The Politics of Disappointment: Trauma, ‘healing’ and regeneration in post-apartheid South Africa

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The South African Truth and Reconciliation Commission (TRC) was possibly the most ambitious truth commission in the world. However, since World War II there have been 16 ‘truth commissions’ and another 21 ‘historical’ type commissions in a range of countries such as Argentina, Chile and Guatemala. The TRC emerged from a negotiated political compromise between the apartheid regime and liberation movements in the period 1990 to 1994. The TRC’s promises ranged from ‘uncovering the truth’ about past atrocities, forging reconciliation across a divided country, and ‘healing the nation’. This paper critically explores the claim ‘to heal’ and related debates that emerged in the post-TRC period.

The paper will first provide a brief overview of the TRC from 1995 to 2000 and its key achievements and controversies. Secondly, I will discuss the central concept of ‘trauma’ and its different meanings. Thirdly, I will critique the ‘healing’ promise and its uses during and after the TRC. I will argue that promises of redemption or complete closure are problematic and at best provide some hope and the partial release of emotions through oral testimonies. At worst, the redemptive claims, offer ‘curative’ or ‘spiritual’ solutions which evoke the unrealistic hope of ‘removing their pain’. Finally, I will discuss the ‘limits to liberation’ faced in the post-TRC period. My argument is not about politics per se but about the unresolved traumas of the past and possible ways for survivors to work through these disappointments in the present.

An Overview of the South African TRC

The apartheid regime was in power from 1948 to 1994. But racist policies and practises have their origins in the colonial periods of Dutch and British colonialism between 1652 and 1910, and then segregationist governments from 1910 and 1948. What made the apartheid regime so notorious was its refinement and expansion of prior racist laws into an ‘apartheid system’, where white domination was consolidated over all inhabitants designated ‘non-white’ under its ‘divide and rule’ policies. People classified ‘black African’, ‘Asian’ and ‘coloured’ were oppressed and exploited through a variety of laws such as the Group Areas Act, the Pass Law system, Immorality and Mixed Marriages Acts and many more. Various forms of anti-apartheid resistance especially in the 1950s and then the 1970s to 1990 endured brutal suppression through police violence and detention without trial. Perhaps most effective was the formation of specialised ‘Death Squads’ to torture and kill political opponents in the 1980s.

The watershed of 2 February 1990 was when President De Klerk un-banned various anti-apartheid organisations such as the African National Congress
(ANC) and the South African Communist Party. This was followed by the release of Nelson Mandela and political prisoners and the return of thousands of exiles. However, the transition period of 1990 to 1994 was racked with considerable socio-economic instability and political turmoil. While the key role players were locked in the CODESA talks about the nature of post-apartheid governance, Death Squads attempted to destabilize the process, and the fear of a right-wing coup was very real. The country was undergoing socio-political fragmentation and the economy was in deep recession. It was in this context that the CODESA talks brokered the ‘truth commission’ idea, as one of the central political compromises struck between the former enemies. The first democratic elections, on 27 April 1994, were surprisingly free of violence and generally regarded as a major success. Then, in one of its first pieces of legislation, the new democratic parliament passed the Promotion of National Unity and Reconciliation Act, No. 34 of 1995, which mandated the creation of the TRC.

The TRC was envisaged to be a means to forge social cohesion in a post-apartheid context racked with socio-political divisions, violence, traumatized individuals and communities, economic recession and widespread poverty. The TRC had the difficult task of encouraging a range of conflicting audiences to participate in proceedings. It received 21298 written applications for assistance from victims of human rights abuse. Of these written victim statements, 2200 victims gave oral testimony in the TRC’s public hearings that were to become a spectacle across South Africa and in many countries across the globe.

In stark contrast, the amnesty hearings were more legally orientated and attracted much controversy. The TRC offered neither pardons nor blanket amnesties. The opportunity for selective amnesty was to be granted if the applicant was regarded to have given ‘full disclosure’ and to have shown to have acted under political orders and with political intent. Racist killing or abuses were to be excluded. The TRC received 7 115 perpetrator applications for amnesty of which 1 674 were successful. But bear in mind the 21 298 victim applicants referred to 37 672 actual violations human rights violation. The amnesty applicants were therefore a small number of actual perpetrators and of those who applied all were police and security personnel. No military officials applied for amnesty, even though the army was extensively involved in atrocities.

