

**CHILDHOOD SEXUAL ABUSE AND CONTEMPORARY TRAUMA THEORY:  
A VISUAL EXPLORATION IN SELECTED SOUTH AFRICAN ARTWORKS**

by

ANÉ JOOSTE

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SUPERVISOR: DR NATHANI LÜNEBURG

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**UPHANDO LOKUBONWAYO KWIMISEBENZI YOBUGCISA EMZANTSI  
AFRIKA**

Ngu-

ANÉ JOOSTE

lungeniswe ngokungqinelana neemfuno zesidanga ze-

MASTER OF VISUAL ARTS

e-YUNIVESITHI YOMZANTSI AFRIKA

IKHANKATHA: UGQIRHA NATHANI LÜNEBURG

KU-AGASTI 2020

## DECLARATION

I declare that CHILD SEXUAL ABUSE AND CONTEMPORARY TRAUMA THEORY: A VISUAL EXPLORATION IN SELECTED SOUTH AFRICAN ARTWORKS is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.



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Ané Jooste

1 Augustus 2020

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Date

## ABSTRACT

The study delves into traumatic memories rooted in the unconscious mind and the modalities of expression of traumatic memories of childhood. Specific reference is made to the trauma studies of Cathy Caruth and Bessel van der Kolk. Using a framework of contemporary trauma theory, I argue that trauma manifests through childhood sexual abuse (CSA) manifests in trauma and that a number of artworks by myself, Penny Siopis and Nathani Lüneberg, reflect such trauma. The research is conducted as practice-led research and focuses on interpretations of selected artworks as well as a theoretical component. The body of large-scale digital paintings plays a significant role in the research process, which implies that theory leads practice and vice versa. The work encompasses the visual exploration of CSA and it is specifically analysed according to my interpretation of symbols such as the naked female body and intimate scenes which illustrate, vulnerability, curtains that metaphorically represent a view into my unconscious mind. The symbol of the uterus or the womb, where a foetus or unborn baby develops and grows, is a symbol of nurturing and protection. The artworks are primarily considered according to notions of CSA that cause betrayal and traumatic associations with sex, angst and psychological fragility in children. The exhibition portrays the psychobiological and psychoanalytical aspects of childhood trauma resulting from CSA. The creative work consists of four digital paintings and seven photographic artworks. The artworks in *The Silent Wound Series* portray CSA, childhood trauma, and traumatic memories in the unconscious. Dealing with the understanding and representation of childhood trauma such as CSA, these themes are continuously embodied in my artworks. As the portrayal of the fragile girl child's body as a signifier in the artworks relates to my personal situation, I choose an empathic view of childhood trauma within the study, portraying traumatic events and the memories thereof in the unconscious. The aim of the study is to recognise how digital painting and photography enable the representation and understanding of CSA and traumatic memories and how the silenced and abused child's voice can be

expressed through the affective and transactive quality of art. The main study objective is to investigate if traumatic memories occur in victims of CSA.

**KEY WORDS**

traumatic memory, digital painting, photography, contemporary trauma theory, repression, afterwardsness, childhood sexual abuse.

## ISICATSHULWA

Uphononongo lungena nzulu kwiinkumbulo ezoyikisayo ezendele kwingqondo eleleyo kunye neendlela zokubonisa iinkumbulo ezibuhlungu zobuntwana. Ngokukhethekileyo kujoliswe kuphando olwenziwe kwizifundo zomothuko zikaCathy Caruth noBessel van der Kolk. Ndisebenzisa isakhelo sethiyori yanamhlanje, ndivakalisa ukuba umothuko wokuxhatshazwa ngokwesondo ebuntwaneni (i-CSA) bubonakala kuloyiko kwaye eminye yemisebenzi yam yobugcisa, uPenny Siopis kunye noNathani Lüneberg, ibonisa uloyiko olunjalo.

Uphando lwenziwa njengophando olukhokelwa kukuziqhelanisa kwaye lujolise kutoliko lwemisebenzi yobugcisa ekhethiweyo kunye nenxalenye yethiyori. Uvimba wemizobo emikhulu yedijithali idlala indima ebalulekileyo kwinkqubo yophando, oko kuthetha ukuba ithiyori ikhokelela ekusebenzeni kwaye nangokuphendulelekileyo.

Umsebenzi uquka uphando olubonakalayo kwe-CSA kwaye ucazululwa ngokukodwa ngokokutolika kwam iisimboli ezinje ngomzimba wabasetyhini ehamba ze kunye nemiboniso esondeleleneyo ebonisa, ukuba sesichengeni, iikhethini ngokukwekwayo ezimele imbono kwingqondo yam eleleyo. Uphawu lwesibekeko okanye isibekeko, apho umbungu okanye usana olungekazalwa lukhula khona kwaye lukhule, siluphawu lokondla nokukhusela. Imisebenzi yobugcisa iqwalaselwa ikakhulu ngokwemibono ye-CSA ebangela ukungcatshwa kunye nomanyano oludakumbisayo ngezesondo, ixhala kunye nobu-ethe-ethe ngokwengqondo ebantwaneni.

Umboniso uzoba iimeko zengqondo ephilayo kunye nohlalutyo lwengqondo elimeleyo yobuntwana ebangelwe yi-CSA. Umsebenzi wobugcisa unemizobo emine yedijithali kunye neefoto zobugcisa esixhenxe. Imisebenzi yobugcisa kwi-*Silent Wound Series* izoba i-CSA, umothuko wobuntwana, kunye neenkumbulo ezibuhlungu ezikwingqondo eleleyo. Ukusebenza nokuqonda nokutolika ukwenzakaliswa kobuntwana okufana ne-CSA, le mixholo ihlala iyinxalenye kwimisebenzi yam yobugcisa. Njengoko ukwenza uzobo lomzimba o-ethe-ethe womntwana oyintombazana njengomboniso kwimisebenzi yobugcisa kunxulumene

nemeko yam yobuqu, ndikhetha umbono onovelwano wokwenzakala kobuntwana kolu phononongo, ndibonisa iziganeko ezihlasimlis 'umzimba kunye neenkumbulo zazo ezingqondweni ezileleyo.

Injongo yophando kukufuna ukuqonda ukuba imizobo ngedijithali kunye nokufota kukwenza njani ukumelwa kunye nokuqondwa kwe-CSA neenkumbulo ezenzakalisayo nokuba ilizwi elithulisiweyo nempatho-mbi yomntwana linokuvakaliswa njani ngokomgangatho ochaphazelayo notshintshayo wobugcisa. Eyona njongo iphambili yophando kukuphanda ukuba iinkumbulo ezibuhlungu ziyenzeka kumaxhoba e-CSA.

**KEY WORDS - AMAGAMA ANGUNDOQO**

traumatic memory - inkumbulo ebuhlungu

digital painting - umzobo wedijithali

photography - ukufota

contemporary trauma theory - ithiyori yoxinzelelo lwangoku

repression - incinezelo

afterwardsness ngokwasemva koko/ukuba semva

childhood sexual abuse. ukuxhatshazwa kobuntwana ngokwesondo.

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## **LIST OF ABBREVIATIONS**

APA	American Psychiatric Association
ASA	Adult Sexual Assault
CSA	Childhood Sexual Abuse
DSD	Department of Social Development
FTDM	Four Traumagenic Dynamics Model
HIV	Human Immunodeficiency Virus
PLR	Practice-led Research
PTSD	Post-traumatic Stress Disorder
RSA	Republic of South Africa
SA	South Africa
SAPS	South African Police Service
Stats SA	Statistics South Africa
TRC	Truth and Reconciliation Commission
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organisation

# CHAPTER 1

## INTRODUCTION

### 1.1 Introduction and background to the study

In this study, I argue within a framework of contemporary trauma theory, that child sexual abuse (CSA) results in trauma and that such trauma is represented in the artworks of Penny Siopis, Nathani Lüneburg and my own body of work. To maintain my argument, I posit that CSA has dire consequences and might cause deceit, traumatic associations with sex, anxiety and frailty in adulthood. Furthermore, I argue that trauma affects memory, since abused victims do not necessarily narrate and express trauma in a chronological manner. To extend my argument, I postulate that CSA occurs daily in South Africa and is consciously as well as unconsciously expressed in selected artworks in this study. I maintain that South African trauma victims of sexual acts during childhood can be considered to be subject to circumstances caused by socio-political, socio-economic and socio-cultural conditions.

This research investigates the concept of trauma theorised within the structure of trauma theory and particularly by the application of contemporary trauma theories. It analyses artworks by the above-mentioned artists while considering the viewer to be a witness of the abuse. Using trauma theory as a critical framework, the nature and perception of trauma in the artworks of selected female South African artists are investigated. The analysis of these artworks is based on my own interpretation and does not rely on the artist's intention with her creation. I have included my own artworks for analysis since the research is autobiographical and explores personal traumatic experiences of CSA. To conduct analyses of selected artworks, contemporary trauma theories by Cathy Caruth, Dominick LaCapra, Ruth Leys, Shoshana Felman, Dori Laub, Judith Herman, E. Ann Kaplan, David Finkelhor, John Briere and Marsha Runtz, Diana Elliott, Bessel van der Kolk and Jennifer J Freyd are applied to the visual interpretation process and arguments. Several of these theorists' interpretations of trauma are rooted in key psychoanalysts' findings, such as Sigmund Freud and Jacques

Lacan. Therefore, I refer to Freud and Lacan from the interpretations of the mentioned theorists.

## **1.2 Research question**

The primary research question posed by this study is how trauma as a result of CSA within the framework of contemporary trauma theory represented in the artworks of Penny Siopis, Nathani Lüneburg and my own body of work manifests or how do artworks by selected South African female artists reflect trauma as a result of CSA within the framework of contemporary trauma theory another pivotal question posed by this study is whether CSA can cause betrayal, traumatic associations with sex, angst and weakness in children and adults. By applying Finkelhor's studies on the impact of CSA on adults and children, a clearer understanding of its consequences emerges. To respond to this research question, I refer to Finkelhor's two trauma models, the Post-Traumatic Stress Disorder Model and the Four Traumagenic Dynamics Model. These models are explained in greater depth in chapter 2. Further research that assists in locating answers to this research question explores long-term effects of childhood sexual abuse, as posited and researched by Briere and Runtz. This investigation sheds light on the impact of CSA within six areas<sup>1</sup> which will be discussed further in this chapter. Extended references regarding the impact of CSA are investigated by reference to studies by trauma theorists such as Terri L Messman-Moore, Patricia J Long, Henrietta H Filipas, Van der Kolk and Sarah E Ullman.

The second research question offered by the study is whether trauma affects memory and if so, how it is articulated and remembered by the victim. To substantiate the argument introduced by this question, the field of traumatic memory is explored. While various authors and theorists submit arguments regarding this ongoing phenomenon, I find it necessary to focus on the psychobiological and psychoanalytical areas related to traumatic memory. I

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<sup>1</sup> These areas are 'posttraumatic stress, cognitive distortions, altered emotionality, disturbed relatedness, avoidance, and impaired self-reference' (Briere & Runtz 1993:312).

<sup>2</sup> Neuroimaging is a discipline including the vivo depiction of the functioning of the central nervous system .(<https://www.sciencedirect.com/topics/medicine-and-dentistry/neuroimaging>)



interrogate Van der Kolk's findings on neuroimaging<sup>2</sup> studies wherein he tests posttraumatic stress disorder (PTSD) patients' construction of memories of trauma. In terms of traumatic memory in psychoanalysis, an investigation of Freud and Lacan's reflections of memory and trauma is vital to interpret contemporary theories. I investigate and apply the approaches of Caruth, Laub, Felman, Leys, Kaplan, LaCapra and Van der Kolk to memory and trauma and links between trauma, history and memory.

The third research question that the study submits, revolves around the traumas of CSA in South Africa. To substantiate a response to this question, I first investigate statistics of CSA as reported by the South African Police Service (SAPS), Statistics South Africa and the Citizen's fact sheets. The possible reasons for CSA must be considered in terms of socio-political, socio-economic and socio-cultural conditions. To substantiate this research inquiry, I unpack these conditions and focus in particular on the aftermath of apartheid and its influence on the current social position of children. In terms of CSA in South Africa, its traumatic and psychological impact on children and adult survivors needs to be analysed. An exploration of mental health of victims by Shanaaz Mathews, Naemah Abrahams, Rachel Jewkes and Karl Peltzer is essential to this research, as well as interviews with psychologists who specialise in CSA recovery programmes.

The fourth research enquiry of this study is based on the visual exploration of CSA and, in particular, by South African females and myself. The artworks are primarily considered according to notions of contemporary trauma theory. The reflections of childhood trauma in the selected artworks are based on traumatic memory (through repression and afterwardsness) and the notion that the actual trauma only arises belatedly and through recurrence. Contemporary trauma theories are applied interconnectedly into Freud and Lacan's views of trauma.

The fifth and final research question firstly investigates how digital art enables the representation and understanding of CSA and traumatic memories. Secondly this

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<sup>2</sup> Neuroimaging is a discipline including the vivo depiction of the functioning of the central nervous system .(<https://www.sciencedirect.com/topics/medicine-and-dentistry/neuroimaging>)

question looks into how the silenced and abused child's voice can be expressed through the affective and transactive quality of art.

### **1.3 Context of the study**

The study consists of a practical and a theoretical section comprised of digital artworks titled *The Silent Wound*, a dissertation and a catalogue of the creative work. The study's distinct aims and objectives are that traumatic memories occur in victims of CSA, establishing a dialogue between the theoretical construct and creative works.

The study draws on Barrett and Bolt's (2007:5) approach that an "innovative dimension of this [practice-led] subjective approach to research lies in its capacity to bring into view particularities that reflect new social and other realities either marginalised or not yet recognised in established social practices and discourses". PLR is described as methods being emergent; moving between theory and practice in response to the changing demands of the artist (Barrett & Bolt 2007:10,11). Critical theories lead to innovative concepts that emerge during the production of the artworks to improve the visual practice and expand on theory. I chose to work with this research model because its reflective and open-ended capacity allows for an exploration of subjectivity.

The theoretical framework of the study is based on the characteristics, concepts, and themes visually expressed through the artworks. The visual research methods referred to are the use of images (as forms of data). These research methods explore the research topic and the artistic practice, so as to understand the value and potential of visual methodologies. In the creative and theoretical work produced for this study, I use selected contemporary theories.

The practical component is a research-led exhibition titled *The Silent Wound*. The artworks in *The Silent Wound* portray CSA, childhood trauma and traumatic memories in the unconscious. Dealing with the understanding and representation of childhood trauma such as CSA, these themes are continuously embodied in my artworks. The portrayal of the fragile girl child's body as a signifier in the artworks is related to my situation. Therefore, I choose an empathic view of

childhood trauma within the study to portray personal traumatic events and the memories thereof in the unconscious.

#### **1.4 Aims and objectives**

The predominant aim of the research is to distinguish that CSA results in trauma and that such trauma is represented within a framework of contemporary trauma theorists. This detection is done by referring to Caruth, Laub, Felman, Leys, Kaplan, LaCapra, Laplanche and Van der Kolk. My submissions on CSA are based on personal experiences, and includes the assertion that trauma stems from childhood memories of traumatic events.

Additionally, the study confirms that trauma affects memory, since abused trauma victims do not necessarily formulate the narration and expression of trauma chronologically.

CSA occurs daily in South Africa and is both consciously and unconsciously expressed in selected artworks in this study. The study maintains that South African trauma victims of sexual acts during childhood can be considered to be subject to circumstances caused by socio-political, socio-economic, and socio-cultural conditions.

This study's main objective is to investigate CSA, digital art, trauma, and traumatic memories. The principal aim is to recognise how digital art enables the representation and understanding of CSA and traumatic memories and how the silenced and abused child's voice can be expressed through the affective and transactive quality of art.

