Violence, Trauma and Ways of Healing in the Context of Transformative South Africa: A Gender Perspective on the Dynamic and Integrative Potentials of "Healing" in African Religion

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Over decades many people in South Africa have been traumatised through a variety of forms of personal and structural violence. Starting from this fact, the article investigates the links between trauma, healing and politics and their meaning for society and the individual. The article concentrates on sexualised violence, which has increased significantly in the 90s. It then goes on to look at various healing potentials within African Religion, such as holistic concepts of health and healing, models of opening up new gender roles, reviving old rituals integrating recent problems and story telling. The author stresses that she as an outsider is not the right person to investigate African Religion or African healing systems in an authoritative way. She nevertheless considers the outsider's perspective helpful in linking up questions, themes and different disciplines, in order to uncover resources for overcoming violence and to find ways of healing for the traumatised. These two problems exercise people all over the world. The solutions to these problems are very important for our common future.

Violence and Trauma

Regarding South Africa's very real task of coping with the transformation processes and the building of a new society, a close look at trauma and healing is indispensable. Both must be analysed within their political contexts. With the term "trauma", I refer to psychic trauma caused by human violence, including structural violence, for example in the system of the apartheid state, as well as

personal violence as in rape or torture. Trauma is an experience that overwhelms the coping strategies people usually possess. Trauma is combined with feelings of extreme fear and desperation. It can lead to complex post-traumatic stress disorders (PTSD) such as chronic thoughts of suicide, extreme emotions expressed or oppressed (as in sexuality or rage), loss of memory, states of fear, low self-esteem, feelings of guilt and shame, feelings of stigmatisation and being "dirty", feelings of complete powerlessness, paralysis of any initiative, idealisation of the perpetrator, chronic mistrust, feelings of isolation, isolation in social life, loss of faith and hopelessness.[1] Even this incomplete list reveals the immense impact that trauma can have on an individual life, but also on one's capacity to participate in the formation of society.[2] Moreover, studies have shown that trauma is transmitted over generations, meaning that trauma causes lasting effects in society (Bergmann, Jucovy and Kestenberg eds. 1995). Additionally it must be considered that many male victims later become perpetrators themselves (Salasin/Rich 1993). For the dehumanising effects of their violence, perpetrators, too, suffer from PTSD (Kelman 1973; Lifton 1986). It is obvious that healing and the prevention of violence are closely linked to one other.

A gender perspective on violence, trauma and healing is also important. The effects of gender roles and power relations along gender lines are studied in South Africa with growing interest, as the papers collected by the Centre for the Study of Violence and Reconciliation in Johannesburg and the interdisciplinary gender studies of many universities reveal (Morrell 2001; Salasin/Rich 1993). The studies make evident how certain ideals of gender roles influence the readiness of a people to use or support violence.

Michael Simpson from Intermedica in Johannesburg underlines the importance of studying post-traumatic reactions in a more holistic way and placing trauma in its political context. Putting emphasis on children as survivors of trauma, Simpson points out that there is little care for children who are:

> mentally, emotionally, and psychologically maimed, to grow into stunted adults, who may well harm future generations of children and produce deformed societies.. The psychological damage may be less immediately obvious but is more infectious than physical damage, and is able to be transmitted across generations.

Simpson therefore claims the following:

> What is needed, with the support of appropriate national and international agencies, is to develop valid international programs to include guided and sponsored carefully planned research and evaluation of intervention methods; to pool

> and share results and methods; to study how individuals and communities heal themselves; to devise means providing international training and back-up for local caregivers, and ways to assist in emergencies, acute disasters, and in the chronic disaster areas; and assist those on the scene and in the affected communities to work effectively. (Simpson 1993: 601)[3]

Traditional healers are one important group to be studied for this reason. In religions we find prayers for the sick, healing rituals and institutions dedicated to the care of the sick. Wholeness and holiness are at the core of religions. The word field, to heal, whole, holistic, holy (even clearer in German: *heilen, heil, heilig*) indicates the close relation between religion and healing. In most religious traditions stories of healing play an important role. They are often accompanied by a conversion story and a new start in spiritual life. As we have seen above, trauma destroys the being, whole being, and shakes one's confidence in the good order of the world. Therefore we can consider the healing of traumatised people as a fundamental theme of religion.

The Political Context of Trauma and Healing

The reasons someone becomes ill or is said to be ill, as well as the categories of diagnosis and the healing process itself, are within a political context in any given society. Therefore my investigation into the possibilities of healing traumatised people is deeply rooted in political issues, as well. I would like to make this clear with a few examples.

The American psychiatrist Judith L. Herman has shown that the acceptance of a medical diagnosis depends on the political context. For example, Vietnam veterans only after a long lobby struggle gained proper diagnoses for their post-traumatic stress disorders and did not accept accusations of cowardice as did their counterparts in World War I and World War II. The diagnoses having an official status meant that rehabilitation programmes were finally established (Herman 1993). The diagnosis for post-traumatic reactions is very important because it makes clear several issues. First, the survivor has been a victim of violence. Second, the effects of trauma are clearly defined, so it helps the patient and her/his surrounding community to understand better the patient's reactions and behaviour. Thus, therapy can be more effective. Last, society has to take responsibility (e.g. take over the costs for therapy). Scurfield, however, shows that society's resistance to accepting PTSD is considerable (1993). Agger and Jensen consider the therapist's possible influence on politics:

> We can also attempt to make our small contribution to the change of that imbalance of power, which causes organised violence, by transforming private, individualised shame to political identity and dignity. We can for example testify to what we see and hear from our clients. (Agger/ Jensen 1993: 701)

The interdependence of healing and politics is also obvious in the decision-making processes in institutions engaged with healing in a broader sense of the word, such as the TRC in South Africa. The following questions make evidence of this: who decides, and in whose interest, who will be a member of this commission? Who has the power to define suffering? Who is accepted as one who has suffered? Who has the right to speak out in this commission? Who decides whether there will be compensation and how it will to be "paid"? What is the aim of the whole process, and whom does it serve? Maluleke and van Schalkwyk have investigated critically the TRC process especially from the perspective of women and poor blacks (Van Schalkwyk 1999; Maluleke 1997; also: Gnanadason 1999; Hamber/Wilson 1999).

