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PAIN, ACCORDING TO Elaine Scarry, has no referential content—contrary to most other interior states of consciousness, which refer to an object in the external world. We feel for somebody, we are afraid of something. In The Body in Pain, Scarry (1985, 5) calls this the human being’s capacity to move beyond the boundaries of one’s own body into an external world we all share. Physical pain, on the other hand, does not have an object. It is not for or of something. As a result, it resists objectification in language.

The recognition that “pain has no language” should not sidetrack us from looking carefully at what happens when those who suffer reach out to others seeking to express and receive recognition of their suffering and pain. People in pain attempt to render it public and social, either momentarily or to contribute to a larger social consciousness. In everyday interactions, pain has an origin, an addressee, a cause, and may even have meaning. Most of the objects given to pain are attempts to understand a reason for it and to give it meaning: “I am in pain because . . .” Others communicate the experience: “I tell you about my pain.” The fact that such objects are given to pain and are being communicated in words and practices creates the conditions for the possibility of socialized pain.

In this chapter, I inquire into the intersubjectivity of pain and try to understand how pain and the social relate to each other. Of course, pain is always social, as the harm was inflicted within a social relation. What I explore here is the possibility of changing this experience and moving into forms of sociality that are positive and different from those that gave rise to the painful memories. Accordingly, I use the term pain broadly and include chronic pain,
recurring pain, acute pain, recalled pain, and painful memories or emotions, such as anguish and grief, of a physical and a mental nature, and resulting from physical injury and mental injury.

Expressing pain, on the one hand, is a necessary condition for the possibility of transforming private experiences into acknowledged social facts. On the other hand, talking about their pain may rob victims of their carefully guarded personal and raw experiences and still fail to transform them. Society (including scholars), I will show, also needs to be equipped to listen to victims and recognize them in their injured personhood (cf. Niezen 2010). We must, therefore, understand the political and societal contexts in which injured persons attempt to give a form to their experiences. I begin this chapter with a situation that illustrates and complicates this tension between the potential benefits and the danger of sharing one’s pain in the public realm.

This Is Not a Story

In 2009, the Magnet Theatre in Cape Town was touring local high schools with a production about the killing of young protesters at an antigovernment demonstration by police and security forces, in October 1985, in an incident that became known as the Trojan Horse Massacre. The actors and producers of the piece were part of the Fulltime Training and Job Creation Programme the theater has run since 2008, in which each year ten young people are chosen from various townships around Cape Town to be trained as actors. Magnet Theatre’s goal is to bridge the gap between community drama groups, on the one hand, and professional theater and tertiary education institutions, such as the University of Cape Town and its Drama School, on the other. The Trojan Horse Story production was commissioned by the Human Rights Media Centre (HRMC), a Cape Town–based NGO that promotes human rights through various media and oral history projects. The thirty-minute play is based on the center’s publication If Trees Could Speak: The Trojan Horse Story (Gunn 2007). It tells the story of the killings, which took place in the townships of Athlone and Crossroads. On October 15, members of the security police, railway police, and the defense force hid in wooden crates at the back of a railway delivery truck that drove up a group of protestors and waited for someone to throw a stone and give the police a reason to shoot into the crowd. In Athlone, three youths\(^1\) were killed and several adults and children were injured in the ambush. On the next day, a similar ambush was carried out in Crossroads, where two youths\(^2\) were killed and several others injured. The incident
at Athlone was filmed by a journalist and widely broadcast in the international media. In the days that followed, many United Democratic Front (UDF) and student organization leaders were arrested. On October 25, the state of emergency was extended to include Cape Town, from the original thirty-six districts throughout the country in which it had been called in July 1985. In many ways, 1985 signaled the beginning of the end of apartheid governance in South Africa. Through the enforcement of the initially partial and later national state of emergence, the apartheid government tried to regain control over media coverage and funerals, movement of citizens, and general organizational capacity of the increasingly militant resistance groups. When the murdered youths were buried in Athlone, the police disrupted the funeral (Gunn 2007, 35). Two years later, at an inquest into the shooting, the magistrate ruled that the actions of the police had been unreasonable, and the thirteen policemen were found responsible for the youths’ deaths. However, the attorney general of the Cape, Judge Williamson, refused to prosecute. The Athlone families, in turn and as a legal precedent, initiated a private prosecution; it, too, was unsuccessful, and the policemen were acquitted in December 1989. The TRC held special hearings to look into the incidents, the “Trojan Horse hearings,” in Cape Town on May 20–21 and on June 2, 1997. None of the accused security force members bothered to apply for amnesty (Gunn 2007, 72). Years later, the City of Cape Town advertised a memorial in Athlone, for which the HRMC won the tender for design and construction and which was unveiled in 2005 (Marschall 2010). The center also raised funds to pay for tombstones for the five murdered victims and for a memorial for the Crossroads victims as well, which was unveiled on Human Rights Day 2009.

The Magnet Theatre’s production thus grew out of a considerable amount of post-1994 memory work that built on local memories of both the events and the unsuccessful prosecution of the policemen in the late 1980s. After the run of school performances, the piece was performed on October 31, 2009, at the Khulumani Western Cape general meeting at the Salt River Community House in Cape Town; it was its last performance. About a hundred Khulumani members attended, most of them from Crossroads and other predominantly black communities in the Cape Flats. It is likely that the surviving families and community members of Crossroads had only experienced some attention to their suffering in relation to the shootings when the HRMC started its memory work.

The performance drew on a real event in the past to keep the memory of it alive and to effect a change in each of the spectators so that she or he could...
act on the basis of new (experienced) knowledge about the past. It was mainly addressed to people who had not experienced the killings themselves. On this specific occasion, however, each member of the audience related a personal experience to the incident, or similar incidents, and brought her or his memories to it.

Eight young people who had grown up in the Cape Flats performed the play. The young actors performed the roles of the surviving parents, community members, and the youths who were killed. The play is immensely powerful and was disturbing to watch, even for me. The set was simple and dark. The costumes were minimal: clothes and drums. The actors chanted the words of the play. Spoken words were few, which made the chanting particularly powerful. One could see that the performers themselves were affected by the piece, that they identified with their roles and the plot. They were too young to have experienced the events firsthand, but they had surely experienced the aftermath of the massacre or similar events. Several members of the audience collapsed during the performance, screaming in anguish and pain; or they hunched down, whining, trying to contain and control their emotions; or they threw their bodies backward emitting excruciating groans. Others in the audience tried to comfort them and took them outside into the yard of the community house; more people in the audience started breaking down. The sound of the drums, I learned later, reminded one of the women of her baby, who had died when the woman’s family was deported to what was then the Transkei homeland. She remembered how she had interred the child en route and was unable to give her child a proper burial. Despite the interruptions, however, the performance continued.

The strong reactions were to be expected; similar reactions had been seen at other events. No psychiatrist or psychologist was present at the performance. And, as is usual, audience members had the opportunity to speak after the performance; beyond that, there seemed to be no concept of engaging with the emotions. A rather disappointing “debriefing” took place after the piece ended. Shirley Gunn, who is the director of the HRMC and sits on the national board of the Khulumani Support Group, first gave an account of how the play had been received in the schools. Her long speech had the effect of stilling the first and most immediate reactions to the play. She then asked the audience whether they had any questions for her or the eight performers, who sat huddled together at the edge of the stage, having dried their tears and sweat, ready to
engage with the audience, many of whom could have been their grandparents. But it seemed that the audience was not in the mood to ask questions: most remained silent. A few, nonetheless, did communicate their gratitude and appreciation to the actors. It was important, they said, that the story be kept alive. “This is not a story for the members,” one said, “this is what we experienced.” The discussion soon ended and the audience dispersed, returning to their respective townships to go about their Saturday afternoon business.

For me, this event was not only a theatrical performance but also an act of (intended or unintended) commemoration. Commemorations, according to Connerton (1989, 72), consist of “re-enactments of the past,” which depend for much of their rhetorical persuasiveness on “prescribed bodily behaviours.” The performance I witnessed was turned by the audience into a commemoration for the dead who had, in many cases, not been laid to rest. Few in the audience had probably been directly affected by the Trojan Horse killings. Most, however, had experienced similarly horrendous events. What most cases of apartheid loss share is the fact that there is no closure. Most members know little about the exact circumstances surrounding the loss of a family member, and in very few cases was there a proper ritual to help begin the healing process, or a radical change in their lives that would allow for healing. The play thus tore open wounds that had barely had the chance to heal. The play was an invocation of the past in all its intensity. For the spectators, the past came alive through the play. It was experience and reality alike; and it was simultaneously the cause and the experience of their pain. The rawness of the reactions of some in the audience suggests that it was an unreconciled commemoration: the spectators’ own experiences had not taken the shape of something to look at and to remember, and those being commemorated (directly or indirectly) were not sufficiently distant to be remembered and honored.

The performance thus cut right to the conundrum of commemoration: on the one hand, its necessity as the condition for the possibility of transforming pain and experiences, and, on the other hand, the ways in which it robs victims of their carefully guarded personal and raw experiences.

The (Non)transformation of Pain

One can argue that such commemorations are necessary. In his social drama theory, Victor Turner (1969) characterizes a ritual as carrying the potential for transforming its participants. A ritual is effective because of the experiences the
participants make in it. An event without this intention or power to transform is a ceremony. Ceremonies do not intend transformation and are affirmative, as they confirm a current social configuration.

Looking at the Trojan Horse performance as a ritual or ceremony may fall short of Turner’s social drama theory in many ways, but it is helpful for understanding the intricacies of performing a theatrical piece depicting political violence and loss to an audience who have been victims of exactly that. The question Turner raises—that is, whether an event intends and succeeds in transforming participants—helps us to realize the potential of these events to offer alternative forms of subjectivity or to transform individual pain into shared, socialized pain.