Given this background, I now wish to explore the TRC's claim that it would ‘heal the nation’. It is rather curious that the 1995 Act does not use the term ‘healing’ at all and rather refers to the ‘restoration of human and civil dignity’. As the then President Nelson Mandela said: ‘Only by knowing the truth can we hope to heal the terrible wounds of the past that are the legacy of apartheid. Only the truth can put the past to rest’. Throughout most of its public proceedings a TRC banner proclaimed: ‘The TRC: Healing the Nation’. At the first victim hearing, the Head of the TRC, Archbishop Tutu said:
We pray that all those people who have been injured in either body or spirit may receive healing through the work of this commission [...] We are charged to unearth the truth about our dark past. To lay the ghosts of that past, so that they will not return to haunt us and that we will hereby contribute to the healing of a traumatized and wounded people. For all of us in South Africa are a wounded people.  

Commentators within and outside the TRC repeatedly stated that ‘healing’ would ‘lay to rest’, ‘settle’ or ‘bury’ the past. And as Ramphele rationalized it, ‘A medical metaphor best captures what I perceive to be the issues facing us in relation to “appeasing the past”. An abscess cannot heal properly unless it is thoroughly incised and cleaned out.’ However, it is precisely this bio-medical notion of ‘healing’ that is problematic in my view. As Richard Wilson argues, ‘The TRC constructed a collectivist view of the nation as sick body, which could be ritually cured in the TRC hearings. … Individual psychological process cannot be reduced to national process …’ For the TRC, the central means to this ‘healing’ were the catharsis of victim testimonies and with extensive media broadcasting, the public were to vicariously share in the ‘healing’ and identify with the ‘new South Africa’.

The victim hearings had a profound impact on the South African public but the complex dynamics of testifying on this ‘stage’ requires analysis of both ‘front’ and ‘back-stage’ operations of the TRC. While some victims who testified claimed to have experienced ‘healing’, others felt exploited by the appropriation of their stories for political aims. Similarly Bozzoli argued ‘In the very act of defining a public realm … a new silencing and seclusion began to emerge, through the silences of the hearing and the partial appropriation of what was said by a nationalist discourse’. In addition, Ross critiqued the gendered silences and framing of women and men’s testimonies in these forums. While there was therapeutic value in the cathartic release of emotions to an empathic TRC staff, this notion of ‘catharsis’, crudely involves an oral purging of a sick body riddled with traumatic ‘secrets’, which can enable victims to ‘master the past’.

The TRC was nevertheless aware that there is ‘no quick fix to healing the nation’ and what it was offering was one step in a longer-term process. However, within the TRC itself at least two intertwining discourses were shaping these ‘healing’ practises. The one was a biomedical discourse of ‘curative’ solutions and the other more dominant discourse was the religious discourse of ‘healing through forgiveness’. Furthermore, its clinical use of the public catharsis model made for dramatic viewing, hearing and reading it exposed the victims to the harsh glare of the mass media. On the one hand, many victims did gain considerable recognition and validation of their pain and anguish. On the other hand, many victims believed the rhetorical discourse of ‘healing’, which evoked people’s fantasies of being completely ‘cured’ through ‘forgiveness’. These notions were explicit within the vocabulary of Archbishop Tutu.
We have stared the beast of our dark past in the eye and we have survived the ordeal. And we are realizing that we can indeed transcend the conflict of the past, we can hold hands as we realize our common humanity [...] Forgiveness will follow confession and healing will happen and so to contribute to national unity and reconciliation.  

Through these public statements totalising links between ‘truth, healing and reconciliation’ were repeatedly constructed and ‘the commission was depicted in popular imagination as a healing intervention’. The iconic stature of Archbishop Tutu and media coverage of his statements meant that the ‘healing’ conception that gained public currency was infused with his spiritualist humanism and the redemptive promise of ‘The Rainbow Nation’. But the TRC was characterized by different strands of thinking such as staffers who distinguished between ‘physiological’, ‘spiritual’ and ‘psychological healing’ and ‘...understood healing as a process rather than an event... The TRC could not deliver ‘healing’, just as it could not deliver ‘reconciliation’. Yet process-orientated TRC conceptions of ‘healing’ also utilized a ‘simplified model of psychoanalysis’, which assumed confession is the best approach.

Talking about feelings or traumatic memories is not always the best strategy; listeners need to respect the speaker’s right to silence and understand the reasons for and ‘content’ of these silences. The TRC at times interchangeably used ‘restoration’ and ‘healing’ but restoration suggests that survivors can be a-historically returned to their pre-traumatic state. The restorative conception plays into a longing for ‘the good times’ before the traumatic event(s) occurred and ignores oral history work on memory and nostalgia.

