

DOCUMENTING OUR TRAUMATIC PRACTICE

Kaminer, D & Eagle, G (2010) **Traumatic stress in South Africa**. Johannesburg: Wits University Press. ISBN 978-1-86814-509-6. Pages x + 222.

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It is symptomatic of the state of South African society that we have been a leader in the area of trauma support for several decades. During the 1980s various organisations emerged to provide support for victims of political and gender-based violence. The political changes of the 1990s substantially changed this situation, but while the repressive state violence of the Apartheid era came to an end, other patterns of victimization have continued. There is little evidence to suggest that violence against women and children has decreased, and there is continuing widespread anxiety about violent crime. In addition, the AIDS epidemic has increased experiences of anxiety and loss, and other patterns of violence such as nationwide xenophobic attacks have emerged. One consequence of this constant state of crisis is that despite the advanced state of interventions, trauma workers have had relatively little time to reflect on their experiences, which explains why it has taken so long to produce this first major book on traumatic stress in South Africa.

Eagle and Kaminer are both long-standing experts in the field of trauma. They bring together activist, academic and clinical backgrounds in a comprehensive overview of the state of trauma studies in South Africa. From the outset they explain that the activist nature of trauma work, and the seemingly perpetual state of crisis around violent victimization, has meant that much of the wisdom in this field has existed in applied practice rather than published texts. This book aims to correct this lack, and does indeed make a vital contribution to formally documenting the field of traumatic stress in South Africa.

Before launching into an exploration of the psychology of traumatic stress responses, Kaminer and Eagle explore the forms of violence and injury that characterise contemporary South African society. This is an area in which there is considerable, if sometimes contradictory, research. The rates of many forms of violence are notoriously difficult to establish because they occur outside the official crime statistics, and even in the confidential research surveys participants conceal their victimization because of shame, fear and a range of other negative emotions. Nevertheless, considerable research exists and it points to what most South Africans already believe: there are very high rates of violence in our society. While this book offers a wealth of information

about these forms of victimization, perhaps what could be strengthened is the presentation of a clear overview of how we should make sense of the patterns within this data. One important finding revealed in this data is that violence does not follow the commonly imagined patterns. Specifically, violence at the hands of criminal strangers is less common than might be assumed, and violence between people who know each other is more common. This includes child abuse, bullying, fights between young men, domestic violence, and sexual abuse at the hands of family and known community members. Another important finding is that victimization is linked to other forms of social inequality, and that the poor, children, women and members of minorities such as gay people and African foreigners are at higher risks of traumatic violence than the more privileged members of society.

The effects of traumatic experiences are commonly associated with the diagnostic category of Post-Traumatic Stress Disorder. While the psychological study of trauma dates back at least to the end of the nineteenth century and the early work of Freud and Janet, PTSD was only formally defined in the DSM-III in 1980. This definition was derived largely from work with specific US American psychiatric populations, namely war veterans and rape survivors. While it captures very usefully the three broad symptom clusters of re-experiencing, avoidance and increased arousal, there has been considerable debate around its adequacy as a comprehensive diagnostic category, especially in contexts such as South Africa. Kaminer and Eagle show both the value of the official DSM definition of PTSD, and provide a useful exploration of some of the critiques that have been offered. In the 1980s Straker had already proposed the notion of Continuous Traumatic Stress Syndrome to account for the way in which, for many South Africans, traumatic events are not a single isolated moment of crisis but part of an ongoing experience of danger and multiple victimization. Several other theorists have advanced similar ideas, most notably Herman's (1997) formulation of Complex PTSD. Despite being controversially omitted from the DSM, this formulation of the effects of ongoing traumatization has become widely accepted as a useful way of understanding the psychological sequelae of situations such as protracted child abuse, domestic violence and political persecution. The category of Complex PTSD differentially identifies clusters of changes in self and social relations that are in danger of being misdiagnosed as personality disorder or other underlying pathology if their connection to traumatic experience is not recognised.

Understanding the consequences of repeated and ongoing traumatization seems particularly important in South Africa where it is not unusual to find cases of multiple victimization, including situations of diverse and unrelated traumatic events at different points in the life span. The cumulative effects of these situations require clear articulation, especially where they are not covered by the dominant definition of PTSD. The authors highlight the need to conduct further local research with contextually appropriate tools in order to clearly identify the nature and prevalence of traumatic stress syndromes in South Africa, given its specific multicultural and fractured social structure. One challenging alternative formulation not discussed by Kaminer and Eagle, but perhaps also relevant to South Africa, is Root's notion of Insidious Trauma. Here the victim does not even have to have experienced a specific incident of violence, but rather identifies with a social group that is at such high risk that the resulting constant experience of fear and powerlessness are in themselves traumatic stressors.

Beyond the question of formulating appropriate diagnostic categories, there is also a

need to explain the psychological processes at work in traumatic stress reactions. While initial understandings of trauma were developed primarily from psychodynamic perspectives, the increasing dominance of cognitivist therapeutic approaches has allowed this perspective to add to the field. The authors provide an overview of the influential work of Janof-Bulman, who explains trauma as a crisis of meaning in which the assumptions about self and world are shattered. The beliefs about safety and self-efficacy are frequently replaced by debilitating negative assumptions of generalised danger and helplessness, which can be the focus of cognitive therapeutic interventions. Wastell (2005) however, cautions against exclusively cognitive approaches, showing how this overlooks the primacy of emotion in traumatic reactions, and instead arguing for a more integrated approach. The widespread recognition of dissociation as a central aspect of traumatic stress responses, also suggests that approaches oriented towards integration are at least as important as strategies directed towards modifying dysfunctional beliefs.

