

Reintegration in South Africa

The future of ex-detainees and political prisoners

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In the late 1970s and early 1980s, psychotherapeutic assistance to ex-detainees was usually set up through individual contacts between progressive lawyers and psychologists, and then for a while through small detainee treatment groups which formed. These groups drew on input from RCT [Rehabilitation and Research Centre for Torture Victims] in Denmark and from related professional literature for their approach to psychotherapy with torture survivors.

With the widespread repression in the mid-1980s, services for victims of state repression were coordinated under the umbrella of the *Emergency Services Groups* (ESGs), which were set up in consultation with community and mass organisations. The ESGs sought to provide both first aid training and counselling/medical services¹. These were essentially volunteer-based programmes with minimal employed staff, and they attempted to provide an integrated medical and counselling service^{1,2}.

The approach that was developed within ESG services has been one of a "once-off" intervention, based on the premise that the majority of people seen at the clinics would not return for long-term follow-up³. In many cases people would come straight out of detention and plunge straight back into intense political activity, and the role of the ESG service was seen as one of facilitating people's adjustment to their (extremely stressful) environment.

A certain number of follow-up appointments were made, but in those cases where longer-term therapeutic work was done, it was often incorporated quietly into the work setting of individual ESG professionals. In some cases therapists saw activists in their own homes, or in "safe" venues.

The role of ESG was indivisible from the political struggles taking place in South Africa at this period⁴. At the same time, it was imperative to preserve the operations of ESG, when or-

ganisations were being banned arbitrarily and activists were in danger of arrest if they attempted to use state health facilities⁵. A broad policy was therefore followed by ESGs to keep a low profile so that they could continue to offer services, and could maximise the safety of the users¹. ESG clinics were raided from time to time by the security police, but the organisation was by and large able to continue its work effectively. It was only in 1990 that this profile changed, when ESG took a leading role in campaigning for release and better conditions for political prisoners.

High levels of political repression

Because of the high levels of political repression in South Africa, the services also found themselves having to deal with families, friends and members of the community who were directly or indirectly affected by political detentions, imprisonment and harassment^{6,8}. For instance, activists who lived in constant fear of arrest or assassination would be *on the run* for months, never sleeping in the same place for more than one or two nights in a row. This frantic lifestyle created enormous stresses for many activists, particularly young adults and schoolchildren^{9,10}. Programmes also attempted to educate families and communities *prophylactically* about the effects of detention and how to cope in detention⁷.

Another feature that appeared on a large scale in the late 1980s was the strategy of hunger strikes, utilised by South Africa's political prisoners to secure their release. In many cases, the doctors who were responsible for the care of political prisoners were unable to respond to the ethical challenge posed by hunger strikes, and ex-detainees report incidences in which doctors threatened to withhold medical care for detainees until they began to take food, or the doctor tried to force the detainee to eat against his or her will^{11,12}. As a result of intervention by NAMDA [National Medical and Dental Association], SAHWCO [the South African Health Workers Congress], and MASA [Medical Association of South Africa], guidelines for the humane treatment of

hunger strikers have been accepted by the South African prison authorities.

The majority of South African political prisoners have now been released under the agreement known as the *Pretoria Minute*. The services for support and reintegration of released political prisoners have formed the bulk of the work of ESGs during this period, and have laid emphasis on the preparation for reintegration into family and community. This has included the running of groups for family members and friends who were visiting prisoners on Robben Island prison before their release.

These groups were co-facilitated by progressive counsellors and ex-political prisoners and focused on family members' expectations, hopes and concerns about the reintegration experience, and on effective ways to deal with common problems that might arise. Attempts were also made to reach prisoners on *Robben Island* for purposes of pre-release counselling, but these were repeatedly blocked by the prison authorities.

