The Experiences of Former Political Detainees a Decade After Democracy

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Over the last ten years, South Africa has successfully avoided a civil war, won unprecedented goodwill from the international community for its success at national reconciliation, and has played an indispensable role in peacekeeping on the continent. South African society has progressed in leaps and bounds since April 1994. The rituals of transition 10 years ago remain in our collective memory. They include the drama of our first true election, when the Inkatha Freedom Party joined the fray at the eleventh hour; the grace and dignity of Mr. Mandela's inaugural speech at the Union Buildings in Pretoria; the ardour of the foreign dignitaries attending the historic proceedings; and the excitement of the millions of South Africans who watched the drama unfold on television that day. These are all easily recalled when we cast our minds back to 1994. **Having been on the wrong side of history for centuries, our nation finally made its way, jolting and lurching at times, to take its rightful place as a proud and honourable member of the international community.** South Africa, Madiba said in his speech, had finally become after a long and bitter struggle "a nation at peace with itself and with the world".

The past ten years have been anything besides uneventful for South Africa. We watched with horror as Rwandans murdered one another, thinking that it could easily have been us. We looked on with resignation as the government of national unity disintegrated and Mr. De Klerk withdrew from political life. We watched with interest and sometimes with dismay as the Reconstruction and Development Programme was replaced with GEAR. We listened with loathing to the apartheid foot soldiers as they narrated their acts of torture and murder before the Truth Commission and asked not to be prosecuted for their crimes. And we cried with the mothers who had lost their children when they confronted those same murderers and asked what the last words of their children had been before they died.

Since 1994 the death toll from AIDS climbed higher and higher while the government looked the other way. We saw Nkosi Johnson ask to see Mr. Mbeki before he died. We egged on Zackie Achmat as he and the Treatment Action Campaign confronted the authorities about making anti-retroviral treatment available to AIDS patients. We listened incredulously to Dr. Tshabala-Msimang who extolled the healing properties of the African potato.

Over the past ten years almost all South Africans have either been a victim or knows someone who has been a victim of a violent crime. Everyday we see men standing on the side of the freeway hoping that someone stops and offers them a job. We read about the vast number of unemployed South Africans. We see advertisements in the newspapers offering information sessions about emigration opportunities to Australia, New Zealand, and Canada. We hear about the brain drain of skilled South Africans to other countries. We see informal settlements grow month by month, and we wonder whether the people living in those corrugated iron shanties are warm during the winter months and whether

their children have what they need to thrive – enough to eat, a safe environment, and access to proper schooling. **Indeed, sometimes we wonder what has really changed for most South Africans who bear the brunt of poverty, racism, and exploitation.**

When marking ten years of democracy in South Africa an appropriate question is whether people who have made sacrifices for the struggle for democracy have progressed in their lives over the past ten years. Countless of our countrymen and women gave their lives in the anti-apartheid movement, thousands languished in jail for months and years, hundreds were placed under house arrest, and an untold number were tortured and beaten in apartheid prisons and in confrontations with the police. And of course large numbers of South African youth in the 1970s and 1980s were forced to flee the country and live in exile, far from their families and communities.

It is unfathomable that ordinary humans are able to endure the monumental sacrifices and suffering that these activists did and still retain a semblance of psychological normality. In fact, a common assumption is that individuals who have had extremely hazardous experiences such as political detention, abuse, and torture, are psychologically traumatised and that such traumatisation is enduring and unabating. Indeed, a common assumption is that trauma induced by overt repression such as torture and violence has no respect for ten-year commemorations, regardless of the jubilation and triumph experienced by the nation as a whole. So, what about those thousands of people who suffered and for whom the Truth and Reconciliation Commission was supposed to offer catharsis. How are they doing, what are our responsibilities to them?