Foucault considers medical praxis itself, since the late eighteenth century, an instrument of power to define, control and discipline bodies. With the establishment of the medical clinic and the teaching hospital, complementarily supported by the educational system, psychiatry, prison, the military and the law, the body became the ultimate site for the realisation of political and ideological power. Defining the limits of behaviour, recording activities, punishing those bodies which violate the boundaries established, and thus placing at society's disposal bodies that are productive and politically and economically of use (Foucault 1975). Foucault also reveals the justifying role of medicine with regard to the racism of the state (1979). This aspect is crucial for the development and legitimisation of race categories in the apartheid system. There are many studies that follow this line for the South African context. Packard digs out the roots of this legitimising function of medicine for the colonial times of South Africa (Packard 1989),[4] Swartz proves the interwoven character of racism and psychiatry (Swartz 1991: 4), and Athalie Crawford investigates the power relations at play in the patient-doctor encounter. She argues that power relations between doctors (in a majority of white middle-class men, often monolinguals in English or Afrikaans) and black patients circle around several questions. Who has the master narrative, who can speak, who must listen, which stories can be told and which must be suppressed? Whose language will be used, will there be translation, who is able to make a good translation, and is there money at disposal for paying a translator (often a nurse or even cleaning staff)? And how can there be a confidential relation, if a third person, the translator, serves as an in-between? Diagnosis and kinds of treatment are always culturally determined. Do

doctors consider this in those cases in which patients come from a different cultural background? Crawford's findings verify Foucault's position and stress that the power imbalance in a bicultural and bilingual setting is increased. Moreover, her study makes evident that the medical system as such is organised in a way that reaffirms these power relations (Crawford 1994).

Foucault also inspires one to ask about the power relations within traditional medicine in the context of African Religion. How and with which purpose are bodies exposed to the power of medical praxis? Is traditional medical discourse conditioned by power interests, as for example in the legitimisation of political hierarchies or the reconfirmation of hierarchies in gender relations?

Lifton and Herman among others have shown that different types of traumatised people have very similar symptoms: survivors of the Holocaust, hostages, raped women, people sexually abused during childhood, war veterans, survivors of Hiroshima and others exhibit the same reactions (Lifton 1993; Herman 1993). This disclosure is politically of importance because once these survivors discover that their symptoms are the same, they may be mobilised to take unified part in the struggle against violence, supporting structures in other contexts than their own and serving survivors[5] in all contexts of violence. This might be especially important along racial and gender lines.

The way a society reacts to violence and trauma is important for the healing process. Society can support or hinder healing. Supportive attitudes require a good information politic (media, schools, etc.) that widens people's understanding of the structures that lead to violence, shows the ways in which to overcome violence and to de-stigmatise the victims and makes clear who is responsible for the act of violence. The support must recognise the crime to be a crime, and aid the understanding of the post-traumatic disorders that might seem "strange behaviour" to the uninformed. Survivors need protection, safety, relationship maintenance and a feeling of control in the situation again. They also need to be supported in the process of mourning. Society hinders this process of healing, when supporting the perpetrators' versions of the violence, whether actively aloud or passively with silence, when victims are isolated and stigmatised or radicalised and when structures that enable violence to occur are not criticised or changed.[6] Why do many societies have memorials for their veterans, but not for raped women, although they might have been raped in the same war in a military strategy of demoralisation? What does society do for the memory of the many victims of sexual violence in the "private" sphere? Some victims are constructed as heroes and others are forgotten. This is a political decision.

Trauma in South Africa

Since colonial times and increasingly in apartheid times people in South Africa have been traumatised by structural and personal violence in the context of a

system based on exclusion and degradation of the majority of its citizens. And this system left its traces: unemployment, educational deficits, people removed by force from the their ancestors' land, poor housing, malnutrition, families split for migrant labour, and violence on many levels.

As Hamber, Lewis, Silove and Schweizer start, I start from the fact that the majority of the South African population has been traumatised by structural and personal violence (Hamber/Lewis 1997; Silove/Schweitzer 1993), and the traumatising continues. In the oppressive system of apartheid people were driven out of their territories, by force, kept in prisons without clear cause, were disappeared, raped and murdered or witnessed these things happening to their loved ones or neighbours. Non-whites were second class human beings, systematically denied access to many spaces of life and to education, labour, and housing. They were humiliated by laws and behaviour, sources for traumatising.

The liberation movements that emerged in response to state oppression and violence were combined with violence again. Simpson has investigated the destructive effects that those years had on children (1993). We do face here a process of transformation in gender relations. Women have gained more rights[7] and more economic independence. After years of suffering under apartheid and struggling against it, men's hope for a new start under the new government has not been fulfilled yet. Their life in unemployment, poor housing conditions and socio-political reconstruction that causes insecurity does not fit with their image of masculinity. Their reaction to this feeling of emasculation, is violence, especially sexual violence against women (Vetten 1997; Vogelman 1990; Morell 1998). The sexual violence rate increased in the nineties. While in 1988 19.368 rape cases were reported, in 1999 there were 64.000 cases reported (Institute for Race Relations). NICRO (National Institute of Crime Prevention and the Rehabilitation of Offenders) comments that in these official figures only one in twenty rape cases is reported. The real figure for 1999 could thus be 1,280,000 cases in one year (Vogelman 1990: 6). The violence that leads to traumatising is politically conditioned, although it might happen in the so-called "private sphere", as in cases of violence in the family. Because the structures which favour or at least do not prevent this violence are politically made (law courts, police, media)[8], raping girls by groups of boys has become a widespread phenomena in schools under the name of "jackrolling" (Simpson 1992: 601, 10).

For the South African context, Diana Russels argues for a definition of wife-rape and battery as torture. Because of the shared reactions and symptoms, and for political reasons, the conscientisation of those who have suffered torture would ideally make them aware that rape causes a similar suffering to that they experienced.[9] The South African psychologist Catherine Campbell underlines the crucial role that the imbalance of gender relations plays for the perpetuation of violence and that this fact is far too rarely considered in political analysis. She claims that this must change if violence is to be overcome (Campbell 1992: 628).

Potentials of Healing in African Religion

From a perspective of western psychotherapy the trauma healing process is realised in three phases. First, the restoration of security (creating a safe space, safe relations, naming the problem by its proper name, and gaining control again). Second are memory restoration and grief facilitation (reconstruction of the trauma, transformation of the traumatic memory, grieving about losses). Third are an integration into normal life (learning how to defend and reconcile with oneself, starting new relationships, finding a task as a survivor) and the dissolution of trauma (cf. Brende 1993). This background knowledge guided me when looking for healing potentials in African Religion. I am aware of the risks of using one healing system in order to understand a different one. But since all understanding is culturally transmitted, I will start this way and then proceed with attempting to understand the other system from inside, insofar as this is possible for an outsider.

Western therapists have melded methods from different healing systems successfully[10], and have discovered that medical models which see individuals as damaged organisms to be repaired by the efforts of a professional staff tend to render the patient a passive recipient of professional help. This is only a repetition of the traumatic experience. Therefore the active role of the patient is important for the healing process. This is especially true for countries that have been colonised. As Blackwell states:

> It is all too easy to repeat the colonising process by imposing a therapeutic ideology that is rooted in the culture of the host community, giving meaning to the survivor's experience in the language and symbols of that host community and its professionals, and failing to recognise the rich sources of meaning and symbolism available to the survivor from his or her own culture. (Blackwell 1993: 733)

Finding ground in Foucault's analysis of power, there has been developed in New Zealand an approach called "Just Therapy" which is justice- and partnership-oriented and can be viewed as a bridge between western and indigenous healing systems (Waldegrave 1990).