Group sessions

After release, group sessions were held with political prisoners, as part of the reintegration service. In these groups, normally lasting two to three hours, releasees explored their feelings about reintegration, and the issues about relationships with family, friends, community and organisations which concerned them. Again, counsellors and ex-political prisoners facilitated the discussions, and shared with releasees the experiences and issues which others had undergone, and the strategies which they had found useful in coping. The overall reaction of released political prisoners was very positive⁶, because they pointed out that, although extensive political discussions were held in prison, very little of a personal or psychological nature was discussed.

In addition to groups, a self-help booklet was written in close collaboration with ex-political prisoners¹³ (please also see the review on page 27 in *TORTURE* 1/93). This booklet dealt mainly with common reintegration and

relationship issues which had come up in our work, but it also outlined the common stress reactions which we had noted in released prisoners and gave advice from a cognitive-behavioural perspective on ways of reducing stress or symptoms. Thus, in quite fundamental ways, the mode of service has shifted from individual short- or long-term psychotherapeutic interventions to group-based work, with an emphasis on including families and communities.

Experiences of the survivors

A relatively limited amount of work has been written up as "scientific" literature on the experiences of activists released from South Africa's jails¹⁴⁻¹⁶, but attempts are currently under way to collate the wealth of material arising from the interventions and programmes run through progressive health organisations for victims of repression in South Africa. These studies¹⁴⁻¹⁶, corroborated by the work of Orr in 1985 as a district surgeon in *Port Elizabeth*, provide indisputable evidence of extensive torture in South African prisons.

The psychological sequelae of detention and torture, as reflected in the above studies and in clinical experience, have fallen generally into the pictures of post-traumatic stress disorder, depression and anxiety reactions. Sleep disturbances have been the most common symptoms, followed by concentration and memory problems, recurrent and intrusive recollections, nightmares and irritability. Headaches were very common, but a wide range of psychosomatic symptoms were seen. Symptoms of anxiety and depression were common.

Continuous stress syndrome

The ordeals of detainees have not commonly ended with their release. Ongoing political harassment, re-detention, visits by vigilante groups who may threaten, assault or even kill the ex-detainee or family members, mean that stress is not reduced with release. In addition, this has often been exacerbated by the *abnormal* social situation into which he or she is released – high unemployment, a critical shortage of housing, spiralling crime rates, in addition to the ongoing political violence and repression⁵. This has led psychologists to think in terms of a continuous stress syndrome^{10,17} rather than a post-

traumatic stress syndrome. In this kind of profoundly unsettled lifestyle, chronic suspiciousness, deep feelings of hatred and anger, and severe depression are often part of the picture.

At the same time, it is extensively recognised that the effects of detention may affect families and friends as much as, if not more than, the detainees themselves⁶. It is frequently women who are left with the material difficulties of maintaining the home while the activist son or husband is detained, and who themselves have to cope with feelings of fear, anger, despair, loneliness and uncertainty, frequently without any social support¹⁸. Indeed, the system of repression in South Africa has aimed to break not only detainees' resistance, but the whole community's political will, through fear, intimidation and coercion^{7,10,19,21}. Clearly, this leaves a massive residue of emotional trauma for rehabilitative interventions to address.

Therapeutic assistance

Psychological interventions in South Africa have adapted and developed *Sommer* and *Genefke's* approach to psychotherapy for survivors of torture²², evolving the approach in relation to the needs and situation in the country^{16,17,21}. The basic approach commonly includes a cognitively-oriented introduction, in which the details of the experience are explored; a more *emotive* phase, in which feelings can be expressed – albeit to a limited extent; and a focused, practical problem-solving stage. In the South African setting, given the political polarisation and the dangers faced by activists, political credibility has been essential to the establishment of trust and rapport – and, indeed, for contact and therapeutic work to take place at all. Political credibility has normally been derived from membership of progressive service organisations, and from the fact that mass-based or community organisations are the normal referral agents

and are able to vouch for the service. A further necessary aspect of counselling in the South African context has been an introductory explanation in accessible language of what counselling and therapy are about – given that the concept may be alien on class or cultural grounds^{5,17,18}. With the programme for released political prisoners, a shift in the form of intervention has seen emphasis on group work and the development of media to assist adaptation of released prisoners.