#### **1.5 Research method**

In contrast to traditional academic research, auto-ethnography, as a methodology, is used to voice the personal narrative of a subject's identity. Marcus and Fischer (1986:18) refer to auto-ethnography as "contemporary ethnic autobiography", as it is interdisciplinary and crosses boundaries between cultural, psychological and artistic domains. I use self-reflection and personal experience to link this autobiographical research. Auto-ethnography is a qualitative exploratory research

approach to provide an in-depth understanding of my personal experience and it is situated within a practice-led research methodology and it is consistently applied throughout the research. The study aims to assist in solving arguments about theoretical and practical components that emerged through the research.

The study is conducted in the form of practice-led research (PLR) and focuses on interpretations of selected artworks and a practical component. My body of large-scale digital artworks plays a significant role in the research process, which implies that theory leads practice, and vice versa. I follow the PLR approach of Estelle Barrett and Barbara Bolt (2007:1), who define PLR methods as developing and progressing between theory and practice in response to the changing anxieties of the artist's physical and psychological states. The project is concerned with using creative practice to explore embodied experience and has been motivated by what Barrett refers to as "personal interest and experience, rather than objective 'disinterestedness'" (Barrett & Bolt 2007:1). Therefore, the study acknowledges and articulates previous traumatic experiences that had been silenced. The title of my practice *The Silent Wound* is an autobiographic portrayal of an abused child, and of myself.

In the theoretical and practical component, the aim is to research traumatic childhood memories and CSA and the creation of digital artworks flooded with psychological and psychoanalytic interpretations. According to contemporary and Freudian trauma theory, traumatic memories are suppressed in the unconscious. In my artworks, I attempt to retrieve these childhood memories.

## **1.6 Theoretical framework**

The theoretical framework of this study is broadly based on the characteristics of contemporary theories surrounding traumatic memories as a result of CSA and digital painting and photography as a function for revealing traumatic memories. I draw from contemporary trauma theorists on traumatic memory in psychoanalysis by referring to Caruth, La Capra, Leys, Kaplan, Fellman, and Laub and Van der Kolk. These theories will be unpacked in depth in Chapter 3. The focus is on identifying and discussing the traumatic impact of CSA that causes betrayal and

traumatic associations with sex, angst, and weakness in children and adults. These conditions have lasting effects as trauma victims remember traumatic memories in many different forms. The focus is on the psychobiological and psychoanalytical areas related to traumatic memory and the links between trauma, history and memory. Furthermore, it must be noted that the actual trauma only arises belatedly, by means of recurrence and traumatic memory and through repression and afterwardsness.

I use digital painting and photography to accentuate and elaborate on ideas visually presented in *The Silent Wound*, particularly how contemporary trauma discourse relates to the unconscious world of a traumatised victim as it unfolds in the artworks. To contextualise experiences of CSA, I apply the views of contemporary trauma theorists such as Liza Cartwright, Marita Sturken, and Lev Manovich's on digital technology as a medium to portray traumatic memories caused by CSA.

## **1.7 Literature review**

For the purpose of this study, I have grouped the researched body of literature into sections: firstly, contemporary trauma theory, and secondly, digital art as a means through which concepts and ideas concerning this study are visually represented.

### **1.7.1 Contemporary trauma theory**

The experience of trauma and its effects on the psyche are central to my argument that traumatic memories occur in CSA victims. I use contemporary the views of trauma theorists Caruth, Leys, Laub, Felman, Laplanche, Van der Kolk, and Kaplan to support my main statement.

Caruth's trauma theory is a crucial point of reference. I apply her landmark publications in the field in the 1990s, including her essay collection *Trauma: Explorations in Memory* (1995) and her monograph *Unclaimed Experience* (1996). I rely on Caruth's argument in *Trauma: Explorations in Memory* (1995) that trauma disrupts the ordinary mechanisms and representations of

consciousness and memory. The traumatic event, dissociated from cognitive and representational processes, returns in the form of flashbacks and repetitive forms.

I further agree with Caruth (1995:17) and submit that it is not the traumatic experience itself that creates trauma, but rather the memory of it, and that there is a delay in time from the traumatic event through repression and “afterwardsness”, as I illustrate in my practical work. I continuously refer to Caruth’s (1996:7) notion of traumatic memories, elements of trauma, and the unconscious, and how the traumatised person lives with emotional suffering.

Laplanche’s ideas on *Nachträglichkeit* are emphasised in his and Caruth’s *An Interview with Jean Laplanche* (Caruth & Laplanche 2001:1-32). This implies that a delayed reaction occurs as traumatic memories are stored in the unconscious and revealed during adulthood when activated by a response to childhood trauma. *Nachträglichkeit* broadens the psychoanalytical understanding of trauma as it is applied to traumatic memories of CSA. Laplanche’s notion of *Nachträglichkeit* reverberates in Leys’ *Trauma: A Genealogy*, in which Leys (2000:20) refers to trauma as a “dialectic between two events, neither of which was intrinsically traumatic, and a temporal delay or latency through which the past was available only by a deferred act of understanding and interpretation”. The trauma victim is thus not prepared for the experience and consequently ceases all rational responses.

In *Trauma: A Genealogy* (2000), which is more like a genealogy than a history, Leys analyses the concept of psychic trauma. I apply two rival models to explain why people are or are not suffering from a trauma-induced problem, a mimetic school of thought, and an anti-mimetic school of thought. Leys explains that in historical investigations into its mimetic nature, trauma simultaneously contains an anti-mimetic element. The subject is, by contrast, conceived as a remote, independent spectator to his or her trauma, who is thus capable of representing the trauma to him or herself. Leys (2000:299) argues that within the mimetic theory, the victim instinctively mimics the trauma; however, the anti-mimetic theory is consistent that trauma is an unimportant event that emerges in a completely unified subject.

In addition, I concur with Laub's statement that the dissociative mechanism creates a black hole in the mind in which the traumatic event is stored. The traumatic memory becomes non-representational, non-linguistic, and literal. Thus, it "cannot be known or represented but returns belatedly in the form of flashbacks, traumatic nightmares, and other repetitive phenomena" (Leys 2000:266).

Studies concerning contemporary trauma theories of Caruth, Laub, and Felman on the mimetic paradigm of trauma argue that trauma allows an absence of traumatic memory and that the anti-mimetic theory's emphasis is on the traumatic event as a connection between the external and internal means of trauma experiences.

In *Trauma culture: The Politics of Terror and Loss in Media and Literature* (2005), E. Ann Kaplan explores the relationship between the impact of trauma on individuals and entire cultures and nations. Freud proposed that hysteria arises from memory associated with sexual abuse that took place in childhood, while Kaplan disclosed that trauma was initially linked to sexual encounters of young women.

Judith Herman's view in *Trauma and Recovery: The Aftermath of Violence* (1992:96) clarifies the impact of trauma on survivors' lives: "[r]epeated trauma in adult life erodes the structure of the personality already formed, but repeated trauma in childhood forms and deforms the personality". Herman, who introduced the notion of complex trauma that refers to the results of prolonged or chronic exposure to interpersonal stress, maintains that such forms of traumatisation severely disrupt an individual's perception of the self. A constellation of symptoms is further explained that relates to Van der Kolk's interpretation of CSA.

I discuss forms of psychobiological interpretations of traumatic memory in terms of the neurobiology of trauma and memory by Van der Kolk. He (1997:1) shows that traumatic memories cannot be converted into logical storylines; consequently, memories are affected by the traumatic event. A trauma victim cannot present the traumatic memory of an event in a coherent story, and these victims find it difficult to restructure an understanding of past and present realities.

Furthermore, I rely on Van der Kolk's study of PTSD with brain imaging. In 1980, PTSD was acknowledged by the American Psychiatric Association (APA) as the psychiatric syndrome that arises out of the experience of trauma. Van der Kolk's article "*Posttraumatic Stress Disorder and Memory*" published in the *Psychiatric Times* (1997), explains that traumatised individuals may develop PTSD, a disorder in which the memory of the trauma event can dominate the victims' consciousness. These observations have given rise to the notion that traumatic memories may be encoded differently in the brain than memories of ordinary events.

The traumatic impact of CSA on victims causes lasting effects such as feelings of betrayal and traumatic associations with sex, angst, and weakness in children and adults. I refer to Finkelhor's and Angela Browne's (1985) significant text: "The traumatic impact of child sexual abuse: A conceptualisation (1985). Two models": the posttraumatic stress disorder (PTSD) model and the four traumagenic dynamics model (FTDM) justify that traumatic memories occur in victims of CSA. When applying these studies on the impact of CSA on adults and children, an understanding of the negative impact and its consequences emerges. Through an analysis it will be indicated that the PTSD model has three problems when applied to sexual abuse: it does not account for all the symptoms, nor does it apply to all victims, and the details of the sources of trauma do not match the many types of sexual abuse. The FTDM model is more complex and accounts for further effects. It posits four dynamics: betrayal, traumatic sexualisation, powerlessness and stigmatisation, which are described and matched with specific symptoms noted in the literature.

I discuss the traumatic consequences of CSA mentioned in the writings of Finkelhor and Browne's research article, "The traumatic impact of child sexual abuse: A conceptualization". These consequences include "fear, anxiety, depression, anger and hostility, aggression, and sexually inappropriate behavior". The effects, duration and frequency of abuse, age at onset, the child's reporting of the offense, parental reaction, and institutional response are also considered as primary problems associated with CSA (Finkelhor & Browne 1985:530-541).



Finkelhor (1985:354) broadly defines traumagenic dynamics as an experience that alters “the child’s cognitive or emotional orientation to the world” and causes trauma “by distorting the child’s self-concept, worldview, or affective capacities”. The dynamics are described and matched with specific symptoms from the literature (Finkelhor & Browne 1985:530-541).

I applied crucial texts to the investigation of the long-term sequelae of CSA as posited by researchers Briere and Runtz (1993) in *Childhood Sexual Abuse: Long Term Sequelae and Implications for Psychological Assessment*. Their work sheds light on the impact of the various problems and symptoms of CSA. Briere and Runtz (1993:312) explain that PTSD indicates specific, persisting psychological symptoms that occur in response to an extremely distressing, psychically disruptive event. A diagnosis of PTSD involves the occurrence and regular re-experiencing of a traumatic event. Exposure to trauma can minimise a child’s sense of control of their life and cause unavoidable anxiety. Repeated traumatic events may result in a sense of powerlessness, and the victim may develop perceptions of the self as weak and vulnerable, others as unreliable and untrustworthy, and the world as a dangerous place. The potential impacts, symptoms, and problems of CSA are reviewed in a series of broad categories. In addition to the problems already mentioned, victims may also experience other symptoms that will be further discussed (Briere & Runtz 1993:312 -330).

I further discuss Briere and Elliott’s (1994) *Immediate and Long-term Impacts of Child Sexual Abuse*, which presents a wide range of psychological and interpersonal problems that are more prevalent among those who have been sexually abused than among individuals with no such experiences.

To validate my findings, I investigate extended sources regarding the impact of CSA through studies of contemporary trauma theorists such as Messman-Moore and Long (2000), Van der Kolk (2000), Freyd, Frank W. Putnam, Thomas D. Lyon, Kathryn A. Becker-Blease, Ross E. Cheit, Nancy B. Siegel and Kathy Pezdek (2010), Ullman (2006) and Filipas and Ullman (2006).

Freyd et al. (2010) confirm that CSA is associated with severe mental health problems, including PTSD, depression, suicide, and physical health difficulties such as substance abuse, victimisation, and criminality in adulthood. CSA may interfere with attachment, emotional regulation, and significant stress response systems. Messman-Moore and Long (2000:489) suggest that several damaging factors are associated with CSA: dissociation, substance abuse, low self-esteem, learned helplessness, and relationship choices that increase a woman's vulnerability to revictimisation.

The study by Filipas and Ullman (2006:656) on "Child sexual abuse, coping responses, self-blame, posttraumatic stress disorder, and adult sexual revictimization" articulates the psychological sequelae of CSA and the factors that contribute to revictimization in the form of adult sexual assault (ASA). I argue that while traumatic childhood experiences are not only common, they also have an intense impact on different areas of childhood functioning. This may lead to a wide range of adverse consequences in a victim's life, with sustained impact on psychological functioning. All the texts mentioned above inform my argument that traumatic memories occur in victims of CSA. There is no doubt that CSA has damaging consequences for all victims and for everyone involved in the victim's life from childhood to adulthood. My digital artworks depict content relating to the symptoms and impact of CSA.

### **1.7.2 Digital art**

This section contains background information concerning representational, artistic, technological, contemporary, and narrative characteristics of digital art. I rely on relevant texts by Sturken and Cartwright (2001) and Manovich (2001, 2013) to substantiate my view that new media art can be employed to explore traumatic childhood memories and CSA. Using digital art as a contemporary medium, my art consists of digital painting and photography into which self-reference and self-portraiture are incorporated.

*Practices of Looking: An Introduction to Visual Culture* by Sturken and Cartwright explains that the principles of imaging and the concepts of the visual

have changed throughout history. These authors explore the ways we use and understand images: “we are defining visual culture as the shared practice of a group, community, or society through which meanings are made out of the visual, aural, and textual world or representations and the ways that looking are engaged in symbolic and communicative activities”. In the late twentieth century the emergence of digital imaging radically altered the distribution and social meaning of images. “The modern era of mechanical reproduction, and the postmodern era of electronic and computer imaging entail a different set of criteria by which images are valued and perceived” (Sturken & Cartwright 2001:109).

I demonstrate the artist’s interactive relationship to images on the computer screen and point out that the navigation of software and information on databases through graphics and images is possible through a computer mouse. The artist can make choices, browse, and move to new screens and images as the images are digital. As such, they can be easily downloaded on computers, and used in different contexts. The age of new media shifted the status of the image (Sturken & Cartwright 2001:109-150). Sturken and Cartwright confirm my argument that digital art contains features that enable the digital artist to convey traumatic memories.

I also draw on the author Manovich’s books, *The Language of New Media* (2001) and *Software Takes Command* (2013). He asserts that the first systematic theory of new media was placed within the histories of visual and media cultures of the last few centuries. The art-making term “new media” encompasses art forms that are either produced, modified, or transmitted through new emerging digital or computerised media technologies. Media techniques and tools available in interactive software applications have replaced a diverse array of physical, mechanical, and electronic technologies (Manovich 2013:141). According to Martin Wattenberg, Software Artist and Scientist, “Computers haven't transformed media--they've shattered the very idea of a medium. Lev Manovich connects the dots of software society, from layers in Photoshop to layers of data, interpretation, and meaning” (Software Studies Initiative, 2013). This confirms

that, through the evolution and development of technology, digital art has a range of tools to enhance visual production, which I exploit in my art making.

## **1.8 Overview of chapters**

The first chapter introduces the study, articulates its aims and objectives, briefly sets out its theoretical framework, introduces the literature review, and explains the nature of the creative production of the study. In this chapter I argue within a framework of contemporary trauma theory, that CSA results in trauma and that such trauma is represented by a number of contemporary trauma theorists.

In chapter 2, I posit that CSA has dire consequences and might cause deceit, traumatic association with sex, anxiety and frailty in adulthood. The phenomenon of CSA and its characteristics are critically discussed. A proposed framework is set for a systematic understanding of the impact and lasting effects of CSA, developed by Finkelhor and Browne, and four trauma-causing factors during the abuse experience are identified. Briere and Runtz's long-term sequelae of CSA and six areas are explained, as well as other theorists' views on the impact of CSA. These impacting factors may alter children's cognitive and emotional orientations to the world, thus creating trauma by distorting their self-concept, worldview, and affective capacities. The trauma imposed on a child during sexual abuse is unspeakable and has serious implications, which may result in post-traumatic stress syndrome.

Chapter 3 argues that trauma has an effect on memory since abused victims do not necessarily formulate the narration and expression of trauma in a chronological manner. Chapter 3 investigates the psychobiological and psychoanalytical areas of CSA in contemporary trauma theory. Within the psychobiological damage caused by CSA, I draw from Van der Kolk and his fellow researchers' theories of trauma and memory, in the psychoanalytical areas of trauma caused by CSA. Particular focus is given to Van der Kolk's neuroimaging studies in which he tests PTSD patients' memories of trauma. I acknowledge that Freud and Lacan's reflection of memory and trauma for analysis is vital to interpreting contemporary trauma theory.