I recently completed an investigation into the long-term concerns of former political detainees who had been abused and tortured in apartheid jails. Most research in South Africa and elsewhere has framed such individuals as having been traumatised. Indeed, in psychological terms a diagnosis of post-traumatic stress disorder (PTSD) has been widely considered in conceptualizing the persons who have endured such experiences. To focus on the psychological or psychiatric concerns of former detainees has several benefits. Such a focus calls attention to psychological distress experienced by this group of people, provides short-hand communication for psychologists, psychiatrists, and medical practitioners to convey their impressions of their needs and as such facilitates the systematic treatment to ameliorate psychological symptoms.

Yet, a focus solely on overt psychological sequelae to torture in detention rests on a set of assumptions about the nature of trauma. Ten years after democracy has come to South Africa, it is probably worth examining more closely what those assumptions are. In no uncertain terms, the experience of torture or abuse is an extraordinary life experience capable of causing in any person a wide range of physical and psychological suffering and disability. However, the assumption that such psychological suffering is necessarily the most salient feature for survivors of these experiences, in the form understood by mental health professionals may not always be accurate.

It is probably true to say that the notion of traumatic memory as a fixed psychopathological phenomenon has only recently become salient in the discourse of

suffering. In previous eras, victims of violence, abuse, and torture in different contexts might have framed their experiences in religious, legal, or ideological terms. In recent times such framing has been chiefly psychological. This kind of emphasis on the psychological reflects the dominance of what my colleague Derek Summerfield, a psychiatrist who has studied political detainees and prisoners in Palestine and Nicaragua, refers to as a "western trauma discourse".

By framing the experiences of former detainees who have experienced violence at the hands of the apartheid state in terms of a trauma discourse, the assumption is that such individuals require psychological treatment to restore psychological health and well-being. What is ignored in such an assessment is that the nature of psychological distress experienced by survivors of human rights violations in South Africa is likely to be different to that of persons affected by trauma who live in comparatively peaceful, economically prosperous, and stable countries.

Most likely psychological distress among most South Africans is less individualistically constructed and may be more intimately tied with perceptions of family, community, and societal well being. **Among former detainees, who have presumably been willing to make personal sacrifices for communal and political purposes in the form of political activism, with its accompanying risks of imprisonment, physical danger and possible death, a communal construction of psychological distress is more likely.** For example, a study completed in 1999 with victims of human rights violations who had either lost loved ones or who had directly experienced torture and abuse because of anti-apartheid activities suggest that they experienced their suffering as furthering the interests of the democratic movement. The meaning that these individuals attributed to their experience allowed them to consider themselves not only as victims but also as heroes. Such findings suggest that, in the absence of information about the personal meanings, perceptions and beliefs, that survivors of abuse may attribute to the experience, a focus only on trauma may represent a uni-dimensional understanding of the experience.

The question I addressed in my research was "What are the present concerns of South African survivors of human rights violations?" Specifically, I was interested in whether such individuals exhibited symptoms of trauma or whether they had other, non-psychological concerns that were more pressing. Several years after the transition to democracy such a question seemed fair to ask and to attempt to answer. I was able to locate, by various means, a sample of former detainees who had been abused or tortured in detention. The method of investigation involved two strategies. First I conducted in-depth qualitative interviews with a sample of 20 respondents. On the basis of these interviews I developed a psychometric measure that addressed the issues raised in the interviews and administered it, together with a battery of other tests measuring various psychological disorders, to a larger sample of 138 respondents. The main concerns that emerged from the investigation were: (i) somatic or physical complaints that were attributed to injuries sustained in detention, (ii) economic problems, (iii) expressions of current non-pathological distress, (iv) dissatisfaction with the present political dispensation in South Africa, (v) continued anger at perpetrators of abuse and violence, and, (vi) to a lesser extent, symptoms of PTSD.

Somatic concerns
Respondents reported that physical sequelae secondary to their experiences of abuse continued to the present day. These somatic concerns were of two kinds. The first kind of somatic concern was physical disabilities, such as the loss of an eye or a limp, that were incurred as a result of physical abuse or torture. The second kind of concern was of a more general nature such as chronic illnesses that respondents attributed to their experience of abuse (the fact that such illnesses were in reality not likely to have been caused by detention was not relevant). The latter category was common among the sample, despite the fact that several years had passed since their experience of abuse in detention. Many respondents appeared to attribute their present somatic symptoms directly to the abuse they suffered.