Kaminer and Eagle provide a thorough overview of the wide range of approaches to the treatment of trauma. There are a number of different axes that can be used to conceptualise the various interventions: brief/long term, individual/group, and the various major theoretical orientations. One range of interventions specific to trauma work, and often used primarily for emergency workers who are regularly exposed to distressing experiences, are debriefings. These tend to stress immediate, very short term, highly structured intervention, and are usually collective. While trauma debriefing approaches are popular, recent research findings have questioned their effectiveness. The authors outline various short to medium term individual cognitive interventions that have fared better in showing demonstrable success, and further explain the often controversial “power therapies” such as Eye Movement Desensitisation and Reprocessing (EMDR) and other therapies with roots in Neurolinguistic Programming and applied kinesiology. Longer term psychodynamic approaches are also explored, showing how these relate the trauma to earlier experiences, and provide a theoretical framework for understanding the specifics of post-traumatic reactions.

The authors raise the particular problems of delivering therapeutic services in South Africa, where most clients do not have the resources to pursue the kinds of treatment that might be preferred in developed countries. They also raise the need for further research on indigenous support and healing practices, and to explore ways of integrating these into more formal psychology. There is a clear need to develop and roll out appropriate and sustainable services, as many community-based organisations have tried to do. Unfortunately between the worlds of private therapy and public services there remains a large divide that has not been adequately bridged.

The book provides an additional focus on children and trauma, given both the extraordinarily high rates of child victimization in South Africa, and the greater psychological vulnerability of the young. It explains Terr's seminal distinction between Type-1 and Type-2 childhood trauma. The former refers to the conventional single traumatic event, while the latter has similarities with both Herman's Complex PTSD and Straker's Continuous Traumatic Stress in exploring the consequences of chronic traumatic stressors. This distinction again reveals the limits of the DSM account of PTSD, which is geared primarily towards identifying the effects of isolated distressing events rather than ongoing victimization such as protracted child abuse. These forms of trauma are now known to produce significantly different psychological effects to the

conventional accounts of PTSD. With children there are additional problems in their ability to both symbolize and articulate their traumatic experiences, so the signs of distress and the forms of treatment have to be reconceptualised in age-appropriate ways, such as the use of play - both a space for the expression of distress and a site for therapeutic intervention. While giving an excellent introduction to working with children, this book does give very much attention to one of the challenging new themes within the field: the issues of early attachment and trauma, and the emerging category of developmental trauma.

It is likely that many support workers will find the chapters that explore trauma syndromes, issues of meaning, and the focus on childhood extremely useful. While providing a very useful framework for understanding these areas, and highlighting key theories and findings, the book should not be expected to provide a detailed manual of therapeutic techniques. Readers seeking to hone their clinical skills should combine this book with other applied texts and training programmes that exist in the field of trauma studies. They should go further in exploring the critical issues of vicarious traumatization and the related problems of counter-transference raised by Kaminer and Eagle, and increasingly recognised as major issues in this line of work.

There is no doubt **Traumatic stress in South Africa** is an important work, and a major contribution to local trauma studies. This field is so large and diverse that it is possible to fault any work for its omissions, but Kaminer and Eagle have produced a dauntingly comprehensive work. Yet perhaps this is exactly where the book reveals a possible weakness. While researchers and advanced postgraduate students should find it an invaluable resource, clinicians, activists, undergraduate students and the many lay- and semi-professional trauma workers may find the sheer detail overwhelming. These audiences might wish such a work to read as more of a narrative and less of an encyclopaedia of theories and research findings. Seminal works such as Herman's (1997) **Trauma and recovery** serve as exemplary models of the integration of solid theoretical conceptualization with a strong narrative style that are compelling for a wide range of audiences. The same is true of South African writers such as Gobodo-Madikizela (2003) in **A human being died that night**. Yet the former work does not offer the local specificity of Kaminer and Eagle's contribution, and the latter does not attempt the broad overview of South African trauma studies that they bring together. In fact, the book rests well in the space between these and other existing works, and as such, makes an extremely valuable contribution, and should be required reading for everyone in the field of trauma in South Africa.

BIBLIOGRAPHY.

Baradon, T (2010) **Relational trauma in infancy**. Hove, East Sussex: Routledge.

Dalenberg, C J (2000) **Countertransference and the treatment of trauma**. Washington, DC: American Psychological Association.

Gobodo-Madikizela, P (2003) **A human being died that night**. Cape Town: David Philip.

Herman, J L (1997) **Trauma and recovery: The aftermath of violence from domestic abuse to political terror**. New York: Basic Books.

Straker, G & the Sanctuaries Counselling Team (1987) The continuous traumatic stress syndrome: The single therapeutic interview. **Psychology in society**, 8, 48-78.

Wastell, C (2005) **Understanding trauma and emotion**. Crows Nest, Australia: Allen & Unwin.