While the TRC began with idealistic intention, the Final Report revealed conceptual tensions by referring to four kinds of truth: factual or forensic; personal or narrative; social or dialogic; and healing or restorative. The Report triggered debate between historians and the TRC around: what kind of history did the TRC produce? Some historians argued that the TRC constructed a ‘sanitized official history’ that assumes that ‘...the facts are self explanatory, and when compiled will provide a common past for all South Africans...’ TRC staff countered, by arguing that it was not their mandate to construct historiography but to report and make recommendations. The ‘re-enacted narratives’ of the victim hearings was a profound TRC achievement. But the Final Report concealed a blow to victim testimonies: legal positivism had won the epistemological battle.

The TRC’s chief database processor argued that at the outset, ‘We let people tell their story. By the end of 1997 it was a short questionnaire to direct the interview instead of letting people talk for themselves ... The questionnaire distorted the whole story.’ Therefore Wilson argues that ‘...oral history could have been made more central to the TRC’s information system. This might lead to an
account that preserved, rather than stripped out, the subjectivities of victims and a history that retained narrative and context and meaning. In protecting its findings from political pressures from both previous and current nationalist parties, the TRC adopted positivism. The victim testimonies were assigned a marginalized conceptual status in the Final Report.

For all its limitations, the TRC made major contributions. As Ignatieff said, ‘All that a truth commission can achieve is to reduce the number of lies that can be circulated unchallenged in public discourse’. Evaluated by this modest measure, the TRC was a success. Since the TRC, it is difficult for racists and conservatives to question the occurrence of apartheid atrocities. Many survivors experienced public recognition and did establish considerable ‘truth’ about what happened to them and their loved-ones. In addition, post-TRC archives will be priceless to generations of historians. And, for the period from 1995 to 2000 it did seem that much reconciliation had been achieved across a divided nation. But the idealism of the ‘Rainbow Nation’ period did not last as the complex pressures of socio-political and economic transition were increasingly felt.

Understanding ‘trauma’?

Is it possible to fully comprehend the trauma of those who survived apartheid atrocities? The easy answer is ‘no’. The impossible answer is ‘yes’. But as researchers we need to accept the ambiguous yes/no answer as a starting point. Following on Hannah Arendt’s notion of ‘the banality of evil’, references to ‘evil’ are frequently used in studies on perpetrators and the suffering of victims. However, ‘evil’ is often presented as if it were the mythical end of the explanatory road or it locks us into a good/evil binary, which obscures rather than clarifies what lies beyond the limits of current understandings of trauma. Instead La Capra’s notion of ‘limit events’ points to the traumatic impact of the violence - not to its evil, extremity or quantity – but to the peculiar challenges posed for human comprehension and knowledge construction. The notion ‘trauma’ has its origins in the Greek ‘traumatizo’ meaning ‘wound’ and variations thereof have been used in medical settings for centuries. In the late 19th and early 20th century Freud, Breuer and others developed psycho-analytic definitions of trauma, with particular reference to childhood traumas. While more focused on traumas in adult life, similar psychiatric constructions appeared during World War 1 when front-line soldiers were diagnosed with ‘shell-shock’, during World War 2 it was ‘combat fatigue’ and after the Vietnam War, ‘post-traumatic stress disorder (PTSD) gained currency. And through the myriad of anti-colonial or anti-authoritarian popular struggles in the countries of the South, versions of ‘trauma’ have gained currency in the clinical treatment of victims, human rights policies and institutional responses such as Truth Commissions.

Traumatic experience has been described as rupturing ‘the membrane’ which encases the internal individual self from exterior realities. While the ‘membrane’
as metaphor has illustrative value it should not be read to mean that there is an impermeable casing or dichotomy between the individual and the social world. Rather self-boundaries are fundamentally permeable to allow us to construct and sustain ourselves as social beings. In general, the social construction of ‘experiences’ involves our multiple senses of occurrences external to our bodies - mediated through language, cultural and social lenses - and which evokes feelings within the individual. It is more useful then to look at how ‘traumatic experience’ impacts on the ways in which we construct, filter, mediate, interpret and unsuccessfully/successfully make meanings from these experiences. This also means we have to understand the different ways in which the individual in society and in cultures was constructed prior to the traumatic impact of ‘limit events’, as we cannot assume a universal notion of ‘individuality’ across societies, cultures and time. Is it therefore possible to speak of ‘cultural’, ‘social’ or ‘collective trauma’?