The relationship between experiences of abuse and present somatic sequelae is a complex one. In conceptualising the manner in which somatic concerns were expressed by the sample, it is useful to use a biopsychosocial paradigm. The biopsychosocial model considers health as a holistic phenomenon and invokes psychological, social, and political factors as contributing to health. This perspective distinguishes between disease and illness. Disease is generally defined as an objective biological event that involves disruptions in body structures or organ systems (Mechanic, 1986). Illness, on the other hand is defined as a subjective experience or self-attribution that a disease is present (Turk, 1996). Illness therefore refers to the manner in which the sick individual lives with and responds to symptoms and disability. The expression of symptoms is often only loosely related to objectively observable pathophysiology (Magora & Scharz, 1980; Waddell & Main, 1984). Thus, whereas the biomedical model focuses on disease, the biopsychosocial model focuses on illness. From this perspective, somatic conditions such as those described by the sample should be viewed as "ongoing, multifactorial processes in which there is a dynamic interplay among biological, psychological, and social factors that shapes (their) experience and responses" (Turk, 1996, p. 6). Importantly, no individual factor is sufficient to explain long-term somatic complaints. The biomedical model on the other hand dichotomises patients' experience in either a somatogenic or psychogenic manner. This narrow dichotomy may often fail to adequately explain the complexity of chronic somatic symptoms.

The biomedical term "somatization" refers to a diverse pattern of somatic symptoms that do not have an organic aetiology despite thorough medical evaluation (Searight, 1998). Kleinman (1986) defines somatization as the "presentation of personal and interpersonal distress in an idiom of physical complaints together with a coping pattern of medical help-seeking" (p. 51). As Swartz (1998) points out, the term "psychological" does not feature in the above definition. Instead the term "distress" is used, although this is not seen as only a psychological phenomenon, but also as a method of social interaction or a form of communication. The body is in this manner used to experience and communicate distress. The notion of somatic symptoms as being a complex and dynamic expression of either psychological and/ or non-psychological distress offers a way of understanding the sample's reports of somatic concerns. Thus, leg pains, chronic headaches, general body soreness, poor health, lack of fitness, and even high blood pressure, all of which were reported by respondents, may be considered ways of communicating sentiments of

distress stemming from experiences of abuse in detention. These sentiments also need to be placed in the social context of having experienced considerable suffering in prison followed by perceived apathy from society, particularly the post-apartheid government.

Long-term physical sequelae, associated with experiences of abuse in detention are viewed more appropriately within a biopsychosocial paradigm. Chronic somatic symptoms may thus be seen as the result of a complex interaction of biological, psychological, and social variables. As such, diversity in terms of the way in which illness is expressed is best understood in terms of the inter-relationships between biological changes, psychological status, and the social and cultural contexts that shape the patient's perception and response to illness (Turk, 1996).

Economic concerns and dissatisfaction with the present political dispensation in South Africa

Nearly all respondents indicated that poverty was a major concern for them at present, despite the sacrifices that they had made during the apartheid era. Economic concerns were among the chief sources of distress that respondents raised in the interviews. Such distress is not only psychological, but extends to broader aspects of living, and may thus be defined in more ecological terms. Financial distress continues to have a direct effect on the quality of life of former detainees, as well as his or her dependants.

It is true that the present social landscape in South Africa is characterised by marked differences from that of the apartheid era. The benefits conferred by the abolition of apartheid are characteristic of those of most liberal democracies, such as the universal franchise, freedom of expression and association, and the right to reside in areas of choice without regard to race. Yet, these benefits are counterbalanced by continuing economic marginalization of vast sectors of the South African population, lack of access to adequate resources for living a fulfilled life, a high rate of unemployment, and a poor and ineffective health care system.

For most respondents in the study, their experience of the transition to democracy was accompanied by a sense that their daily lives had changed only negligibly. Thus, despite the effort, time, and personal sacrifice they had invested in their activism against apartheid, there appeared to be a perception that they face the same day-to-day stressors such as poverty, joblessness, and disempowerment that they did during the apartheid era. Some respondents felt that their employment status – most were unemployed - was directly affected by their detention, which conveyed a sense that their effort in agitating for political change had been misspent.

