Rachman (1980) on emotional processing, Seligman and Maier (1967) on learned helplessness and Horowitz (1975) on information processing.

These were some of the premises leading to Herman's (2001) new concept of *Complex Posttraumatic Stress Disorder*, developed in order to account for situations in which victims experienced repression and were subjected to "totalitarian control over a prolonged period (months to years)", examples including hostages, prisoners of war, concentration-camp survivors, survivors of some religious cults, survivors of sexual abuse and domestic battering as well as childhood physical or sexual abuse and organised sexual exploitation (p. 121). In her view, complex PTSD is based on seven diagnostic criteria, the first being a prolonged exposure to trauma instead of a traumatic event as was mentioned in the PTSD diagnostic criteria. The next six types of symptoms were defined as: (1) alterations in affect regulation (persistent sadness, suicidal ideation, self-injury) (2) alterations in consciousness (amnesia, dissociation, relieving experiences) (3) alterations in self-perception (helplessness, shame, guilt, sense of stigma, self-blame) (4) alterations in perception of perpetrator (preoccupation with relationship with perpetrator, revenge or idealisation of perpetrator), (5) alterations in relations with others (isolation, withdrawal, broken relationships, persistent distrust, search for a rescuer) and (6) alterations in systems of meaning (loss of faith, hopelessness and despair (ibidem).

In addition to the traditional understanding of PTSD, complex PTSD defines trauma as a loss of coherent self, psychological fragmentation, loss of control, trust and self-worth, insecure attachment bonds and significant risk of re-victimisation (Ide & Paez, 2000; Van der Kolk, Roth, Pelcovitz, Sunday & Spinazzola, 2005). Recovery, in Herman's view, follows three well-defined stages: the establishment of safety, remembrance and mourning loss and reconnection with ordinary life, community and society (p. 155). Vital for the process of recovery is the context of a healing relationship that has also an empowering effect on the victim.

Although complex PTSD brought significant improvements to the understanding of trauma and recovery by drawing attention to the impact of continuous repetitive traumatic events and the importance of relationships and contextual factors in recovery, the category has not been formally included in diagnostic systems such as DSM or International Classification of Diseases (ICD). The fragility of complex PTSD comes from a lack of empirical evidence able to clearly differentiate between complex PTSD, PTSD and borderline personality disorder (BPD). The next section will explore some critiques on the positivist approach of PTSD by highlighting contributions coming from contextual perspectives on trauma and recovery which take into consideration the social and cultural aspects in which people's traumatic experiences take place.

2.2. Trauma, recovery and transformation: From loss of meaning to posttraumatic growth

Looking retrospectively at the context in which trauma concepts have been shaped, it can easily be noticed that most conceptualisations have a Western cultural background, which bears the individualist positivist imprints and ways of thinking, an aspect that has been emphasised by Young (1995), Bracken (2002), Bracken and Petty (1998) and Summerfield (1998, 1999) on numerous occasions. The immediate question to be addressed concerns the applicability of such concepts in non-Western contexts, which operate on different assumptions about meaning, self, community and society. It is, therefore, important within the context of the present study to establish to what extent the PTSD framework is suitable and sufficient for the understanding of trauma and recovery in post-apartheid South Africa. In order to make an informed decision, this section will discuss first several contested aspects of PTSD and then will examine conceptual analysis and empirical studies using broader psychosocial and contextual frameworks for the understanding of trauma.

Major criticism of the PTSD conceptualisation concerned its universality and linear causality, aspects that are closely interrelated. Within the positivist Cartesian framework based on linear causality, the first contested aspect addressed the view of trauma as a straightforward medical condition that has a clear "aetiology, diagnosis, psychopathology, treatment and prognosis" (Bracken, 2002, p. 47; Summerfield, 1991). Hence, it was assumed that symptoms of trauma represent a direct reaction to the traumatic event, happening in the individual's mind, independent of the characteristics of the outside world and the socio-cultural context in which traumatic events take place. However, in contrast with this view, empirical evidence has shown that not all people who experienced a traumatic event develop PTSD (Breslau, 1998; Herman, 2001; Shalev & Yehuda, 1998) and that other factors such as "individual characteristics, environmental aspects, objective components and subjective interpretations" mediate the development of PTSD symptoms (Foa & Meadows, 1998, p. 179).

Secondly, it has been also implied that the PTSD is a universal model that can be applied in any cultural context regardless of its historical, social and ideological characteristics. As in the case of other Western theories, the PTSD concept has been applied in various non-Western contexts (including South Africa, as will be expanded on in the second part of this chapter) in which empirical studies have confirmed a high prevalence of PTSD in the aftermath of traumatic events. Yet, some

studies conducted with traumatised people in non-Western cultures have shown that trauma did not fit the PTSD understanding. Direct clinical interventions and research with trauma survivors in various cultural contexts highlighted the importance of psychosocial factors (Joseph et al., 1998) and the role of people's cultural and idiosyncratic beliefs for the understanding of trauma (Bracken, 2002; Bracken et al., 1995; Johnson, Thomson & Downs, 2009).