The Holistic Approach of Healing in African Religion

African Religion is a dynamic religion deeply rooted in every day life. It is developing in response to the challenges of life and society in transformation. In AR a holistic approach is used for healing (Ngubane 1977; Becken 1985: 123 – 135; Osei 1975). It is not separate from religion or politics. Health is understood as general wellbeing, not just as "not ill". The sick person is seen in relation with

the people around her or him, and in relation to the ancestors and environment. This relation must be in a good order, and this order is settled in religion. *Isangomas* therefore have the mutual tasks of priests and healers at once. The traditional healer's function is to find out why the harmonious relation has been disturbed and apply an appropriate method of healing. Thus illness, bad luck, interpersonal conflicts, unemployment, housing shortage and other social factors are states which do not fit with wellbeing and health. Transition processes, such as a person's going from rural traditional society to urban life is reflected in types of illness and treatment (Oosthuisen 1992: 180). Here the political comes into play on a symbolic level. The task for further research is to find out how this political claim, inherent in the holistic concept of health, is transferred to and realised in the forms of treatment and social life within AR. This question is of special importance for the healing of the traumatised.

For several criteria from the PTSD definition there are Zulu terms such as "*umnyana*" for "depression" or "*uvalo*" for "anxiety", but my own future research including interviews with persons who have knowledge of both healing systems will show whether or not the terms are comparable. Another important point of the holistic approach is that healing does not circle around an individual but is concerned with a group, the family or neighbours from the community. Patients are not left in isolation, they are accompanied. The healing process is a communal task.

The discourse of African traditional healing is mainly focused upon a disturbed relation which is communicated to the person or patient as pollution. The healing process leads therefore towards two aims, first, bringing the disturbed relation back to its good order. This might be achieved by conversations with all parties concerned in the house of the healer and calming the rage of ancestors by respective sacrifices. Second is a cleansing of the polluting "substance". For this are applied methods of interior and exterior cleansing, such as bathing, inhaling, emetics (*ukuphalaza*) and enemas (*ukuchatha*) (Ngubane 1977).

Regarding some of the above mentioned symptoms of PTSD, especially the feelings of being dirty and stigmatised, the traditional treatment seems to respond to this in a symbolic way: the vomiting of the thing which is harming one, the cleansing from something which one perceives as soiling. Another traditional method is moving the patient or making her or him dance. This is a tool for finding the way out of paralysis or numbing for the traumatised. Western psychologists recognise the healing value of traditional healers, especially for mental health problems (Buhrmann 1996).

Three main types of traditional healers exist in South Africa: the *isangoma* (diviner), the *izinyanga* (doctors) and the *umthandazi* (prophet-healers in the AIC). *Izinyanga* are in the majority male and are usually chosen and trained by a relative who is *izinyanga* as well. They gain extensive knowledge about *muthi* (pl: *imithi*) (medicine extracted from plants, animal parts and minerals). Origi-

nally the functions of *izinyanga* and *isangoma* were carefully separated. The *isangoma* were the diagnosticians and sent their patients to the *izinyanga* for further treatment. In times of economical crisis both groups of healers take over more functions originally not belonging to their realm in order to increase their income. From a gender perspective it is interesting to observe that those healers who are called by (mostly male) relatives to their healing profession, the *izinyanga*, are mostly male, while the healers who are called by the ancestors, are mostly female.[11] The third group of traditional healers I leave out here because this paper is restricted to dealing with African Religion. Nevertheless, Oosthuizen has worked on the manifold parallels in the function and healing methods of the *umthandazi* and the *isangoma* (Oosthuizen 1992).[12]

In rural structures *isangoma* had rooms in which their patients could stay until a certain phase in the healing process. In western psychotherapy the "safe space" for the traumatised is indispensable in order to begin with healing. Without feeling safe, patients cannot start with any therapy (Girolamo 1993: 942).[13] In urban settings and under the restricted housing conditions in townships, this "safe space" as an offer of traditional treatment is not available. Healers' Associations therefore ask for state financial support in order to have their own traditional hospitals.

For a woman who has suffered sexual violence in marriage the call to be a *sangoma* is a step towards liberation. For her *ukuthwasa*, the period of one to three years training, she goes to stay in the house of the *sangoma* who will be her trainer and supervisor. During the *ukuthwasa* there is an absolute sexual taboo which has to be respected by the husband, as well. After her graduation as a *sangoma* she has a highly respected position in society and better conditions in which to control her sexuality herself because *isangoma* have regulated times for sexual relations.[14] *Isangoma* are open to any kind of patient without regard to race, class, sex or income. The *sangomas* charge correspondingly to the abilities of the patient. The *sangoma* could serve for orientation when looking for transformed gender roles: openness, tolerance, moral codex, social esteem, a relatively economically independent life and more "self-determination" for women. The last point is seen from a western point of view, because from the perspective of African Religion the term "self"- determination does not make sense. The life and profession of a *sangoma* is guided and empowered by the ancestors.

The establishing of Healers' Associations responds to different needs. The certificate of an association should guarantee to clients in an anonymous setting that the healer acts in confidence. Usually the training and the special skills of the healer are listed in the certificate. The state, when asked to accept and support traditional healing, wanted means of standardisation and control.[15] On the other hand the associations have served as platforms for members to discuss their interests and problems and gain more power for their claims towards the state. The latter is especially true for the bodies that co-ordinate various associa-

tions as the Umbrella Project in Durban, KwaZulu Natal,[16] which recently was converted into "Region F" of the "KwaZulu Natal traditional Healers Council".

Some of the associations started to offer training programmes. One of them, the "African Traditional and Divine Healers Association of South Africa", offers a college-like study of eleven grades, organised in three phases, each terminating with a diploma. Its president Archbishop Dr. B. L. Mpungose explains it is open to people of any age, sex and race and accepts the three different types of traditional healers (diviners, doctors and prophets). [17] The courses cover studies in basic medicinal knowledge and a study of all major religions present in South Africa, with emphasis on African Religion and the history of African Culture.[18] In 1998 the first graduation ceremony was celebrated, students wearing scholar gowns from the Anglo-Saxon university tradition and parts of traditional healers' clothing such as beads in the hair. In the organisation form and the clothing of the graduation ceremony the desire to be accepted as equal to western-trained medical practitioners is symbolised. The establishment of traditional healers' associations is closely linked to the "African Renaissance" discourse and the revalorization of African Religion and culture that have long been marginalized and despised by the dominant culture.