The immediate effect of the performance was vivid, and the pain and anguish some members of the audience felt were unprocessed and real and unprocessed. The experience for those who had the most intense emotional reactions was unpleasant and disruptive. The piece had been written and performed for high school students as a lesson about history, to raise their awareness of what their parents had gone through. It was also meant to trigger discussions between generations. HMRC’s *If Trees Could Speak* (Gunn 2007) is admirably pedagogical and informative about the law as a means of struggle and about the limits of law under a repressive regime that ruled by legal exclusion and daily discrimination. The book is also a recognition that the story of the massacre is one among many that are in danger of being forgotten, an acknowledgment of the courage of the communities and families, and an account of the brutality of the apartheid state. The performance draws on all that using different means. However, its goals must be rethought when it is presented to the victims themselves. Showing the piece at the Salt River Community House was, I suggest, a quest for healing and mobilization. Neither effort, unfortunately, was properly initiated or facilitated. However, both healing and mobilization assume the potential for transformation rather than the affirmation of a social constellation.

Psychotherapy and psychology start from the premise of the power of speaking about suffered harm and its contribution to healing and, ultimately, closure. It is assumed that putting one’s pain into the public realm transforms what is personal, singular, and alienating into a social experience, which, in turn, is the beginning of a healing process. The TRC’s work, for instance, relied on victims who not only were capable and prepared to speak but who also thought the experience of speaking would be transformative. Speaking was
seen as the condition that made healing possible. Also, as noted in chapter 1, being part of a group that claims damages for experienced harm conditions the capability to communicate one's suffering. This dominant discourse is opposed to the notion, coming mostly from social science and the humanities, that denies those who suffer the ability to reach out to others. Elaine Scarry (1985) argues in *The Body in Pain*—speaking for many—that pain radically destroys the capacity to communicate. Drew Leder (1990, 74) finds that pain “is marked by an interiority that another cannot share,” and Kirsten Hastrup (1994, 238n2) believes that “pain strikes one alone. . . . In this, pain contrasts with pleasure, which is most often shared.”

Pain is a difficult subject to write about, and the effort to do so is often accompanied by a great deal of (self-)criticism, skepticism, and unfulfilled promises. These problems are often the result of disciplinary constraints scholars are facing, which, as Veena Das (1995, 175) suggests, can result in further intricacies and even violence against those we are writing about: “The conceptual structures of our disciplines . . . lead to a professional transformation of suffering” which, in turn, “robs the victim of her voice and distances us from the immediacy of her experience.” She includes social science, jurisprudence, and medicine in her astute analysis of the achievements and challenges of an anthropology of pain.

In accounts of pain, the voices of experts are often louder than the voices of suffering. In various instances, state institutions (courts, truth commissions, aid schemes, social services, and election campaigns) or NGOs (development agencies, public-interest law firms) need the voice of the victims to give legitimacy or authority to their projects or concerns. The same goes for social scientists who work with empirical data resulting from their interactions with people suffering from pain. Although these relations of dependency and power are not unique to the study of pain—we find similar imbalances in all research that claims to “represent” or to “speak for” the marginal—it is more acute when pain is the object of a study—an experience which is most intimately bound to personhood and is the “most radically private of experiences” (Scarry 1985, 6). No matter how we look at pain, professionals always transform narratives of pain. This is true for psychiatrists, who read suffering in the aftermath of war, disaster, or times of massive abuse as PTSD or personality disorder; and it is true for medical anthropologists, even though Joan Kleinman and Arthur Kleinman (1991, 1994) interpret the same condition as moral commentary and political performance.
In anthropology, scholars’ inability to adequately address the pain experienced by the people they lived with provoked their partial withdrawal from the subject (and a collection of anthropological literature on this very subject matter). But it also provided impetus on another front: Hopes have been projected onto the study of the anthropology of pain that it would finally release us from the ever-entrappling dualism of mind and body. Pain, it was argued, cuts to the heart of the Cartesian dichotomy between mind and body and challenges it profoundly. Chronic pain, in particular, defies such dichotomies as real-unreal, mind-body, subjective-objective, and physiological-psychological (Good et al. 1992). Anthropologists have criticized standard biomedical practices that view pain as an individual experience, contending that the experience of (chronic) pain is fundamentally *intersubjective*. It affects the victim’s family and social life, and lets other people shape the experiential world of the suffering person (Good et al. 1992, 9). Medical anthropologists have also criticized psychological studies on pain. Such studies, they hold, attempt to challenge biological reductionism by contesting the grounding of pain in the objective condition of the body. Instead, they advocate the application of psychological principles. In my view, however, this solution only perpetuates the mind-body dualism. Whether one privileges somatic processes or the subjective mind, both leave the Cartesian dichotomy unquestioned and anthropologists unsatisfied.

If we look again at the performance, we can assume for a moment that if healing was intended, the approach relied on the notion that confrontation equals transformation. As noted earlier, psychotherapy and psychology work on the premise of the power of invocation and its contribution to healing and, ultimately, closure. However, for some victims, healing is a slow process of encapsulating their painful thoughts and emotions inside a cocoon in their minds. At best, their pain is carefully and anxiously hidden away. It is a necessary escape from their memories. This is in contrast to one of the major goals of memory work and commemoration, which is to fight against this process of forgetting and thus to prevent a piece of history from escaping public memory. To keep public memory alive, the embodied memory of the *superstes* (“experiencing witness”; see chapter 1) has to transform into the testimony given by the *testis* (neutral witness). This transformation can fail, and attempting it can have unintended consequences for victims.

The performance at the Salt River Community House, in unfortunate ways, confronted men and women with their personal memories and prevented their attempts to forget. They could resort to cries and groans or other pre-language
means of expression, or they could leave the room. But invocation irrevocably happened. What is more, the performance took place at a monthly general meeting, which members should attend to retain membership status and receive information. A typical monthly meeting includes a time for remembering, during which members deliberate on their concerns and grieve and support each other. Members emphasize the storytelling aspect of the meetings when they reflect on what Khulumani is about and what their membership means to them. This is a heritage of the first few years of the organization’s existence and of the times when the Ex-Political Prisoners and Torture Survivor Support Group was still hosted by the Trauma Centre. The performance as one means to have members speak was thus not an exception; neither was the lack of preparation for what was to come, of proper framing, or of encouragement to leave before the play started.

Genuine commemoration must destroy coping mechanisms that provisionally lock away pain in a most private and intimate place. Pain becomes as real as it was the first time. But here, no transformation of individual pain was effected: the performance offered no alternative to looking at one’s own pain, either through objectification or through shifts in subject positions. It simply confirmed the victims’ subjectivity as widows, husbands, mothers, comrades, and as children who are suffering great loss and pain and who are, some more, some less, vulnerable to anything calling the dead and the lost too loudly. Despite all good intentions, the setting confirmed victims in their victim subjectivity. It did not offer alternative views on their lives or a new position from which to look at their experiences.

It is, of course, difficult to draw a boundary between the necessity of practices of mourning and the risk of retraumatization. To genuinely understand the effects of the performance, one would have to take a longer-term perspective and see whether some form of transformation takes place later. Here, I attempt to show whether the theatrical performance in itself and the way it was presented to the audience offered an alternative interpretation of one’s personhood from which people could create social experiences to take them beyond their victimhood. I argue that the performance did have strong transformative powers, but that all it achieved was the tearing open of old wounds.

These subjectivities are not compatible with the subject position of activists. The play’s intent to mobilize was directed to entirely the wrong audience. Khulumani members may be activists, but first and foremost they are people who have experienced loss, violence, and torture and who have not been able to
overcome their experiences. *They* are not the audience that needs to be consci-
entized or confronted with a trauma they have already experienced and lived in
real time. The play was not shown to those who should be confronted with the
concurrent immediacy of the crimes they committed, but to people who have
not stopped suffering from their consequences.

**“We Must Speak”**

“We must speak,” a Khulumani member told me as a truth in which she be-
lieved affirmatively when I described to her the Salt River Community House
performance (at which she was not present) and the strong but minimally ver-
bal response by members afterward. For all the years I have known her, she and
I had a tacit agreement that I would not ask her about the past. She tolerated
me and probably enjoyed my presence, but it took many meetings, stretching
over weeks, until I could sense her relaxing, realizing that I would not ask her
questions she would have felt obliged to answer. Her assertion that we “must
speak” therefore contradicted my experiences with her. It sounded like a nor-
mative obligation she put on herself but failed to comply with.

She was not exceptional in asserting this “truth.” The TRC instilled in many
people the expectation that “must speak” was the way to healing, and various
NGOs embraced it as the guarantee of success. The commission’s work relied
on the assumption that victims are capable of speaking and ready to speak.
Someone who wanted to qualify as a victim had to speak, sometimes only to a
statement taker or sometimes also to a public audience. Even though the TRC’s
performative and investigative work cannot be reduced to this aspect alone,
speech remained the basis of its evidence.

Here, I want to return to my conversation with Beauty Notle Kotta (chap-
ter 2), a Khulumani member from Philippi. She told me how her then twelve-
year-old son was killed during the fights between the Crossroads community,
the police force members, and the *witdoekes* and how her second son continues
to be deeply traumatized because he witnessed the fighting, was sprayed with
teargas, and escaped from the killing and burning of bodies in the fires of 1986.
She spoke to me in stops and starts, often pushing herself to continue, despite
my attempts to calm her:

He got a *assegai* [spear]. They cut the people, they cut. And they fought our chil-
dren. Must go to fight. You see? And my son was dead there... And Crossroad,
and witdoeke. You see? Not nice talking about things. It’s very sore. That’s why
sometimes I don’t like to talk . . . because we must speak, we must speak! Because now, I have one son. And my son was frightened. Not right in there since he saw . . . he saw. He got picture, you know. The man got a gun. . . . But he got a picture, yebo. Doesn’t alright, but he was right. But now, wasn’t right properly.