There was also a sense that their suffering deserved the respect of society and the chief way in which this respect could be bestowed was monetarily, that is, in the form of financial compensation. The fact that such reparations have not been forthcoming from the post-apartheid government has added to their personal distress, anger, and a continued sense of their activism being invalidated or going unacknowledged. This sentiment was particularly salient for a respondent who was a

former member of the anti-apartheid armed forces and who stated that he and his colleagues were the "soldiers of the people" but yet received no material benefits for their service. Other respondents also called attention to the fact that the townships were the bases from which many activists now in government operated and drew their support. Those activists had made their way to key positions in the state bureaucracy, but the rank and file members continued to live under conditions of poverty.

Several respondents expressed dissatisfaction at the fact that despite efforts on the part of the state to redress historical injustices (such as the TRC), these efforts resulted in no meaningful change for them. Sentiments of being treated as outsiders and being ignored by the TRC fuelled expressions of dissatisfaction with the present political dispensation. An important feeling that emerged was that the TRC made no contribution in the lives of ordinary people who experienced human rights violations. Hence, disapproval of the government was centred on perceptions that it was neglecting the needs of the common people, while at the same time others in government had risen to positions of power and influence. Concerns of this nature conveyed a sense of distress at the lack of recognition that former detainees received from the government and society for the sacrifices they had made as political activists. Distress related to this perceived lack of validation from the government emerged as thematically separate from the distress that was directly associated with the respondents' experiences in detention.

Non-clinical psychological distress

Psychological distress featured prominently in respondents' discussions of their concerns. While indeed respondents expressed distress at their and others' experiences of abuse, an important secondary source of distress was the perception that they did not progress in their lives to the extent that had envisaged. This distinction emerged as an important issue. **Distress appeared to be centred on respondents' present life circumstances as affected by their experience in detention, rather than related exclusively to having been abused or tortured in and of itself.** This was particularly the case for persons who suffered physical injuries that resulted in a disability, such as the loss of an eye or other physical impediment.

Expressions of distress took the form of "feeling nervous", "feeling disturbed", "not feeling okay in the head", and "feeling pain in the heart". These statements, which were volunteered by the participants, appear to reflect local idioms of distress. Swartz (1998) notes that reference to "nerves" suggests a conceptualisation of distress as being experienced both physically and emotionally. Such a conceptualisation permits an understanding of "how experiences are embodied in the context of people's lives and their interaction with healing systems" (Swartz, 1998, p. 143). Importantly, the condition referred to as "nerves" has been clearly distinguished from mental illness in most of the literature (e.g. Davis, 1989; Davis & Guarnicca, 1989; Jenkins, 1988).

Symptoms of PTSD
A theme that also occurred less frequently in the study was the expression of psychological distress that approximated symptomatology for PTSD. Members of the

sample voluntarily expressed symptoms of PTSD, i.e. without being asked specific questions assessing the presence or absence of psychiatric symptoms. Such expressions suggest that PTSD is a real concern for many individuals who have suffered abuse. However, the salience of psychiatric disturbance needs to be considered alongside the more pressing problems of this sample that were discussed above.

Feelings of detachment from others featured prominently in respondents' descriptions of their problems. These feelings took the form of not enjoying socializing or having contact with others. The emotional significance of social withdrawal is of considerable importance in a cultural context that emphasizes interpersonal connectedness and communalism. Moreover, in the context of individuals having been willing to make personal sacrifices for a greater social good such as political liberation, such isolation assumes a greater importance. Thus, for those respondents who reported social isolation, their political activism and accompanying community ethos was associated with a paradoxical phenomenon of social distance.