Nomkhubulwane: Old Rituals Adapted to New Problems

As one example of how old rituals are adapted to recent problems, I would like to name the case of the *Nomkhubulwane* festival which had been revived in 1996 by the *sangoma*, Nomagugu (Patience) Ngobese.[19] She mobilised other *sangomas* to ask the elders to reconstruct the ritual and to remember the songs and prayers. Finally she managed to raise the funds for the festival. During this three day festival, dedicated to a goddess associated with fertility, the virgins of a region used to play a principle part: they had to sow the fields for the Heavenly Princess in order to obtain fertility for people, livestock and agricultural cultivation. For this sake at the beginning of the ritual, there was a virginity test taken by the older women. Only virgins could step on that holy field of the goddess. When the festival was revived in1996, women found out that many girls had lost their virginity because of rape and child abuse. Therefore the idea came up to integrate a ritual that would give back virginity to the girls, a ritual to make them "entire" again. When I interviewed Nomagugu Ngobese in March of 2001, she told me that so far this cleansing ritual for the raped girls had not taken place. She mentioned lack of financial support as the reason. The cleansing ritual was linked to Shaka's wounds that have not been cleansed yet. Cleansing the raped girls was seen as a way of cleansing Shaka's wounds, too.[20]

Remembering the important role that society plays for the healing process of the traumatised, this kind of ritual could cover many criteria for supportive measures.[21] It is recognised by society that the girls are victims of violence. The

community undertakes a communal act to "restore" the girls (money is collected for the purifying sacrifice), and healers do the ritual for the girls while the religious community is present; the girls are not kept isolated by their traumatic experience but meet other victims and survivors. They are accepted by the community. The cult for *Nomkhubulwane* has been revived in response to the recent situation of violence and poverty. In a ritual manner problems are expressed and given attention to by the community and get "healed" on a symbolic level. By songs and prayers people are reminded of life-supporting values such as non-violence which have to be installed again everywhere in everyday life.

Storytelling as Healing

I consider storytelling as part of the healing discourse. For the healing process of trauma it is vital to remember the horror of the traumatic experience and express the feelings about it. Victims have to "tell their story". But often the traumatised victim is not able to remember the event or to express feelings about it, because of the symptoms described above. It is the typical dialectic of trauma: the desire to talk about the horror experienced and at the same time not to dare to do so or not be able to do so.[22] Often the perpetrator's version is accepted by the public. Herman underlines that society is ready to believe perpetrators, because they do not expect anything else than just passivity. Meanwhile the victims expect testimony, expressed solidarity and action.[23] The survivors have to struggle for their version of the "story".

As other art forms,[24] listening to stories can work like a key opening up the patient's memory. The story might express some of the patient's feelings, thoughts and experiences, and it might "talk" for the patient. In western pastoral counselling and psychotherapy, storytelling or fairy tale-telling is therefore one of the methods applied (Streib 1996[25]; Bohler 1987; Macksoud/Dyregrov/Raundalen 1993; Franzke 1985). Kast considers the mere listening to fairy tales as therapeutically effective, because its motives reach different contents in each person, usually inaccessible. The characters in the tale therefore might represent single aspects of the listener's personality (Kast 1986; Hildenbrand 1990). The importance of tales and stories for personal development and healing are recognised in theory and praxis (Drewermann 1993; Schäfer 1993). Some western-trained therapists especially in intercultural contexts, have a cultural background of storytelling tradition and combine the two tools. Clarissa Pinkola Estés from the United States has a Mexican "Cantadora" background, and Salah Ahmad from the Treatment Centre for Victims of Torture (*Behandlungszentrum für Folteropfer*) in Berlin, works with stories, myths, and proverbs. He bases his approach in the studies and empirical works of Nossrat Peseschkian, an Iranian psychotherapist living in Germany who links oriental traditions of storytelling with psychotherapy (Estés 1993; Ahmad 1996; Peseschkian 1979).

In South Africa storytelling was traditionally performed by grandmothers and grandfathers and had educating and orientating aims besides the entertainment it provided. It served in the construction of gender roles because the stories prepared young girls and boys--in separate groups--for their initiation to adulthood (Hofmeyr 1994). It was a very important moment of communication between the generations because only during storytelling time could children ask questions to the elders openly, an otherwise taboo occurrence out of respect.[26] Storytelling is characterised by a lively performance, responses from the audience, mimicking and voice dramatising, and community bonding. The contents vary: fiction, fairy tales, riddles, proverbs, and stories from everyday life are common. In the urban setting with its changing family structures and especially since the large-scale forced removals of the 60s, this tradition is undergoing a transformation process. Today professional storytellers go to schools, youth centres, universities, and centres for adult education, though family traditions might be preserved, too. Gcina Mhlophe, famous storyteller from Johannesburg, understands storytelling as a way of healing for individuals and for society. She combines old stories and mythical elements from AR with actual situations and conflicts (Mhlophe 1996). For her, listening as well as telling stories, are ways of healing. She experienced this healing effect in workshops with a variety of people and problems, as for instance in women's groups and with street kids in townships. In Alexandra Township for example, she brought together a group of children who had been ill treated, abused and raped all of them, boys and girls. The group was called "Voices", because the children never had had a voice. They created stories and rap songs out of their experiences and imaginations and finally produced a musical show that was performed on stage.[27]

Another context for the healing effects of storytelling might be the healing situation in the traditional healing itself. Healers in urban contexts cannot count on the trust of their patients as in rural areas where the healers are known to all. So they might use "storytelling" in order to construct the image of themselves as effective healers able to help even in difficult cases. But also in rural contexts it is an important element of the healing process to assure the patient's belief in the healing powers of the healer.[28] This confidence in the authority of the healer is crucial for the healing process. The other form of "story" as part of the healing process is the diagnosis which puts the problem of the patient on a metaphorical level where it can be solved by ritual means (Andritzky 1992). In the context of AR this last kind of "story" is experienced as being told by the ancestors through the mouth of the healer and has therefore a highly legitimate character. Interpreting dreams, reading bones, and listening to whistling spirit healers explain the reason the patient became ill are all elements here. This "story" helps the patient to understand his or her situation and the things that have to be done in order to restore health and harmony (Oosthuizen 1992).

