
The Burdens of Truth: An Evaluation of the Psychological Support Services and Initiatives Undertaken by the South African Truth and Reconciliation Commission

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1. Introduction

Apartheid South Africa was characterised by extreme levels of brutality and state initiated violence. To attempt to deal with the aftermath of this violence and break the silence associated with decades of human rights violations--the South African Truth and Reconciliation Commission (TRC) was established. The purpose of this Commission was to facilitate a "truth recovery process" aimed at reconciling South Africans with the past. However, like all truth commissions, the South African TRC was essentially created for political reasons. Broadly speaking, it was created to assist in smoothing the political transition from authoritarian to democratic rule. It has also been used by the new government to demonstrate their willingness to break with the past and usher in a new political and social order based on the protection, rather than violation, of human rights.

A further justification for the entire endeavour has been psychological in nature. Namely, that to deal with the thousands of traumas the apartheid system has inflicted on South Africans, the nation as a whole and its individual citizens both have to re-live the past so as to come to terms with it. It has been argued that survivors of traumatic events, and more broadly governments in transformation from past political conflict like South Africa, are often urged *to let sleeping dogs lie* [End Page 9] or *to let bygones be bygones*. However, psychologically *sleeping dogs do not lie*; past traumas do not simply pass or disappear with the passage of time (Hamber 1995). Psychologically the past can never be ignored and past traumas can always be expected to have emotional consequences for an individual and the society at large. For individuals repressed pain can stunt emotional life and manifest itself in a range of psychological and physical symptoms. Psychological restoration and healing can only occur through providing the space for survivors of violence to feel heard and for every detail of the traumatic event to be re-experienced in a safe environment.

The paper will focus exclusively on the degree to which the limited psychological services that have been set up by the TRC have aided this sort of individual psychological restoration. A limited degree of emphasis will be given to the national or collective psychological impact of the TRC. The paper will begin by summarising the work and mandate of the TRC. The limitations on the TRC's ability to offer services to those who testified before it and exactly how the TRC has psychologically affected these individuals will be briefly discussed. Thereafter, the different psychological and support services that have been set up, or failed to be initiated, will be outlined and critically scrutinised.

2. Summary of the Mandate of the TRC

The Truth and Reconciliation Commission was the first independent body established in South Africa to deal with the issue of past political violence and the prevention of future human rights abuses. The TRC was brought into existence through an act of Parliament known as the National Unity and Reconciliation Act. The TRC began operating in December 1995. Since its inception it has aimed to give voice to the experiences of victims, witnesses and perpetrators of apartheid-era violence so as to uncover as complete a picture as possible of the causes, nature and extent of past abuses that occurred between the period 1 March 1960 to 10 May 1994.

The TRC has the express purpose of facilitating a truth [End Page 10] recovery process through taking statements from survivors and families of victims of gross violations of human rights (i.e. murder, attempted murder, abduction and torture or severe ill-treatment). So-called representative and demonstrative cases are chosen from among the statements and these individuals are given public hearings. At these hearings, survivors and families of victims relate how they were victimised. At other hearings, perpetrators' confessions and amnesty applications are heard. At the end of its term of office in July 1998 the TRC is obligated to write a policy which will ensure that survivors and families of victims are granted reparation. The government is responsible for implementing this policy.

As part of its reconciliatory function, the TRC is also responsible for the granting of amnesty.² This means that perpetrators of gross violations of human rights, who apply and meet the TRC criteria for amnesty, are freed from prosecution and all criminal and civil liability. To receive amnesty, perpetrators must have committed politically-motivated crimes and fully disclose all the information concerning their deeds.³ In effect, this means that amnesty is not automatic in South Africa, but if the criteria for amnesty are met the TRC will substitute or trade retributive justice for the full truth. It is intended that the information made available through this process will assist in leaving an undisputed account of history and document how violations occurred. This theoretically opens up the possibility to learn from the past and in so doing ensure that future violence does not occur. At the end of its full term of office the TRC will have to submit its findings to Parliament in a comprehensive report, hand over its reparations policy to government and make recommendations aimed at preventing such large scale abuse from ever occurring again.