Moreover, to add further complexity, ‘…many subjects experience the same event, but only some may develop a trauma linked to it, and that trauma can be experienced when the event did not happen…’. Flowing from these insights, various authors have criticized ‘trauma theories’ for locating their analysis in the crude search for ‘traumatic secrets’ and ignoring the significant function of childhood traumas and/or fantasies in shaping how people experience and remember traumatic events in later life. This also refers to post-traumatic traces, such as nightmares, hypersensitivity, depression and forms of dissociation:

... trauma brings about a dissociation of affect and representation: one disorientingly feels what one cannot represent; one numbingly represents what one cannot feel. Working through trauma involves the effort to articulate or rearticulate affect and representation in a manner that may never transcend, but may to some viable extent counteract, a re-enactment, or acting out, of that disabling dissociation.

Put differently, trauma can be disabling not simply because it tends to defy linguistic comprehension or an individual/groups’ pre-existing vocabulary of ‘emotional words’. It also seemingly occurs outside the particular social norms or cultural forms people have internalized or were socialized into. It is quite striking in the South African context that the notion of ‘trauma’ as a psychological term was not part of public discourses at all until 1985. During the political struggles and repression of the 1985 to 1990 period the term ‘trauma’ gained currency amongst political activists and families of political detainees as reference to what they were experiencing under torture. Yet the psychologized notion of ‘trauma’ only gained widespread public currency in South Africa with TRC’s human rights violations hearings after 1995.
Post-TRC, the term ‘trauma’ is broadly used in the print, radio and audio-visual media and even in fictional narratives such as soap operas. In part, the attempt to publicly acknowledge people’s past and present painful experiences are to be welcomed. However, more problematic is the ways in which virtually all ‘painful experiences’ are assumed to be ‘traumatic’. Simply put, all traumatic experiences are painful, but not all painful experiences are traumatic. The term ‘trauma’ has become devalued in post-TRC South Africa, and therefore actual trauma survivors, such as those represented by the Kulumani survivor support groups, are undermined in their on-going efforts to help survivors to rebuild their lives in contemporary South Africa.

Beyond ‘healing’: Oral history and regeneration

In the post-TRC period then, serious risks remain. The TRC has done its job and we can now leave the past behind, or so it is assumed. Survivors and perpetrators were expected to give full ‘disclosures’ but the sanitized presentations by political parties, intent on reaching political closure, incensed the TRC and victims felt let down by their leaders. The legal or political closure desired by lawyers and politicians is not equivalent to the ongoing struggles of trauma survivors to at least reach a symbolic emotional closure. But emotional closure in the complete sense is not possible. The term ‘closure’ evokes a-historical fantasies that it is possible to emotionally sever ‘bad’ events or periods from people’s lives. Rather, a central challenge faced by survivors is how to tolerate and integrate memories of traumatic events.

While I have presented criticisms of the TRC’s approach to ‘healing’, it is nevertheless important to acknowledge that ‘healing’ processes have given solace to some survivors. But the TRC’s leadership tended to collapse distinctions between nation-building and the traumatic memories of individuals and promised ‘curative’ and ‘spiritual’ forms of ‘healing’ which took on a myth-making dimension. Oral historians have conceptualised ‘the myths we live by’ as being both helpful and destructive to how people manage socio-political and emotional challenges. In effect, the TRC attempted to suture the nation’s ‘wounds’ with public myths and this evoked unrealistic popular expectations, which have depressing consequences when the disappointment of not being ‘healed’ is confronted.

Given my scepticism of ‘curative’ and ‘spiritual’ notions of ‘healing’, what is possible? I do believe-in the profound ways in which talking or performing stories of traumatic memories can help victims. Through re-living painful events within safe and contained spaces, survivors can reduce the destructive or burdensome emotional affects of trauma. However, forms of pop psychology have been appropriated by political leaders and officials during and after the TRC. It is the so-called redemptive promises and related myths that I am taking issue with. The fact that many survivors desire redemption is understandable and that some
survivors claim to have experienced redemption is not the object of my critique. Rather, through exploring the intersections of historical and psychoanalytic theory writers such as Dominic LaCapra and Ian Craib argue for a retrieval of the more sceptical, ‘shadow’ elements of Freud’s psychoanalytic work, and the ways in which survivors ‘work through’ and/or ‘act-out’ past traumas. What does this mean for historians and especially oral historians?

I am not suggesting that oral historians should become healers or therapists, this is not our training. However, there is much we can learn from cross-disciplinary exchanges. There is also considerable literature conceptualising the potential benefits of the interview exchange. For example, oral historians can mirror past actions and sense of self, and through creatively composing their narratives interviewees can achieve or rekindle a sense of self-composure. With trauma survivors this involves bearing witness to their mourning various forms of loss and pain. But given that there is no cure, silences, often troubling silences and uncomfortable emotions will remain and mean that life stories are necessarily incomplete, the sense of self not whole, unless completed through myth. LaCapra argues that historians need to tolerate how, ‘empathic unsettlement poses a barrier to closure in discourse and places in jeopardy harmonizing or spiritually uplifting accounts of extreme events.’