Chapter 4 maintains that South African trauma victims of sexual acts during childhood can be considered to be subject to circumstances caused by socio-political, socio-economic and socio-cultural conditions. Such circumstances provide a body of knowledge to create awareness regarding the socio-political, socio-economic, and socio-cultural conditions that influence the occurrence of CSA. While CSA is a global pandemic, which receives constant media attention, the resources to address CSA are diminishing, despite South Africa being a forerunner in the development of policy and legislation to protect children against such abuse. Traumas of CSA in South Africa are reflected through statistical reports and against the backdrop of apartheid and its influence on the current social position of children as a structure that causes CSA. The mental health of CSA trauma victims is investigated by referring to psychological reports, articles and interviews with specialists in this field. The traumatic and psychological impact on children and adult survivors is explored. I align all this information with global trauma theory regarding the role of politics, society and poverty in CSA. The scourge of CSA is escalating, and it is vital to establish the various premises on which CSA is based within social context. If support is not offered support to deal with memories, social trauma and the complexities of reliving the past may function as a constant reminder of childhood traumatic experiences.

In chapter 5 I argue how digital art enables the representation and understanding of CSA and traumatic memories and how the silenced and abused child's voice can be expressed through the affective and transactive quality of art. The chapter focuses on the visual representation and exploration of CSA and, in particular, the portrayal of CSA by South African female artists such as Penny Siopis, Nathani Lüneburg and myself, analysed according to my visual interpretation of symbols. The reflections of childhood trauma in the selected artworks are based on traumatic experiences, where actual trauma arises belatedly and through recurrence and the analysis of traumatic memory through repression and *Nachträglichkeit* ("afterwardsness"). Contemporary trauma theories are threaded into Freudian and Lacanian notions of trauma. I argue how digital art enables the representation and understanding of CSA and traumatic memories and how the

silenced and abused child's voice can be expressed through the affective and transactive quality of art.

Chapter 6 concludes the study through an overview of its essence.

### **1.9 Creative production**

The creative production of *The Silent Wound*, visual exploration, and reflections of childhood trauma caused by CSA are analysed according to my interpretation. The series of digital artworks is primarily considered according to notions of trauma within the scope of contemporary trauma theory.

I use Adobe Photoshop for photo editing, manipulation and new image creation to digitally construct artworks that comment on CSA. When creating a digital image, Photoshop's multiple layering and editing systems enable me to modify and merge images and use them as symbols to portray specific meaning related to CSA and memories.

Reflections of personal trauma are depicted within digital still snapshots excavating traumatic childhood memories. I am deeply aware of trauma as a result of CSA, and I feel obliged to portray it in my artworks, in order to evoke emotion and initiate social responsibility through digital technology.

## **CHAPTER 2**

### **TRAUMATIC IMPACT AND LASTING EFFECTS OF CSA**

#### **2.1 Introduction**

In this chapter I argue within a framework of contemporary trauma theory, that CSA results in trauma and that such trauma is represented through a number of dire consequences, which might cause deceit, traumatic association with sex, anxiety and frailty in adulthood.

The Constitution of the Republic of South Africa, 1996 (Act No. 108 of 1996), states that all children have the right to be protected from abuse [Section 28(1)(d)].<sup>3</sup> The South African judiciary system has a constitutional duty to create legislation and policy to protect the rights of children, as the most vulnerable members of society, regarding the sexual exploitation of minors by adults. Contemporary society disapproves of childhood sexual abuse (CSA), and the Government has committed itself to protecting and ensuring children's rights, in line with the *Convention on the Rights of the Child* (UNICEF 2016).

There are different professional opinions regarding the definition of CSA. The focus may be on the developmentally immature child who does not fully comprehend sexual activities and is unable to give informed consent (Le Roux & Engelbrecht 2000:344), or the adults' advantage of authority and power over the child (Diaz & Manigat 1999:141). The child's efforts to deal with the trauma of CSA may cause feelings of doubt, guilt and denial instigated by the perpetrator.

A clearer understanding of the impact of CSA on adults and children can be gained by applying the studies of Finkelhor and Runtz. Further research by Briere

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<sup>3</sup>In South African Law, a child is defined as a person below the age of 18 years, Article 13(3); Child Care Act, 1983 (Act No. 74 of 1983) as amended; the new Children's Act, 2005 (Act No. 38 of 2005) and the Constitution of the Republic of South Africa, 1996 (Act No. 108 of 1996). Section 28 of the Bill of Rights in the Constitution of the Republic of South Africa, 1996 (Act No. 108 of 1996), states that every child has the right – to be protected from maltreatment, neglect, abuse or degradation. By being sexually abused, children's human dignity is violated.

and Elliot and other theorists assists in investigating the long-term sequelae of CSA. Research has indicated that children who are sexually abused face impaired cognitive, social, emotional and psychological development. The trauma imposed on a child during sexual abuse has grave implications, which may result in post-traumatic stress disorder (PTSD). Therefore, therapeutic intervention is most important.

## **2.2 Historical overview of CSA**

The phenomenon of child abuse is deeply rooted in humanity's history. While it is as old as civilization itself, it has remained primarily hidden and suppressed. Here I draw on the interpretations of Dap Louw and Anet Louw (2014), who provide a historical overview of how attitudes toward children have changed through time.

Louw et al. (2014:4,5) explain that in the earliest of times, children were regarded as the property of their parents and, as a result, could be treated as the parents desired. During the Middle Ages (500–1500 A.D.), the injustices against children continued. In Europe, the concept of the miniature adult was seen in paintings, where children wore the same clothing and hairstyles and took part in the same actions as adults, since the concept of childhood was unknown. Philippe Ariès' *Centuries of Childhood: A Social History of Family Life* (1960) is "one of the most influential – and divisive – histories of childhood ever written". Ariès' (1960:125) argument "regarding the 'discovery' of childhood in the seventeenth century is predicated upon another, much-debated point: his assertion that 'in medieval society the idea of childhood did not exist'". In the 1650s, atrocities such as infanticide, and the practice of intentionally killing an infant, a child under one year old, without consequences, were typical. This included deliberate or passive killing, where the child was killed through nutritional, physical, or emotional neglect (Louw & Louw 2014:5).

John Locke (1632–1704), a 17<sup>th</sup>-century British philosopher, attempted to change the way children were thought about, in order to view them more compassionately, but it was hardly significant. His theory of the *tabula rasa*, Latin for a "blank slate", referred to the state of the child's mind at birth, after which the



environment determined what they become. This theory alerted other theorists to the phenomenon of child abuse. Sigmund Freud's articles published in 1896, 'Heredity and the Aetiology of the Neuroses (1896) and The Aetiology of Hysteria (1896)' are seminal in this regard. Freud articulated a defence as a foundation for psychoneurosis in which he made valuable contributions to psychoanalytical theories regarding CSA. Childhood was consistently filled with terror, neglect, and abuse, and throughout the seventeenth century children were exploited and used as cheap labour in factories in Europe (Louw et al. 2014:5). Mistreatment and abandonment of children became a considerable problem, and between 1775 and 1800 in Dublin, Ireland, of the more than 10 000 infants admitted to an orphanage, only 45 endured (King 2005 cited in Louw & Louw 2014:5). Various forms of child abuse continued until the 20<sup>th</sup> century, and injustices against children persisted. Even in the present time children are forced and sold into slavery and trafficking and coerced into sexual abuse, prostitution, and pornography (Louw et al. 2014:5).

Lloyd DeMause (1974:1) stated that: "the history of childhood abuse is a nightmare from which we have only recently begun to awake". Anne E. Banning (1989:569) confirmed that the acknowledgement of child abuse only materialised in the 1960s and CSA in the mid-1970s. As sexual abuse of children may earlier have been ignored, many victims may not have emerged to assert what had happened to them, thus increasing the sequence of abusive silence.

Sexual abuse of children has been defined in diverse ways. *The Consultation on Child Abuse Prevention* (World Health Organisation 1999:75) provides the following comprehensive definition:

Child sexual abuse is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to: —

the inducement or coercion of a child to engage in any unlawful sexual activity; — the exploitative use of a child in prostitution or other unlawful sexual practices; — the exploitative use of children in pornographic performance and materials. (Banning 1989:566)

Children fall prey to abusers because of their innocence, helplessness, defencelessness, vulnerability, and weakness. These factors tend to mean that children can be silent about what they are suffering. It may be argued that children lack an understanding of the ‘language’ that adults might use for their experiences. Like most other crimes, sexual abuse is publicly rejected and regarded as unspeakable. Since children are weak, dependent, and defenceless, they become vulnerable to abuse and exploitation. The protection of children is therefore vital.

### **2.3 Finkelhor’s trauma models**

CSA is outside the range of a typical innocent childhood experience. Finkelhor and Browne (1986:66) explain that “CSA consists of two overlapping, but distinguishable types of interaction: (a) forced or coerced sexual behaviour on a child, and (b) sexual activity between a child and a much older person, whether or not coercion is involved (a common definition of much older is five or more years)”. By applying Finkelhor’s studies on the impact of CSA on adults and children, a clearer understanding of its consequences emerges. I refer to Finkelhor’s two trauma models: the post-traumatic stress disorder (PTSD) model and the four-traumagenic dynamics model (FTDM). Both models are briefly discussed below.

#### **2.3.1 PTSD model**

An established model for understanding trauma effects was officially recognised and termed PTSD by the American Psychiatric Association (APA) in 1980. Post-traumatic stress symptomatology refers to specific psychological symptoms that can occur following exposure to a highly distressing, psychically disruptive traumatic event. Considering CSA within the PTSD framework, it is vital to understand the impact of the abuse. PTSD enables these effects to be regarded as a syndrome rather than merely a list of symptoms. This places CSA in a broader

context by emphasising resemblances with other trauma experiences and dynamics.

The PTSD model falls short regarding sexual abuse. It does not account for all the symptoms, nor does it apply to all victims, and the details of the source of trauma do not match the many types of sexual abuse. PTSD verifies many of the observed impacts of CSA but not the full scope of survivors' experience of depression, self-blame, guilt, sexual problems, self-destructive behaviours, suicide and revictimisation. By focusing almost entirely on emotion as the location of trauma, the PTSD model ignores other critical impacts on cognition. Distortions of cognitive processes are common in CSA survivors and relate to mood disturbances and low self-esteem in adulthood. Danger, threats, or violence do not necessarily accompany CSA; thus, CSA is a process rather than an incident. The victim will only realise abuse in retrospect and develop psychological reactions to traumatic events, including symptoms of PTSD, such as the re-experiencing of the event in the form of nightmares and flashbacks. Physiological reactivity to indicate the resemblance of the traumatic event include persistent avoidance of trauma-related stimuli, diminished responsiveness such as feelings of detachment, loss of interest, suppressed emotions, increased arousal, hyper-vigilance, and negative changes in cognition and moods (American Psychiatric Association 2000).

Trauma associated with CSA originates not merely from physical danger, threats, or an overwhelming event, but may be embedded in a relationship involving betrayal, powerlessness, shame, and guilt.

### **2.3.2 Traumagenic dynamics**

Based on the article *The Traumatic Impact of Child Sexual Abuse: A Conceptualization* by Finkelhor and Browne (1985), the FTDM proposes that the experience of sexual abuse can be analysed in terms of four trauma-causing factors – “traumatic sexualization, betrayal, stigmatization, and powerlessness” – to create a systematic understanding of the impacts and effects of CSA. Finkelhor (1987:354) broadly defines traumagenic dynamics as an experience that alters the

child's cognitive or emotional orientation to the world and causes trauma by distorting the child's self-concept, worldview, or affective capacities. The model is more complex than the PTSD perspective and includes symptomatology that is beyond the boundaries of the PTSD diagnostic criteria. Since the traumagenic dynamics model is specific to CSA, it provides a comprehensive assessment of traumatisation rather than viewing it through the lens of PTSD.

The FTDM interprets CSA trauma not merely because of the abuse but also from the conditioning processes that exist before and after. The consequences of CSA depend on the nature of the abuse and affect these four primary areas of child development: sexuality, the ability to trust in personal relationships, the sense of ability to affect the world, and self-blame. Finkelhor and Browne developed a proposed framework for a systematic understanding of the effects of CSA. Following on from Finkelhor and Browne's traumagenic dynamics model, David Cantón-Cortés, María Rosario Cortés and José Cantón (2012:1) analysed "the consequences of child sexual abuse (CSA) on the psychological adjustment of survivors, as well as to determine the feelings provoked by the abuse". In her work *Counselling Adult Survivors of Child Sexual Abuse* (2006), Christiane Sanderson argues that, "by focusing on the dynamics of sexual trauma" the model proposed by Finkelhor and Browne "is thought to account more comprehensively for the unique and yet commonly observed symptoms seen in survivors of CSA" (Sanderson 2006:164). The four traumagenic dynamics that account for the primary sources of trauma in CSA are: betrayal, traumatic sexualisation, powerlessness and stigmatisation (Finkelhor & Browne 1985:530-539). These dynamics are briefly defined below.

*Betrayal* signifies the dynamics when children discover that someone whom they trusted and were dependent on has caused them harm. Such harm includes failure of caretaking, demand for secrecy, and the misuse of authority and trust. For a child, this results in behavioural manifestations such as clinging behaviour, aggressive behaviour and mistrust in people close to them (Cantón-Cortés, Cortés & Cantón 2012:3).

*Traumatic sexualisation* refers to a process when a child's sexuality "is shaped in a developmentally inappropriate and interpersonally dysfunctional fashion as the result of sexual abuse" (Finkelhor & Browne 1985:354). This results in sexually reactive behaviour, avoidance of relationships with the opposite sex and confusion about sex (Cantón-Cortés, Cortés & Cantón 2012:3).

*Powerlessness* or disempowerment distorts the victim's sense of ability to control their lives when having their will, desires, and or control disregarded. This is the result of invasion of the body through threat and deceit, the experience of not being able to control what is happening to oneself. In turn, this results in behaviour such as nightmares, somatic complaints, eating and sleeping disorders, and aggressive behaviour (Sanderson 2006:168-169) such as bullying.

*Stigmatisation* occurs on different levels in different abusive situations. Negative messages such as badness, worthlessness, shameful and guilt are associated with CSA. Adverse connotations become integrated into the child's self-image, self-worth, and perception of control over their lives. These connotations form the core of the psychological wound imposed by the abuse, and the victim expects that others will reject them if they get to know them (Finkelhor & Browne 1985:530-539).

These four traumagenic dynamics create links between the experience of sexual abuse and its consequences; conceptualising these relations may help to improve the understanding of sexual abuse and its effects on the victims. Finkelhor (1987:355) suggests that victims may develop abuse-related schemas and adaptive coping strategies that reflect integration but that they may be "dysfunctional in coping with a world where abuse is not the norm".

#### **2.4 Long-term sequelae and implications of CSA**

Research and investigation by Briere and Runtz (1993), titled: *Childhood Sexual Abuse: Long-Term Sequelae and Implications for Psychological Assessment*, sheds light on the impact of the various problems and symptoms of CSA within six categories: posttraumatic stress, cognitive distortions, altered emotionality, disturbed relatedness, avoidance, and impaired self-reference. These authors'

research reveals that CSA has direct and prolonged effects on psychological functioning and that it also provokes the development of self-injurious behaviours. Improved assessment of abuse-related symptomology will lead to effective treatment methods. Research shows that psychosocial problems are more common among adults who were abused as children and that this may endanger their mental health (Briere & Runtz 1993:312). Each of the six categories are discussed in the sections below.

CSA is a major risk factor for a variety of problems and this section explains the potential impacts of long-term abuse. According to John Briere and Diana Elliot (1994:55), the primary psychological impact of sexual abuse occurs in three stages. Stage one includes reactions to victimisation, implicating posttraumatic stress, disturbances of normal psychological development, painful emotions and cognitive distortions. Stage two manifests as the accommodation of on-going abuse, involving coping behaviours intended to increase safety and/or decrease pain during victimisation. The final stage involves more long-term consequences, reflecting the impact of initial reactions and abuse-related accommodations on the individual's ongoing psychological development and personality formation. Although some initial reactions to CSA may subside with time, other abuse-specific coping behaviours appear to become even more complicated over the long term (Briere & Elliot 1994:54).

