

## Book Review

**Traumatic Stress in South Africa**, by Debra Kaminer and Gillian Eagle, Johannesburg, Wits University Press, 2010, x + 222 pp., (paperback), ISBN 978 – 1 – 86814 – 509 – 6

**Danielle Tran**

In 1980, the now familiar broad umbrella term 'Post-Traumatic Stress Disorder' was assigned by the American Psychiatric Association by way of acknowledging the need to recognize and understand the after effects of trauma. In a 2007 review of violent crime in South Africa compared with elsewhere in the world, A. Altbeker concluded that 'South Africa ranks at the very top of the world's league tables for violent crime' (13). Debra Kaminer and Gillian Eagle's book explores the similarities between the old and new South Africa as racial division, violence and inequality remain prevalent. Set out in six clearly defined chapters, *Traumatic Stress in South Africa* makes for easy reading due to a clear and direct use of language. 'The text covers seminal international work in the trauma domain as well as contemporary international debates and up to date research' (5). Through referring to various real life cases of crime in South Africa during their discussion of different cases of trauma, the authors help to underscore how the era of apartheid has continued to disrupt the lives of many South Africans.

The book begins by listing the abbreviations and acronyms which will later be invoked such as ANC (African National Congress) and TRC (Truth and Reconciliation Commission). The introductory section moves on to a broad discussion of the term 'trauma' and the various meanings which have been attached to it. The text also offers a brief history of how the rise in critical interest surrounding South African trauma has come about. Whilst the recent interest in AIDS in relation to traumatic stress is described by Kaminer and Eagle as an effort by researchers to 'stay abreast of contemporary historical developments' (4), revealing how new social concerns are constantly replacing those of the past, issues such as sexual violence continue to be a central focus of traumatic stress research.

The second chapter 'Patterns of Trauma Exposure in South Africa' sets the scene by questioning the extent to which South Africa can be classified as a 'highly dangerous place' (8). Although a nationally representative survey stated that 75 per cent of respondents had experienced a traumatic event in their lifetime, many of these respondents did not suffer

directly but were rather indirectly affected by the trauma (e.g. hearing about a trauma that occurred). Kaminer and Eagle reference the *2008 South African Stress and Health Survey* to construct a detailed list of statistics in relation to the country's most prevalent forms of violence including political, gender-based and criminal in order to compare the 'patterns of direct and indirect exposure to trauma with the most common forms of intentional violence and non-intentional injury in South Africa' (25). From the results of the survey, Kaminer and Eagle find that the level of interpersonal violence in South Africa is more lethal than the international form. Furthermore, Kaminer and Eagle stress that exposure to trauma affects those who were victims of oppression during apartheid and whom continue to live in a state of discrimination. 'In this sense, trauma exposure in post-apartheid South Africa remains a deeply political issue rooted in historical dynamics of power and inequality' (26).

The third chapter 'Post-Traumatic Stress Disorder (PTSD) and Other Trauma Syndromes' begins by defining post-traumatic stress disorder as an experiencing of 'severe and on-going symptoms that cause much distress and substantially restrict [a victim's] ability to function in the world' (28). Symptoms of PTSD include a disorganised memory and flashbacks often leading to depression and dysthymia. As a result, many victims of trauma in South Africa do not have a 'post-trauma period in which to process their traumatic experiences' (29). Whilst this chapter incorporates into discussion a range of topics relating to PTSD such as the psychiatric effects of trauma, Kaminer and Eagle nevertheless state that the 'psychological impact of living in a violent community is not yet *well* understood' [emphasis added] (58) and is thus an area which requires greater examination. The chapter ends with an emphasis on how the 'subjective process of trying to adapt to a traumatic experiences is unique for each trauma survivor' (59).

The fourth chapter 'Trauma as a Crisis of Meaning' focuses on how trauma victims often grapple with the task of trying to comprehend why the trauma occurred, and why they were the victim. The ways in which victims tend to deal with their traumatic experiences can be understood in two categories. The first philosophy is that 'stuff happens' (63) and that the victim suffered the trauma due to chance and bad luck. The second philosophy situates the traumatic event as 'part of some greater plan' (65) and can be related to a person's religious or spiritual beliefs. But the inability to understand a perpetrator's motives for instigating a traumatic event can lead to long term emotional distress and sometimes self-blame.

The fifth chapter 'Trauma Interventions for Individuals, Groups and Communities' outlines the ways in which victims of trauma can seek help to deal with the impact of a traumatic event. The list of methods includes individual psychotherapy and counselling may be offered to help the victim process their trauma and re-engage with the larger community. Critical

Incident Stress Debriefing consists of a group intervention which should be employed within seventy-two hours of a traumatic incident to help the victim discharge their distress and prevent them from experiencing PTSD later in their lives. However, a 'debriefing' if offered too early may re-traumatise an individual. Whilst most victims tend to undergo short to mid-term counselling sessions, narrative therapy can also help to re-author people's life stories, appropriating the traumatic event as a story of resilience and survival.

The final chapter 'Trauma and Children' argues that psychotherapeutic and community based interventions are the most helpful methods for dealing with trauma in children. Moreover, by helping children overcome their traumatic experiences, one may help to prevent further cycles of trauma. The chapter also raises the problematic issue of how the idea of 'victimized children' is often used for 'political leverage or public recruitment around social agendas' (145). Finally, the reader is asked to consider how the traumatization of children is portrayed in the media and 'what this may say about the perceived agency of children in general and about the legitimacy (or illegitimacy) of adult trauma survivors' (145).