In a similar vein, the popular memory approach to oral history allows interviewees to interpret links between private memories and public myths, and to explore how ‘strategies for containment’ shapes memories. In the process we learn about the construction of the self and interviewees’ sense of potent (or impotent) historical agency. But agency is not intrinsic and through gentle probing around the watershed or crisis moments in people’s lives provides clues to how interviewees made (or did not make) decisions at past moments. This allows interviewees to have cognitive insights into their shifting sense of agency over time. But are self-composure and dialogic explorations of agency sustainable after the interview?

Many oral historians have analysed relationships between ‘voice’, ‘storytelling’ and ‘memory’ and have moved beyond the myth of ‘giving voice to the voiceless’. Yet in the South African context it is still common practice for the post-interview participation of the interviewee to be either non-existent or reduced to brief consultations. It is especially at universities that oral historians usually retain the power to shape and ‘voice’ historical knowledge. In part, this is due to our failure to change institutionalised knowledge/power relations and in part this is attributable to the fragile political and financial location of most oral historians. A solution resides in remembering that marginalized peoples do speak out in their everyday lives. But is anyone listening? The problem more accurately framed is that marginalized peoples have insufficiently enabled ‘public voices’ because of a lack of resources, and access to media and empathic listeners. Oral historians can contribute to forging public spaces where people talk, write, perform and represent their memories. The multi-media and multi-
lingual dissemination of oral histories through books, radio, film documentaries, audio-visual exhibitions and Internet increases possibilities for mirroring both individuals and communities. For the potential of oral history methods to be harnessed it needs to be combined with strategies to build accessible archives, museums, memorial sites, schools training and urban/rural renewal projects.

These strategies create opportunities for people with shared memories to make meaningful connections with each other. This is significant for trauma survivors who frequently bear the legacy of believing they are the only individual feeling this way and that there is no choice but to endure in isolation. Through recording and disseminating oral histories we can help people to identify the social interconnectedness of past experiences and current memories. These moments of social identification create possibilities where marginalized people might regenerate themselves as historical actors.

‘Regeneration’ can be traced in the resilient ways people cope with their painful memories. ‘Regeneration’ involves people’s own efforts to emotionally revitalize and recreate their ‘ordinary’ lives. It also occurs across generations through storytelling within families, schools and communities. This opens ‘the possibility of rethinking generation as precisely the locus of transmission’ of memories. But given poverty levels in South Africa and the ages of many survivors of apartheid traumas, regeneration is often about creating less painful conditions of life for their children and grandchildren.

The potential role of the historian is one of facilitator not omnipotent ‘healer’. Redemptive myths of healing do not address the impact of trauma on people’s capacity to make confident decisions and as some have argued, ‘risks premature forgetting’. The myth of a one-voiced community such as ‘the nation with a common past’ or the ‘Rainbow Nation’ that was created through the TRC’s strategies provided hope for some and marginalized many others. Regenerative memory-work is not about ‘putting the past to rest’ but sensitively disseminating contested views of the past in non-didactic ways. But narrators need to be forewarned that the public reception of their stories can be a bruising encounter, where ‘the work of bearing witness is constantly involved in the struggle against collective indifference and the forging of solidarity between eyewitnesses and audiences’.

Regeneration can be stimulated through democratic spaces for differing voices to express themselves. In the process, narrators and audiences are stimulated to think and debate issues and are not treated as passive consumers. Through these dialogues over the accuracy and meaning of memories, people themselves can contest sanitized constructions of history. And while there is no fixed ideological or guaranteed progressive political content to regenerative memory-work it opens-up possibilities for agency and political actions.
The Politics of Disappointment

South Africa achieved ‘the miracle of democracy’, when most observers expected it to collapse into a racialized civil war. But was it a ‘miracle’ or a product of other social dynamics? We now have one of the most progressive constitutions in the world, with basic human rights enshrined. And a series of progressive laws have been passed by parliament. So why then is there a ‘politics of disappointment’? If one looks beyond the tourist image of South Africa it soon becomes evident that democracy has come with human costs. I will briefly discuss four areas, selecting those that impact on the lives of the survivors of apartheid traumas.