#### **2.4.1 Post-traumatic stress symptomatology**

Briere and Runtz (1993:312) explain that PTSD indicates specific persistent psychological symptoms that occur in response to an extremely distressing, psychically disruptive event. A diagnosis of PTSD involves a traumatic event and the regular re-experiencing of the event through flashbacks, nightmares or disturbing thoughts, a numbing of general responsiveness to, or avoidance of, recent events, and persistent symptoms of increased arousal, such as anxiety, sleep disorders or poor concentration. Although PTSD was initially associated with adult responses to disasters, accidents, and combat experiences, more recent research has linked it to short- and long-term posttraumatic symptoms of CSA in children (Briere & Elliot 1994:56). Children who have been abused exhibit

posttraumatic fear, anxiety, and concentration problems, and are likely to be diagnosed with PTSD.

According to Briere and Elliot (1994:313), CSA has been shown to generate immediate and long-term PTSD symptoms in adults. These symptoms include flashbacks in the form of sudden, intrusive sensory memories of the traumatic event. Flashbacks can be activated by sexual stimuli or violent behaviour. Further PTSD symptoms involve repetitive, intrusive thoughts or memories of CSA that survivors of sexual abuse find distressing and disruptive. These differ from flashbacks in that they are thoughts and recollections rather than sensory experiences. Nightmares are also linked with PTSD related to sexual abuse.

#### **2.4.2 Cognitive distortions**

Shadd Maruna and Ruth E. Mann (2006:159) provide the following useful explanation of cognitive distortion:

The term ‘cognitive distortion’ seems to have been adopted from the cognitive therapy literature on depression. In this field, the term was originally used to describe ‘Idiosyncratic thought content indicative of distorted or unrealistic conceptualizations’. Beck uses the term cognition to refer to ‘a specific thought, such as an interpretation, a self-command or self-criticism’ adding that the term is ‘also applied to wishes; which have a verbal content’ (Beck1963:324,326).

Cognitive distortions can therefore signify thoughts that lead the individual to perceive reality inaccurately, and to develop misleading ideas about him or herself, other people, their environment and the future. Such inaccurate thinking has its origin in childhood learning. Experiences of abused children are seldom positive, and “these assumptions and self-perceptions typically reflect an overestimation of the amount of danger or adversity in the world and an underestimation of the abuse survivor’s self-efficacy and self-worth” (Briere & Elliot 1994:56).

Negative cognitions result from “psychological reactions to abuse-specific events, stigmatization of the victim by the abuser and society” and the abused child’s

attempt to grasp the mistreatment (Briere & Elliot 1994:56). Such negative cognitions include chronic self-perceptions of helplessness, especially being incapable of controlling important aspects of one's life; hopelessness to the degree where the respondent believes that the future is bleak and that he or she is destined to fail. Further negative cognitions include self-blame, when the victim blames him or herself for adverse, unwanted events in life, including events outside control, constant danger, impaired trust and low self-esteem, as expressed in the tendency to criticise or devalue oneself. The adverse self-perceptions that result from the abuse link to the time when the victim was physically and psychologically unable to resist or defend against the abuser. These self-perceptions can become learned patterns of thinking, which distort the child's perception of what is appropriate and what is not, and of how he or she is supposed to respond. These cognitive distortions can have an impact on mood, emotion and behaviour. Likewise, they affect disturbances such as depression that can continue into adolescence and adulthood (Briere & Runtz 1993:315).

### **2.4.3 Altered emotionality**

Briere and Elliot (1994:57-58) explain the emotional pain described by many survivors of sexual abuse. This distress is also well-documented in research literature, primarily in terms of increased depression, anxiety, and danger.

Finkelhor and Browne (1986:152) note that "depression is the symptom most commonly reported among adults molested as children". CSA is associated with abuse-related negative thoughts that are in turn related to later depressive symptoms (Briere & Runtz 1993:315). Child abuse is intimidating and upsetting and interferes with a child's sense of security and confidence in a safe world. Thus, victims of such maltreatment are prone to constant feelings of elevated anxiety. When CSA takes place in a close relationship, abandonment, devaluation, pain and fear ensue (Briere & Elliot 1994:57).

A further emotional sequel of CSA is that of anger. Difficulties associated with the expression of uncontrollable feelings of anger are common in child victims. "In children, anger is frequently expressed in behavioural problems, with abused



children and adolescents displaying significantly more difficulties in this area than what is found typically in the general population” (Briere & Elliot 1994:58). Children can become aggressive towards peers, which is a frequent short-term sequel of sexual molestation. While such behaviour represents the child’s distress manifesting in terms of increased depression, anxiety and danger and may lead to social isolation and unpopularity.

#### **2.4.4 Disturbed relatedness**

Briere and Runtz (1993:317) point out that CSA is associated with permanent changes in social functioning. For example, adult survivors of CSA report fewer friends during childhood, no close relationship with their parents, and not much satisfaction with sexual relationships. Adults abused as children face feelings of isolation and problems with social adjustment. Similarly, they fear and distrust others and find it difficult to form and uphold intimate relationships.

Adults who were abused as children may feel unworthy of relationships with individuals they believe are right. If not, they may regain mastery over the experience by getting involved in destructive or abusive relationships. Since they may have decreased ability to perceive relationships as supportive, they experience great difficulty in establishing trust in others. Furthermore, adults who were sexually abused as children may have difficulties with sexual intimacy. This can result in sexual dysfunction, which relates to fears of vulnerability or revictimisation, distrust of sex partners, and brief sexual relationships that end as intimacy develops (Briere & Runtz 1993:317).

Briere and Elliot (1994:61) confirm that interpersonal problems result from immediate cognitive and conditioned responses to victimisation that extend into the future. Distrust, anger, fear, abandonment and responses to on-going abuse such as avoidance, passivity, and sexualisation are warning signs. As a result of these various behaviours and impaired reference, CSA victims are often diagnosed with borderline personality disorders.

### **2.4.5 Avoidance**

In an attempt to cope with persistent trauma, victims of sexual abuse seek to avoid abuse-specific memories and affect through “dissociation, substance abuse, suicidality, and various tension-reducing activities” (Briere & Runtz 1993:318). These behavioural problems may represent a conscious or unconscious option to be involved in self-destructive actions rather than to experience the pain of the abuse.

Dissociation phenomena include the disruption of regular events through subjective awareness, feelings, thoughts, behaviour, and memories, consciously or unconsciously invoked, in order to reduce psychological distress. Given that memories regarding abuse are believed to have been defensively excluded from conscious awareness, dissociation regarding childhood abuse manifest as derealisation, depersonalisation, disengagement, and amnesia of the event (Briere & Elliot 1994:59).

Briere and Elliot (1994:60) report a relationship between sexual abuse and substance abuse among adolescents and adults. Sustained drug or alcohol abuse allows the abuse survivor to psychologically distance from the environment so as to blur painful and distressing memories. In some instances, addicts may attempt to self-medicate to relieve depression, anxiety, or posttraumatic stress. Behaviours by survivors of CSA such as compulsive and indiscriminate sexual activity, bingeing or chronic overeating and self-mutilation can be seen as fulfilling a need to reduce the painful effects that can accompany the unresolved trauma. Avoidance and self-destructive methods of coping with CSA may be useful in reducing distress, but may eventually lead to higher levels of symptomatology, lower self-esteem and greater feelings of guilt and anger.

### **2.4.6 Impaired self-reference**

Impaired self-reference, one mechanism relevant to interpersonal relationships, was initially proposed by Briere and Runtz (1993). This construct is broadly defined as difficulty in relating to an internal self-reference.

Briere and Elliot (1994:58) support the fact that the development of a sense of self is one of the earliest tasks confronted by a child. Early attachment dynamics is one of the most critical responsibilities in child development. The treatment of a young child affects the child's self-awareness. CSA may interfere with the child's sense of self, with the victim prone to identity confusion, boundary issues, and feelings of emptiness that may lead to stress and problems in separating self from others. Following this theory, it is reasonable to assume that interferences related to the development of self, caused by child maltreatment, may adversely affect an individual's ability to access self-awareness in adulthood. These problems are associated with psychosocial difficulties, increased naiveté, and inadequate self-protectiveness.

Briere and Runtz (1993:324) pointed out that interruption of normal childhood development caused by trauma draws attention away from the internal process of developing the self, which in turn leads to impaired self-functions in adulthood that increase the risk for revictimisation and exploitation by others.

## **2.5 The effects of CSA on victims**

This investigation of the impact of CSA has drawn on studies by trauma theorists such as Messman-Moore, Long, Filipas, Ullman and Van der Kolk. CSA has been found to manifest in short-term and long-term effects. For victims, the effects can be devastating and display a wide range of psychological symptoms. In the short term, victims of CSA may exhibit emotional and health-related symptoms of PTSD, the development of sexualised behaviour, depression, anxiety, behaviour problems, poor self-esteem, sleep disturbances, eating problems, fear, anger, inhibition and antisocial behaviours. Long-term effects may include maladaptive sexual and suicidal behaviours, substance abuse, stigmatisation, trust difficulties, increased rates of psychopathology, including anxiety attacks, major depression, substance abuse, PTSD, insomnia, dissociative identity disorder, bulimia nervosa, neurocognitive deficiencies and neurobiological alterations. CSA has higher rates of victimisation than those who have not been exposed to CSA (Finklehor & Browne 1986:66).

Messman-Moore and Long (2000:489) suggest that CSA “may place a woman at greater risk for further abuse in adulthood, a phenomenon called revictimization. Revictimization may occur in the form of unwanted sexual contact, physical abuse, and psychological maltreatment”. Several factors associated with CSA, such as dissociation, substance abuse, low self-esteem, learned helplessness and relationship choices, might increase a woman’s vulnerability to revictimisation.

The abuse theories of Filipas and Ullman (2006) suggest a link between the psychological consequences of CSA that can increase the vulnerability to further sexual victimisation in the form of adult sexual assault (ASA). CSA symptoms as predictors of revictimisation are maladaptive coping, cognitive factors such as self-blame, PTSD symptoms and coping strategies (Filipas & Ullman 2006:656). There can be no doubt that CSA has damaging consequences for all victims and for everyone involved in the victim’s life from childhood to adulthood. To understand the long-term consequences and how to adapt and cope with aftereffects may protect victims from revictimisation and help them to recover from these experiences.

In the case of traumatic childhood abuse, Van der Kolk (2000) argues that traumatic childhood experiences are not only common, but also have an intense impact on different areas of childhood functioning. As such, they lead to a wide range of adverse consequences in a victim’s life, with sustained impact on psychological functioning. All domains of development – physical, psychological, emotional, behavioural and social – can be affected. This may result in affect regulation difficulties to manage emotional distress and have serious effects on the developing brain.

## **2.6 Conclusion**

In conclusion, this chapter has proven that CSA results in trauma and that it causes dire consequences. It might even cause deceit, traumatic associations with sex, anxiety and frailty in adulthood. From the content of this chapter it is evident that children are exposed to numerous risk factors and that CSA is not a new phenomenon. Although clinical and longitudinal studies have focused on CSA in

the last few decades, perhaps even centuries, society is becoming increasingly aware of its impact on child victims. CSA is not isolated to one demographic or social class, and many incidents go unreported due to factors such as shame or denial. CSA is a critical concern of society because the physical and mental effects endured by these children are tremendously damaging, and the adverse effects can be long lasting, bearing a negative influence on normal childhood development. The child-perpetrator relationship sets the platform for abused children's beliefs about themselves, their responses, and their relations with others throughout their lives, and it is essential not to lose sight of the perpetrator's role of authority, power and sexual sophistication over the child.

Studies by Finkelhor and Browne (1995:530) show that children who were abused at a very young age, for an extended period with the severity of extreme abuse, may reveal more severe psychological symptoms. According to the American Psychiatric Association (2013), repeated childhood traumatic experiences can have a profound impact on an individual's capacity to regulate emotional reactions. Traumatic experiences, by definition, are events that involve actual or threatened death or serious injury, or a threat to the physical integrity of self, and to which the individual reacts with intense fear and helplessness. There should be prevention policies in place to minimise the occurrence of CSA. The most widely applied strategy for mitigation is counselling and educational messages, in order to alleviate fears, anxiety, depression, and negative self-attribution so as to reduce the stigma of abuse and dissuade victims from blaming themselves.

I am deeply aware of CSA and feel compelled to portray it in my digital paintings and photographic images. This is discussed in Chapter 5. As an adult, I have become increasingly mindful of the importance of dealing with CSA that causes feelings of betrayal, angst, and weakness in my life. Symptoms of nightmares, behavioural regression, depression, and isolation continue into adulthood.

In the next chapter, psychological aspects of childhood trauma will be contextualised to explore how CSA causes trauma, what effect it has on memory, and in what way it is remembered in different forms. Some victims may show symptoms of PTSD, as CSA is extremely traumatic. It is evident that CSA is

regarded as the worst form of trauma that can be inflicted on a child. In Chapter 3 the psychobiological and psychoanalytical areas of CSA in contemporary trauma theory are contextualised.

# **CHAPTER 3**

## **PSYCHOBIOLOGICAL AND PSYCHOANALYTICAL AREAS OF CSA: CONTEMPORARY TRAUMA THEORY**

### **3.1 Introduction**

In this chapter I argue that trauma affects memory since the narration and expression of trauma are not necessarily formulated in a chronological manner by abused trauma victims. Thinking about the abuse of children, both physical and emotional, and what it means, prompts the following question: What are the psychobiological and psychological consequences of trauma caused by CSA? Trauma affects memory and is remembered by victims in many forms. We know that child abuse is tragically common, and children are incapable of making rational sense of an act of CSA. As a child, the individual is often unaware of the implications of the abuse inflicted upon them and when realisation dawns, they are powerless and burdened with guilt. An event of this kind may set the trajectory for a warped identity formation that will accompany the victim of CSA for life. Traumatic experiences can alter people's psychological, biological, and social balance to such a degree that the memory of a particular event may corrupt all other experiences. In this section, trauma and its impact on memory are investigated through reference to contemporary trauma theories.

This chapter will investigate the ongoing phenomenon of trauma and its effects on the psyche as it has been theorised by numerous scholars throughout the twentieth and twenty-first centuries in the interdisciplinary field of trauma studies. Psychological trauma is a type of damage to the mind that occurs because of a severely distressing event. I focus on the diverse definitions of trauma, how it affects the psyche, and why it cannot be remembered and represented in the way that ordinary memories can. In addition, I explore whether trauma influences memory, and if so, how it is articulated and remembered by the victim.

My discussion of contemporary trauma theory is limited to those theorists who focus specifically on personal trauma regarding traumatic memories and CSA.

The notion of trauma has been developed and transformed by advanced contemporary trauma theorists such as Van der Kolk, Caruth, Herman, Felman, Laub and Leys and Kaplan. In terms of traumatic memory in psychoanalysis, the investigation of contemporary trauma theories on memory and trauma is vital for a deeper understanding of the effects on the psyche of the child who experiences trauma. With specific reference to traumatic childhood memories, studies of Van der Kolk are examined to enquire about the findings on neuroimaging in which he tests posttraumatic stress disorder (PTSD) patients' construction of traumatic memories.

Drawing from psychoanalysis, trauma theories explore the way that trauma is embodied in the events, which then return to haunt the victim's life in the form of memory, repression, or flashbacks. Caruth (1996:6) maintains that what comes back to disturb the victim "is not the reality of the violent event but also the reality of the way that its violence has not yet been fully known" Caruth (1996:104) further asserts that the concept of trauma has far-reaching significance within its origins in psychoanalysis: "from trauma as an exception, an accident that takes consciousness by surprise and thus disrupts it, to trauma as the very origin of consciousness and all of life itself."