The TRC has taken some 20,000 statements from survivors or families of victims of political violence. A number of representative cases have been selected for public hearings based on these statements. Over fifty public hearings were held spanning a total 244 days at which victims told their stories to the nation.⁴ The TRC also received approximately 7,050 amnesty applications. Although toward the end of the TRC, only a relatively limited number of these had been processed either through public hearings or in Chambers.⁵ **[End Page 11]**

3. The Psychological Impact of the TRC on Individuals

The individual psychological impact of the TRC has been extensive in South Africa. Any South African will hotly debate the merits, and faults, of the process. Their views are generally informed by their own personal emotional reactions toward the TRC and South Africa's conflict-ridden past. Feelings range broadly and are often dependent on a person's individual relationship to past violations. Different reactions have been witnessed depending on whether one was directly victimised, a victimiser or complicit with the entire apartheid system and responsible for violations by omission rather than commission. However, what is clear is that uniform reactions, and the personalised impact of the TRC, are difficult to ascertain and measure.

Some feelings that have been prominent are extreme feelings of anger from the victimised and victimisers because of the violations of the past being revealed by the TRC, feelings of denial and avoidance by all sectors of the population, remorsefulness on behalf of some perpetrators and those complicit in violations, indifference from others and enormous feelings of guilt, pain, sadness and hurt for many South Africans.

In terms of those who actually testified before the TRC--who are the main focus of this paper--a range of psychological difficulties and symptoms have been identified. A plethora of psychological symptoms and signs have been observed including typical symptom profiles denoting post-traumatic stress disorder (PTSD), crippling self-blame, enormous anger (sometimes heightened by the work of the TRC with regard to amnesty granting), social and interpersonal problems and abundant cases of complicated and unresolved bereavement. These symptoms are largely the result of the traumas, which have often been continuous in nature, that many South Africans--and particularly those actively opposed to apartheid--endured over the years.

On the whole, most individuals have presented with a mixture of issues related to social, psychological and medical problems. Uncomplicated post-traumatic stress has not been a common feature mainly because, in most cases, individual past **[End Page 12]** traumas (e.g., being tortured, abuses by the police, etc.) have been overshadowed by present psychological and social problems.⁶ Furthermore, the ability to draw direct causative links between the initial trauma (i.e., the situation or violation presented to the TRC in a statement or through a hearing) and the present difficulties experienced by most survivors has generally been complicated by the protracted time that has passed since most violations occurred. In some cases, survivors and families have testified about violations that took place in the 1960s.

Dire social circumstances have made it difficult for individuals to deal with or prioritise past psychological traumas. At times, so-called present difficulties (i.e., occupational problems, substance abuse, relationship breakdowns, etc.) are symptoms of long-term traumatisation which has been compounded by impoverished living conditions. However, at other times, the impoverished living conditions (e.g., over-crowding, hunger, being forced to work away from home, etc.) have heightened the primary trauma and have also in themselves caused a range of new psychological difficulties and problems.

4. Evaluation of the Support Services Set up by the TRC

The psychological impact of the TRC outlined above clearly indicates that there is a need for a range of psychological support mechanisms for those interacting with the TRC. The need for additional support services was recognised by a range of key stake-holders and organisations prior to the establishment of the Commission. Several submissions were made to the TRC with regard to this.⁷ Other suggestions concerning the need for psychological services during the process of the TRC were also made in seminars and discussions at the beginning of the TRC and during the process.⁸

A core argument implicit in all the submissions was that, although the TRC may have been necessary to deal with the past, in terms of the psychological well-being of those testifying and interacting with it, it was not sufficient. To this end the submissions made several useful recommendations and suggestions. **[End Page 13]** These included, amongst others, the need for ongoing counselling services for survivors and families of victims of political violence; briefing and de-briefing before and after testifying for those giving evidence to the TRC; the training of TRC staff to deal with people in a psychologically sensitive way; the setting-up of psychological support networks (including traditional services, i.e. support from churches and traditional healers) to ensure support services were available and accessible for survivors and families of victims; the need for survivor-offender mediation services and for support groups for the TRC staff in order to combat the dangers of vicarious traumatisation.

Despite these useful suggestions, the position of the TRC with regard to actually providing psychological support has, from the start, been an ambivalent one. It has already been stated that there was strong opinion that the TRC was a necessary step to address some of the psychological needs of those victimised in the past but that it was not sufficient. However, the Act that defined the operations of the TRC made no reference to the TRC supplying any form of psychological support. As a result it has been a point of debate within the TRC as to whether it is responsible for supplying any form of psychological support to those testifying.