Firstly, the TRC’s amnesty process emphasised ‘restorative justice’ as opposed to ‘punitive justice’. Political compromise was central to the TRC’s formation, and a key example of this was the granting of amnesty to perpetrators. The price for survivors was that the perpetrator would then not face criminal charges. Justice denied was controversial and remains a source of anguish for many survivors. Now in the post-TRC period, there are signs that the National Prosecuting Authority will bring charges against particular individuals. However, the vast majority of perpetrators will probably never face charges because of a lack of evidence. It is estimated that approximately, four tons of sensitive or incriminating documents were shredded in government departments between late 1993 and April 1994. The limits placed on justice, as circumscribed by the TRC Act, was in a sense the beginning of the politics of disappointment.

Secondly, the TRC’s Final Report was completed in 2000, and recommended that victims receive annual payments for six years, amounting to an approximate grand total of R120 000 per victim. Of the 21 298 victim applications, 16 837 were identified as potential beneficiaries of reparations payments. The state controversially took four years to make a decision and then decided to only give victims once-off payments of R30 000 to R40 000. Former TRC commissioners and staff members, and survivors themselves, were infuriated by this decision. The reparations debacle further fuelled the disappointment of survivors.

In the run-up to this decision during the period 2000 to 2003, Kulumani, a national network of survivors, frequently held demonstrations protesting the state’s lack of action and support. One incident captured for me one of the central tensions faced in post-apartheid South Africa. In Alexandria, a vast black working class township near Johannesburg, the local Kulumani group held a demonstration, but were confronted by local ANC youth league members, who argued with the survivors that they should not be putting pressure on the state to give them reparations money, and they argued that the state should rather be putting its scarce resources into job creation and related programs. While this was an isolated incident, it illustrates the difficult choices faced by communities and the state. It is also exposed the generational gap and the differing needs of an ageing survivor generation in contrast to massive youth unemployment.
Thirdly, another terrain of disappointments has been the ongoing poverty that survivors and their descendents continue to endure. The South African economy was in deep recession from 1982 to 2000. For example, since the late 1980s, using a broad definition of unemployment, the rate in SA reached 40% of the economically active population. Using the narrower state definition, which excludes people who are in casual or seasonal labour, the rate is 24%. By 2003, 50% of the population were economically worse off than they were under apartheid. It is only since 2005 that the economy has gone beyond a 3% growth rate, which is the bare minimum for maintaining unemployment at the current levels. So since 2005 the economy has been booming, with widespread infrastructural development and increased foreign investment. Much of this boom has been driven by tourism and infrastructural development for the 2010 soccer world cup. Another driving force for this economic boom has been the major successes of the receiver of revenue in its tax collection, and the increased tax base drawn from an expanding black middle class. But the vast majority, the black working class lives either in informal settlements or in old apartheid built townships. They are usually unemployed, or earn low levels of income through informal trading or casual labour. It is also not co-incidental that during the current economic boom service delivery protests, in black working class areas, especially in relation to housing, have been on the increase.

Fourthly, and in my view the most unforgivable failure of the state has been its responses to the HIV/AIDS pandemic. In the Mandela years of 1994 to 1999, the research evidence from the scientific community was growing that we were witnessing the beginnings of a human nightmare. Instead of accepting these research findings and taking the lead in HIV/AIDS prevention and education programmes, President Mbeki chose to critique whether HIV causes AIDS, and also questioned the efficacy and toxicity of anti-retroviral treatment. With the controversies of the President’s position, and the vacuum created by a lack of state support, the Treatment Action Campaign (TAC) emerged as the leading civil society voice representing people living with HIV/AIDS. The TAC leadership, and most of its membership, claim to belong to the ANC, but that they have been betrayed by an ANC represented by President Mbeki and the Health Minister. During this period, TAC campaigned for the state to develop a coherent national treatment plan but this fell on deaf ears until 2006, when the state belatedly agreed to a national treatment plan, which has only been implemented in part. South Africa to-day has a total population of 46 million people of whom over 5 million people are HIV positive, but less than 300 000 have access to ARVs. The pandemic has been politicized by a state reluctant to lead the fight against HIV/AIDS, but has instead repeatedly supported ‘denialist’ quacks or unsubstantiated ‘traditional’ forms of medicine such as the African potato. Moreover, the current crisis around health care responses to the pandemic has direct links with the apartheid past. Thousands of those who are HIV positive or have already died from full-blown AIDS or secondary infections were either anti-apartheid activists or survived the highly repressive States of Emergency of the
apartheid regime, only to be infected by HIV in the 1980s and 1990s. The group most at risk are black working class people in the age group 16 to 35, with rural woman being the most at risk.