In a similar vein, anthropological and philosophical analyses see trauma as the 'shattering of the self' and 'loss of meaning' that challenge the very notion of personal identity (Bar-On, 1999; Brison, 2002; Crossley, 2000; Etherington, 2003; Kaplan, 2005). Since trauma is perceived as the "disintegration of the self", recovery is understood in terms of the "re-making of the self" through a narrative reconstruction of meaning (Brison, 2002, p. 4) based on interpretive processes governed by social contexts and cultural models for memories, narratives and life stories (Antze & Lambeck, 1996, p. 191; Frank, 1995). These aspects point once again to the limitations of the PTSD concept. However, reflecting on what has been said so far, the problem does not seem to reside within the PTSD concept itself but rather in the framework of understanding trauma and its research tools. In other words, researchers studying trauma (especially trauma of political violence and oppression) should not stop at the border of PTSD but should dare to explore further the characteristics of trauma and ways of recovery by using more descriptive instruments rather than just lists of symptoms. In exploring the experience of trauma, it is more important to analyse the multiple meanings victims ascribe to their experiences rather than describing to victims the meaning of a pre-established list of symptoms.

In this context, Patrick Bracken's (2002) approach should be seen as a major contribution to the field of trauma. Arguing primarily from a phenomenological position informed by Heidegger's view of the *self*, he challenges the reductionist perspective of psychiatry and psychology of trauma. In so doing, he advocates an ontological and contextual dimension of trauma, thus taking into consideration survivors' ways of interpreting suffering and healing within their specific cultural context. Consequently, instead of symptoms and diagnostic criteria, Bracken views trauma as "loss of meaning" and recovery as a meaning-making process taking place in three main contexts: social (defined by survivors' relationships with family and friends, their economic status, employment), political (referring to survivors' beliefs on gender, class, ethnicity, political views) and cultural (spiritual and religious beliefs, values, concepts of self, community and views on illness) (Bracken et al., 1995, p. 7). For example,

especially in the context in which trauma is related to displacement, loss of house and oppression, recovery after trauma may mean the rebuilding of the ordinary "ways of life" described by a safe shelter and a decent job.

In addition, Bracken and Thomas (2005) propose a new epistemological paradigm, namely the concept of postpsychiatry[3]. As a conceptual theoretical position, postpsychiatry is not antipsychiatry and "does not negate the importance of a biological perspective, but it refuses to privilege this approach" (Bracken & Thomas, 2001, p. 726). Postpsychiatry is concerned with meaning and interpretation, arguing for openness towards people's experiences of trauma without imposing models and interventions that are not suitable in their context. One of the most important theses of postpsychiatry is that psychiatric symptoms could be seen as meaningful rather than pathological (Thomas & Bracken, 2008). *The Hearing Voices Network* established in Britain in 1990 is an example of how patients with psychiatric symptoms such as 'hearing voices' can develop meaningful explanations of their experiences, a fact that has a normalising effect thus helping them to cope better with their illness.

Furthermore, Johnson et al.'s (2009) recent qualitative study with nine non-Western interpreters, who experienced trauma of oppression in their countries of origin, highlighted new factors, which are not included in the PTSD concept. Such factors represent specific beliefs of survivors related to ethnicity, experiences of oppression, causal attributions, religious beliefs and social support. The results showed that the anticipation of violence and the understanding of ethnic oppression had a normalizing effect for victims. This created a sense of predictability and control that had an empowering effect on survivors by helping them to cope better, resist and even respond to repression. Religious beliefs helped participants to manage painful emotions and try to find a purpose for their suffering, a fact that facilitated the process of finding meaning in trauma and even experiencing a sense of growth. As a result of their traumatic experiences, survivors considered that "they had learned to be patient and that they had the ability to be courageous and strong" (p. 415). The study is helpful in importing new beliefs about trauma within non-Western contexts. However, it is not clear what is actually the understanding of trauma within that particular context, and although the authors view recovery as a process of adaptation, yet a description and the mechanisms of this process are not provided.

[3] The concept of postpsychiatry was first used by Peter Campbell in Read and Reynolds' anthology published in 1993.

A preliminary concluding point that needs to be made here is that trauma is an ever-changing construct (Lutz, 2003; Morris, 2003). Although various attempts have been made to conceptualise trauma and recovery as being more than a traumatic event or PTSD, a new and clear conceptualisation has not been produced yet (Bracken, 2002). The difficulties reside probably in the attempt to make universal and general something that cannot be generalised. However, new avenues for understanding trauma and recovery have emerged as a result of contextual and systemic interventions with traumatised groups and communities. Such approaches have proved to be successful in being able to work with individuals within the context of their multiple relationships in their families, work place, community and society at large.

Multisystemic integrative perspectives on trauma and recovery

Empirical evidence resulting from research and systemic interventions with survivors of political trauma strongly emphasise the importance of relationships both in the way trauma is experienced and the way in which recovery takes place (Danieli, 1998; Johnson, 2002; Landau & Saul, 2004; Weingarten, 2000). It has been suggested that trauma affects not only the individuals, but their families, friends and community as well. Family therapy with trauma survivors showed that the effects of traumatic events are more bearable if they are shared or if survivors allow those around them (family and friends) to bear witnesses to their suffering (Weingarten, 2004). Also, multigenerational studies with families of Holocaust survivors have shown that trauma can be passed on to the subsequent generations through a complex process of intergenerational transmission taking place at the level of the family and society (Auerhahn & Laub, 1998; Felsen, 1998; Hardtman, 1998; Rosental & Volter, 1998; Simpson, 1998; Solomon, 1998).