The commonest stress symptoms noted in ex-political prisoners in the months immediately following release were tension and anxiety – and realistic fears for personal safety; concentration and memory problems, tiredness and headaches, difficulty in relaxing, depression, intrusive unpleasant memories, irritability and mood swings, problems with passivity and sleep disturbances, more or less in that order. Relationship problems were also very common, problems with parents being rated highest, and difficulties with partners next⁶. Some prisoners were still suffering the effects of torture many years later. In situations where it seemed necessary, counsellors saw individual prisoners for short- or medium-term therapy to help to alleviate troublesome symptoms.

Physical symptoms are usually psychosomatic manifestations of stress, headache, or stomach pains, or musculoskeletal symptoms frequently related to an episode of assault or torture at the time of initial detention. Disturbance of vision in the absence of any objective ophthalmological disease is another relatively common but unexplained finding. On some occasions, release from detention or long-term imprisonment appears to be associated with physiological stress reactions such as transient disturbances of glucose metabolism, resulting in one political prisoner in the manifestation of transient diabetes mellitus for a period of a few weeks following release, or in the development of tuberculosis following release.

The first few days are a very difficult time for the prisoner and the family - and different people will cope in different ways. But if the family and comrades are sensitive to the prisoner's needs, and give him plenty of time to relax, this will make this time easier



From: *Now we are free. A handbook for ex-political prisoners and their families*¹³.

Whilst in many ways the psychological symptomatology of recently released prisoners resembles that of the ex-detainee, there are crucial differences. Many of the ex-prisoner's difficulties are linked to the difficult adaptations they have had to make after years of imprisonment, and these adaptations prove counterproductive once they are released. Some examples are persistence of the passivity which prison life engenders, and extreme cautiousness in unfamiliar situations. In some cases, *compensatory relationships* are entered into precipitously – some prisoners have rushed into marriage within three weeks of release. Emotional defences and reserve, necessary to protect the prisoner from the anguish of separation from all he or she holds dear, sometimes become entrenched to the point that family and partner relationships are impaired. Counselling needs to help prisoners to preserve the positive strengths and discipline of prison life while striking a balance by reducing defences that are interfering with everyday relationships.

Prospects for the future?

Health professionals concerned with the rehabilitation of South Africa's victims of political repression have to take a broad view of the psychosocial needs of many thousands of South Africans today. Thousands of ex-detainees and political prisoners are suffering varying degrees of trauma as a result of the physical and psychological stress of their incarceration. Not only are these psychological in nature, but many released prisoners have physical sequelae of torture experienced while in detention⁶. In addition, thousands of exiles are returning to a country still fundamentally permeated with racist attitudes and repressive practices. And there are thousands of South Africans who have been turned into internal refugees by an internal destabilisation that sows random brutality in communities now devastated by senseless attacks, killings, burnings, and destruction.

Under this scenario, the need for a coordinated response to the stress experienced by ordinary South Africans is of crucial importance. For many, the idea of establishing trauma centres, to address the need for physical and psychic rehabilitation, is one which offers the best opportunities for intervening. ESG services have committed themselves to integrating with the current programme of the *National Coordin-*

ating Committee for Repatriation (NCCR) to deal with the repatriation of exiles, and, in all likelihood, the networks now developing under the NCCR will bear the brunt of this rehabilitation work in the future. It remains to be seen whether the efforts of progressive South African health professionals can draw on the support and experience of the international community to take this effort further.

Moreover, there will be a time when the South African medical profession as a whole will have to re-examine its lacklustre record in preventing torture in South Africa's prisons. Given the indisputable evidence of physical and psychological abuses on a wide scale in South Africa, it is urgent that the medical profession takes a clear stand on the protection of human rights in our country. Let us hope that that time arrives in time to assist the process of reconstruction that is going to mould the creation of a future democratic South Africa.

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To the many brothers and sisters who sacrificed their freedom and, in many cases, their lives in the cause of struggling for justice, equality and democracy in our country.

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