The ongoing tragedy for thousands of grandparents and parents, who endured the tyranny of apartheid, is that they now see or take care of their children or grandchildren struggling to survive with the effects of the pandemic. As I have been writing this paper in 2007, the scale of disappointment with the President and the Health Minister plunged to a new low with the dismissal of the Deputy-Minister of Health, Ms. Noziswe Mandla-Routledge, who is a vocal supporter of the TAC. Moreover, 2007 has seen service delivery protests increase across the country in working class areas such as the Joe Slovo community in Cape Town, Alexandria and Kutshong in Gauteng, and several other examples.

These political struggles around health care and service delivery interweave with the on-going post-traumatic ‘remains’ of the apartheid era, which not only include socio-economic but also psychosocial legacies. Helping people to overcome their traumas and various emotional burdens through forms of talk-therapy or support groups are important but how sustainable are ‘healing’ or redemptive notions of closure when millions of people live in abject poverty are either HIV positive or live with the fear of being infected, and endure high levels of violence, rape and domestic abuse? Disappointment upon disappointment, combined with either humiliating or further traumatic experiences translates into a politics of disappointment. But this process is not simply about mourning ‘shattered dreams’ or ‘failed promises’. There are deeper issues that pertain to the individual and his or her relationship to post-apartheid transition.

...state-orientated nationalisms respond to this paralyzing sense of loss therapeutically by seeking to constitute a new culture and subjecthood around a reinvention of tradition. ....they relegate those elements that are incommensurable with modernity to the position of backwardness that is symptomatic of a refusal to be cured. In the shadow of nationalism, as of colonialism, there lurk, we might say, melancholy survivals.

As regards the nationalist post-apartheid project, ‘traditional cultures’ have not been entirely ignored but have been relegated to the margins of political decision-making. What is more insidious is the ways in which the ANC government under President Mbeki has attempted to silence or discredit critical voices with the label ‘racist’. The nation-state of the Mbeki era is easily wounded by critique and its reactions are fuelled by an expectation that there are ‘racist’ or ‘neo-colonial’ agendas behind every criticism. Michael Ignatieff’s argument that nationalism breeds narcissism is relevant here. The narcissist finds it difficult to accept flaws in his or her self-image. As Craib puts it:
The denial of disappointment is then, double edged; I might deny it first because I cannot stand the suffering of others, most probably because if I accepted the suffering of others, then I would have to accept my own suffering; and secondly because I cannot tolerate the thought of my own ‘failure’, my inability to achieve what I set out to do, which is to alleviate suffering.\textsuperscript{66}

It is particularly Craib’s second point that is relevant. The Rainbow Nation of the 1990s has been replaced by the ‘narcissistic nation’, which cannot tolerate disappointments or ‘melancholy survivals’. A small but shocking example occurred in 2006: President Mbeki in response to a journalist’s question about the pandemic said, ‘I have never met someone who has HIV or AIDS’. The shock and anger from people living with the disease was widespread. While my argument runs the risk of extrapolating from individual examples to broader social spheres, it is possible to use psychoanalytic theory as a ‘sensitising theory’\textsuperscript{67} to understand the patterns and features of societies and cultures. As Llyod argues:

The problem then emerges as to how the transition from the level of the individual to the social can be theorized since it is not self-evident that there is any necessary relation between the psychological and the social that is not already ideological. I want to suggest that a non-therapeutic relation to the past, structured around the notion of survival or living on rather than recovery, is what should guide our critique of modernity….\textsuperscript{68}

For oral historians, historians and related researchers there is lesson to be learnt. The mere recovery of popular memories through recording techniques and methodologies of documentation while important is not sufficient. Since the pioneering works of Portelli, Passerini, Thompson and others in the 1970s and 1980s, the conceptual debates and critical edge of oral history have been lost. I am arguing that oral historians need to conceptually reflect on their methodologies and to explore ways of moving beyond ‘the recovery model’. We also need to analyze the ongoing ways in which marginalised or subaltern groups are treated by emerging new democracies and nation-states.

There are also lessons to be drawn from the growing ‘denialism’ of the ANC not only towards the pandemic, but also the suppression of service delivery protests. Even more difficult to tolerate for the ANC is the re-emergence of former anti-apartheid activists, with roots in working class communities, who have energised the TAC’s campaigns. In the TAC’s responses there is in my view a more healthy political and personal approach, one that combines forms of therapeutic counselling and support groups for people living with HIV/AIDS, with collective political resistance.