Ms. Kotta’s notion that “we must speak” is not necessarily an immediate legacy of the TRC but, more likely, was brokered by the nongovernmental institutions and their replication of the TRC standard. Ms. Kotta, as she emphasized, participated in the HRMC’s art and memory project “Breaking the Silence: A Luta Continua,” which encouraged victims to draw body maps of their physical and mental injuries sustained and to speak about their experiences (Pouligny 2007). Like Ms. Kotta, tens of thousands of people lost their homes and belongings in fires deliberately set by security force members in the winter months of 1986 (J. Cole 2012). The fires destroyed the squatter settlements of KTC, Crossroads, Nyanga Bush, and Nyanga Extension.

Symptomatically, at the TRC’s Trojan Horse hearing, Pumla Gobodo-Madikizela, a TRC psychologist who served on the Human Rights Committee of the TRC, commented on the commission’s difficulty in finding witnesses or activists who were ready to testify:

I think that the facts and the difficulties that there are in general in talking about trauma makes it extremely challenging for survivors and families of the victims to talk about their pain and I think that we should accept that this is a normal thing that happens with talking about trauma. It is part of the experience, the psychological experience of talking about trauma, there is an avoidance of talking about trauma, the repression, the denial but at the same time there is a need to talk about it, and I think that, when people talk about their pain it puts them on the road to healing of their pain and we should acknowledge that and I think this is part of the reason that we opened up the commission to public testimony and I would like to mention that in fact, there are many people who have proved the fact that this [is] ambivalence. Some people who have come today initially didn’t want to come but at the same time they decided that after all they want to come. So that’s ambivalence all the time. 13

Although Ms. Gobodo-Madikizela acknowledges the ambivalence people feel about talking about their horrendous experiences, she asserts that talking is the “road to healing of their pain” and suggests that testifying before the Truth Commission has a therapeutic impact. And the commission did just
that: it recognized the pain of those testifying as much as it could by the means of equalizing experiences and promoting "reconciliation." It failed, however, to prove that giving testimony before the TRC had psychological benefits (Kagee 2006; Kaminer et al. 2001).

Where does the idea that speaking helps victims to overcome traumatic experiences come from in South Africa? Its origins are in the so-called "testimony approach" to trauma and therapy or "narrative therapy" (Kaminer and Eagle 2010), whose ancestry goes back to Freudian psychotherapy. "Narrative therapy" has been employed in various contexts within South Africa but is not widely documented globally as a trauma treatment model. It has mainly been used with the African and Asian refugee populations, with the idea that it is compatible with traditional oral storytelling practices. Stories that emphasize resilience and survival, it is thought, should increase the patient's sense of personal agency or potency; at the same time, the stories often become part of a formal record of the traumatic event, used for lobbying, documentation, and the establishment of a public record. For instance, the extension of narrative aspects of this kind of therapy has been used by refugee groups in South Africa to expose atrocities committed in their home countries. Kaminer and Eagle (2010, 91–92) suggest that the TRC methodology of having victims and perpetrators testify publicly assumed the therapeutic benefits of this approach. They do not see, however, a therapeutic relationship between the TRC commissioners and the testifier and are thus not surprised by its failure.

The commission's work succeeded in instilling, in activists and victims alike, the belief, and the necessity, that all healing begins with talking. The model of giving testimony about one's experiences to an audience has been employed in various nongovernmental forums. Encouraging victims to talk and then acknowledging their testimony helped to create a particular victim's subject position: "good victims" are those who speak out about their painful experiences, who do not remain dumb, who manage to overcome their ambivalence and skepticism about going public with their pain. Those who do not or cannot comply are potentially suspect in the eyes of society.

The Trojan Horse performance in itself—as a result of it being staged in front of that particular audience—turned intimate experiences into public discourse. It did not enable the spectators to find a language in which respond to what they saw performed as their own experiences, nor did the meeting succeed in catching these intimate experiences made public. The performance evoked immense grief and anguish in many in the audience and laid bare their
pain. The emotions were as raw as they had been the first time, and remained so. Neither the performers nor the director could offer a therapeutic relationship. Pain was brought from the intimate realm into the public realm, from being hidden to being raw and open, but it was not transformed into something else. The TRC could socially acknowledge pain if people were prepared to express it in words. The reactions to the performance showed that many survivors still live with pain they cannot put into words, but which can be brought into the open when new experiences trigger memories.

I am not suggesting that such incidents do not have any potentiality to establish new social relations. Anxiety and anguish may effect sociality—between those who collapsed and those who patted them on the back or offered them a glass of water, between those who wept and those who handed them a tissue, between those who expressed their gratitude to the actors and those who were glad that someone took the lead to say so, between those who silently suffered and those who recognized their grief, between the youths who offered their skills and interpretation and the audience who acknowledged the intergenerational engagement. But I doubt whether a performance where the people whose suffering is directly addressed in the play are the spectators and not the actors can be understood in Turner’s line of thinking: resulting in transformation in sociality. The position of spectators was too constrained to allow them to positively engage with the possibility of looking at oneself differently. Members’ lives were displayed in front of their eyes, and the same story with the same end was repeated.

Maybe this comes close to what the TRC was for many of those who did not testify: it related their experiences, but they did not participate. They could not go through the ritual of speaking to an audience, breaking down, or walking away with their heads held high, obtaining new information that had been kept secret. They did not have the possibility of assuming a new status toward themselves and in their communities because of what the hearings had revealed.

Members did not call the dead. The performance called the dead, and they came in their rawest form. They did not offer resolution.

**Pain Has an Object**

Various scholars assume that it is only when pain is invested with meaning that a process of suffering and a possible socialization of pain can assume its course (Gobodo-Madikizela and Van der Merwe 2007; Ramphele 1997). The account by Nontsasa Eunice Mgweba suggests otherwise: pain can be socialized without
first giving it meaning. Ms. Mgweba’s pain resulted from close social relations, and she literally took on the pain of someone else. But this should not lead us to conclude that the condition of sociality of pain invests the pain with meaning.

Ms. Mgweba runs a little stall at Station Road in Philippi. It is a shack, and she cannot use it when it is raining because it leaks in all the corners and through the corrugated sheet metal roof. She sells single sweets, roasted nuts, and chicken feet, which are boiled in bouillon and offered as a late afternoon snack to the people passing by. Her daughter, Happiness Bongeka Mgweba (born in 1972), helps out. She prepares the chicken feet and helps with the selling. She also looks after a small garden in the backyard of their RDP house. Like so many houses in the area, Ms. Mgweba’s started to fall apart before it was finished properly: “When it is raining, I must put the dishes [to catch the rainwater coming through the roof],” Ms. Mgweba sighed. Happiness does not work. She is always with her mother because she cannot be left alone since the fires of 1986 in Nyanga. It was “burning there,” her mother recounts. “She screamed,” and “she had a shock.” “We lose our clothes, the house, and then lose our . . . sickness [health]. Because it is stressing everyone, it is confusing everyone. Now since these years, it has not been right for us.” Happiness experiences sudden attacks of screaming, anguish, fear, and panic. “But she wasn’t born like that,” Ms. Mgweba emphasized, “since we get that stress for the fire, it is too much stress. That fire make us horrible.” Since then, Happiness has performed poorly at school and instantly froze when confronted with someone or something she does not like. “But [she] is a clever lady,” her mother said. Although Happiness had liked to read and to write, the teacher advised her mother to take her out of school in the mid-1990s. Not only the daughter has suffered the effects from witnessing the fighting among the security police, the witdoekes, and the townships residents and the shooting and the tear gas and the killing in Crossroads, her mother also attributes her poor health to the years of running from the police and the witdoekes, fires, deportations (Desmond 1970; Platzky, Walker, and Surplus People Project 1985), and arrests and harassment by the police. Not only did Ms. Mgweba lose everything in the fire, she also witnessed the horror that her older sister, with whom she lived, went through. Her sister was pregnant in June 1986. Ms. Mgweba recalled, “I am very stressed about that thing. Because the people they got the axe. They wanted to chop us with the axe. It is not good because the people got the witdoek and everything. It was not nice. [My sister] was stressing so much.”
She described how her sister’s anxiety for her unborn child affected her:
“And I take all that from my pregnant sister come to me. Because I see what’s going on. What about my sister? She is pregnant and then they doing like that. . . . All that had get me sickness. It’s sickness and me, I am sickness. . . . My sister now has got the sugar diabetes but also she got a very stressful heart. Because she was pregnant.” In a separate incident, when her sister was taken into custody for not carrying a pass, Ms. Mgweba tried to bail her out: “And the other day, my sister, they take [her in] the van straight to the police station in Langa . . . all [were] dumped there. Me, I am going there to take out my sister. And then the police come and the teargas. Eyih! They spray us. Oh, oh, oh! I was so white from the spray and the eyes also. . . . It was [a] very horrible time.”

Her sister was also deported to the Transkei homeland a few times: “My sister was very strong. Twice, three times, to Transkei. She got a baby on that time. [They] take [her] with the baby in the van. . . . When I see my sister, I take it on me. Although me, I wasn't in [the van] on that day. But I was very stressed. Because we stayed together.”