Some respondents reported cognitive problems, such as difficulty concentrating and not being able to think properly. One respondent also used the expression "my mind is condemned". Such strong terminology is best considered in the context of the synergy of the discussion between the interviewer and respondent. The use of a strong metaphor such as condemnation constitutes a general statement of psychological distress. What also emerged in terms of this category was psychological distress at exposure to cues that represent an aspect of the experience in detention. Many respondents used the term "boer" as a trigger to feelings of anger or hatred. An Afrikaans term, "boer" may refer alternatively to all White people, to Afrikaners in particular, or in many cases to White policemen. The police were traditionally the most common interface between political activists and the apartheid state, both in the community where their role was to quell unrest, and in the prisons where they often assumed the role of interrogators. They thus became the most visible form of state repression to political activists. Some respondents reported that seeing a White policeman triggered memories of their experiences in detention, and prompted feelings of anger and hatred. For some, these experiences involved a sense that the traumatic event was recurring. Several respondents reported thinking about the abuse they suffered, and in some cases experiencing flashbacks to the time they were in detention. In addition, a sense of unreality was also part of some respondents' descriptions of their present symptoms.

As discussed previously, expressions of anger were characteristic of concerns experienced by the sample. However, anger also constitutes part of the symptom cluster of PTSD. One respondent reported having nightmares about their experience in detention. The occurrence of memories of the experience of abuse triggered by external cues was also evident among the sample.

The fact that symptoms of PTSD were reported by the sample in the absence of specific questions intentionally assessing for them suggests that they were salient for many respondents. However, at the same time, these psychiatric symptoms were mentioned far less frequently than the other concerns such as somatic distress, economic problems, and

dissatisfaction with the political situation in present-day South Africa. This clearly observable lack of emphasis on psychiatric symptoms suggests that members of the sample do not attend to them in the manner that mental health professionals commonly assume.

What are the implications of these findings ten years after democracy?

For some South African ex-detainees, the experience in detention itself may not be construed as the most traumatising but rather somatic problems, inability to find employment, poverty, or dissatisfaction with the political developments in post-apartheid South Africa may be more distressing. A political and ideological framing of the distress reported by respondents signals the potential for psychological symptoms to be interpreted through these alternative frameworks, and not only through the lens of psychiatric nosology.

An alternative framework for interpreting distress may thus be more broadly defined to include social, political, and economic factors as they impact on individuals' psychological state and sense of well-being. Such a broader paradigm within which to conceptualise the present concerns of survivors is likely to capture the complexity of their expressed distress and may have important implications for the development of interventions. Interventions focused solely on the amelioration of psychiatric symptoms may have less utility than those based on the expressed needs of this population. Moreover, the voice of marginalized individuals and groups is as valid as a frame of reference as is that of mental health caregivers.

For example, present coalitions between formerly opposing political groupings, such as the ANC and the National Party, may suggest to survivors that their suffering during their incarceration may have been misspent. Such present-day contextual factors may play an understated role in the meaning that survivors ascribe to their experience in detention.

The argument of this paper is that a psychiatric paradigm obviates a perspective of broader and more complex concerns that may be more appropriately addressed by systemic interventions In South African society. Such interventions may take the form of economic development, leading to job creation and improved living circumstances.

The political mobilization of former detainees has already occurred in various ways, such as the shift in focus of the Khulumani Group, which represents the interests of former detainees and their families, from being a psychosocial support group to one that has more of a lobbying role in the political arena. The Khulumani Group, for example, has spearheaded legal action against foreign corporations who conducted business with South Africa during the apartheid era, claiming that the suffering of their members occurred as a direct consequence of foreign companies supporting the government at the time. The dissatisfaction voiced by ex-detainees regarding the fact that they, together with large segments of South African society continue to live in poverty, signals that ten years after democracy, there remains work to be done. Ideas such as the Basic Income Grant (BIG) have been conceptualized and have gained momentum due, in large part to the activism

of its proponents. Similarly, the increasing availability of anti-retroviral drugs for AIDS patients has come largely because of the activism of the Treatment Action Campaign. Thus, even a decade after freedom the role of political activism is crucial to ensure the development of our country in becoming a humane, compassionate and caring society, in keeping with the principles of shared by all religions and faiths of the world.

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