Linda Richter, Andrew Dawes, and Craig Higson-Smith (2004:77) declare that South African children suffer most from the threat of maltreatment, in the form of sexual, physical, and psychological abuse. The media is inundated with stories and images of trauma, regardless of whether they are concerned with the structural (abuse) or the historical (apartheid). As a result, the viewers are all witnesses of traumatic events. Trauma is, by its very existence, unspeakable. Trauma defies language and is revisited in memories. Although trauma could be either personal or collective or even both simultaneously, I refer to both personal traumatic experiences and traumatic memories. Therefore, my artworks also portray personal trauma. The past century has seen oppression, terrorism, war, and genocide, where on an individual level, violent acts such as CSA continue to proliferate, even in so-called peaceful societies.



### 3.2 Psychological trauma defined

The term ‘trauma’ has become part of our general, everyday language. In medical terms, this term is used to describe a critical bodily injury. This research focuses primarily on trauma as it is represented in artworks and defined in psychoanalytic terms. A severely disturbing event for a victim may result in a psychological wound, causing trouble in coping or normally functioning after a traumatic event, which cannot be converted into logical storylines. Therefore, I refer to the practical component of my work as *The Silent Wound*.

Trauma is characterised by an experience or event that cannot be consciously processed entirely by the human mind, due to the high level of negative emotions stirred up during the actual scenario created by a traumatic event, and it may have considerable consequences. The term ‘trauma’ is rooted in the Greek word for “wound”, originally referring to an injury inflicted on the body. It was only in the late 19<sup>th</sup> century that the concept of trauma started to refer to a psychic process. The concept of trauma originated in the psychoanalytic investigations of Freud, Lacan and LaCapra. Leys argues that Freud was first (in a western context) to describe that “the wounding of the mind brought about by sudden, unexpected, emotional shock” is an injury of the mind rather than of the body (Leys 2000:4).

Judith Herman (1992:9) writes that over the past century, different forms of psychological trauma have surfaced into public consciousness. Our contemporary understanding of trauma is built upon three separate links of studies.<sup>4</sup> Subsequently, the western notion was extended to include psychic wounds as well. Traumatic experiences such as CSA can render the victim silent as such an experience may be unspeakable. These wounds of the mind, in the unconscious, are represented in my photographic artworks and digital paintings in Chapter 5.

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<sup>4</sup> “The first to emerge was hysteria, the archetypal psychological disorder of women ... The second was shell shock or combat neurosis. Its study began in England and the United States after the First World War and reached its peak after the Vietnam War ... The last and most recent trauma to come into public awareness is sexual and domestic violence” (Herman 2015:63).

While the definition of trauma has been reassessed over time, Caruth (1996:4) proposed one of the most concise and useful definitions of trauma as an event that “is experienced too soon, too unexpectedly, to be fully known and is therefore not available to consciousness until it imposes itself again, repeatedly, in the nightmares and repetitive actions of the survivors”. She explains trauma and its symptoms as follows: “in its most general definition, trauma describes an overwhelming experience of sudden or catastrophic events in which the response to the event occurs in the often delayed, uncontrolled repetitive appearance of hallucinations and other intrusive phenomena” (Caruth 1996:11).

The emphasis here is on the painful repetition and flashbacks of the traumatic event. It is a visceral experience that the survivor endures. Trauma is more than a wounded consciousness, however. It is “a story of a wound”, which narrates reality. There is a connection between my own work and the title of my exhibition that links specifically back to E. Ann Kaplan (2005:19) phrase that explains that the traumatised victim can never be restored to the state that existed before the traumatic event, and thus the experienced trauma keeps the wound “open”. Ian Hacking calls trauma “a psychological hurt, a spiritual lesion, a wound to the soul” (1995: 4, 128).

In addition, Felman (1992:69) argues that “the traumatic event, although real, took place outside the parameters of ‘normal’ reality, such as causality, sequence, place and time. The trauma is thus an event that has no beginning, no ending, no before, no during and no after”. The victims of traumatic experience can never recover and get closure as the event continues into the present and is current in every respect.

Lenore Terr (1980:8), a child psychiatrist who did the first longitudinal study of traumatised children, explains: “psychic trauma occurs when a sudden, unexpected, overwhelming, intense emotional blow or a series of blows assaults the person from outside. Traumatic events are external, but they quickly become incorporated into the mind”. Dominick LaCapra (cited in Van der Merwe & Gobodo-Madikizela 2008: 10,11) identifies two general types of trauma, namely historical and structural trauma. Historical trauma refers to singular events such as

apartheid. Structural trauma refers to repeatedly recurring traumata such as child abuse. LaCapra (2014:82) highlights that the “traumatizing events in historical trauma can be determined ... while structural trauma ... is not an event but an anxiety-producing condition of possibility”. Van der Kolk (1989:393) acknowledges the complex nature of trauma when he points out that “traumatization occurs when both internal and external resources are inadequate to cope with external threat”. It is not the traumatic experience that does the damage; it is how the mind and body react to the traumatic experience. Van der Kolk (1997:1) further explains that trauma “...by definition, is the result of exposure to an inescapably stressful event that overwhelms a person’s coping mechanisms”. When a child is sexually abused and traumatised, the traumatic experience impacts the entire person: the way the child thinks, learns, remembers things, feels about himself or herself, feels about other people, and makes sense of the world. A traumatic experience can profoundly alter everything in a child’s life with psychological disturbance and long-lasting effects on the unconscious.

Freud (1961:275) defined trauma as “an experience which within a short period of time presents the mind with an increase of stimulus too powerful to be dealt with or worked in the normal way”, considering trauma as a psychoanalytic mystery with the inability to be properly assimilated into the psyche and memory. Trauma is so life changing and threatening that it rips apart a subject’s coherence and well-being. In addition, the ego blocks traumatic images, memories, and thoughts to prevent the traumatic event from entering consciousness.

Jacques Lacan, French psychoanalytic theorist, studied Freud's work dealing with the psychological processing of the traumatic event. In Lacan’s writings (1981:54,55), he defines trauma as a missed encounter with the Real. This expression is used in psychoanalytic studies and refers to Lacan's seminar, ‘Tuche and Automaton’, in which he explains the experience of subjects when dreaming or simply seeing a mirror reflection instead of the real thing. This experience, or missed encounter with something real, is a traumatic event in itself. Lacan theorised that the Real is actually the most foundational level of the human mind.

As such, we exist in the Real and experience anxiety because we cannot control it (Lacan 1981:54,55).

Caruth remarks that the Real is the authentic, unchangeable truth, beyond the mediation of symbols. Intrinsically, it exceeds the bounds of referentiality directing to that which “remains unknown in our very actions and our language” (Caruth 1996:4). Caruth (1996:92) states that Lacan associates: “...trauma [with] the very identity of the self to one’s relation to another, Lacan’s reading shows us... that the shock of traumatic sight reveals at the heart of human subjectivity not so much an epistemological, but rather what can be defined as an *ethical* relation to the Real”.

In addition, Felman (1992:69) argues that “trauma survivors live not with memories of the past, but with an event that could not and did not proceed through its completion, has no ending, attained no closure, and therefore, as far as its survivors are concerned, continues into the present and is current in every respect”. The traumatic event is a major cause of the symptoms of PTSD. Jon G. Allen (1995:3) explains that the greater the stressor, the greater the likelihood of developing PTSD, but the type and context of trauma are also influential. Allen (1995:13-14) argues that the most severe trauma is “[...] man-made, repeated, unpredictable, multifaceted, inflicted with sadistic or malevolent intent, undergone in childhood, and perpetrated by a caregiver”. The diagnosis of PTSD usually focuses on three elements incorporated into the *Diagnostic and Statistical Manual* (DSM) of the American Psychiatric Association (2000).<sup>5</sup> The DSM-IV emphasises threat to physical integrity as an element of trauma, and the victim’s response must comprise extreme fear, helplessness or horror.

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<sup>5</sup>The first DSM-IV criterion for PTSD stipulates that “(1) the person experienced, witnessed or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others,” and “(2) the person’s experience involved intense fear, helplessness, or horror”. “The second component of traumatic memory is that the memory is experienced as if the event and one’s responses to it—sensory, cognitive, emotional and physiological—were happening all over again. Intense flashbacks and nightmares force traumatised people to cope with constant recurrences of memories without the prospect of relief. The recurrent intrusive recollections and the nightmares themselves become new triggers of panic, which may evoke a variety of avoidance and numbing manoeuvres that help dissociate the affective intensity of the experience” (Freyd and Deprince, 2013:11).

Caruth's observation on PTSD:

While the precise definition of post-traumatic stress disorder is contested, most descriptions generally agree that there is a response, sometimes delayed, to an overwhelming event or events, which takes the form of repeated, intrusive hallucinations, dreams, thoughts or behaviors stemming from the event, along with numbing that may have begun during or after the experience, and possibly also increased arousal to (and avoidance of) stimuli recalling the event. (Caruth 1995:4)

Matthew J. Friedman (2000:10,11) adds to Caruth's definition that "PTSD patients are stuck in time and are continually re-exposed to the traumatic event through ... recollections that persistently interrupt ... thoughts, actions or feelings". The subjects cannot tolerate trauma reminders since these "trigger intense fear, anxiety, guilt, rage or disgust". However, following a traumatic event, individuals suffer from persistent pathological symptoms, including intrusive memories. Furthermore, PTSD entails ongoing hyperarousal and causes a distressing impact on life.

### **3.3 Psychoanalysis and contemporary trauma theory related to CSA**

This section focuses on a psychoanalytical investigation of trauma to interpret CSA, a topic with history in both psychiatry and psychology. The goal of psychoanalysis is to bring what exists at the unconscious or subconscious level to consciousness.

Only in the last decades has the phenomenon of childhood abuse been widely recognised as a social problem. In addition, it has been acknowledged that extreme fear, terror, and helplessness during a traumatic event can overwhelm a trauma victim's biological and psychological adaptive mechanisms. In my approach to trauma and psychology within a theoretical framework, Freud's writings will remain a significant point of reference. However, I draw on more contemporary psychoanalytic studies of trauma, viewing how the investigation of traumatic stress has developed since Freudian psychoanalysis. Cross-references to Freud's writings and theorisations of trauma are provided where

it is relevant for traumatic experience and memory, in order to define the psychological concepts that guide the contemporary trauma field.

According to Leys (2000:18), Freud's seduction theory is central to the conceptualisation of trauma and plays an important role in the theorisation of childhood trauma. Leys refers to Hacking (1996:74,75), in describing Freud as an “ineluctable” figure that “cemented” the idea of psychic trauma as the origin of hysterical neuroses and of psychological symptoms in adulthood. Psychic trauma is generally defined as a reaction to an overpowering event resulting in psychological damage.

### **3.3.1 Historical power of trauma**

Trauma theory plays a significant role in deconstructing history, as Caruth (1996:11) points out:

...the encounter with trauma – both in its occurrence and in the attempt to understand it – that we can begin to recognize the possibility of a history that is no longer straightforwardly referential (that is, no longer based on simple models of experience and reference). Through the notion of trauma, I will argue, we can understand that a rethinking of reference is aimed not at eliminating history but at resituating it in our understanding, that is, at precisely permitting history to arise where immediate understanding may not.

Caruth (1995:8) draws the link between trauma and history, stating that “for history to be a history of trauma means that it is referential precisely to the extent that it is not fully perceived as it occurs; or to put it somewhat differently, that a history can be grasped only in the very inaccessibility of its occurrence”. The term ‘impossible history’ confirms that a traumatised person is possessed by emotions caused by a recent situation. Caruth (1995:5) puts it that trauma is: “...not so much a symptom of the unconscious as it is the symptom of history”. This involves the incoherence and the forever belated, incomplete understanding of the event, as Roger Luckhurst (2008:4) argues in *The Trauma Question*. This notion promotes Caruth’s description of trauma as a crisis of representation, of history and truth, and of narrative time.

As trauma makes use of the natural processes of the mind, “the historical power of trauma is not just that the experience is repeated after its forgetting, but that it is only in and through its inherent forgetting that it is first experienced at all” (Caruth, 1995:8). Masking the traumatic event justifies the peculiar time structure of retrospective meaning creation, which refers to Freud’s concept of afterwardsness or *Nachträglichkeit*, a notion that is central to the psychoanalytical understanding of trauma. *Nachträglichkeit* is described as a manner of belated understanding or retrospective acknowledgment of earlier traumatic events (Freud ([1886-1899] 1966:356). A psychoanalytic implication of trauma is that repressed memories only become traumatic through deferred action, belatedness, latency, or afterwardsness.

Caruth (1995:4) argues that an event can only evoke traumatic after-effects because it “is not assimilated or experienced fully at the time, but only belatedly”. She contends that the traumatogenic potential cannot be situated in either the first or the second event. Instead, it is to be located precisely in the gap that separates them. Investigating the meaning of traumatic experience in contemporary society, Caruth deduces that the main psychological drive for the human psyche is the principle of the avoidance of unpleasant conflict. The unwanted reappearance of the traumatic event in the form of the repetitive recurrence in nightmares and flashbacks may be too severely traumatic in the way that the traumatic event causes an incision in time and consciousness. “The impact of the traumatic event lies precisely in its belatedness, and in its refusal to be simply located” in repeatedly controlling the one who experiences it (Caruth 1996:7). The emphasis is on belatedness remaining in the traumatic moment itself, when the traumatic experience is not fully registered in the first place, but experienced as trauma only belatedly when and where it recurs. Its reappearance is in a fragmented form as traumatic flashbacks, nightmares, intrusive thoughts, and repetitive re-enactments (Caruth 1995:4).

Central to the psychoanalytical understanding of trauma, Caruth (1996:5) further describes trauma as a shocking event that the mind is unable to adequately process as it takes place, and which is thus not felt to have happened, it is “...an

experience that is not fully assimilated as it occurs”. The understanding of the traumatic event only occurs afterwards in its “endless impact on a life”, and this is where we discern the original moment as the commencement of the trauma (Caruth 1996:7). She describes the traumatic experience as a “belated experience” and claims that “the story of trauma, as the narrative of a belated experience, far from telling of an escape from reality – the escape from death, or its referential force – rather attests to its endless impact on a life”.

Laplace (1999:222) explains it as ways in which the past and the present affect each other in the time-based sphere. It is a deferred reaction in which the victim revisits a past-traumatic experience later. The initial trauma experience is not registered because the subject is not able to consciously link this trauma to the original event. This trauma then remains latent. The subject is not prepared to acquire the knowledge necessary to grasp the original experience as traumatic.

Leys (2000:20) refers to Freud’s theory of afterwardsness by characterising trauma as a “dialectic between two events, neither of which was intrinsically traumatic, and a temporal delay or latency through which the past was available only by a deferred act of understanding and interpretation”. The initial event, which is not traumatic, is unexpected, and it takes the victim by surprise and causes a lockdown of cognitive reactions. The subsequent event is not traumatic either, but the memory of the first experience is activated and, therefore, gives it its traumatic impact.

Permitting the traumatic memory to be communicated, Caruth (1995:11) notes that: “the history of trauma, in its inherent belatedness, can only take place through the listening of another. The meaning of the trauma’s address beyond the victim concerns, indeed, not only individual isolation but a wider historical isolation that, in our time, is communicated on the level of our cultures”.

### **3.3.2 Traumatic memories**

This section will investigate how memory processes are influenced when trauma is experienced. For years trauma theorists studied the rare nature of traumatic memories. Caruth lists the characteristics of a traumatic memory as follows: non-



representational, non-symbolic, belated, and literal. The most significant feature of traumatic memory is that it “returns belatedly in the form of flashbacks, traumatic nightmares, and other repetitive phenomena” (Leys 2000:266).

Memories are stored in the brain, acted upon and remembered, and events are thus most likely to be remembered as narratives that transform and fade with the passing of time (Van der Kolk 1997:2). It is generally recognised by Van der Kolk, Alexander C. McFarlane, and Lars Weisaeth (1996:279) that trauma survivors experience two kinds of memory: flashbacks of the traumatic past and the lack of conscious recall or amnesia. Flashbacks and amnesia are caused by specific forms of encoding and processing in the brain and tend to resist integration into the existing structures of autobiographical memory (Van der Kolk et al. 1996:282).