Ms. Mgweba has high blood pressure. She raises her son’s daughter (born in 1996), who was deserted by her mother when she was four months old. Her son had worked as a cleaner in Cape Town and in Bonteheuwel alongside his mother for some years. Even though he was currently unemployed, he could not look after his child, according to Ms. Mgweba.17

I spent an afternoon with Ms. Mgweba in her stall. Another Khulumani member sat with us. She was mostly quiet, but sometimes she complemented, underlined, or translated what Ms. Mgweba told me. As far as she was concerned, what Ms. Mgweba was telling me was nothing new. Although the two women shared many of the same experiences, she told me her own “story,” as she called it, to show that such experiences were widespread. She explained how she suffers from chronic pain in her shoulder from an injury she had sustained running away from the police; how her son advised her not to undergo an operation for it now because she was too old; how as a child, her son had hidden a gun when policemen arrived to search her shack. Sometimes their accounts were directed to me; often however, they became less explanatory and the women seemed to primarily be echoing sensations from inside.

Customers came and went. One came with the news that two counselors from COPE, the party that had split from the ANC in 2008, had been jailed; another complained about a woman who had accused him of raping her and
took him to court. Happiness sold snacks, joked with the customers, carefully divided up the bulk stock in small plastic bags and posed for the pictures I took of her with customers and her mother. Her mother commented, “She is right now. But tomorrow it can change. She [might] not know you. Happiness is [suddenly in] other moods.”

On that afternoon, Ms. Mgweba gave an account of how much she and her family had been affected by the unrest and policing of the townships in the 1980s. She expressed her frustrations about her current living conditions, her children’s unemployment, the fact that she looks after her grandchild without receiving a child support grant from government due to the complicated bureaucracy, and the limitations of her job given that she cannot buy sufficient bulk quantities. Her family is often forced to eat the food meant to be sold to customers. “That’s why we demand the reparations,” she concluded, “because that time was very bad. Still now, we are suffering. And you see now where I am staying. And you see her [Happiness]. And we can’t work because all of us are sick. And me, I am sick for my high blood [pressure]. That’s why I stay like that. And my child also. And who looks after [the grandchild]? It’s me who looks after him. Because he [her father] is sick and me I am not right. . . . All that thing is stress.”

Ms. Mgweba told me how she took on her sister’s sorrow, literally. She took on the burden physically, and it had affected her health. She felt her sister’s pain and let it affect her to the detriment of her own health, in addition to her own burden of seeing her daughter withdraw more and more after her horrific experiences. She suggests that sorrow can be passed on, unwillingly or not. She attributes this transfer to the corporal nature of stress. The effects of stress show in the mind and in the body, and reinforce each other. Her daughter is a case in point: she has, one can assume, been traumatized by witnessing the fire, the killing, and the general violence of the police. Her trauma finds expression in such forms as fits and poor concentration and sudden withdrawal from the social world. This, her mother finds, makes her socially uncontrollable and in need of constant company. Happiness’s experiences, her former teacher and her mother agree, desocialize her. Her mother is afraid that Happiness will not find a husband, but she praises her daughter for taking loving care of her niece.

Ms. Mgweba gave testimony to the long-term effects of decades of leading a marginalized life in economically precarious and politically unstable conditions. She did not greatly distinguish between mental and physical reactions to the resulting stress. She implied that though the political environment today
may be more predictable, precarious living conditions and the lack of educational or income opportunities continued. Ms. Mgweba, like many survivors, has not managed to “capitalize” on her situation in the form of social grants. She is not yet sixty years old and so is not eligible to receive an old-age pension. And she is reluctant to go through the bureaucratic process of applying for a child support grant because it could mean a confrontation with her grandchild’s mother. She did not tell me whether Happiness receives a disability grant. No husband and potential breadwinner figured in her account.

In contrast, however, the stall is a social place through and through. Distant relatives, friends, and customers stop by to chat, nibble on crisps or chicken feet, and exchange the latest news about local politics, and they are certain to find a sympathetic listener if they want to share their personal miseries. One lady, also a Khulumani member, stopped by for a quick chat, saying as she left, “I am hungry, I am sick.” “The stress,” Ms. Mgweba replied. The woman nodded. “The stress,” she confirmed, and went on her way. Such small interactions allowed the women a mutual recognition of each other’s difficulties; an interaction that recognizes personhood in the other, and her pain.

In Pain as Human Experience: An Anthropological Perspective, a comparatively early work on the anthropology of chronic pain and the human condition of pain, Mary-Jo DelVecchio Good and colleagues (Good et al. 1992, 7) note the following: “Something is at stake, frequently desperately so, in the lives of pain patients. Pain can be a massive threat to the legitimacy of the everyday world.” If chronic pain defies the dichotomies of real-unreal, mind-body, subjective-objective, physiological-psychological, it puzzles doctors, who have to reconstitute as a medical problem what for the patient is perception, experience, and coping in one (8). Anthropologists and others have started to take somatization seriously, that is, as “an idiom of physically painful signs of symptoms,” alongside discourses of emotions and inner feelings. Good and colleagues thus advocate listening to those who suffer from chronic pain: “The sufferers of chronic pain, in particular, have elaborated these two parallel and interacting languages in their talk about symptoms and their search for relief,” and this may help to transcend the “dichotomy of thought and sensation which is inscribed in everyday language, medical jargon, and treatment setting” (12).

If it is difficult (or impossible) to give an object to acute pain, it is worse for chronic pain. Ms. Mgweba’s account suggests that the crux of chronic pain is that it becomes part of the everyday—without ever losing its capacity to disrupt the everyday fully and again and again—and thus renders it unpredictable and
unstable. Chronic pain results in a loss of stability and reliability, except for the reliable return of pain.

Pain can assume a life of its own. For the sufferer, it may acquire agency or the status of an object disjointed from the experiencing self. Ms. Mgweba does not separate her pain as an object, as distinct from her experiencing self: “It’s sickness and me; I am sickness.” Pain is not merely a part of her (objectivized, distinct) body, and neither is it something she has to endure passively. She has been fighting for her health and sanity—over and over again, it seems from her account. But when she speaks about her daughter, pain does assume agency. Pain does something with or to Happiness, with or to her mind and body alike. “It” suddenly takes over and inflicts fits on her. “It” changes Happiness’s mood and takes away her gentle side.

As for her own pain, Ms. Mgweba has acquired the capacity to partly rationalize it. Pain has a cause: the agents of the apartheid regime inflicted it upon her, her family, and her community. Pain has an origin: her sister’s suffering and stress and the continuing impossibility of finding the normality of an ideal everyday life. She recognizes a tormented mind and physical injury equally as origins of suffering. She cannot cure herself, as pain has become part of her “self” and part of who she is. For her, suffering from chronic pain is a state she endures. Her pain could be alleviated, though, by better living conditions or relief from responsibility, for instance.

Even if Ms. Mgweba attributes cause, origin, and the impossibility of cure to her pain, she does not give it meaning. Ms. Mgweba does not revert to a religious notion of suffering or to a narrative of liberation and sacrifice. Pain is utterly meaningless and ultimately destructive. Mamphela Ramphele (1997, 114) suggests that pain may assume meaning by being acknowledged: “Personal pain is a degrading and dehumanizing experience unless meaning is vested in it. The investment of personal pain with meaning transforms it into suffering, which then becomes a social process.” Ms. Mgweba’s account suggests that pain also goes the opposite way: it may originate in close social relations that can result in a state of suffering. Contrary to Ramphele’s reasoning, the sociability of pain does not necessarily invest pain with meaning. Ms. Mgweba does not invest pain with meaning when she confirms (and comforts) her customers in the notion that stress leads to sickness. She recognizes its cause and effect. Similarly, Ms. Mgweba struggles with the desocializing effects of her daughter’s fits and she has a clear idea of how her condition came about. Pain, as such, challenges the practicability of life and makes it contingent. Pain hindered her
from fully providing for her children when they were young; and it prevents her
daughter from living a life independent from her mother, from being an
agent in her own life and from providing for her mother in her old age.

In her subjectivity, Ms. Mgweba lives what she seemed to suggest to me: she
acknowledges the pain of others by trying to make it social. She has been
compelled to be the one who cares for others. Although her own painful expe-
riences and those of others have fundamentally shaped and weakened her, she
has been the stabilizing tent pole in her family. She relates to others in a most
empathetic and felt way. Ms. Mgweba’s subjectivity is intimately bound to oth-
ers’ suffering and to her strength relative to them. She thus “invests” pain in
sociality but not meaning.

**The Denial of Mourning**

One way in which people can find sociality after experiences of violence is by
mourning together. Under apartheid rule, however, acts of mourning were fre-
quently impossible for political reasons or were even actively disrupted by the
security forces. To deny victims’ the ability to mourn an experience of pain and
loss robs them of the possibility of closure. Sanders (2007, 10) even character-
izes the system of apartheid as “a formation that denied the right to mourn.”
While listening to victims’ testimony before the TRC, Sanders was struck how
many asked the commission to help them with funeral rites for their dead. This
pattern emerged when the commissioners began asking the testifiers what the
commission could do to help them find closure. Sanders argues that the
commissioners and, ultimately, the commission acted as a “proxy” for the per-
petrators (namely, those who never came forward to accept responsibility and
accountability for their actions). Besides funeral rites, many testifiers asked for
help in searching for bones and body parts of the disappeared and with ex-
humation from mass graves and the subsequent proper burial thereof. Those
requests were mainly made by women (in the ordinary hearings) and thus gave
witness to how profoundly the system of apartheid continued to affect the lives
of those left behind (Ramphele 1997).