If we look at the TRC hearings we find another type of "storytelling", the

digging up of sad memories of suffering during apartheid times. People there opened up old wounds. In many cases it was the first time that these cruel events were brought to light. Telling the truth and having their loved ones recognised as victims was a step in a healing process, too. But Maluleke stresses the weak points of TRC storytelling as well: the stories had to be submitted first in a "legal statement form" and lawyers could prevent storytellers from mentioning their client's names. The stories therefore had a highly edited character. West even goes so far as to call them "legal forms of yet to be told stories".[29] The hearings were held in the streets, and many people then talked about their memories with neighbours, friends and relatives for the first time.[30] In this kind of struggle for gaining and regaining identity and self-esteem, might be seen also the publications of autobiographical stories, especially of women. In printed form, though often with oral features, these texts are found in different contexts from literary anthologies and educational readers to faith records.[31] In sum, the African Religion and culture provides a key tool for healing by its tradition of storytelling.[32]

Izibongo

The Zulu word "*izibongo*" is usually translated as "praise poem" (Coullie 1999). The performers of these poems, the *imbongi*, express praise, but also criticise important persons, often chiefs. There also exist *izibongo* from mothers to their children, and in the 1980s came *izibongos* for worker's unions. And today female *imbongis* as Gcina Mhlophe compose *izibongo* for the "Mothers" of Africa[33]. The important thing about this poetry in the healing discourse is that it reconfirms identity and dignity and functions as a communal bonding; the *izibongo* are performed at community rituals, in intimate family circles, and, following Gunner and Gwala, are "the key art form in the political discourse of the day" (Gunner/Gwala 1994: 12). Cope quotes Eileen Krige's remarks on the group cohesion effects of *izibongo*:

> (P)raises are an important instrument in the educational system. Not only do they act as an incentive to and reward for socially approved actions, but also their recital is a reminder to all present what qualities and conduct are considered praiseworthy. (Cope 1968: 21)

In Zulu culture performing skills are highly valued, as Elizabeth Gunner emphasised:

> Not to perform (on suitable occasions), to hold back, is regarded as a clumsy, anti-social act, and to perform, even if one cannot be outstanding, is highly approved of. Compos-

> ing praises and participating in praising is part of the way in which an individual conforms to the high value which the culture still places on verbal, vocal and dramatic skills. (Gunner, 1984: 67)

Zakes Mda considers storytelling, *izibongo* and other art forms of pre-colonial African society as tools to transmit and underline sets of values and to contribute to the socialisation of the young. He is hopeful that these arts will play an important role in the dialogue between the different groups of South African society and thus contribute to the reconciliation process (Mda 1994).

Finally I would like to mention a final aspect that seems to be important for the healing discourse, for the raising of self-esteem: the language itself. Gcina Mhlophe expresses it the following way: "They (the *imbongi*) use the purest of languages. It is a pleasure! It tastes good to listen to an *imbongi*! They use beautiful language. The poetry is beautiful!"[34]

I see several contributions that *izibongo* performance can offer for the discourse of healing and prevention of violence. The person or group praised upon is given significance, identity and dignity by the imbongi and also by the listeners. The process of composing might be a group bounding process as can be the participation in the performance. People are "trained" to have a "voice", to use dramatic skills in order to express what they want to transmit. And values and gender roles can be reshaped and transmitted.

These are the healing potentials of African Religion for traumatised people that I as an outsider have perceived so far. I am aware that the list is not complete and that some potentials might be ambiguous or insufficient to resolve the problem of healing so many traumatised people, but they offer an important contribution. For me, a German, it was important to learn that many people in South Africa suffering from trauma would not attend a western-trained psychologist because of the different cultural backgrounds, the language barriers or because of money shortage. If the potentials outlined here are plausible, they could be taken up in the South African discourse in order to be explored and criticised and to find out what would be the political consequences to follow, especially in the realms of healing and education.

Notes

1 I have mentioned here only a few symptoms which are easily understood without psychological training. For more detailed descriptions see: Wilson, John P. and Beverly Raphael, eds. (1993): *International Handbook of Traumatic Stress Syndromes*, New York / London, or the definition of "Complex Post-Traumatic Disorder" by Judith L. Herman, that I am following here: Herman, Judith L (1993): *Die Narben der Gewalt. Traumatische Erfahrungen verstehen und überwinden*, München, 169 – 170; the Eng-

lish version was published under the title *Trauma and Recovery*, New York 1992. Herman states that trauma does not provoke exactly the same reaction in each person, but depends on the personality and pre-trauma history of the victim, the situation and the duration of the traumatic experience, the grade of brutality, etc. (86 –87, 122-134). Macksoud, Mona S. et al. (1993: 625) agree that despite the differences in symptom presentation and the fact that reaction may vary according to age, meaning to the individual and the nature of the trauma, the general features are the same. Moreover most trauma studies have been realised in western societies which means that we need cross-cultural studies in order to see whether people in different cultures do react in the same way. This is important for diagnosis as well as therapy. In South Africa there are very few black psychologists. There is no cross-cultural study within the study of psychology at universities in South Africa (personal interview, Michael Urbatsch, November 1999).

2 I quote Richard Blackwell who works with exiled victims and survivors of torture in Great Britain: "... I wish to establish the extent to which the individual's uniqueness is an emergent property of a context of social relationships, and to emphasise the impossibility of separating the violation of individuals from the violation of their significant relationships with others." (1993: 733).

3 Simpson wrote this paper in 1990; it was published in 1993.

4 See also: Comaroff 1992, especially Chapter 8: "Medicine, Colonialism, and the Black Body," 215 – 233.

5 I use both terms since "victim" stresses that the person suffering from posttraumatic stress has been victimised by someone and is not responsible for this. In rape cases for example it is often a struggle to convince the victim that she is not responsible, but was victimised. On the other hand the term "victim" restricts the person to an object status, to a passive, unchangeable role, while the term "survivor" underlines the subject status and puts emphasis on the enormous strength, that the person has brought up in order to survive within life threatening conditions and to find sense in life again

6 Herman gives more details about the role of society in the healing process.

7 For example the foundation of the WNC (Women's National Coalition) with its initiative of a charter of women's rights.

8 Simpson e.g. talks about an institutionalised form of child abuse.

9 Russels bases her argument in Amnesty International's definition of torture: "The systematic and deliberate infliction of acute pain in any form by one person to another, or on a third person, in order to accomplish the purpose of the former against the will of the latter" (Russel 1994); Herman comes to the same conclusion: (Herman 1993).

10 For example the Native American Sweat Lodge Ceremony as a purification ritual for war veterans: Brende 1993.

11 It is difficult to give exact percentages, but from my interviews and the secondary literature I would say that there are 20 percent male *isangoma* and 80 percent female *isangoma*; for the *izinyanga* it is the other way round.

12 For a different point of view see: Kiernan 1992.

13 See also Herman 1993.

14 Interview with the Sangoma S.Z.N.(because of the confidential information the name is kept anonymous) 19-11-1999 in Durban. She was a victim of conjugal violence and her daughter was raped by her stepfather.

15 In 1974 the Health Act forbade healers not registered with the South African Medical and Dental Council from practising or performing any act pertaining to the medical profession. The Nationalist Party 1990 disregarded traditional medicine as a health care resource. In 1990 this changed somehow with the development of a national plan with a concept of affordable health care for all South Africans. So than began some negotiations about issues such as code of ethics, standards of training,, legal control and so forth. The ANC position was not very clear and the PAC claimed that traditional medicine should have the same position and acceptance than western medicine. See Freeman 1992.