Traumatic memories are characterised by fragmentary and intense sensations and affects, often with little or no verbal narrative substance. Van der Kolk, James W. Hopper and Janet E. Osterman (2001:25,26) affirm that contemporary studies of traumatic memories have supported Pierre Janet’s original observations that these memories persist mainly as implicit, behavioural and somatic memories, and secondarily as vague, fragmented, incomplete and disorganised narratives.

Caruth (1995:3-5) describes PTSD as a condition usually caused by a traumatic event and symptoms include the recurrence of offensive images, flashbacks, hallucinations, dreams and obsessive re-experiences. Since trauma is widely experienced, it affects many fields, including psychology and neurobiology.

Leys refers to PTSD as primarily a memory disorder:

[O]wing to the emotions of terror and surprise caused by certain events, the mind is split or dissociated: it is unable to register the wound to the psyche because the ordinary mechanisms of awareness and cognition are destroyed. As a result, the victim is unable to recollect and integrate the hurtful experience in normal consciousness; instead, she is haunted or possessed by intrusive traumatic memories (Leys 2000:2).

Leys' (2000:2) argument revolves around a mimetic (representational) approach to trauma and an anti-mimetic approach to it: the mimetic approach understands trauma as linked to identification processes which constitute the self, whereas the anti-mimetic option theorises trauma as an external factor which breaks down self-identity. According to Leys (2000:8), central to the concept of trauma, is "the problem of imitation, defined as a problem of hypnotic imitation". Hypnosis functions as a model for the traumatic experience and was thus very often used in the treatment of traumatic neurosis since an individual imitates whatever the therapist tells them to say or do in hypnosis. "Trauma was [...] understood as an experience of hypnotic imitation or identification – what I call mimesis – an experience that, because it appeared to shatter the victim's cognitive-perceptual capacities, made the traumatic scene unavailable for a certain kind of recollection" (Leys, 2000:8-9).

In line with the mimetic theory of trauma, traumatised subjects are not in control of themselves, which indicates to the development of an anti-mimetic propensity (Leys 2000:10). According to this model, traumatic memories are no longer linked to the unconscious but instead become the record of an unassimilable event that is dissociated from memory. Whereas in mimetic theory, trauma produces psychological dissociation from the self, the anti-mimetic theory is the record of an unmediated event dissociated from memory. Dissociation is defined in Stedman's Medical Dictionary (1982:416) as "an unconscious process by which a group of mental processes is separated from the rest of the thinking processes, resulting in an independent functioning of these processes and a loss of the usual relationship; for example, a separation of affect from cognition".

The trauma theories of Caruth and of Felman and Laub emphasise lack of recall and the unexperienced nature of trauma which leans towards the mimetic paradigm. The traumatic event is not stored and retrieved through normal memory. Dissociation provides the victim with psychological relief, and this is explained in Figure 7 in Chapter 5.

I agree with Caruth's theory (as cited in Leys 2000:266), that trauma prevents all representation because mechanisms of consciousness and memory are temporarily destroyed. "Instead, there occurs an undistorted, material, and [...] literal registration of the traumatic event that [is] dissociated from the normal mental process of cognition". I concur with Laub's (as cited Leys 2000:266) statement that the dissociative mechanism creates a black hole in the mind where the traumatic event is stored, and the traumatic memory becomes non-representational and non-linguistic. Thus it "cannot be known or represented but returns belatedly in the form of flashbacks, traumatic nightmares, and other repetitive phenomena".

According to Caruth and Laub, the traumatic event, through the dissociative mechanism, stays a wound in the mind and therefore, it is challenging to retrieve traumatic memories. The belated and limited forms of remembering through flashbacks and nightmares, resulting from the dissociative mechanism of retention of the memories, cause trauma to be a personal experience.

To understand PTSD, we have to distinguish between the persistent reliving of an ordinary memory and an intense and distorted traumatic memory. Traumatic memories associated with PTSD (DSM of the American Psychiatric Association 2000)<sup>6</sup> may initially cause memory loss or traumatic amnesia that presents the complex reality and inaccessibility of the traumatic history. It appears when the brain cognitively processes traumatic and stressful experiences. Memory deficiency occurs as traumatic events are cognitively processed by the brain and may not be remembered as rational storylines. Van der Kolk and Onno van der Hart (1996:172) disclose that narrative recall continues to stay critical for

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<sup>6</sup> "The diagnosis of PTSD usually focuses on three elements: 1. The repeated reliving of memories of the traumatic experience in images, smells, sounds, and physical sensations. These are usually accompanied by extreme physiological states of hyper- and hypoarousal, and by psychological distress, experiencing trembling, crying, fear, rage, confusion, or paralysis—all of which lead to self-blame and alienation. 2. Avoidance of reminders of the trauma, as well as emotional numbing or detachment. This is associated with an inability to experience pleasure and with a general withdrawal from engagement with life. 3. A pattern of increased arousal, as expressed by hypervigilance, irritability, memory and concentration problems, sleep disturbances, and an exaggerated startle response. Hyperarousal causes traumatized people to become easily distressed by minor irritations. Their perceptions confuse the present and the traumatic past. As a consequence, traumatized people react to many ordinary frustrations as if they were traumatic events." (<https://dana.org/article/in-terrors-grip/>)

identifying and assimilating the past, as the event cannot be “organised on a linguistic level”. Impaired memories remain repressed and stored in the unconscious, protecting the consciousness against the consequences of the traumatic event (Van der Kolk et al. 1996:160,163).

In similar vein, Herman (1992:175) observes that the “wordless and static” memory, which is “a past experience of frozen time” and initially without emotion, has to be reconstructed through narration and “integrated into the survivor’s life story”. As she puts it, “[i]n the telling, the trauma story becomes a testimony” and “[t]ime starts to move again” (Herman 1992:181,195). In addition, Laub accentuates the relational element of testimony and memory with the teller and listener as co-authors: “The emergence of the narrative which is being listened to – and heard – is, therefore, the process and the place wherein the cognizance, the ‘knowing’ of the event is given birth to” (Felman & Laub 1992:57).

Caruth (1995:17) submits that it is not the traumatic experience itself that creates trauma, but rather the memory of it, and that there is a delay between the time of the event and suppression. Repressed traumatic memories resurface later through flashbacks. Invasive flashbacks are sudden intrusive, photographic-like re-experiencing of a fragment of a traumatic, non-verbalised memory or even a false memory, influenced by the imagination after a traumatic event (Caruth 1995:5). During a flashback, the victim becomes overwhelmed with the similar emotions as at the time of the traumatic event. Flashbacks are not traumatic memories, but a reliving of the experience. Flashbacks disrupt the psyche, and the traumatic effect is a fragmentary experience, through the displacement of memories that fracture the present, repeating traumatic events in an attempt to understand the past. Caruth (1995:152) describes the flashback as a form of recall of “... willed memory or the very continuity of conscious thought... the traumatised are called upon to see and to relive the insistent reality of the past, they recover a past that encounters consciousness only through the very denial of active recollection”. Bearing witness to trauma, through flashbacks to the event, can be described as a form of representation that takes place against the will of the traumatised. Caruth

(1995:59) draws from Van der Kolk's analysis of flashbacks and observes "the painful repetition of the flashback can only be understood as the absolute inability of the mind to avoid an unpleasant event that has not been given psychic meaning in any way". Trauma inflicts an event upon the brain which cannot be understood or processed. Through continuously attempting to comprehend the experience, the brain retells the story, instinctively repeating it through flashbacks in a quest for understanding. In other words, the traumatic experience never ends.

The psychological effects of traumatic experiences can change a person's mental and biological balance in such a powerful way that the memory of one specific event deflects and impacts on all other experiences. Contemporary trauma studies have generated new insights of how emotional, cognitive, social, and biological forces interact in human development and the way extreme traumatic experiences may profoundly affect our memory, our bodies and our minds. It is more complicated when children are exposed to repeated traumatic experiences, as these cause traumatic memories in their developing bodies, brains, and minds.

Traumatic memories associated with PTSD may initially cause memory loss or traumatic amnesia when the brain cognitively processes traumatic experiences. It is not unusual for a traumatised, abused child to initially give an accurate account of the sexual abuse but later to deny that the event occurred or to have any memory thereof. This results in a lack of narrative-based recall, a lack of autobiographical memory and dissociation (Van der Kolk 1998:1).

Although the current formulation of PTSD includes the wide-ranging symptoms of trauma, it does not address early experiences in childhood, the impact on long-term social and professional functioning, and the role of trauma in personality disorders. Herman (1992:119) was the first to introduce complex PTSD as a new diagnosis to address sustained and repeated abuse rather than a singular event and the impact on all aspects of a person's life.

Repressed memory is a key subject in contemporary psychology. The fundamental function of repression is to shield the conscious from the traumatic memories regarding the trauma by suppressing it in the unconscious so that

painful effects would not have to be experienced. Freud argued that traumatic memories from childhood resurface in adult life and carry no exact association with what occurred in the past. Freud (1899:320) termed this occurrence as 'screen memories', which he believed were protective sensors that function as a negotiation amid repressed components. Screen memories and repressed memories function as defence mechanisms in the mind. Screen memories are recollections that shield repressed memories of traumatic experiences such as CSA. For a victim of CSA, these screen memories may conceal the traumatic event that occurred during childhood.

Herman's (1992) research found that repeated trauma experienced in childhood warps the personality and deforms it. She explains: "the child trapped in an abusive environment is faced with formidable tasks of adaptation" (Herman 1992:96). There is a distinct difference between a traumatised adult and the traumatised child, since the child has no experience other than what they are born into. Traumatic childhood experiences tend to have a severe impact. In the words of Herman (1992:96), "[r]epeated trauma in adult life erodes the structure of the personality already formed, but repeated trauma in childhood forms and deforms the personality". The psyche and brain of children are vulnerable to childhood trauma, which can also result in various developmental disorders.

Extreme trauma is unspeakable due to the inadequacy of language to fully convey a victim's experience. Herman (1992:1) points to the victim's desire to speak about the unspeakable or to be silent: "the ordinary response to atrocities is to banish them from consciousness. Certain violations of the social compact are too terrible to utter aloud: this is the meaning of the word unspeakable". It is the unspeakable nature of a traumatic event that causes silence and the impossibility of speaking about it that appears to exceed human understanding. Herman (1992:175) also comments that the "wordless and static" memory, which is "a past experience of frozen time" and initially without emotion, has to be reconstructed through narration and "integrated into the survivor's life story". Herman (1992:181) concludes that, "...in the telling, the trauma story becomes a testimony" and "...time starts to move again".

Trauma is an intensely personal experience and in certain instances the victim finds it to be unspeakable. Chris N. van der Merwe and Pumla Gobodo-Madikizela (2008:6) explain: “Extreme trauma leads to loss of words, because language is insufficient to describe the experience”. When the psyche is overwhelmed by a traumatic event, “...there is a silencing of the senses ...[it] is more than a lack of words; it is also a lack of understanding of what has happened to them” (Van der Merwe & Gobodo-Madikizela 2008:26).

Laub (cited in Felman & Laub 1992:57) stresses the relational element of testimony and memory with the traumatised individual and the listener as co-author: “The emergence of the narrative which is being listened to and heard is, therefore, the process and the place wherein the cognizance, the ‘knowing’ of the event is given birth to”. The lasting effects of traumatic memories cause trauma victims to remain embedded in the traumatic coercion, and severe traumatic symptoms such as anger, anxiety, betrayal and helplessness ensue, instead of being able to understand and accept it as belonging to the past.

Individuals with PTSD do not experience trauma memories as comprehensible associations to their past but as haunting, making trauma victims feel locked up in the past. “To undo this entrapment”, a narrative needs to be constructed about the traumatic past (Felman & Laub 1992:69). Van der Kolk et al. (1996:269) agree that people seem to be unable to live with experiences that are meaningless to them. Laub and Van der Kolk both resonate with Herman’s (1994:175) claim that recovery is a process of several stages and learning to tell the “story of the trauma” is an essential part of recovery and of rebuilding their lives. Caruth’s (1996) view on trauma narrative is that it leads to increased indeterminacy, refusing the possibility of resolve and recovery, whereas Herman’s view is that trauma narrative is therapeutic, allowing psychic integration and, ultimately, an explanation of the trauma.

### **3.4 Psychobiological areas of trauma caused by CSA**

Van der Kolk (2003:293) was a member of the first neuroimaging team to investigate how trauma changes brain processes, and he confirms that progress

has been made in the understanding of the effects of traumatic events in children. He notes that “trauma is specifically an event that overwhelms the central nervous system, altering the way we process and recall memories”. Childhood trauma affects what children expect and focus on and how they organise the way they assess and process information. Traumatic events cause changes in how children think, feel, behave, and control their biologic systems.

Van der Kolk (2014:206) argues that: “Neuroscience research shows that the only way we can change the way we feel is by becoming aware of our inner experience and learning to befriend what is going inside ourselves,” meaning being aware of the experience of your physical body and the sensations that give you information into your physical and psychological state. The DSM-IV (Guze 2000:294) field trial for PTSD reveals that certain factors have profound impacts on a child’s traumatic experience. Factors such as the frequency of the event, the age of the child and the degree to which caregivers contribute to a child’s psychological damage cause problems with self-regulation, self-concept, attention, dissociation, aggression, and interpersonal relationships. The period from birth to adulthood is one of intense brain development. According to Van der Kolk (2003:294), the development of the neurobiology of PTSD has three different impact areas on three interconnected development areas: the development of “specific brain structures at particular ages”, then “physiologic and neuroendocrinologic responses”, and lastly “the capacity to coordinate cognition, emotion regulation, and behavior”. The trauma of abuse provokes a cascade of effects, including changes in hormones and neurotransmitters that facilitate the development of susceptible brain regions.

Lynn Nadel (1992, cited in Van der Kolk 2003:94) described the different rates of the brain structure’s maturation. The amygdala, hippocampus, and prefrontal regions affect posttraumatic reactions in the developing child’s brain. The “amygdala starts functioning practically immediately after birth”, so children can “rapidly experience fear and assess danger”. The hippocampus, “which is necessary to put danger in a spatial context, matures only gradually over the first five years”, so “children only slowly acquire the capacity to identify and organize



the nature of the threat”. There is evidence that “early abuse and neglect significantly affect the maturation of the hippocampus, which makes children with such histories vulnerable to misinterpret sensory input in the direction of danger and threat” (Van der Kolk 2003:294). Therefore, it is clear that exposure to CSA will lead to neurobiological changes that increase the risk of psychopathology in children and in adulthood.

People with PTSD develop abnormalities in brain chemicals or neurotransmitters that regulate arousal. Acute stress activates the stress hormone cortisol, of which people with PTSD have relatively low levels. As cortisol is an anti-stress hormone, shutting off other biological reactions turned on by stress, people with PTSD are unable to modulate their biological stress response. High levels of cortisol can also delay the development of the cerebral cortex. The extent of vulnerability depends on how rapidly the brain was growing at the time of the traumatic event (Van der Kolk 2002:5).

Van der Kolk et al. (2001:26) explain that PTSD sufferers may not primarily retrieve traumatic memories as narratives. This is reflected in actual changes in brain activity. In 1996, neuroimaging studies using Positron Emission Tomography or PET scans of the brain, showed that when abused children relive their traumatic experiences, there is decreased activation of Broca’s area on the left hemisphere, which relates to language. Increased activation of the limbic system on the right side of the brain means that when reliving their trauma, abused children have great difficulty putting the experience into words, as they are unable to analyse current happenings. The limbic system is a set of structures in the brain that controls emotion, memories and arousal. It contains regions that detect fear, control bodily functions and perceive sensory information. Van der Kolk’s approach is that while PTSD and developmental trauma (such as CSA) are disorders of the limbic system, the threat is experienced as sensation and transformed into trauma. Trauma of abuse induces a cascade of effects, including changes in hormones and neurotransmitters that mediate development of vulnerable brain regions. Childhood abuse is linked with excess neuronal

irritability, electroencephalogram (EEG) abnormalities, and temporal lobe epilepsy symptoms.

There is a correspondence between the effects of early childhood stress on the brain's transmitter, the brain's development, and the various psychiatric symptoms observed in abused children. Early psychological abuse has enduring adverse effects on an abused child's brain development, and brain abnormalities may account directly for adverse personality traits and other symptoms such as attention-deficit/hyperactivity disorder (ADHD), dissociative and memory impairments.