Working with Bosnian refugee families in Chicago, Weine et al. (2004) studied the effects of displacement and constructed a model that describes “displaced families of war” (p. 147). Results of the study point to the fact that political violence and particularly refugee trauma lead to multiple changes in the life of families displaced by war. The impact is “not limited to symptomatic consequences of discrete traumatic events, but represents multiple changes that war brings to the lives of families and their members” (p. 158). A significant change in family roles concerns the fact that parents found “little purpose or meaning in their own lives compared to their hopes for their children” (p. 152). In response to this type of change, some families are able to show flexibility, tolerance and

trust, thus finding ways to manage these changes, as the children's success is restorative for the parents in the healing process. However, as the study points out "there is a built-in fragility because if parents see that their children are having difficulties, their letdown can be equally tremendous" (p. 152).

Additionally, systemic interventions are solution-oriented, emphasising personal strengths, resilience and the importance of secure emotional attachments in recovery after trauma (Harvey, Mondesir & Aldrich, 2007; Johnson, 2002). Major improvements have been registered when spouses were included in the treatment of trauma, alongside their traumatised partner, accounting for an increase of the success rate from 46% to 82% (Cerny, Barlow, Craske & Himadi, 1987). Also there is empirical evidence showing that social and family support is related to lower PTSD levels (Solomon, 1990; Van der Kolk, 1996) and both factors are strong predictors of adjustment and PTSD symptomatology (Brewin, Andrews & Valentine, 2000). In Johnson's (2002) view, the growing tendency to include couple and family interventions in psychotherapy with veterans of the Second World War comes to validate the importance of the closest relationships in people's lives, which can either exacerbate the negative effects of traumatic experiences or become a source of healing. The ability of the other partner to express compassion and support helps the victim to 'face the dragon' from a more secure base. As Johnson (2002) argues, if survivors experience secure attachments in their relationships with significant others, they become more resilient and cope better with the effects of the traumatic events.

Furthermore, the importance of resilience in the process of recovery from trauma has been emphasised by several clinical studies and interventions with survivors of trauma from various ethnic backgrounds (Falicov, 2007; Harvey et al., 2007; Landau, 2007; Sideris, 2003). A considerable contribution to the understanding of recovery after trauma was made through the Linking Human Systems (LHS) Approach, designed and defined by Judith Landau as culturally informed multisystemic interventions based on "the theory of resilience in individuals, families and communities facing crisis, trauma and disaster" (Landau, Mittal & Wieling, 2008, p. 194). The model highlights that recovery is closely related to human connections, extended social support systems, a sense of continuity with past and future and resilience. The LINK model is based on interventions with individuals, family and groups, a core element being the recruitment of a family member or a community member "who can act as natural agents for change" (p. 197). The first stage of intervention is based on the assessment of family and

community resources, the overall level of stress within the system, the balance between stressors and resources and continuity/disruption of transitional pathways (stories about past adversities and how they were overcome). The intervention stage consists of interactive group meetings that foster resilience, develop strengths and empower survivors. Methods are based on storytelling, exploring the family of origin, stories of resilience and themes of positive continuity and connectedness in the future.

Although space does not permit a full description of the Link model[4] here, a few points will be made regarding the systemic approach to understanding trauma and recovery, which will be further detailed in the next chapter. First, this model adopts a relational approach by assessing the impact of trauma on the family and larger system while not losing focus on the individual. Second, it is stressed that family support and social support from extended systems "can moderate the effect of trauma on family members" (Landau et al., 2008, p. 195). Third, unlike the PTSD concept, this model focuses on strengths, resources and the ability to build resilience. The interplay between psychological resilience and recovery after trauma will be explored in the next section.

Resilience and recovery after trauma

Throughout more than three decades of resilience research, the concept of resilience has been defined and operationalised in various ways, without reaching a certain form of consensus. Several concerns have been raised regarding ambiguities in definitions, terminology and the rigour of theory and research (Cichetti & Garmezy, 1993; Luthar, Cichetti & Becker, 2000; Rutter, 1985). In relation to psychological trauma, the concept of human resilience has been often used to describe positive functioning indicating recovery after trauma. Garmezy (1991), one of the pioneers in resilience research has defined psychological resilience as a dynamic process involving the maintenance of positive adjustment within the context of significant adversity. Since there are multiple understandings of both positive adjustment and adversity, the next paragraphs will describe several theoretical models of resilience that include definitions, main

[4] The Link Approach is a complex model containing three-level intervention methods and five transitional assessment tools. The model has been successful in various cultural contexts and with multiple types of problems such as addiction, HIV, mass trauma and disaster. Empirical results are currently in press. For more details see Landau & Garrett (2006) and Landau & Saul (2004).