16 In 1994 the "Umbrella-Project" was started in Durban in order to satisfy these requirements. Stakeholders were 10 associations of traditional healers, each including the three different types of traditional healers: *sangoma*, *inyanga* and *abathandazi*, moreover some healers without organisation and *muti*-gatherers. Although the majority of the chairpersons are male, the president of Umbrella is female, Patience Koloko. On the official side there is Tobias Mkhize, health officer, co-ordinating the work of Umbrella. In my interview with Tobias Mkhize, on 16-11-1999, he stated the following aims of the Umbrella Project: 1) better co-operation between the state and the healers, 2) between western and traditional medical practitioners, 3) between healers and environment protection programmes, 4)hygienically stocking and preparing of curative herbs, 5) promotion of controlled self-development, and finally 6) the AIDS counsellor training which is working already.

17 Interview 10-11-1999.

18 Brende stresses the importance of this cross-religious knowledge for the treatment of trauma: "Health care professionals and "healers" attempting to aid patients whose cultural or religious beliefs are different from their own should learn the importance of understanding other religious and cultural backgrounds" (Brende 1993: 868).

19 The Nomkhubulwane Festival process of revival is documented in a video by Kendall/ Department of Drama Studies, Pietermaritzburg: "Calling the Zulu Goddess home" (available in the Alan Paton Centre in Pmbg.). For more detailed information about Nomkhubulwane and her cult see: Berglund 1976; Krige 1968; Asmus 1939; Muller 1994.

20 Explained so in the above-mentioned film by Kendall.

21 The discussion of virginity tests (=vt) in South Africa is very controversial. Arguments against it are: 1) the virginity inspectors do not use a new pair of rubber gloves for each girl inspected (looked and touched), risk of infecting the girls with different kinds of diseases, 2) the girls do not come voluntarily, but are forced by their parents or communities, 3) vt are against human rights and lower the self-esteem of the girls, 4) there is not a similar ritual for the boys /gender equity, 5) girls are expected to defend their virginity when they are educated generally to obey men's wishes /patriarchal socialisation, 6) to make it public who is a virgin is a risk for the girl, because there are men who think that sex with a virgin will liberate them from AIDS, 7) the validity of the tests is questionable, 8) "if the boys hear me saying that I am a virgin they feel provoked to rape me right away" (statement of a

girl during the Conference on "Women, Culture, And Religion: A Challenge To Human Rights"about vt / in Durban / 17-3-2001). Arguments in favour are: 1) the girls need to learn to value themselves again, 2) orientation in sexual behaviour will help prevent HIV/AIDS and teenage pregnancy; talking about condoms only is no solution, 3) the festival encourages and motivates the girls to abstain, 4) we need to strengthen our culture (arguments given by Nomagugu Ngubese, Sangoma, personal communication, 3-3-2001). Others say the tests are acceptable, but the virginity inspectors need to go through training (Interview with L. Magwaja from Life Line/ Rape Crisis, 6-3-2001). It is not possible to discuss the complexity of vt here. But it can be seen as one measure among others for dealing with HIV/AIDS, teenage pregnancy and violence. By its controversy the debate on vt stimulates discussions about the issues of sexual education, parenting, violence, and gender roles, which is positive.

22 See Herman 1993.

23 Herman 1993: The perpetrator defines the situation. He might define murder as something else, e.g. "preserving democracy" or "frustrating the terrorist onslaught," or he might deny rape or maintain it was provoked by the victim (Simpson 1993: 615).

24 Mda concentrates on the meaning of theatre for the reconciliation process, but also mentions other oral art forms such as "*izibongo*" (Mda 1994: 3).

25 Including further bibliography.

26 Explanation from P. H. Mntshali, traditional healer from Swaziland in: Schuster-Campbell, Susan (1998), 134.

27 Interview with Gcina Mhlophe in Hamburg 9-6-2000.

28 Frank Mkhwanazi states that the higher the patient's expectations are the better is the outcome of a therapy (1963). In the same context Mkhwanazi also sees the paraphernalia used by the healers as giving them more dignity and authority (1989: 277).

29 West is quoted by Maluleke 1997: 337.

30 Interview with Gcina Mhlophe: 9-6-2000.

31 For example, Engel 1991; Sithole 1991; Hadad, compil./Magubane, trans. 1999; Romero 1998; Moleleki 1997; Nuttall/Coetzee 2000.

32 This has been shown for other African regions as well: Ayim-Aboagye 1993.

33 In my interview with Gcina Mhlophe she told me that she considers herself the first female *imbongi* and it took people a long time to accept her as such. In her book *Love Child* (Wuppertal 1996), she describes her "initiation" as an *imbongi* in the story "Augenblicke der Veränderung" and published the praise of the mothers (Lob der Mütter).

34 Interview with Gcina Mhlophe: 9-6-2000.

Works Cited

Agger, Inger and Sören B. Jensen. 1993. "The Psychosexual Trauma of Torture." In *International Handbook of Traumatic Stress Syndromes*, pp. 685-702. Edited by John P. Wilson and Beverly Raphael. New York: Plenum Press.

Ahmad, Salah. 1996. "Die heilende Kraft des Erzählens – Von Scheherazade lernen." In *Folter: An der Seite der Überlebenden. Unterstützung und Therapien*, pp. 150-167. Edited by Sepp Graessner. München: Beck.

Andritzky , Walter. 1992. "Traditionelle Heilrituale als psychosoziale Krisenintervention. Fallvignetten aus Peru." In *Kultur und psychosoziale Situation in Lateinamerika*, pp. 71-116. Edited by Horacio Riquelme. Frankfurt am Main: Vervuert.

Asmus, Gustav. 1939. *Die Zulu. Welt und Weltbild eines bäuerlichen Negerstammes*. Essen: Essener Verlagsanstalt.

Ayim-Aboagye, Desmond. 1993. *The Function of Myth in Akan Healing Experience. A Psychological Inquiry into Two Traditional Akan Healing Communities*. Uppsala: Univ.

Becken, H.-J. 1985. "Afrikanische Stammesreligionen." In *Ethik der Religionen – Lehre und Leben. Bd. 3: Gesundheit*, pp. 123-135. Edited by M. Klöckner and U. Tworuschka. München: Koesel.

Berglund, Axel-Ivar. 1976. *Zulu Thought Patterns and Symbolism*. Bloomington: Indiana Univ. Press.

Bergmann, Martin S. and Milton E. Jucovy and Judith S. Kestenberg, eds. 1995. *Kinder der Opfer / Kinder der Täter. Psychoanalyse und Holocaust*. Trans. by E. Vorspohl. Frankfurt am Main: S. Fischer.

Blackwell, Richard D. 1993. "Disruption and Reconstitution of Family, Network and Community Systems Following Torture, Organised Violence and Exile." In *International Handbook of Traumatic Stress Syndromes*, pp. 733-741. Edited by John P. Wilson and Beverly Raphael. New York: Plenum Press.

Bohler, C.J. 1987. "The Use of Storytelling in the Practice of Pastoral Counselling." *Journal of Pastoral Care*, 41, pp. 63-71.