Van der Kolk (2002:2,3) describes how overwhelming trauma restructures our biology as well as our minds and emotions. PTSD is a stress reaction and the human mind responds to overwhelming trauma and shapes the central nervous system and the formation of the self. Trauma survivors must be helped to imagine alternative outcomes when responding to present-day demands, instead of being obsessed with the traumatic past. Lack of social support in the aftermath of trauma is associated with greater risk of chronic PTSD. Learning from experience is only an option when a child is in a physiological state that permits them to consider new possibilities, the feeling of being in charge, being calm, and able to engage in focused efforts to accomplish the goals they set for themselves. In child psychiatry it has become normal to substitute medications with teaching skills in order to manage uncomfortable physical sensations (Van der Kolk 2003:310-311).

Creative arts therapy is a term used to describe the professions of art therapy, music therapy, dance therapy, drama therapy, poetry therapy, and psychodrama. There is neurological evidence in favour of applying creative arts therapies, specifically for trauma (Malchiodi 2003:141). Such evidence is based on the visual and sensational nature of traumatic memories stored in the brain without translation into narrative. The task of psychotherapy is to help traumatised children to overcome their habitual fight/flight/freeze reactions by engaging their attention in neutral enjoyable tasks and games that do not relate to traumatic memories. If the problem is dissociation as a symptom of PTSD, treatment should consist of association. Traumatised children must acquire the ability to know what

they feel and to put those feelings into words. Alternatively, they could find some other symbolic expression that can allow them to distance themselves from trauma-related bodily sensations and emotional states associated with traumatic memories.

Van der Kolk (2003:309) explains that as long as children are unable to communicate about their traumatic experience in words, childhood trauma is likely to be expressed as an embodiment of what happened. The body tells the story, as psychosomatic problems. The child will respond to the world as a dangerous place by activating neurobiological systems mechanised for survival, even when they are objectively safe. Trauma does not merely affect cognitive functions, but the entire organism, and trauma-related hyper arousal and numbing are experienced on a physical level. It is vital to transform “traumatic memory” into “narrative memory,” that is, into a chronological narrative: “the unassimilated scraps of overwhelming experiences [...] need to be integrated with existing mental schemes, and be transformed into narrative language” (Van der Kolk & Fisler 1995:176). “Traumatic experiences are initially imprinted as sensations”. Since they are not organised and recorded into personal narratives, traumatised people’s brain imaging seems to confirm that “traumatic memories return as emotional and sensory states”, with limited capacity for verbal representation (Van der Kolk 2002).

Caruth, as cited in Van der Kolk et al. (1996:172), supports Van der Kolk’s view about a neurobiological approach to explain trauma’s effect on consciousness and memory. As such, she argues that the neurobiological response to trauma provokes a “speechless terror” that excludes narrative recall in memory, since the event cannot be “organized on a linguistic level” as speech and memory were separated. The memories are repressed and stored in the unconscious, protecting the conscious against the consequences of the traumatic event. Then, later, through flashbacks, anger, anxiety, and nightmares, these repressed traumatic memories resurface.

### **3.5 Conclusion**

It is a fact that a traumatic event “overwhelm[s] the ordinary human adaptations to life”, as Herman (1992:33) puts it. “Unlike commonplace misfortunes”, she writes, “traumatic events generally involve threats to life or bodily integrity, or a close personal encounter with violence and death”. A further neurologically-based explanation is that a traumatic event produces an excess of external stimuli and a corresponding excess of arousal in the brain. The brain is not able to fully apprehend the event and responds through various mechanisms such as psychological numbing.

The most important subject of debate concerns the relation of trauma to memory of CSA. I concur with Herman and Van der Kolk regarding the theory of dissociation, which is related to the concept of repressed memory, or traumatic amnesia and that the more horrendous and prolonged the trauma, the more the subject tends to dissociate and therefore has no conscious memory of the traumatic event. Thus, a child who is subjected to repeated sexual abuse may very well not remember it. Only by finally remembering the repressed trauma can the traumatised child move on to recovery.

In conclusion, I agree with Caruth (1995:5) that the irrepresentability of trauma implies that only the traumatised person can ‘own’ the trauma and be possessed by it. This possession immobilises the traumatised child to understand the trauma fully: it “cannot be interpreted, simply, as a distortion of reality, nor as the lending of unconscious meaning to a reality it wishes to ignore, nor as the repression of what once was wished”. The subject suffers from compulsive, involuntary repetitions of the traumatic event that “bear witness to a past that was never fully experienced as it occurred. Trauma, that is, does not simply serve as a record of the past but precisely registers the force of an experience that is not yet fully owned” (Caruth 1995:151). Being unable to distance from the traumatic past, the traumatised cannot interpret, give meaning to, or understand the trauma. The experience becomes dominant, as Caruth (1995:4) explains: “The pathology consists [...] solely in the structure of its experience or reception: the event is not

assimilated or experienced fully at the time, but only belatedly, in its repeated possession of the one who experiences it”.

CSA is more prevalent than previously known, and traumatised children deprived of intervention or treatment of early abuse symptoms will likely suffer from behavioural, emotional, and cognitive disturbances for the rest of their lives. Van der Kolk (2014:97) observes that traumatised people continually feel unsafe inside their bodies: “The past is alive in the form of gnawing interior discomfort. Their bodies are constantly bombarded by visceral warning signs, and, in an attempt to control these processes, they often become experts at ignoring their gut feelings and in numbing awareness of what is played out inside. They learn to hide from their selves.” If there is an objective for trauma theory, it is imperative to create a safe environment for the traumatised victim and to improve intervention, on all levels, from physical to cognitive.

## CHAPTER 4

### CSA IN SOUTH AFRICA: CAUSES AND EFFECTS

#### 4.1 Introduction

In this chapter I argue that South African child trauma victims of sexual acts can be considered to be subject to circumstances caused by socio-political, socio-economic and socio-cultural conditions. In his 1993 Nobel Peace Prize Acceptance Speech in Norway, Nelson Mandela stated:

The children must, at last, play in the open veldt, no longer tortured by the pangs of hunger or ravaged by disease or threatened with the scourge of ignorance, molestation and abuse, and no longer required to engage in deeds whose gravity exceeds the demands their tender years. (Abrams 1999:67)

This chapter revolves around the traumas of CSA in South Africa. To substantiate a response to this statement, I am investigating statistics of CSA as reported by the South African Police Service (SAPS) and Statistics South Africa (Stats SA). The possible reasons for CSA are considered in terms of socio-political, socio-economic and socio-cultural conditions. I unpack the latter and focus in particular on the aftermath of apartheid and its influence on the current social position of children. The traumatic and psychological impact of CSA on children and adult survivors in South Africa is analysed and victims' mental health is explored by Mathews, Abrahams, Jewkes and Lombard (2012). Complex social phenomena add to the magnitude of traumatic experiences in every-day life and create a more challenging task for mental health professionals who deal with trauma and its consequences.

Severely disturbing social traumas that cause CSA for a victim may result in a psychological wound, which causes trouble with coping or functioning normally. Therefore, I refer to the practical component of my work as *The Silent Wound*. The artworks in chapter 5 are visual manifestations of my traumatic memories as representations of my trauma as a silent, unspeakable wound.

CSA is a daily occurrence in SA and has a traumatic effect on the victim as a child and adult survivor. This chapter will not explore individual incidences of trauma and victimhood, but rather the social impact of trauma related to children, to make sense of suffering in our society. Regarding social traumas that cause CSA, SA has been a country in turmoil, which has affected all levels of society: social, political and economic. Every ethnicity, age group, and demographic is affected by CSA.

A country's broken social system has negative implications whereby children are severely affected. CSA is endemic in SA and has become a common phenomenon in our society, driven by structural and social factors. This chapter sketches the background by describing the social context in which CSA takes place. The various aspects worth investigating in respect of CSA causes are socio-political, socio-economic, and socio-cultural factors. The legacy of apartheid, the large-scale poverty and patriarchal notions and cultural beliefs are the social settings of a country that may increase children's vulnerability to provide an environment conducive to CSA. This theory highlights that individuals are influenced by the various social contexts in which sexual abuse against children may occur.

Dianne Jefthas and Lillian Artz (2007:37) contend that with such high rates of violence occurring in society, it is no wonder that other forms of violence – CSA in particular – amongst society's most vulnerable are, sadly, highly prevalent. Paul S. Pinheiro (2006:XII) explains that child abuse is a global phenomenon that occurs across cultures and socio-economic groups, with severe physical and mental health consequences. Correspondingly, South Africa ranks extremely high internationally for reported incidents of sexual violence. CSA – as an horrific form of violence – is unspeakable, and the consequences can be devastating across all situations in which such abuse occurs. The World Health Organisation (WHO 2006) confirms that the social context of our country creates conditions for and increases children's vulnerability to CSA.

In the *Optimus Study* (2016:791), Lillian Artz, Patrick Burton, Catherine L. Ward, Lezanne Leoschut, Joanne Phyfer, Sam Lloyd, Reshma Kassanje and Cara Le Mottee provide nationally representative data on the extent and impact of child

sexual abuse in South Africa (SA). In this study, 9717 adolescents (ages 15 - 17 years) were recruited nationally from schools (n=4 086) and households (n=5 631). The definition of sexual abuse used in the study was highly inclusive, including both the range of abuses defined in existing sexual offences laws, and those that children and adolescents identified in previous studies as sexually intimidating, abusive or exploitative (e.g. being forced to view pornography). The Optimus Study SA shows that sexual abuse of children and adolescents is widespread: 36.8% of boys and 33.9% of girls reported some form of sexual abuse. This signifies that overall 35.4% – one in every three adolescents – reported that they have experienced some form of sexual abuse at some point in their lives. These statistics are appalling and demonstrate that SA faces a crisis in terms of the extent of CSA offences.

CSA statistics are inaccurate as many cases are unreported. This implies that the actual number of cases may be much higher than is reflected. The study of CSA is complex, as the phenomenon is largely underreported and accurate data in CSA is notoriously difficult to obtain. Worldwide, it is recognised that incidence reports to the police or welfare agencies are the tip of the iceberg. Potential reasons for failing to report abuse may involve threats received from perpetrators, cultural practices valuing silence on family matters, lack of access to the police, or the child's feelings of shame or guilt. In line with this, Tasneemah Cornelissen-Nordien (2019:30) asserts, citing Davids et al. (2012:112), "These statistics, however skewed, is a clear indication of the vulnerability of children; and a demand for primary intervention strategies to address CSA, specifically focussing on environmental factors and societal norms".

South African sociologist Christina Nomdo (2008, cited in Crocquet 2011:VII) writes: "Child sexual abuse is a severe violation of a child's right – enshrined in the Constitution of South Africa – to bodily integrity. The alarming frequency of this abuse indicates a society that is deeply troubled". CSA is a prevalent problem in our society. CSA is traumatic for the child victim, and generally, an adult abuser takes advantage of the child's innocence, then seduces and persuades the child into silence. Esther Deblinger and Melissa K. Runyon (2005:364) specify



that most sexually abused children are shamed into silence through threats, fear, and embarrassment. Keeping the secret of abuse causes even greater childhood trauma. Anger, guilt, and fear are common feelings that abused children may experience. It may cause lifelong psychological and physical damage, even if the traumatic effects may not be immediately evident.

CSA is a reality faced by children globally, with extensive risk factors, prevalence rates and consequences. It is obvious that CSA is becoming a growing concern and children are becoming increasingly vulnerable. Furthermore, trauma victims of sexual acts during childhood can be considered to be subject to circumstances caused by socio-political, socio-economic and socio-cultural conditions in SA.

Culture and collective trauma are meaningful for understanding how South Africans had to suffer from the traumatic effects of the violation against human rights, for example, apartheid, crime, violence, and poverty. Collective trauma is the traumatisation of a group or a whole nation, and it can easily be encountered when we look at historical facts, crime statistics, and CSA narratives. In this context Marten W. DeVries (2007:398) states that “[w]hen a traumatic event, an uprooting, or a social upheaval strikes, the community as well as the individuals within a society are affected”. It follows that South Africa can be depicted as a nation of collective trauma.

## **4.2 Socio-political influences**

### **4.2.1 Apartheid and CSA**

The social environment in which we live may influence a child’s vulnerability to be abused. Socio-political circumstances relate to a combination of social and political factors that may contribute to CSA.

As the first decade of democracy unfolded, new social problems, such as violent crime, extensive abuse of women and children, unemployment, xenophobia, and the AIDS epidemic emerged. Violence is prevalent in South African society, to the extent that the country has been described as having the highest occurrence of violence in the world (Rosana Norman, Michelle Schneider, Debbie Bradshaw,

Jewkes, Abrahams and Richard Matzopoulos 2010:832). Pinheiro (2006:13) defines violence as including “... all forms of physical, mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse”. With such high rates of violence occurring in society, it is no surprise that CSA is widespread.

Apartheid was a structured system of racial disenfranchisement defined by political violence and oppression of the majority of the population. The effects of an aggressively violent regime led to the categorisation of violence through every aspect of life. The authors of *Tackling Violence in South Africa: The Context*, confirmed this: “Many researchers on violence concur that the core of the problem of violence and crime in South Africa is a culture of violence, which needs to be seen and understood in the context of an extremely violent past” (SaferSpaces 2020).

During the apartheid era in SA (1948–1994) gross inequalities existed between black and white children and one of the main goals of the new government was to abolish racial discrimination and to advance children’s rights. On 16 June 1995, the South African Government ratified the United Nations’ Convention on the Rights of the Child (1989) that bound nations legally to accept responsibility for their children. This was the first process to incorporate children’s rights – “civil, political, economic, social and cultural” – and was officially backed by the greater part of the world’s countries (Abrahams and Matthews 2011:24).

The apartheid government was disbanded in 1994, but its consequences had staggering effects on the children of South Africa. Andrew Durham’s (2003:19) view is that children’s sexual abuse in those communities targeted by systematised violence were ignored for too long “due to racist assumptions of White practitioners that fail to define circumstances as abusive”. It once again confirms the silence and secrecy regarding childhood sexual abuse. The transformation to the “new” SA established many difficulties for countless children in our country. As the victims of a socio-politically and economically imbalanced society, some children seem to find these problems insurmountable and problematic to adapt to and cope with.

Suffering is intimately linked to individual trauma and relates to the concepts of CSA, trauma and silence. Individuals are silenced when they are not offered an opportunity to voice their traumatic experiences. David Morris (1997:27) claims, “suffering is voiceless in the metaphorical sense that silence becomes a sign of something ultimately unknowable. It implies an experience not just disturbing or repugnant but inaccessible to understanding”. Children who encounter suffering generally have trouble talking about what they are going through, and this is intensified if they live within a society that does not allow them to express themselves. Suffering goes beyond physical pain and includes experiences that are physically and psychologically traumatic and wounding. It is important for people to be given a platform to voice their silences and be allowed to express their traumatic experiences to enable them to move forward.

Re-experiencing the past may be a constant reminder of a person’s past traumatic encounters and if the individual does not deal with these memories, silence will continue. Lack of power and inequalities within society leads to the silencing of traumatised people’s voices. In 1995, with the start of democracy in South Africa, Nelson Mandela’s post-apartheid government created the Truth and Reconciliation Commission (TRC) to provide a psychological healing process. The intention was to treat issues that could provide answers to the questions of many victims. Based on the Promotion of National Unity and Reconciliation Act, No. 34 of 1995, the TRC was an attempt to deal with the violence of the past and to break the silence of human rights violations. To record personal memories in the course of reconstructing collective memory of the past on a national scale, the TRC engaged with the principles of memory in which the past was exposed for the use of political reconciliation in the present.