The prevention of mourning also takes away the possibility of finding social
recognition for the rupture between the living and the dead and thus secures the
impossibility of closing the rupture. Mourning rituals are collective processes.
In South Africa in the 1980s, funerals had become political forums for the lib-
eration movements (cf. Mda 2002). “The staging of mass political funerals as-
sumed enormous significance as opportunities to put the evil and brutality of
the state in full public view. The more coffins one could line up, the stronger the message that could be communicated in this regard” (Ramphele 1997, 106). Ramphele (1997, 107) describes how crucial funerals were for the mobilization of the liberation movements, especially in the mid-1980s. Inevitably, she says, the wishes of the family and the desires of the politicians clashed. People were dragged to mass funerals against their will. The funeral was “political theater,” staged to remind the mourners and liberation fighters of the “invincibility of the struggle,” and, at the same time, suggesting the “dispensability of individuals” and the “inevitability of the ultimate price that has to be paid for freedom.” Often, people had to run for their lives before the final rites for the deceased had been completed. The “comrade” who was buried had not died of natural causes. Violence was met with more violence.

It is here that the story of Lungile Hlaise (name changed) begins. Ms. Hlaise has been implicated ever since she was shot at a funeral in the 1980s. She had always understood this injury as the price of freedom. But her feelings slowly change as her injuries cause her more intense pain, and as the thread of violence does not seem to stop even in post-apartheid South Africa.

Toward the end of a three-day meeting of the National Steering Committee of Khulumani Support Group, in Bloemfontein, Free State, in 2009, Ms. Hlaise, a woman in her early forties, who had been one of my roommates for these three nights, approached me as we were packing to leave and cleaning the room. We had not spoken to each other before. Now, obviously in both a painful and pensive state, Ms. Hlaise told me stories of her present life and of her life under the apartheid regime. She spoke in an intense and urgent manner, and did not stop talking for half an hour. In the late 1980s, she had been attending the funeral of a “comrade,” and was shot by the police when they ordered the crowd to disperse. The injury completely damaged one of her eyes, and she has pain in her back. She told me she thought she had forgiven (but does not specify whom she thought she had forgiven). However, the pain has gotten worse now as she gets older. This, she said, re-evokes feelings of “anger” and “bitterness.” On top of this, she was raped in the year 2000 and ever since this incident does not menstruate anymore. The rapist, she said, was a Ghanaian lecturer at the university in her locality. It was easy for her to trace him, and she filed a complaint against him. One day, she was called to court, not knowing that it was the day her case was being heard. She was unprepared and could not formulate her case properly. Her rapist was not convicted. He had bribed the court, Ms. Hlaise said. Her daughter was raped in 2007. At the time, her
daughter was constantly in and out of the hospital because she had a baby boy who was asthmatic and epileptic. One night, Ms. Hlaise relieved her daughter at the hospital, and when her daughter left the building, she was attacked by a man who pressed a towel over her nose, making her “drunk.” She was found the next morning, lying somewhere hidden and still “drunk.” Fortunately, her daughter had received some counseling. Ms. Hlaise told me that her parents are “weak,” too; both are asthmatic and have high blood pressure. Only her son was healthy, she said. “The police . . . the rape . . .,” she halted, lost in thought. And she repeated that her pain was a constant reminder of what had happened; the older she gets, the stronger the pain.

Ms. Hlaise is a recent member of Khulumani. She came to the steering committee meeting as part of a provincial delegation, although at the time she was not part of the provincial executive. Before the meeting, she knew—as she describes it—“what everybody thinks to know about Khulumani and what everybody hears about Khulumani first”: Khulumani would hand out money. She was glad she had come to the meeting. “But it is not done yet.” As she became more knowledgeable about the work Khulumani does, she wanted to open a branch in her region. However, now that the three days of the conference were over, now that we were packing to leave, she was thinking about home. She thought about how dependent her family was on her, though she was “weak,” too. Before we parted, she said that pain was seen as something “private,” that nobody talked about it and that sharing was rare. People hid their pain until they could not take it anymore. Until they went crazy. And then people say that “this one” was being “witchcrafted.” “No, this is not witchcraft,” Ms. Hlaise was convinced.

Violence was a dominant theme in Ms. Hlaise’s account. She talked of both state violence (the shootings at the funeral) and criminal violence (rape). They are different: state violence was legitimated by the apartheid state (maybe under a state of emergency) and executed by its security police forces. It was an act of violence between the official state and a member of the society. It was a legal relationship but also a social relationship, legally enforced. It denied the people the freedom to assemble and criminalized those who gathered in groups. During apartheid, there was no way to receive damages for injuries sustained from acts of state violence (except, of course, much later, through the TRC reparations payments). The second form of violence, rape, is an act of violence between members of a society under the post-apartheid government which protects the bodily integrity of the people and believes in enforcing
the prosecution of criminal offence violating it. Ms. Hlaise brought a charge against her attacker. In neither of the two incidents did Ms. Hlaise succeed in having the injury acknowledged by an authority. Both times, Ms. Hlaise felt let down by the respective legal system. In the incident of the disrupted funeral during the apartheid era, there was, of course, no reason to even try to claim damages. In both incidents of violence, to her, the justice system proved to be biased in favor of the offender, ideologically or financially corrupt.

Although state and criminal violence have different origins and inflict different kinds of pain on the victim, the difference is not self-evident in an environment of continual daily violence, officials free to act as they choose with impunity, and nonresponsiveness of the courts.

Ms. Hlaise recounts her renewed realization of the experiences of injustice and of the injuries she sustained by revisiting physical pain. Actual pain and the constraints on her bodily performance resulting from the violence bring back her “anger” and “bitterness.” Ms. Hlaise felt robbed of closure. On the one hand, she felt angry because there had not been a social other acknowledging the injustice done. Neither the authorities nor the perpetrator would hear her complaints. Neither did she feel that her community responded collectively to experiences of violence. Instead of sharing their pain, they turn on themselves and retreat into silence. As a consequence, people accuse each other of being bewitched, which may result in a victim’s social expulsion from a community.

If experiences of the past are not properly acknowledged by (social or state) institutions, they revisit a person in the present in unexpected ways. The official lack of acknowledgment is consequential. It is one of the major factors preventing social recognition of her injured subjectivity. Ms. Hlaise’s account shows that even today, apartheid-era victims find it difficult to mourn their past or their more recent experiences.

In today’s South Africa, as their injuries often remain unacknowledged, apartheid-era victims find it difficult to mourn. In other words, political obstacles to coping with loss and pain have been replaced by social factors. Mourning is a way to have one’s pain socially recognized, and potentially transformed. People who are denied the possibility of mourning are robbed of one way to integrate painful experiences into their lives.

On the one hand, it is her recurring physical pain that challenges Ms. Hlaise’s notion of forgiveness. When physical pain was absent, a certain degree of forgetting and forgiving was possible for her. When physical pain is pressing her daily, though, her notion of forgiveness becomes more challenging. Ms. Hlaise
said she *thought* she had forgiven. Her ongoing suffering from past injuries is perpetuated by more recent experiences of violence that do not necessarily have anything to do with apartheid-era violence. She was raped. Her daughter was raped. Ms. Hlaise lost her reproductive capability. In her family, she is the breadwinner for her sick parents, her daughter, and her asthmatic grandson. She has high blood pressure. Ms. Hlaise’s account speaks of the burden her generation carries: she is supposed to comfort her sick parents *and* care for both of her grownup children (both of whom are uneducated and often unemployed) *and* their children. All these experiences may not be systematically linked to her experiences as a victim under apartheid, but they nevertheless transform her earlier memories and make closure impossible. New experiences can change how old ones are remembered in the body.

But it is not only the bodily dimension of injury that challenges or prevents social recognition, forgiveness, and closure. Ms. Hlaise also witnesses the social exclusion resulting from society’s suspicion of unacknowledged injuries. Society does not recognize her and others’ victimhood as a lived experience.

These kinds of personal experiences, she holds, can only be transformed if they are shared. She does not mean this in a therapeutic way but sees speaking as a route to social acknowledgment. Successful sharing would prevent social exclusion (as witchcraft victim). According to Ms. Hlaise, reference to occult forces ignores and negates the real causes of confusion, illness, and other social ruptures (Ashforth 1998, 2005).

Participating in the three-day National Steering Committee meeting seemed to have conscientized Ms. Hlaise. New forms of relating to her own pain and burden and of relating to others were offered. Unlike the people in her community, the provincial representatives spoke about their experiences openly and put forth claims. She witnessed a new form of victim subjectivity that emphasized action and recognition rather than silence and exclusion. This is not necessarily a politicization of victim subjectivity (but it may become so; see Freire 2007). It is first and foremost the identification of wrongs committed as *wrong*, and the recognition of the possibility of sharing pain.

In sum, to speak about one’s experiences of violence publicly is one means of achieving social recognition. Sharing works against the social exclusion that was fostered during the apartheid era and that still prevails in today’s South Africa. Since in the eyes of victims, apartheid-era victimhood has still not been properly acknowledged, the sacrifice that liberation had supposedly required becomes a bitter experience.
Whereas Ms. Hlaise’s story points to the intricacies of bodily injuries, and their effects on the possibilities of the social, it also shows that nonacknowledgment of the injuries impedes society’s ability to socially recognize injured personhood. One way to break the silence and the cycle of exclusion is to share one’s experiences with others. It is only through sharing within a community that societal recognition can start to emerge. Mourning is one way to start to form a collective precisely because it acknowledges experienced wrong.

The Medicalization of One’s Self

Brian Mphahlele, whom we met in chapter 2, adopts a medical discourse to speak about himself in certain situations. His relation to the medical and psychiatric world is utterly ambivalent, but he knows that it is in these terms that victimhood is widely understood, and that it may also help him as he tries to articulate what otherwise would be left unsaid. The medical subject position is one of many identities he lives in his complex life; he is also the former rebellious youth who was incarcerated in Section C (maximum security division) for “never obeying,” a human rights activist, plaintiff, well-traveled explorer, loyal member of the Pan Africanist Congress, failed lawyer, victim-turned-survivor, man-about-town, and loner.