Brende, Joel O. 1993. "A 12-Step Recovery Program for Victims of Traumatic Events." In *International Handbook of Traumatic Stress Syndromes*, pp. 867-877. Edited by John P. Wilson and Beverly Raphael. New York: Plenum Press.

Buhrmann, Vera. 1996. "Views of Healing and the Healer." In *Cultural Synergy in South Africa. Weaving the Strands of Africa and Europe*, pp. 119-130. Edited by Melissa E. Steyn and Khanya B. Motshabi. Randburg: Knowledge Resources.

Campbell, Catherine. 1992. "Learning how to kill? Masculinity, the Family and Violence in Natal." *Journal of Southern African Studies*, 18, 3, pp. 614-628.

Comaroff, John and Jean. 1992. *Ethnography and the Historical Imagination*. Boulder: Westview Press.

Cope, Trevor (ed.). 1968. *Izibongo: Zulu Praise-poems*. Oxford: Clarendon Press.

Crawford, Athalie. 1994. *Black Patients / White Doctors: Stories Lost in Translation*. National Language Project Publication: Kwaluseni, Swaziland.

Drewermann, Eugen. 1993. *Rapunzel, Rapunzel, lass dein Haar herunter. Grimms Märchen tiefenpsychologisch gedeutet*. Second edition . München: Dt.

Taschenbuch-Verlag.
Edwards, S. 1985. *Some Indigenous South African Views on Illness and Healing*. Publication Series of the University of Zululand. Series B: Research Projects; no. 49.
Engel, Andrea. 1991. "People's Stories. An English Reader by a Zulu Storyteller." In *Oral Tradition and Innovation. New Wine in Old Bottles*, pp. 357-367. Edited by Edgar Sinaert, Nigel Bell and Meg Lewis. Durban: Natal Univ. Oral Documentation and Research Centre.
Estés, Clarissa Pinkola. 1993. *Die Wolfsfrau. Die Kraft der weiblichen Urinstinkte*. Trans. by M. Rabben. München: Heyne.
Foucault, Michel. 1975. *The Birth of the Clinic: An Archaeology of Medical Perception*. Trans. by A. Sheridan. New York: Vintage Books.
Foucault, Michel. 1979. *The History of Sexuality. Vol. 1: An Introduction*. Trans. by R. Hurley. London: Allen Lane.
Frank, J.D. 1963. "Therapeutic Factors in Psychotherapy." *American Journal of Psychotherapy*, 26, pp. 350-361.
Franzke, E. 1985. *Märchen und Märchenspiel in der Psychotherapie*. Bern: Huber.
Freeman, Melvyn. 1992. "Negotiating the Future of Traditional Healers in SA – Differences and Difficulties." *Critical Health*, 40, pp. 123-139.
Girolamo, Giovanni de. 1993. "International Perspectives on the Treatment and Prevention of Posttraumatic Stress Disorder." In *International Handbook of Traumatic Stress Syndromes*, pp. 935-946. Edited by John P. Wilson and Beverly Raphael. New York: Plenum Press.
Gnanadason, Aruna. 1999. "Women and Men Face to Face. On Truth as the Condition for Reconciliation." *Missionalia*, 27, pp. 73-83.
Gumede, M.V. 1990. *Traditional Healers. A medical practitioner's perspective*. Braamfontein: Skotaville.
Gunner, Liz. 1984. "Ukubonga Nezibongo: Zulu Praising and Praises." Unpublished PhD thesis: University of London.
Gunner, Liz and Mafika Gwala, eds. 1994. *Musho! Zulu Popular Praises*. Johannesburg: Witwatersrand Univ. Press.
Hadad, Beverly (Compil.) and Nonlhanlha Magubane (Transl.). 1999. *Untold Stories of Faith. Celebrating 50 years in the Mother's Union of St.Raphael's*. City Printing Works: Pietermaritzburg.
Hamber, Brandon and Sharon Lewis. 1997. *An Overview of the Consequences of Violence and Trauma in South Africa*. Johannesburg: Centre for the Study of Violence and Reconciliation.
Hamber, Brandon and Richard Wilson. 1999. "Symbolic Closure Through Memory, Reparation and Revenge in Post-conflict Societies." Paper presented at Traumatic Stress in South Africa Conference, Johannesburg, January 1999. Braamfontein, Johannesburg: Centre for the Study of Violence & Reconciliation.
Harkness, Laurie L. 1993. "Transgenerational Transmission of War-Related Trauma." In *International Handbook of Traumatic Stress Syndromes*, pp. 635-643. Edited by John P. Wilson and Beverly Raphael. New York: Plenum Press.
Herman, Judith L. 1993. *Die Narben der Gewalt. Traumatische Erfahrungen verstehen und überwinden*. München: Kindler.

Hildenbrand, Bruno. 1990. "Geschichtenerzählen als Prozess der Wirklichkeitskonstruktion in Familien." *System Familie*, 3, pp. 227-236.

Hofmeyr, Isabel. 1994. *"We Spend Our Years as a Tale that is Told." Oral Historical Narrative in a South African Chiefdom*. Portsmouth, NH: Heinemann.

Kast, Verena. 1986. *Märchen als Therapie*. Olten: Walter.

Kelman, H.C. 1973. "Violence without moral restraint: Reflections on the dehumanisation of victims and victimisers." *Journal of Social Issues*, 29, pp. 25-61.

Krige, Eileen J. 1968. "Girls Puberty Songs and their Relation to Fertility, Health, Morality and Religion among the Zulu." *Africa*, 38, pp. 173-198.

Lifton, Robert J. 1986. *The Nazi Doctors*. New York: Basic Books.

Lifton, Robert J. 1993. "From Hiroshima to the Nazi Doctors. The Evolution of Psychoformative Approaches to Understanding Traumatic Stress Syndromes." In *International Handbook of Traumatic Stress Syndromes*, pp. 11-23. Edited by John P. Wilson and Beverly Raphael. New York: Plenum Press.

Lütge Coullie, Judith. 1999. "(Dis)Locating Selves. Izibongo & Narrative Autobiography in South Africa." In *Oral Literature & Performance in Southern Africa*, pp. 61-89. Edited by Duncan Brown. Oxford: James Currey (u.a.).

Macksoud, Mona S. and Atle Dyregrov and Magne Raundalen. 1993. "Traumatic War Experiences and their Effects on Children." In *International Handbook of Traumatic Stress Syndromes*, pp. 625-643. Edited by John P. Wilson and Beverly Raphael. New York: Plenum Press.

Maluleke, Tinyiko S. 1997. "'Dealing Lightly with the Wounds of my People?' The TRC Process in Theological Perspective." *Missionalia*, 25, 3, pp. 324-343.

Mda, Zakes. 1994. "The Role of Culture in the Process of Reconciliation in South Africa." CSVR-paper, Seminar No.5, Johannesburg: Centre for the Study of Violence & Reconciliation.