As I argued earlier, ‘talk therapy’ is neither a ‘cure’ nor a ‘healing’ process, which mythically removes pain. Instead Craib’s suggests that: ‘It might be that the best
that psychotherapy can offer is the opportunity to be sadder but wiser, not some realization that the world is a wonderful and trustworthy place. Nevertheless, oral narratives whether it is through individual therapy or through public forums such as post-TRC NGOs, museums and memorial projects have crucial roles to play in providing ‘safe spaces’ for people to work-through their post-traumatic burdens. But these processes should not be seen as an end itself. The misleading notion of ‘closure’ can be appropriated for conservative political ends, as if there is no longer a need for people to engage in political struggles. Rather I am arguing for anti-essentialist, radical strands of Freudian and post-Freudian thinking, which are in direct contrast to: 

...a new illusion can appear; that we can talk about the feelings instead of having them that the talking itself solves emotional conflicts and leaves us at ease with ourselves and others. This kind of illusion is often bound up with a kind of counselling or therapeutic evangelism: The not quite truisms of ‘its good to get things off your chest’, ‘its important to have somebody to talk to’ and so on. Talking can clarify, can replace impulsive and possibly destructive acting-out, it can be a forum for making decisions, but it cannot be an alternative to conflict and suffering.

The disappointment of unrealized dreams and incomplete ‘healing’ - in psychoanalytic terms – is a necessary experience for trauma survivors. Butler takes this critique further and analyzes the dualism between ‘the psychic’ and ‘the political’, which nation-states impose, and she argues that,’...if submission is a condition of subjection, it makes sense to ask: what is the psychic form that power takes?’ For example, recognising that the democratic nation-state is neither the perfect parent nor the ‘good-enough’ guardian can be very painful. This is especially so for the thousands of people living with HIV/AIDS who have spent most of their lives supporting the ANC, only to be failed by the state’s approach to the pandemic and service delivery issues. At times these disappointed aspirations and post-traumatic legacies produce ‘pathological mourners’ or probably feeds into persistently high crime levels. But in other instances, it enables individuals to draw support from others, and might regenerate collective struggles. Moreover, Lloyd’s notion of ‘melancholy survivals’ opens up ways of developing historical analyses, with psychoanalytic sensitivity, for researchers and activists aiming to understand what it means for working class or subaltern groups to have political freedoms but to have these freedoms curtailed through poverty and/or HIV/AIDS. And these disappointments feed into current factional battles within the ANC over who will be the next President in 2008.

Finally, while political freedoms gained in post-apartheid South Africa are highly significant they were not a ‘miracle’ but an outcome of popular struggles. Constructing democracy as a ‘miracle’ gives credence to redemptive visions of the past and future. While peoples’ desire for redemption from trauma, pain and
other disruptive emotions must be taken seriously, it also masks a series of real disappointments. From an observer position, you need to have tunnel-vision to not see the daily miseries that the vast majority of South Africans still live under. The argument that I have explored here is one that acknowledges the links between past and present traumas, and that disappointments are valid experiences, not simply produced by shattered dreams but also by peoples’ legitimate, unfulfilled needs. Recognizing and confronting the political implications of disappointing experiences releases people from the bind of a passivity induced through modern nation-state discourses on patriotism and democracy. The political realities and choices of the present are then clarified and posed: to act or not act, to participate or not participate, in growing forms of resistance to attain houses, jobs, health care, education and a myriad of other needs still to be fulfilled in the not-so ‘new’ South Africa.

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5 Foster et al, 2005, p. 13


Ross, 2003, p 12.


Ross, 2003, p 12.


Premesh Lalu and Brent Harris, ‘Journeys from the Horizons of History: Text, Trial and Tales in the Construction of Narratives of Pain’, Current Writing, 8, no 2, 1996, p 24.


Quoted in Wilson, 2001, p 43.

Wilson, 2001, p 60.

Wilson, 2001, p 52


Audio-visual TRC records are accessible at the SABC and paper-based records at the National Archives. For ‘access’ controversies see, South African History Archive @ www.wits.ac.za/saha.

The ‘ruptured membrane’ as definition of ‘trauma’ is widespread in the biomedical sciences and has filtered into the humanities and social sciences.


See the introductory chapter, of Hodgkin and Radstone, 2003.


This section is largely drawn from my, ‘Beyond “Healing”: Trauma, oral history and regeneration’, *Oral History* vol. 34, no.1, 2006.


La Capra, 2001, pp 41-42.


A proliferation of South African oral history projects since 2000 led to the launch of 'The Oral History Association of South Africa' (OHASA) in 2005.


Ross, 2003, p 141.

Hodgkin and Radstone, 2003, p 27.


66 Craib, 1994, p. 11.

67 Ian Craib, a personal communication in 1993.

68 Llyod, 2000, p. 212.

69 Craib, 1994, p. 117.


71 Craib, 1994, p. 104.


73 Freud, 1917, p. 260.