This is indicative of the TRC's largely legal interpretation of its mandate which has dominated some of the TRC's operations, particularly during the early stages of the Commission. It also points to the enormity of the workload of the TRC and hence its reluctance to undertake additional work. A legal framework remains the TRC's primary point of reference and it is doubtful as to whether there has been a change in the mindset, particularly of those Commissioners from legal and political backgrounds, with regard to the importance of dealing with the psychological impact of the past on individuals (de Ridder 1997). In many ways mental health issues and a psychological approach to dealing with the past remains marginalised in the TRC.

As a result of this narrow interpretation of the Act--even despite the best intentions of some Commissioners and staff to ensure additional services--exactly how support services should be provided, and from where the funds should come, has **[End Page 14]** remained an ongoing source of tension within the TRC. Nonetheless, the TRC did employ a mental health care specialist and several other staff members who were assigned to take care of the psychological needs of the staff and those testifying.

The following sections review the successes and failures with regard to the TRC's ability to supply or support initiatives aimed at ensuring that survivors and families of victims receive adequate psychological support.

The four areas that will be discussed are:

Building Networks and Supplying Services: This section focuses on the TRC's ability to build networks of service providers and for its staff to make appropriate referrals to social and psychological support organisations.

The Implications of Giving Testimony: This section analyses the psychological benefits of the story-telling process facilitated by the TRC.

Briefing and Debriefing Services and Statement-Taking: The complexities and limitations of these services and undertakings--the mainstay of the TRC's direct psychological interventions--are discussed.

Support for the TRC Staff: The levels of vicarious traumatisation amongst the Commission staff are briefly discussed and some of the TRC's initiatives to deal with this are examined.

4.1 Building Networks and Supplying Services

Any discussion about mental health and social support services in South Africa has to be understood within the context of the extremely limited mental health care services in the country. For example, in the Northern Province, where the TRC in fact had hearings, there are approximately 5.3 million people. State health, at present, does not have a clinical psychologist employed in their service and only three private practitioners work in this largely rural province. Successful referral from the TRC, or from any other source for that **[End Page 15]** matter, to formal psychological services remains highly contingent upon such factors.

This situation makes it clear that networks of support organisations, the utilisation of traditional and community support and an efficient referral strategy are needed in order to set up any psychological support system in South Africa. The TRC--being aware of the need for networking--did make various attempts to establish such a network and referral strategy to deal with the multiple needs of survivors. This has worked with varying degrees of success and in some cases poorly, although marked regional differences have been observed in terms of successful networks.

In some areas, for example the Western Cape, many referrals have been made to support organisations through the TRC. In contrast, in Gauteng fewer referrals have been made and a limited number of individuals have received counselling services. Many other individuals have presented at clinics and service providers during the life of the Commission, although they have not always been referred by the TRC itself. Others who have had past memories and difficulties evoked by the TRC have chosen to seek support, when it is available, before going to the TRC. Furthermore, in South Africa, often due to extreme levels of poverty and social problems, many people do not prioritise mental health needs over dire social circumstances. A lack of awareness about the benefits of using psychological support services and their traditional unavailability has meant that, even where services are accessible, they have been under-utilised by those who have been to the TRC.

Importantly, it should also be noted, that in the South African context much of the social and psychological support occurs through church and community structures due to the inaccessible and underdeveloped mental health services. It is likely that many churches have had to provide psychological and social support to those interacting with the Commission. Similarly, informal victim support groups have played a major role in supporting survivors and families of victims of violence.⁹

However, at this stage it is apparent that inadequate follow-up, limited referral and sporadic support of individuals who have testified or made a statement to the TRC has **[End Page 16]** occurred across the board. This is certainly the opinion of all the organisations that made submissions to the TRC regarding the need for psychological support services. The fragmented and limited services set up or supplied by the TRC have, in part, been due to the restricted quantity of support services in South Africa. However, it is fair criticism that the TRC has also not always utilised all avenues for support and built extensive networks of service providers during its first eighteen months of operation. The TRC, possibly due to resource difficulties and the mandate questions raised earlier, has not always participated as actively as possible in ensuring ongoing support despite the willingness of many organisations to provide free services to the TRC.