Mhlope, Gcina. 1996. *Love Child: Die Geschichtenerzählerin aus Südafrika*. Wuppertal: Hammer.

Mkhawnazi, I. 1989. "The Isangoma as a Psychotherapist." In *Afro-Christian Religion and Healing in Southern Africa*, pp. 261-279. Edited by G.C. Oosthuizen, S. Edwards and W.H. Wessels. Lewiston, N.Y.: Mellen Press.

Moleleki, Miriam. 1997. *This is my life*. Mowbray: Kagiso Publishers.

Morrell, Robert, ed. 2001. *Changing Men in Southern Africa*. Pietermaritzburg: Univ. of Natal Press, Zed Books ltd.

Morrell, Robert, ed. 1998. *Journal of Southern African Studies*, 24, 4. *Special Issue on Masculinities in Southern Africa*.

Morrell, Robert. 1998. "Of Boys and Men. Masculinity and Gender in Southern African Studies." *Journal of Southern African Studies*, 24, 4, pp. 605-630.

Muller, Carol Ann. 1994. *Nazarite Song, Dance and Dreams: The Secularisation of Time, Space and the Female Body in South Africa*. Unpublished Dissertation. University of New York.

Ngubane, Harriet. 1977. *Body and Mind in Zulu Medicine. An Ethnography of Health and Disease in Nyuswa-Zulu Thought and Practice*. London: Academic Press.

Nuttall, Sarah and Carli Coetzee, eds. 2000. *Negotiating the Past. The Making of Memory in South Africa*. Third edition. Cape Town: Oxford Univ. Press.

Oosthuizen, Gerhardus C. 1992. "Diviner-Prophet Parallels in the African Inde-

pendent and Traditional Churches and Traditional Religion." In *Empirical Studies of African Independent/Indigenous Churches*, pp. 163-194. Edited by G.C. Oosthuizen and I. Hexam. Lewiston (u.a.): E. Mellen Press.

Oosthuizen, G.C. and S. Edwards and W.H. Wessels (u.a.) eds. 1989. *Afro-Christian Religion and Healing in Southern Africa*. Lewiston, N.Y.: E. Mellen Press.

Osei, Yaw. 1975. "The Fundamental Basis of African Traditional Medicine." In *Ethnomedizin und Sozialmedizin in Tropisch-Afrika / Ethnomedicine and Social Medicine in Tropical Africa*, pp. 35-53. Edited by Sigrid Paul. Hamburg: Arbeitsgemeinschaft Ethnomedizin.

Packard, Randall. 1989. "The 'Healthy Reserve' and the 'Dressed Native': Discourse on Black Health and the Language of Legitimisation in South Africa." *American Ethnologist*, 16, 4, pp. 686-703.

Peseschkian, Nossrat. 1979. *Der Kaufmann und der Papagei. Orientalische Geschichten als Medien in der Psychotherapie*. Frankfurt am Main: Fischer.

Riedel-Pfäfflin, Ursula and Julia Strecker. 1998. *Flügel trotz allem: Feministische Seelsorge und Beratung. Konzeption – Methoden – Biographien*. Gütersloh: Gütersloher Verlags-Haus.

Romero, Patricia. 1998. *Profiles in Diversity. Women in the New South Africa*. Detroit: Wayne State University Press.

Russel, Diana. 1994. "Wife Rape and Battery as Torture." In *Women and the Law*, pp. 102-129. Edited by Saras Jagwanth, Pamela-Jane Schwikkard and Brenda Grant. Pretoria: HSRC Publishers.

Salasin, Susan E. and Robert F. Rich. 1993. "Mental Health Policy for Victims of Violence. The Case against Women." In *International Handbook of Traumatic Stress Syndromes*, pp. 947-956. Edited by John P. Wilson and Beverly Raphael. New York: Plenum Press.

Schäfer, Marcella. 1993. *Märchen lösen Lebenskrisen. Tiefenpsychologische Zugänge zur Märchenwelt*. Freiburg im Breisgau: Herder.

Schuster Campbell, Susan. 1998. *Called to Heal. Traditional Healing Meets Modern Medicine in Southern Africa Today*. Johannesburg: Zebra.

Scurfield, Raymond M. 1993. "Posttraumatic Stress Disorder in Vietnam Veterans." In *International Handbook of Traumatic Stress Syndromes*, pp. 285-295. Edited by John P. Wilson and Beverly Raphael. New York: Plenum Press.

Silove, Derrick and Robert Schweitzer. 1993. "Apartheid. Disastrous Effects of a Community in Conflict." In *International Handbook of Traumatic Stress Syndromes*, pp. 645-650. Edited by John P. Wilson and Beverly Raphael. New York: Plenum Press.

Simpson, Graeme. 1992. "Jackasses and Jackrollers: Rediscovering gender in understanding violence." CSVR-paper.

Simpson, Michael A. 1993. "Bitter Waters: Effects on Children of the Stresses of Unrest and Oppression." In *International Handbook of Traumatic Stress Syndromes*, pp. 601-624. Edited by John P. Wilson and Beverly Raphael. New York: Plenum Press.

Sithole, Sibongile. 1991. *Beer, Songs and Quarrels*. Durban, Natal: Centre for Adult Education.

Streib, Heinz. 1996. "Heilsames Erzählen. Pastoraltheologische und pastoralpsychologische Perspektiven zur Begründung und Gestaltung der Seelsorge." *Wege zum Menschen*, 48, pp. 339-359.

Swartz, L. 1991. "The Reproduction of Racism in South African Mental Health Care." *Suid Afrikaanse Tydskrif van Sielkunde*, 21, p. 4.

Van Schalkwyk, Annalet. 1999. "A Gendered Truth. Women's Testimonies at TRC and Reconciliation." *Missionalia*, 27, 2, pp. 165-188.

Vetten, Lisa. 1997. "Roots of a Rape Crisis." *Crime and Conflict*, 8, pp. 9-12.

Vogelman, Lloyd. 1990. "Violent Crime: Rape." In *People and the Violence in South Africa*, pp. 96-134. Edited by B. McKendrick and W.C. Hoffmann. Cape Town: Oxford Univ. Press (also CSVR-paper, Johannesburg 2000).

Vogelman, Lloyd and Gillian Eagle. 1991. "Overcoming Endemic Violence against Women." *Social Justice*, 18, 1-2 (also CSVR-paper, Johannesburg 2000).

Waldgrave, Charles. 1990. "Just Therapy." *Dulwich Centre Newsletter*, 1, pp. 5-11.

Wilson, John P. and Beverly Raphael, eds. 1993. *International Handbook of Traumatic Stress Syndromes*. New York: Plenum Press.

Videos:

Kendall. 1996. *Calling the Zulu Goddess home*. Department of Drama Studies, Pietermaritzburg (available at the Alan Paton Centre in Pietermaritzburg).