It is important to Mr. Mphahlele that his condition be communicable in relation to dominant discourses concerning health, human rights, and justice. He harbors professional and intimate personal views about himself. Like many victims of crimes, he relies on doctors’ assessments of his condition. But Mr. Mphahlele has had far more access to psychiatric treatment than many victims of human rights violations. As a torture survivor, he was one of the first members of the support group Ex-Political Prisoners and Torture Survivors (later Khulumani Western Cape); he received counseling from the Trauma Centre in Cape Town from 1997 to 2003 and sporadically still does today. He was also treated at the psychiatric unit of the Groote Schuur Hospital, where he still receives counseling and medication. The Trauma Centre assessed him as a person suffering from PTSD as a result of torture and sensory deprivation (due to his physical isolation in solitary confinement). The symptoms are inability to sleep, loss of both short-term and long-term memory; intense, uncontrollable anger toward the police and soldiers; depression; and a pervasive distrust of people. The torture he received also left his face permanently disfigured.

Unlike many other victims, Mr. Mphahlele is versed in the discourse of psychiatry. He is fascinated by the profession and, ultimately, by its power to
judge people’s psyches, sanity, and position in society. Furthermore, he uses his psychiatric vocabulary to communicate his condition to others and to find his place in the world that keeps him going, the medical world. His feelings are ambivalent, though, ranging from admiration to dependency to detestation.

He has been active in the Executive of Khulumani Western Cape and is one of the most engaged members in the province. His work as a painter is seasonal, and he spends most of his spare time at the office in Salt River or running errands for the organization in the townships or the city. When researchers or journalists look for “good cases,” Mr. Mphahlele is often the first to offer himself. He is articulate and his contributions are powerful. Often, he stands out for his irreconcilability and short temper. At one general meeting of Khulumani Western Cape, for example, a film scriptwriter who had done work on forgiveness in other postconflict countries wanted to hear members’ thoughts on the notion of forgiveness in South Africa. Mr. Mphahlele got up and said, “Look at us! We have nothing. I tracked them [the perpetrators] down when I was released from prison. I am on medication. I suffered internal head injuries. So what is the point of forgiving or reconciling?” Medical terminology was part of his intervention and gave weight to his emotions and his political stance on the matter of forgiveness. In contrast, other members described what had happened to them by recounting, in the finest detail, their experiences—of never having met their mothers, of seeing their houses burned down, or of having searched for their missing children for thirty years. Several members broke down. Mr. Mphahlele did not break down because he could, in that moment, medicalize his own pain and anger.

One day, in May 2009, we took a stroll through the stalls on Greenmarket Square in the center of Cape Town, stopping at the stall of a book vendor to browse. Mr. Mphahlele found a biography of the Argentine revolutionary Che Guevara. He particularly liked Che because “he was a medical doctor.” This was at a time when he was feeling fine, and he told me in a reflective moment, “I no longer have those suicidal thoughts. Maybe it’s the medication and also Khulumani people who make me strong,” adding, “I compare a lot. Others are much worse off.” These feelings would often last for a short period of time; but eventually his ambivalence returned and he would begin to resent his dependency on the support group and the self-sacrifice his involvement with it entailed; these feelings would often cause him to withdraw for weeks.

His anger is also directed at the doctors and the health system. He complains that he sees a different psychiatrist each time he goes for counseling,
and that he is tired of telling his story over and over again. There are periods lasting weeks when Mr. Mphahlele is more confused, absent-minded, and aggressive than usual. When this happens, he either goes to see a doctor more frequently or completely withdraws and refuses to engage with the doctors, Khulumani, or anyone else. He has always remained ambivalent about the doctors, though. At one visit to Groote Schuur Hospital, “the doctor treated me like a fool!” he told me angrily, imitating the doctor’s manner. A little later he conceded that he was glad to have the medications. They helped him to control his anger, and to not go completely berserk when something or someone angered him. Like the week before, when a drunken young man took a picture of him with his cell phone in what must have been a shebeen in Langa Township, and Mr. Mphahlele grabbed the phone and smashed it against the wall. Only months before that he had stabbed someone who had provoked him by saying that he always hangs out with whites. Mr. Mphahlele ended up in jail for a few weeks before charges were dropped.

During these serious relapses, he completely retreats to places he normally tries to get away from during the day and which he openly detests: to the townships and the shebeens. Nobody can get hold of him until he re-emerges. He detests the place where he lives and feels utterly misunderstood by this family and community. Young people do not understand what he did for them and for the future of the country; they only laugh at what torture did to his face.

He is acutely aware of the damage the pharmaceutical industry that keeps him going allegedly caused in collaboration with the apartheid regime. He and I came together for a few reading sessions in the library of the Holocaust Centre Cape Town and exchanged views on what we had read. He usually chose books on Switzerland’s collaboration with the Nazi regime, such as *Blood Money* by Tom Bower (1997), on the Holocaust reparation cases, or on Germany’s redress policy. In one conversation we had about which sector was left out of the apartheid litigations, he said:

I am talking what I’m thinking, in my mind, I think the other groups that must be held accountable . . . the pharmaceutical companies! Even here in South Africa . . . [t]he pharmaceutical industry never appeared in front of the TRC. I don’t remember—even let alone the pharmaceutical industry—I don’t even remember one doctor, medical doctor, coming to testify in front of the TRC. And they did lots of damage. They did lots of damage to our people.
When I asked him to give me an example, he said: “Biko! There are lots of cases. Poisoning . . . poisoning political prisoners!”

Mr. Mphahlele is, in a way, an expert about himself and he often tries to relate the new regulations, policies, and qualification categories to his own case. He knows the regulations for qualifying for a Special Pension by heart, for example, and often does the work the officials of the Special Pension Unit are supposed to do; that is, he helps other members to obtain the application form and fills it out with them. If their cases are rejected, he accompanies them to the Special Pension Office in the city center. His preoccupation with who qualifies for what is also apparent in his thoughts about the apartheid litigations. Given that the suits also define categories and classes of violations, he wondered whether the money would be distributed according to categories of injuries sustained. He would probably be in the “forcibly imprisoned and tortured” category, he speculated. Which company, he wondered, could be held accountable for that crime? But what about victims who were shot? They would be the responsibility of the arms and ammunition companies. “So I don’t know what category I will fall into.”

In various instances, the medical and psychiatric logic structures his account of himself. Having been in and out of treatment as a torture survivor, he has encountered numerous situations in which this discourse proves effective. Speaking about himself in medical terms gives him the opportunity to “try on” (Merry 2003) the medical coat, so to speak. It provides him with an objectified way of thinking about himself, the world around him, and the violations and injuries he has sustained. It asserts that he is a victim of torture and a survivor of the experience.

The ambivalence toward the medical profession may be due to the doctors’ inability to completely relate to his experience of pain. As Scarry (1985, 13) notes, hearing about someone’s pain is to have “doubts”; having pain is to have “certainty.” The medical doctor, therefore, can never fully understand; he necessarily doubts. And the patient is always certain because she or he experiences the pain. Hearing medical explanations of how he feels can, I suggest, formalize and assert his sense of reality by giving a name to pain. This gives people like Mr. Mphahlele the opportunity to use words “that can be borrowed when the real-life crisis of silence comes” (Scarry 1985, 10). As mentioned, he has many other subjectivities. The medicalized subject position may not be applicable in every phase of his life, in every situation, and may sometimes be worthless and
even painful, and too close to or too far removed from his experiencing self, but at other times, it helps him to keep the pain in check.

Articulating Incorporated Injuries

Every person attempts in her own way to communicate her pain and share her suffering in her communities or with the larger society. However, the stories of pain in this chapter also yield the insight that victims, who live with chronic or more acute attacks of pain, or painful memories and emotions, such as anguish, rage, and grief, find it difficult to reconcile with the past in meaningful ways. Psychiatry would probably diagnose some of them with trauma or PTSD and would see proof of inter-generationally transmitted PTSD (Langer 1991). I am anxious not to pathologize the accounts on the basis of victims’ silences and omissions,23 and I suggest, at the very least, that we must acknowledge that experiences of violence may assume intimate and nonpathological presence in the lives of victims and their families.

The pain experienced by the people described in this chapter has not completely resisted articulation. They are all members of the Khulumani Support Group and had to claim and articulate a victims’ subject position when they joined. As members, they are exposed to various discourses about what a victim of gross human rights violation is—as formulated by the leadership of the organization, the regional executive, their fellow members, the TRC or the Department of Justice, psychiatric institutions, and other victim-status-granting institutions (such as the South African Social Security Agency and the courts), researchers, and so forth. Given the context of a victim support group and the structural nature of state violence under the apartheid regime, the articulation of pain becomes a testimony to a collective victimhood, which also influences other members.

All the persons described here struggle to live in the present and to keep repercussions from the past at bay; yet their past experiences deeply encroach on their ability to find stability today. Chronologies that seem self-evident to others do not seem applicable in their lives—chronologies that suggest that the past is the past and that one can move on and overcome pain. The victims know this narrative well, and it shapes their expectations, but when they “try it on” (Merry 2003), it often lets them down.

People make various, often contradictory attempts to cope with pain. Some carefully embalm their experiences, cushioning them in silence to minimize the possibility of overwhelming and most upsetting setbacks. For others, using
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medical language helps them give expression to their pain. Others can only speak about their pain, in the comfort of a much-trusted environment. Some use rage, anger, and a readiness to fight as a weapon to carry in everyday life. The promise of a life without pain and grief beckons to everyone, but only in rare moments does it seem achievable. These may be the moments when sharing pain seems possible and acknowledgment is effective.