4.2 The Psychological Implications of Giving Testimony

One of the main consequences of political violence and turmoil in South Africa has been the development of what can be termed a "culture of silence." This has been marked by misinformation, a reluctance to speak out about abuses due to the fear of repercussions and the enforced silences of the so-called "official story." This silence has been individually destructive and resulted in individuals being excluded from social, emotional and political life. This has left most survivors feeling misunderstood and that nobody is willing to hear their story. A process of truth recovery--at least in theory--can be instrumental in contributing to psychological rehabilitation by breaking this culture of silence and allowing individuals to re-experience or "live through" the traumas of the past, and in so doing come to terms with them. Structured and facilitated story-telling can serve the cognitive function of re-shaping the event for the survivor and allowing for the essentially abnormal event to be integrated into the cognitive and emotional matrix of his or her life.

The South African TRC--coupled with a whole new democratic dispensation--has, on a societal level, begun the process of breaking the silences of the past. On an individual level the TRC has also aided psychological restoration, albeit in a limited way, through the testimony giving functions of the **[End Page 17]** Commission. Providing space for victims to tell their stories, particularly in public forums, has been of use to many. It is indisputable that many survivors and relatives of victims have found the public hearing process psychologically beneficial. The process has been described as relieving and cathartic by many. Furthermore, many of those who testified in a public hearing did receive additional support in the form of briefing/debriefing which was unquestionably of use for most survivors, regardless of its inherent limitations (which are discussed in detail in the next section).

In addition, for the first time, many South Africans have been able to tell their stories to sympathetic ears. In the past, often due to police complicity, most people were turned away from police stations, particularly when their cases were of a political nature. Cases were never investigated and through the TRC all cases have now been referred for investigation to the sixty-odd national investigators of the TRC Investigation Unit.¹⁰

Despite these successes of the hearings, the actual psychological impact of giving public voice to trauma and interacting with the TRC has, on an individual level, had varying and highly personalised consequences for survivors and families of victims. These consequences have not always received adequate attention by the TRC and others. The cathartic nature of the public hearing process has, at times, been over-emphasised by the media and others, including the Commissioners, during the process. Perhaps a more cynical view would be that there has been a popular misperception that as long as individuals have been crying at the hearings some healing has been occurring. This may be true in some cases where testifying before the TRC was the final step for an individual on their personal healing journey. However, for most survivors the testifying process is more than likely their first step on their road to psychological restoration. For many, although public acknowledgement of their suffering may have restored their dignity and taken away personal feelings of guilt, psychological healing remains far off. Such healing usually requires ongoing support from professionals, community groups, relatives and other support structures like religious bodies.

It is the long-term processes of healing that the TRC has **[End Page 18]** not addressed as adequately as it has the task of providing a forum for public expressions of emotion. Extensive networks of service providers and adequate referral has not always followed the hearings and statement-taking process, as has been discussed above. Without this follow-up, many victims have described feelings of initial relief following the hearings and then, weeks or months later, feelings of despondency and a re-emergence of the trauma.

A further weakness of the entire process is that perpetrators have been largely neglected from a psychological perspective. Some perpetrators have presented at various institutes for counselling and support, but a large scale focus on them and their families has been limited. Support for the families of amnesty applicants, who undoubtedly must be confronting a range of psychological issues and ambivalences, has remained sorely neglected. Perhaps this is due to the moral complexity of treating perpetrators in a country that has so recently emerged from violent conflict. The limited focus on perpetrators may also be due to the fact that many organisations have only recently started to work with perpetrators and remain inexperienced with such work. During the turbulent times of apartheid the plight of victims was always prioritised by most organisations. The operations of the amnesty committee and its quasi-judicial process has also made access to perpetrators and their families difficult.

Furthermore, insufficient psychological attention has been paid to the thousands of individuals, from all sides of the political spectrum, who are both victims and perpetrators. A good example are the youth who were involved in intra-community conflict in the early 1990s. This group has had limited interactions with the TRC, often due to individuals' dual roles as survivors and perpetrators of violence in the past. An assumption implicit in the TRC has been that, at least to some degree, there have been two sides to the conflict and that there have been two main categories of protagonists, i.e. victims and perpetrators. The reality is that as the TRC has unfolded, a complex set of relationships and roles has surfaced. Often organisations that have seen people for counselling have been challenged by having to deal with the dual roles of many clients. **[End Page 19]**

4.3 Briefing/Debriefing Services and Statement-Taking

At the start of the process it was acknowledged by the TRC that there was a need for briefing/debriefing services for those who were to testify before the TRC at public hearings. The TRC hired staff members known as "briefers" to carry-out this function. In many senses, briefing/debriefing became the major direct psychological intervention that the TRC undertook.

The intentions of the briefing sessions were to ensure that the witness had sufficient information about the legal implications of their public testimony (e.g., the naming of perpetrators) and that they were psychologically ready to testify. The briefers also accompanied the witness during the hearing and provided ongoing support. As a result the briefers have colloquially become known as "Cry People" as they have regularly been seen comforting witnesses during harrowing emotional testimonies.

The briefers were not clinical psychologists or social workers, although most had some basic psychological training or counselling skills. They were given some additional training by the TRC and other support organisations. This training included some elementary information on post-traumatic stress disorder (PTSD), gender awareness skills and basic counselling skills. This training was not uniform in each region and differed in content and intensity. There were differences in the competencies of the briefers and their level of experience dealing with traumatised individuals. This resulted in differential levels of effectiveness in terms of their abilities to deal with the psychological problems of the witnesses and those interacting with the TRC. Nevertheless, it appears as if the briefing/debriefing process of those at public hearings was of great assistance to the witnesses. It did provide some form of psychological holding and containment for those testifying and was generally appreciated by survivors and family members of victims.

The briefers were also responsible for referring those who needed ongoing support to psychological support service providers. As a result, some referrals to support services occurred through this process--although this was not extensive. ¹¹ Perhaps many other witnesses are receiving ongoing support from community structures, churches and victim **[End Page 20]** support groups (as they may have been doing for years prior to the event), but this remains to be confirmed. Long-term follow-up of individuals has not been extensive, and very few witnesses have been consulted about their present mental health status, or other details about their case and progress with regard to investigation for that matter, since their hearing. There are a large number of survivors and families of victims who accuse the TRC of opening old wounds and then failing to support them in dealing with their pain.

The causes of this situation are many. In part it may be due to the enormity of the task of following-up all the witnesses personally. A further reason may be that directly after the hearings--and the debriefing sessions--most of the witnesses appeared to be psychologically intact. The adrenaline-filled and cathartic experience of testifying publicly, although traumatic in itself, often initially masked the long-term or deeper psychological issues that were at play. As a result, at the Trauma Centre for Victims of Violence and Torture in Cape Town, it is only after some time that the real impact of the hearings has started to be seen. Only months after their testimony are survivors and families of victims beginning to present with a range of psychological problems at the Centre (de Ridder 1997).

A further limitation was that briefing services were largely only supplied to those who had public hearings. The majority of survivors and families of victims only gave a statement to the TRC and it was seldom that these individuals were seen by briefers. The statement-takers generally had a much lower degree of psychological knowledge and experience than the briefers, thus making their interactions with the survivors less beneficial psychologically. To compensate for this they were trained by the TRC and Non-Government Organisation (NGO) specialists about the psychological importance of the story-telling process and with some basic knowledge about PTSD. The statement-takers were also responsible for identifying those who needed psychological support and then making the appropriate referrals--in some regions they were trained with referral making skills.

Internal to the TRC, particularly in the early stages of the Commission, there was also disagreement on how the statements **[End Page 21]** should be taken, and this impacted on the potential psychological value of the statement-taking process. The investigators often demanded a police style, fact-driven statement whereas other workers from psychological backgrounds wished to focus more on the psychological importance of story-telling. These tensions compromised the ability of the statement-taking process to be used in the most beneficial psychological manner.

Having said this, these limitations should not be used to undermine the statement-taking process as a whole, as it was an essential component of the work of the TRC. Furthermore, statement-takers were extremely limited in their available time with each individual, thus decreasing the possibility of a substantial psychological intervention. There were also regional and individual differences as to how the statement-takers interacted with the survivors and families of victims. The inexperience, limited psychological knowledge and inadequate psychological skills-training of the statement-takers left some of the witnesses' feelings exposed and not dealt with after giving their statement. Some statement-takers did not always make appropriate referrals or perceive the psychological problems of the witnesses and take the appropriate action. However, in some regions people who gave a statement were given a list of potential support organisations in their communities, but this was not always the case. Furthermore, this did not always result in the person contacting these groupings. This was probably due to limited knowledge on behalf of the witnesses of the role of psychological support services in South Africa, but also because, in some regions, statement-takers were not adequately trained to make appropriate referrals.