Full knowledge of the source of one’s pain does make the suffering bearable. It puts one in a position to exercise one’s right to make claims for historical wrongs done. These claims need not be exclusively material; they are, more importantly, claims for the acknowledgment of one’s pain, and thus for its transformation into the arena of suffering worthy of social attention. Exposing one’s wounds and having them acknowledged creates the possibility for the healing process to start from the base. (Ramphele 1997, 109)

Such attempts at sharing are always social, intersubjective, and embedded in the lifeworlds of those who suffer or are in pain. Being part of a community means, and here I draw on Schütz and Luckmann (2003), that one shares a lifeworld with others. The basic assumption is that we live our everyday life in the same world as those around us, and that we share this experience of living in the same world. With regard to intersubjectivity, Schütz and Luckmann establish several facts which we assume as unquestioned in the everyday reality of our lifeworld. Among the most important ones are the assumptions that I can enter into an interrelationship and engage in reciprocal actions with my fellow human beings, and that I can enter into dialogue with them. Furthermore, we rely on the validity of past experiences and on the stability of the world and our environment, and we situate our actions accordingly. We also rely on the ability to act on the world (Schütz and Luckmann 2003, 31). Living with pain fundamentally challenges all these assumptions. As Good and colleagues (1992, 7) note, “Something is at stake, frequently desperately so, in the lives of pain patients. Pain can be a massive threat to the legitimacy of the everyday world.”

Those who suffer struggle to participate, and they find it difficult to relate their experiences to those of others. The more agency pain has in their lives, the less they give to their experiencing selves. Pain seems arbitrary and challenges notions of stability and agency. It threatens to unmake the world (Scarry 1985) and makes “past and present lose their order” (Good 1992, 42).

The arbitrariness of chronology is of particular importance in post-apartheid South Africa. Former liberation movements and today’s political
parties celebrate the new South Africa by declaring it distinct from the apartheid era. This is the founding myth of the country and the one assumption that cannot be questioned in the official discourse. The most prominent institution heralding the arrival of the new South Africa was the TRC. Ironically enough, it put victims at the center of its work and contributed to the upswing of victimhood in public, but it did not enable victims to become part of the new South Africa. People’s lives do not easily fit into a pre- versus postnarrative. They perceive little transition or change in their own lives. The narrative of the new South Africa makes this all the more frustrating. It is so pervasive and tempting that it seduces victims to imagine themselves in a “post” world. But while their hopes tell us of a transition, chronic pain and unresolved grief do not.

The accounts here illustrate how people struggle to synchronize their lives with a temporal discourse of transition and change. Lungile Hlaise’s account is the most telling in this regard: the denial of mourning, as it intrinsically pertained to the apartheid era, has not ended. She cannot mourn what her rapist inflicted on her because it is not publicly acknowledged. Neither can she mourn the aftereffects of her involvement in the liberation struggle, because it would be unpatriotic to question the sacrifice for liberation.

Publicly adopting a victim subjectivity is not without risks. People who adopt a victim subjectivity have to see that it is socially effective and not in too stark a contrast with their other ideas of themselves and the ideals prevalent in the lifeworlds they inhabit. We always try to synchronize our inner world with the outer world as it is socially organized and validated (see Schütz and Luckmann 2003, chap.1). In the same way, one’s victim subjectivity needs to be acknowledged by the broader society in order to become socially and individually effective.

I want to stress the difference between recognition and acknowledgment, which are closely linked without being synonymous. As Axel Honneth (2003) argues, recognition is not possible without acknowledgment. To acknowledge someone means to have the knowledge that enables us to understand him or her. Acknowledging apartheid victims implies understanding what it means to have lived through the apartheid era and having come out injured. To recognize someone, in contrast, means to relate to somebody and to enter into a mutual relationship of respect. Recognizing apartheid victims thus means accepting and appreciating them in their injured personhood.
The vignettes in this chapter suggest that victims of apartheid-era crimes struggle to be acknowledged, let alone recognized, in today’s South Africa. Their attempts to express pain are attempts to find acknowledgment and recognition as victims, in all their injured personhood. To achieve this, they try to relate their experiences to discourses around them that they find effective (such as the medicalized victim, the social victim, and the ready-to-speak victim), and they sometimes succeed in negotiating pain and recognition. But, and here we have to go back to the bodily dimension of pain, their experiences are not so malleable that they can be completely adapted to existing discourses.

Although Scarry rejects the idea that the experienced quality of pain can be communicated, she acknowledges that communication about pain is possible. One of the means of communication is the body. She suggests that the human body can be a “referent” for a person’s suffering. It can be the referent for “felt-attributes” that are lifted “into the visible world” and thus become objectified attributes. Through these attributes, the “sentient fact of the person’s suffering” can become “knowable” to a second person (Scarry 1985, 13). In short: Felt attributes undergo objectification and become knowable, but not sensible, to a second person. The body is the referent of such objectified knowledge. For Scarry, the body refers to something which is not transmittable in its original form and which necessarily undergoes translation (from sentient to knowable, from felt to visible).

The accounts in this chapter suggest that the body may be a referent and a means to communicate one’s experienced victimhood to another. At some times during my research, the “sheer material factualness of the human body” (Scarry 1985, 14) played into the making and testing of a victim subjectivity. In moments when words failed, the factualness of the human body could speak for itself. People often showed me the scars from their injuries. However, I never had the impression that the demonstration was supposed to make the difference in people’s victim subjectivity. Rather, it served to communicate a subject position in ways stipulated by various discourses. It seemed to refer to discourses the victim believed would require concrete bodily evidence to establish the credibility of someone’s account. Generally, neither women nor men would uncover more than their shinbone or calf to show scars. The verbal reference to bullets in the chest or lack of scalp hair was sufficient in its potentiality. The words were trusted enough that they did not need to be complemented by physical evidence.
The body, in short, is not the argument for a victim subjectivity, but it is an integral part of that argument. We have seen in these accounts that victims do not dogmatically distinguish between body and “the rest,” between visible and invisible injuries. The body absorbs exhaustion, stress, and sorrow, and injuries to bodies manifest themselves as confusion, fits, depression, uneasiness, inability to socialize, and so forth. The body is one of many communicative tools victims can use to reach out to the other—at all times, not only when they are communicating their pain and injuries. The body is not only a tool, however, and it often sends the most powerful messages when no communication is intended: grief intersubjectively affects the other without a word spoken, anguish leaves an impression on the face and in the posture of someone who has not found closure; one may recognize loss in someone’s stance or see the desperate decades-long yearning for a loved one in another’s gaze.

Sometimes the body is deployed consciously and deliberately. Marches to Parliament to convince the minister of justice to withdraw the government’s opposition to the apartheid lawsuit relied on the impression made by a mass of bodies. Some forms of protest and resilience also tie in with ways the body was used as a means in the struggle. During one of my frequent meetings with several women from Philippi (see chapter 5), they told me how women were involved in the liberation struggle. At one point, they all started laughing naughtily and with the utmost pleasure: “One day when the police wanted to invade KTC [township], we all took our clothes off and we stand naked there. The whole KTC. They [the white policemen] run, they run! The women used to also think of plans! When the police see our big bums and our tummies . . . [then they would run away and leave us alone!]” and another woman added, “They haven’t got big bums.”

Reference to bodily injuries can thus be a possible modest way of articulating what Connerton calls one’s incorporated injury to others. It is, however, a resort to “objective,” what he calls inscribed, signs of injury (Connerton 1989). Only if this resort is understood in all its limitations, and in its reference to an experienced victimhood, can it amount to a genuine sharing of pain and a real recognition of the pain of the other. The vignettes in this chapter suggest that the injured body is more likely to raise suspicion because it is perceived as a sign of otherness. However, they also powerfully suggest that victims themselves have a model of the body that is historical and accumulative rather than biomedical.24 Victims explicitly blame history for their current suffering. They
thus directly challenge medical, anthropological, and psychiatric approaches to injuries and trauma.

Victims’ bodies were targets of violence under apartheid rule and still are today, and this has left tangible traces. Ms. Hlaise and her daughter became victims of rape, and Ms. Hlaise lost some of her sight when the apartheid security forces dissolved the crowd of mourners at a political funeral, so that a body could not be properly laid to rest. In both political and criminal violence, the body is a target. Mr. Mphahlele speaks about torture that attacks the body directly or by deprivation (cf. Foster, Davis, and Sandler 1987). His face remains disfigured as a result of torture. Ms. Mgweba also shows how the raw control of the body and its movements has been at the core of apartheid policies. People living in squatter camps and other communities declared illegal by the apartheid state were periodically forcibly removed and detained.

Bodies left injured by these experiences of violence make it difficult for their owners to conform to the society’s expectations, and may bring victims into a suspicious subject position. Mr. Mphahlele often tries to escape his community, where he feels utterly misunderstood. He partly anchors this feeling of misunderstanding in his deformed face; and even his attempts to overcome his injuries through his work for Khulumani single him out as different—because of this work, he has many white acquaintances. He is attacked, or feels pressure to defend himself, and responds with violence himself. His experiences seem to set him apart from his family and the community he lives in, and whose recognition he does not sense. Ms. Hlaise speaks most clearly about social exclusion of those who cannot deal with their painful experiences, those who set themselves apart: they are seen as bewitched, she explains. Happiness, Ms. Mgweba’s daughter, has been excluded from school and has little chance of ever getting married because of her uncontrollable fits. Her mother traces this illness back to what her daughter witnessed as a child: the killing of people and burning of houses.

But physical and visible damage to the body cannot alone explain the non-recognition of injured subjectivities. Social recognition is often lacking because victims cannot satisfyingly fulfill the social roles that have been reserved for them. The Trojan Horse theater performance, shows how difficult it is for victims themselves to form alternative victim subjectivities. There is always the pressure to articulate one’s experienced victimhood in ways that relate to established forms, be they therapeutic, political, irreconcilable, medical, or legal.
I understand the failure of recognition as an unsuccessful communication in both directions: from society to victims and from victims to society. Society seeks closure and it offers certain social roles to victims: the medicalized, the social (ready to reconcile) or the therapied (ready to talk). Victims try to be acknowledged by society and therefore try to take on the subject position offered to them. They fail for two reasons: either they cannot relate their experience of pain to a subject position that sits uneasily and does not offer any lasting relief, or, their injured personhood turns them into suspicious subjects. The failure is thus due to society and to the bodily memory of harm. It would not occur if the offered victims’ subject positions fit the lived and experienced forms of victimhood; nor would it occur if society could recognize victims in spite of their injured personhoods.

This seems to suggest that “newness” can only come from victims themselves; when they come together, recognize one another, and work toward the emergence of alternative victims’ subject positions that may take them beyond victimhood. The conditions and possibilities for another future and for new ways of relating to one another is the theme of the next two chapters.
Figure 7. Ethel Khali and Janet Ndeya, Philippi, Western Cape, December 2010

Figure 8. Lulama Lucia Mvenge, Alice Mvenge, and Janet Ndeya, Philippi, Western Cape, August 2012
Figure 9. Nolasti Twala in front of her house, Philippi, Western Cape, May 2009
Figure 10. Engelina Jama at the Nontsebenziswa Educare Centre, Philippi, Western Cape, November 2009
Figure 11. Khulumani members, Sebokeng, Gauteng, October 2010
Figure 12. In Eggie’s Soup Kitchen, run by Agnes and Linda Ngxukuma, Ikwezi Park, Khayelitsha, Western Cape, December 2010
Figure 13. Ntombentsha Mduyelwa in her stall at Ingulube Road, Philippi, Western Cape, November 2009

Figure 14. Elsie Gishi and her family, Nyanga, Western Cape, April 2013
29. The court could hear rebuttal evidence to a sample of class members. This is a compromise between one class action and hundreds of thousands of individual suits.

30. Only once tried in a HR/ATS case: *Hilao v. Estate of Marcos*, 103 F.3d 767 (9th Cir. 1996): a human rights class action against the Philippine dictator Ferdinand Marcos. The 9th Circuit Court approved a sampling procedure, the findings of which were presented to the jury. Like the Apartheid Litigation, the case was brought under the Alien Tort Statute. It was an opt-in class action.

31. It wants to strike the balance between liberty and equality values: It partly challenges the company’s insistence on the *individualization* approach (*liberty*) and it takes seriously the fact that pro rata amounts (through aggregate determinations of liability and damages) do not consider individually varying injury (*equality*) (Lahav 2010).

32. Maybe this gives us a clue about how to understand the civil plaintiff’s role, as Laura Nader (2002, 211) notes in *The Life of the Law*: “[T]he civil plaintiff’s role will be appreciated as something more than presenting a dispute to be managed.”

33. The International Criminal Court has a Victims’ Trust Fund through which to compensate the victims of crimes (Rome Statute, Article 79). It is independent from the Court and is mandated to implement Court-ordered reparations and to provide physical and psychosocial rehabilitation or material support to victims of crimes within the jurisdiction of the Court. This is an important international recognition of the need of reparations (generated by fines and forfeitures but also voluntary contributions by states and private donors). It advocates community redress rather than individual payouts.


**Chapter 3**

1. Jonathan Claasen (age 21), Shaun Magmoed (age 15), and Michael Miranda (age 11).

2. Goodman Mali (age 19) and Mabhuti Fatman (age 20).


4. Transcripts of the Trojan Horse hearings can be found on the official TRC website, http://www.justice.gov.za/trc/special/#thh. At the June 2 hearing, Ebrahim Rasool, then Western Cape’s minister of health, said in his context statement that the Trojan Horse killings symbolized the growing desperation of the apartheid regime, which had responded with increased brutality to so-called popular unrest and protest in the Western Cape townships. Special Hearing, Trojan Horse Hearing, June 2, 1997, http://www.justice.gov.za/trc/special/trojan/rasool.htm (accessed February 2016).

5. My use of the words *deportation* and *deport* is not meant to suggest that I recognize the former homelands as independent states. Also, I could not find out what the precise connection between the drums and her recollection of her dead baby was.

6. One such incident I witnessed was the special screening of the South African movie *Zulu Love Letter* for Khulumani members at the V&A Cinema Nouveau in
2005 (directed by Ramadan Suleman and produced by JBA Production and Native at Large).

7. See also Colvin (2004a) for a detailed account of the process that resulted in the rejection of social-psychological support at Khulumani Western Cape.

8. It was also performed at the 6th Annual National Oral History Conference at the River Club in Observatory, Cape Town, in October 2009.

9. Scholars often interpret silent memories as silenced or forgotten by hegemonies, as a “politically or ideologically loaded absence” that needs to be overcome. As a result of scholars’ political or moral ideas of (re-)empowerment and contestations or revisions of the past, “ethnography fails to seek phenomenological accounts of the silent presence of the past” (Kidron 2009, 8). More recently, and as part of an emerging anthropology of memory, anthropologists have emphasized grounded research of actual mnemonic and non-monumental practices. On embodied past, see for instance Werbner (1998) and White (2008). The ethnographies uphold the dialectical thinking between macro processes (hegemonic and colonial and postcolonial violence) and their subjects’ embodied pasts.

10. Several medical anthropologists have argued that the reason there is no language for pain is that it is so personal and subjective and that it is impossible to quantify and measure suffering. See Das (1997), Frank (2002), and Kleinman and Kleinman (1994).

11. See Christopher Colvin’s (2004a) work on Khulumani and the transformation from story-telling as a therapeutic tool to a means of political mobilization.

12. I knew many of the Khulumani members in the audience and also met them weeks and months later. I did not speak to them about the theater performance, though, and no one brought it up either. I only talked to one Khulumani member who herself could not attend the meeting (see below).


14. The commission on the whole never had a clear idea of what reconciliation entailed. Richard Wilson suggests that this may have been partly deliberate, owing to “a number of factors including the pragmatic realization on the part of commissioners that if they defined a key objective, then they could be held accountable for not achieving it, and it was obvious to commissioners that attempts at reconciling individuals would achieve only mixed results. In the context of a largely critical media, unleashing such a messy and unmanageable process would be leaving a hostage to fortune. In addition, reconciliation, like all central unifying metaphors, would function best as a kind of social glue when it was left indeterminate. Different groups with dissimilar agendas could then appeal to reconciliation to advance their own objectives” (Wilson 2001, 19).

15. I do not intend to give the full history but confine it to South Africa. See the introduction for a discussion of my approach to therapeutic notions of trauma and traumatization.
16. One could go further and argue that not only the therapeutic dimension of bearing witness was important notion in the TRC’s work but also the confession and its supposedly therapeutic benefit was (not only for perpetrators but also for victims). Foucault (1987) writes on how psychotherapy replaced confession in church.

17. When I saw Ms. Mgweba again in April 2013, her son was married, and his new wife was working at the stall. He had also found a job as a security guard.

18. I later had a chance to talk to her sister, who portrayed their relationship as important and still very supportive. She did not, however, emphasize how much emotional weight her sister took on from her in those years.

19. The riotous assemblies act needed the presence of a policeman to proclaim the assembly illegal (see, for instance, the Riotous Assemblies and Suppression of Communism Amendment Act No. 15 of 1954 and its amendments of 1974 and 1978; or the Internal Security Amendment Act No. 5 of 1986 that granted further control over illegal gatherings. States of emergency were limited in time and place.

20. According to the South African Police Service’s crime report of 2010–11, 132 per 100,000 persons have been experienced sexual offences. This does not include the majority of the cases, which go unreported.

21. Letter written by a counselor at the Trauma Centre in support of the renewal of Mr. Mphahlele’s disability grant.

22. It is in perfect line with the poststructuralist concept of the self. The self is the location of multiple subjectivities, which are potentially contradictory. These subjectivities are established within discourses and discursive practices (Merry 2003).

23. Kidron argues that silence deviates from the Eurocentric psychosocial norm of voice. In this view, the absence of voice signals avoidance and repression, or even socially suspect personal secrecy or collective, political subjugation: “Whether the issue is personal, communal, or national silence, well-being is thought to be contingent on the liberation of voice” (Kidron 2009, 5ff.).

24. I thank Fiona Ross for pointing this out to me.

Chapter 4

1. Portions of this chapter are adapted from © 2014 “Experiences of Violence and the Formation of the Political: Embodied Memory and Victimhood in South Africa,” in The Politics of Governance: Actors and Articulations in Africa and Beyond, edited by Till Förster and Lucy Koechlin, 151–79. Conceptualising Comparative Politics. New York: Routledge. Reproduced by permission of Taylor and Francis Group, LLC, a division of Informa PLC. Permission conveyed through Copyright Clearance Center, Inc.

2. See Madlingozi (2007a, 12) for a slightly different use of such victims’ subject position: “Bad victims,” according to him, are those who claim reparations and campaign for social justice and who, in doing so, “expose the poverty of this elite compromise, which involves maintaining the ill-gotten gains provided that a section of the new elite is placed in positions of economic power and privilege.” “Good victims” are those who belong to the new elite, have been well connected as members of liberation movements, profit from the new access to the post-1994 wealth, and generally can afford not to