Despite these difficulties, some referrals did occur and the statement-takers and briefers were responsible for several ad hoc referrals to support services. Some statement-takers' abilities and basic interpersonal skills were also of a high quality and this helped ensure that some witnesses were given adequate psychological support during the statement-taking process. Furthermore, as was mentioned in the previous section, there are a number of intrinsic psychological benefits of story-telling in a closed and structured environment--even if this is a one-off occurrence--from which many of the witnesses benefited. **[End Page 22]**

In retrospect, despite the criticisms raised, the briefing/debriefing added a valuable component to the work of the TRC. However, given the complicated psychological difficulties experienced by many survivors and families of victims outlined earlier, it is unlikely that the briefing/debriefing would have been sufficient to deal with these problems. This was never the intention of the briefing/debriefing and reinforces the need for appropriate referral and networking. Similarly, trauma counselling targeted at an isolated past trauma was not sufficient in many cases. The nature of the compounded psychological and social difficulties experienced by most witnesses requires a sophisticated and consistent intervention. There clearly has been a need for most witnesses to try and resolve their traumas personally. Those who have been afforded the opportunity of counselling through a support organisation have engaged with the therapeutic process, attended sessions regularly and undoubtedly benefited (de Ridder 1997).

4.4 Support for the TRC Staff

All of the TRC staff, throughout the period of the Commission, have been constantly confronted with the painful traumas of those interacting with the TRC. As a result, the risk of vicarious and secondary traumatisation has been high and, in fact, high levels of traumatisation have been observed in all regions where the TRC has operated. Some of these symptoms and signs of vicarious traumatisation which many of the staff working for the TRC have presented with are nightmares, paranoia, emotional bluntness, physical problems (e.g. headaches, ulcers, exhaustion, etc.), high levels of anxiety, irritability and aggression, relationship difficulties and substance abuse related problems. Interestingly, the data-processors and others who have had to work with cases on paper or computer have manifested more symptoms than those working directly with traumatised individuals (Grenville-Grey 1997).

This situation probably arose because those working with individuals directly have had more space to integrate the information received into their own cognitive schemata based on a full understanding of the difficulties faced by the **[End Page 23]** traumatised individual. For example, the traumatised individual may show signs of coping, resilience or having support systems. Thus making the traumatised individual's problem seem less drastic and consequently affecting the interviewer or TRC worker to a lesser degree. For those working with statements or computer data there is less chance for this cognitive integration to take place, and on top of this, the quantities of traumatic information processed are much greater.

In response to these levels of traumatisation the TRC did set up some internal support structures that appear to have

worked relatively successfully within the constrained environment of the TRC. The groups were not initially envisaged as therapy groups but rather as general support structures to which all the staff were invited. The groups appear to have served this function and more. The groups provided a forum for the staff to raise their grievances with management and their difficulties experienced with the monolithic structure (e.g., over 300 staff members) that the TRC created to fulfil its mandate. The groups also served as a debriefing forum. At this point, the groups are undertaking so-called closure programmes. These focus on issues such as the long-term personal effects of working for the TRC, future personal and professional roles, coping skills after the TRC ends and feelings about expectations with regard to the original motivations of staff for working for the TRC.

5. Conclusion

Psychological support services initiated and undertaken by the South African TRC have been limited. Nevertheless, through the TRC process a number of individuals have received some psychological support that probably would have been denied to them without the TRC. Ironically, the TRC through its quest for truth and the uncovering of past pain, has generated a need for extensive mental health care services in the country. If one accepts the position that these needs, generated by the devastation of apartheid, required addressing with or without the TRC, then the pressure created by the TRC can only be **[End Page 24]** seen as a useful force to ensuring services are set up. The danger, of course, is that if these services are not forthcoming then an enormous amount of trauma will remain exposed and unresolved. This can have a number of consequences, including the development of revenge cycles and the general undermining of the human potential available in South Africa.

Clearly, the road to reconciliation and personal healing in South Africa remains a thorny one. Undoubtedly, the TRC has helped smooth the path. The value of publicly revisiting the sad and brutal days of apartheid is that it has opened the eyes of many and has contributed to developing a collective history for South Africans. It has also allowed some survivors to evolve new meanings for their suffering and it has created some legitimate space for them to voice their feelings. However, individual processes of forgiveness, psychological restoration and reconciliation have not always intersected with the collective process offered by the TRC. Ongoing psychological support and follow-up by the TRC has been limited and, as a result, a heavy mantle has been placed at the door of the limited mental health care workers and services in the country. Much psychological debris remains to be mopped-up and contained, pointing to the need for the continued development of more extensive mental health care services in South Africa.

At present, the TRC is still operating, and two processes hold some hope for further psychological support and referral. The first is that post-hearing follow-ups are occurring in some communities. These entail returning to communities to discuss the needs and problems that may have arisen consequent to the hearing. Second, each case has to be reviewed to make a finding if the person should be classified as a victim according to the TRC criteria--thus ensuring their eligibility for reparation. As a result, through this process many witnesses may be identified as needing referral or ongoing support and referred to a service provider.

In conclusion, South Africa's collective story-telling process facilitated through the TRC has had its psychological benefits and has helped break the silences of the past. However, it is a mistake to assume that story telling and giving testimony, either in public or private spaces, equates with **[End Page 25]** healing. Truth alone will not lead to reconciliation or guarantee that a human rights culture will permeate the society and that those who suffered in the past will be able to deal with their traumas. A great deal of work remains to be done to engage actively with the offending institutions (like the security forces), to secure lasting change and to ensure that those violated in South Africa's abusive past receive adequate social and psychological support. Furthermore, this is complicated by the ongoing disparities of wealth and the inequities in South Africa. At this stage, real economic change remains the greatest threat to lasting reconciliation because without changes in basic living conditions all the truth and psychological support mechanisms in the world will not address the multiple effects, psychological damage and miseries created by ongoing poverty in South Africa.

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Notes

1. At the time of writing, Brandon Hamber was a Project Co-ordinator at the Centre for the Study of Violence and Reconciliation (CSV). . My thanks to Trudy de Ridder from the Trauma Centre for Victims of Violence and Torture in Cape Town and Thulani Grenville-Grey, the TRC Mental Health Specialist, for their comments and time. Acknowledgement must also be given to the Khulumani Support Group for victims of violence whose work and struggles have informed this paper. Thanks also to Talha Syed for his editorial assistance and comments. Current

2. The granting of amnesty has a complicated and long history in South Africa. It has been argued that amnesty needs to be understood as a necessary and unavoidable precondition to the negotiated peace settlement; see Asmal, Asmal, & Roberts 1996; Simpson & van Zyl 1995.
3. The decision to grant amnesty also has to be considered in light of the motive of the person who committed the act, the context in which the act was committed, the legal and factual nature of the act (including the gravity of the offence), the object and objective of the act, and whether the act was carried out by order or approval of a political body, institution or individual. The relationship of the act to a political objective and the proportionality of the act also needs to be considered.
4. It is estimated that ten to twenty percent of those who gave statements received a public hearing.
5. If amnesty is being sought for a gross violation of human rights then a public hearing has to take place.
6. This has been confirmed by the Centre for the Study of Violence and Reconciliation's work with the Khulumani Support Group. In a personal interview, Trudy de Ridder of the Trauma Centre for Victims of Violence and Torture in Cape Town has also noted similar patterns with her support work with survivors of violence who have testified before the TRC.
7. see Centre for the Study of Violence and Reconciliation. 1995; Coalition of Kwazulu-Natal Mental Health and Human Rights Organisations. 1995; Kwazulu-Natal Programme for Survivors of Violence. 1995; Mental Health Response. 1996.
8. cf. Bosset 1995; Hamber 1996a, 1996b; Stauffer & Hamber 1996.
9. One such group is the *Khulumani or Speak-Out Support Group*, who are a Gauteng based group. They have offered survivors and families of victims some support, albeit limited due to resource problems. This structure--and there are examples of smaller groups elsewhere in the country--has in some cases introduced the truth commission to the victims, found indigenous ways to reconcile with the past and lobbied the TRC concerning the rights and concerns of survivors and families of victims. For more information on the group see <http://www.wits.ac.za/csvr>.
10. It is important to note that the investigators of the TRC are hopelessly overloaded with the enormous numbers of violations that have been presented to them to be investigated. Many survivors and families of victims complain they have heard very little regarding their cases at this point and are voicing frustrations with the TRC in this regard.
11. A creative initiative to use Community Trained Briefers was also undertaken. In communities, people were identified who could be trained and used in the briefing process and support the witnesses after the hearing. Individuals recognisable to the community, such as leaders and clergy, were chosen to be trained. These individuals played a critical role in the hearings process.

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