Archbishop Desmond Tutu was the chairman of the commission's directive, to oversee the process of healing of the silenced, as broken, traumatised, and psychologically scarred people in a visible manner. It was hoped that, as part of its broader mandate, the conclusion of the commission's report would bring closure and a voice to the victims of apartheid, and forgiveness among perpetrators by disclosure of the truth. In his foreword to the commission’s report,

the Chairperson, Archbishop Tutu, stated (TRC Report 1998:4): “However painful the experience has been, we remain convinced that there can be no healing without truth.” Brinton Lykes (1997:727) asserts that silence is often an adaptive survival strategy but, at the same time, it exacerbates a victim’s feelings of isolation. There is often a lack or absence of language that people can use to confirm their traumatic experiences; without this language, silence persists. This silence, however, does not transform into memory of the suffered trauma.

The South African TRC has evoked interesting debates by scholars in the field of trauma studies, especially around ways of interpreting trauma and solutions towards healing. Trauma theory, an interdisciplinary approach, became known in the mid-1990s because of the moral change influencing the humanities. This approach helps to understand the real world and to possibly change it for the better. This epistemological and ethical programme is explained in the meaningful work of Caruth (1996:10-11), who contends that, instead of steering us “away from history and into political and ethical paralysis”, a textualistic approach, claiming that all reference is indirect, brings also an exclusive approach to history. The reconsideration of reference is not aimed at “eliminating history but at resituating it in our understanding; that is, at precisely permitting history to arise where immediate understanding may not”. Caruth (1996) tends to interpret history in terms of trauma as an overwhelming experience that opposes inclusion and communication. Caruth (1996) further explains that psychoanalytic analysis of traumatic memory links with deconstructive attentiveness regarding representation in the investigation of cultural artefacts (that bear witness to traumatic histories). Since access to extreme events and experiences can be retrieved, understanding and representation of trauma is challenged.

Caruth (1996:9) emphasises that this significant method comes with moral importance and suggests that “the language of trauma, and the silence of its mute repetition of suffering, profoundly and imperatively demand” a “new mode of reading and of listening” that would allow us to break out of the isolation imposed on both individuals and cultures by traumatic experience. Caruth (1995:11) writes that in “a catastrophic age” such as ours, “trauma itself may provide the very link

between cultures”. With trauma establishing a link between conflicting historical experiences, the listening to the trauma of another, which for Caruth (1995) entails a detachment from oneself, can add to multicultural harmony and to the formation of a new kind of society.

LaCapra (1999:725) defines trauma as experience that is “the repetition of an early event in a later event – an early event for which one was not prepared to feel anxiety and a later event that somehow recalls the early one and triggers a traumatic response”. This author further indicates that the TRC “was in its own way a trauma recovery center” that endeavoured to expose the truth about human rights violations performed during the apartheid era. The TRC essentially aimed to further national unity and reconciliation through a collective practice of working through the past (LaCapra 2001:43).

The hearings by the TRC derive their importance from the understanding that the truth of traumatic experiences can be reclaimed in oral and written narratives, and that these narratives provide ways of coming to terms with the aftermath of apartheid and its atrocities. This collective traumatising of several generations is inextricably involved with the history of apartheid. Unfortunately, the TRC failed the traumatised and the abused children of our country. The lack of expertise on children and youth and their rights to protection – and to participation – may have contributed to a weak understanding of both children’s rights under the Convention on the Rights of the Child (CRC) and their psychological development. Given the important role of children and youth as agents of social change during apartheid and the impact on their physical and mental situation, Burton (2007:76) argued that the TRC’s focus was mainly on adults.

South Africa’s socio-political history has scoured family life. Joan van Niekerk (2003:13) confirms this view: “Apartheid laws, migrant labour practices, and the culture of violence that developed during the struggle for freedom have separated, disintegrated and distanced families”. Children have grown up in situations of disadvantage, exposed to continuous institutional violations of human rights and exposed to acts of violence and CSA. Children are debilitated by socio-political factors that could hamper their unfolding potential (Louw & Louw 2004:6).

### **4.3 Socio-economic influences**

#### **4.3.1 Poverty and CSA**

While child abuse occurs across all socio-economic levels, poverty is a fundamental cause of CSA worldwide (World Health Organisation 2002). South Africa has extraordinary rates of child abuse that will not decrease without a change in social and economic conditions.

After apartheid, democracy in South Africa has been accompanied by economic dislocation, poverty, and urbanisation. The South African government's promise, as incorporated in the Constitution (Constitution of the Republic of South Africa, 1996 Act No. 108, 1996), was the realisation of socio-economic parity with conditions to guarantee that no person should be without the necessities of life. Nevertheless, in a country where human rights are imperative in our discourse about who we are, and in the South African constitutional and legal structure, innumerable wrongs continue to be done to children. Legislation exists to protect children, but it is not adequately supported by services to be accomplished.

Although CSA transcends all socio-economic groups, poverty is a prevalent risk factor. South Africa's unstable history has resulted in a significantly unequal society.

With a consumption expenditure Gini coefficient of 0.63 in 2015, South Africa is the most unequal country in the world and incomes are highly polarized. The country is characterized by high wealth inequality and low intergenerational mobility which arise from high income inequality and inequality of opportunity for children. This also helps explain the missing middle and polarization in the labor market. These inequalities appear to be passed down from generation to generation, implying little change in inequality over time and perhaps even a worsening of the already bad situation. Not only does South Africa lag its peers on level of inequality and poverty, it lags on the inclusiveness of consumption growth. Also, changes in the inequality had an adverse impact on the reduction of extreme poverty (International Bank for Reconstruction/World Bank 2018:42).

Since the end of apartheid in 1994, the nation has been fighting poverty and inequalities. The causes of poverty are numerous and complex, and the history of apartheid has exacerbated income inequality over decades. Under conditions of such extensive disadvantage, protective measures for children are problematic.

Leroy Pelton (1994:131) states categorically that “after years of study and research, there is no single fact about child abuse and neglect that has been better documented and established than their strong relationship to poverty and low income”. There is evidence that poverty is a factor in many cases of CSA. Linda Richter, Andrew Dawes and Craig Higson-Smith (2004:250) explain that CSA is interwoven in the pressures and deprivations of poverty in the South African context. The connection between poverty and abuse takes many forms: decreased supervision of children due to lack of care and supervision, fragmented family structures, exposure of children to threats in overcrowded living conditions, fostering of children for income, the economic dependence of children on abusive breadwinners, and the absence of protective infrastructure in needy communities (Richter et al. 2004:147). Poverty, economic stress, and inefficient social support provide evidence that environmental and personal conditions contribute to CSA.

Following Ariane De Lannoy, Lauren Graham, Leila Patel and Murray Leibbrandt’s (2015:83) view, young people in South Africa today must “contend with a brutal past, and an uncertain future characterised by persistent” and widespread “poverty, inequality, and violence”. According to Statistics South Africa (2014), more than half of all young people in South Africa live in poverty. Therefore, experiencing the past in everyday life may be a relentless reminder of past traumatic experience, and if the victims are not presented with room to deal with these memories, silence persists.

For four decades, during apartheid, when discrimination against people of colour was enacted, deep-rooted inequalities across all spheres of life resulted in the marginalisation and impoverishment of the majority of the South African people. However, since the country’s first democratic elections in 1994, the government has introduced a comprehensive set of policies to achieve just development, human rights for all, and a non-sexist and non-discriminating society. South

Africa's promise for the fulfilment of socio-economic rights is contained in the Constitution of 1996. It includes conditions to warrant that no person should be without the basic requirements of life. These conditions are specified in the Bill of Rights – in section 26 (access to adequate housing); section 27 (health care, sufficient food, water, and social security); section 28 (the special rights of children); and section 29 (education). The Bill is informed by the United Nations Convention on the Rights of the Child (UNCRC), which South Africa approved in 1995, as well as the African Charter on the Rights and Welfare of the Child, which was approved in 2000. In particular, children are mentioned and included in the general rights that are protected by the Constitution: every child has the right to “basic nutrition, shelter, primary health care, and social services” (section 28(1)(c)). These form part of what are collectively known as economic rights.

Frances Heidensohn (1985:10) maintains that poverty does not cause violence but creates the conditions under which CSA tends to flourish. Kenneth Netshiombo (as cited in Richter et al. 2004:76) proposes that, “with job losses, continuing unemployment, and rampant poverty [in South Africa], child abuse seems to be a softer option for airing one's frustration”. Poverty is associated with experiences of social exclusion, heightened stress, violence, and trauma. Karen Moore (2005:4) explains that poverty is about deprivation in many dimensions: hunger and under-nutrition, dirty drinking water, illiteracy, lack of access to health services, social isolation and exploitation, as well as low income and assets. Much controversy surrounds the definition of poverty, which is “a multidimensional and multifaceted concept” (Brynard 2011:149). There does not seem to be a single, all-encompassing definition, and in South Africa, the government has not yet adopted a comprehensive definition of poverty. The Open Society Foundation for South Africa (2009:8 cited in Brynard 2011: 149) proposes the following explanation:

The conceptual understanding of poverty could be conceived in three main categories: absolute poverty, relative poverty and capabilities poverty. Absolute poverty means that the person lives on subsistence, or below what is minimally required to live an integrated life. Relative poverty makes a comparison between the lowest income



group and a higher income group's living conditions. It thus captures the relative inequalities in a given study and can include some normative analysis of acceptable levels of inequality. Capabilities poverty refers to an understanding that people need to have the wherewithal to meet basic needs in a manner and to a degree that enables them to participate socially and economically.

In his study on chronic poverty, Michael Aliber (2003:476) found that it is transmitted from one generation to another; children from poor households are likely to become poor adults, whose children will, in turn, risk remaining in poverty.

Multiple factors can assist in arresting the intergenerational transmission of poverty. Education and employment are fundamental to the access to public goods such as health care, good nutrition, clean water and sanitation, and housing that provides shelter and dignity. The Children's Institute at the University of Cape Town produces an annual *South African Child Gauge* (2019) with a current overview of the primary concerns for children in South Africa that provides empirical data with research and commentary in the sphere of children's rights. Its pages bear evidence that many lives of children and young people are affected not only by their immediate circumstances of home, school, and community but also by structural systems such as policies, laws, social welfare, and the world's financial system. Political shifts over time also affect young people's lives, and this is especially important in the South African context, where young people have experienced a movement from apartheid to democracy.

The social problems of poverty that may cause CSA cannot be underestimated, and it is valuable to remember where we have come from and the vast progress that has been made since 1994. This includes the accomplishment of a change from a system of racially authoritarian rule, with a result far more peacefully and democratically achieved than most could have predicted. In many instances, South Africa is taking its rightful position in the world and offering leadership in the contest for a more justified global order. CSA is not limited to one class, but economic destitution may be linked to CSA as another reason for the abused child's silence.

## **4.4 Socio-cultural influences**

### **4.4.1 Cultural beliefs and CSA**

This section informs on the possible influence of cultural practices in perpetuating CSA and on examining examples of these cultural influences. The cultural context of trauma is an imperative dimension as the meaning of trauma is culturally specific. Social and religious rituals surrounding trauma have an essential healing role in both individual and community trauma, according to clarifies Van der Kolk, Weisaeth and Van der Hart (1996:xv).

South Africa is known for its racial, ethnic, and rich cultural diversity, with traditions passing on beliefs with symbolic meaning from one generation to the next. Societal and cultural norms related to the social position of children, and child-rearing practices contribute to children's vulnerability to CSA. Within South Africa as much as elsewhere, cultural rules and old-fashioned beliefs and values may also play a role in prolonging the silence of CSA. Richter et al. (2004:4) suggest "Adult behaviour towards children is embedded in local beliefs about what is good, what is bad, and what is necessary for children". In some cultures, silence is considered a putative form of behaviour, while in others, it is interpreted as a symbol of distress. In addition to these patterns, there is a range of different uses of silence, some cultural and others social. Of specific concern is the silence associated with violence committed against women and children in a country where an enlightened constitution offers to protect the most vulnerable. While this is true, persistent patriarchal attitudes and practices nevertheless persist.

Children's "socialisation into obedience and silence, and their realistic fear of breaking [cultural] codes, may contribute to their abuse" (Richter et al. 2004:66). Cultural practices and beliefs consequently appear to have a direct link to why there are so many silent child victims of sexual abuse. Children can often be considered the possession of adults, thus refusing them recognition and rights. "Unquestioning obedience of children and their subservience to adults" ensure their silence and enable "child abuse to go undetected" (Department of Social Development 2012:8).

Richter et al. (2004:95) point out that “The abuse and neglect of children is a global problem, and yet different nationalities and social groups vary considerably in the way in which they perceive and address the issue”. There is a cross-national and cross-cultural variation in child-rearing norms and attitudes to what constitutes child abuse. James Garbarino (1977:721) suggests that an analysis of a society’s values and attitudes in this regard will reveal a multifaceted interaction of collaborating factors. Knowledge about the differences between socio-cultural milieus may lead to various solutions to the problem. The problem may have its origin in patterns of behaviour and beliefs considered by particular social groups to be typical and traditional. Socio-cultural values, perceptions, and practices that tend towards violence and abuse can be viewed as a society’s custom.

Richter et al. (2004:98) justify such cultural differences as follows: “As a social phenomenon, cultural perspective and meaning varies [sic] from one ethnic group to another and changes with socio-economic and political developments”; therefore, “a culturally informed interpretation is never homogeneous”. Members of cultural groups set standards “that individuals inherit” as part of a particular society, and that informs them how to understand their historically created world. Thus, the concept of child abuse depends on a cultural, authorised explanation of what constitutes abuse in a particular ethnic group’s set of community beliefs, ideas and moral values. In Southern Africa, a socio-cultural interpretation of child abuse includes early marriages, initiation of young boys, and “acceptance of physical abuse as a disciplinary measure, strict obedience to adults”, and “the persistence of male domination” (Richter et al. 2004:99). Tinyiko Maluleke and Sarojini Nadar (2002:14) suggest that the “unholy trinity” of cultural and religious beliefs and gender socialisation are often used as explanations of violence against women and children.

Richter et al. (2008:85-86) explain that large parts of South Africa are patriarchal, and a crucial part of patriarchal rights is the hypothesis that men have the right to take sexual advantage of women and children. Ideologies of male power and the dominant position of men within the family offer the perfect conditions for CSA. Furthermore, children’s socialisation to obedience and silence and their fear of

violating cultural rules may add to their abuse. Children will remain victims for as long as child abuse is viewed and addressed through a cultural lens.

Social change is embodied in contemporary discourse, and every cultural practice is compelled to account for itself in terms of change. Artists can assist by taking art as a point of departure and linking it to change across the context of history. In the visual arts, indigenous traditions, once marginalised, are now a central component of the cultural resources of South Africa. Many myths and assumptions in explaining the relationship between culture and CSA continue to be a challenge and must be clarified.

#### **4.5 South Africans artists uncovering the silence of the past**

South African artists, representing social and political progress to explore newfound freedoms of expression, have emerged enthusiastically, opening possibilities for creating new understandings of who we are as South Africans. Emma Bedford (2004:5) explains: “Emerging from the decade when art was considered a ‘weapon of the struggle’ against apartheid, many artists continue to grapple with political, cultural and social issues”. South Africans have been faced with the massive challenge of transforming an apartheid regime into a democratic government and society. South African artists must deal with a multifaceted and particular past, a move to memory as a means of uncovering the silence of the past. For artists to confront history and deal with memories, to bear witness to loss and trauma in the fight against historical amnesia, can be compared to the work of the TRC in the mid-1990s. The TRC attempted to record the pain of the past, a process designed to heal the traumatic wounds of apartheid and to build the nation.

The concept of art as healing accords with the national project of reconciliation as introduced by Nelson Mandela (cited by Richards, 1994:74) at the *Culture and Development* conference in 1993: “It is our hope and fervent belief that the universal language of culture will show us the ways in which to transform and heal the consciousness of all our people”. The artist’s possible role in the

collective of nation building offers the distinct possibility of healing of a traumatised society where the healing of wounds will lead to closure.

Where history and culture meet in South Africa after apartheid, where artists wish to return to the silence of the past, they must recognise that testimony often falls short of the testified. Perhaps only as the event becomes a recollection, an image of something past, can the artist begin to deal with what happened. This activity is a turn to memory as a means of excavating silence. By analysing the trauma and loss that resulted from the violent encounters with apartheid, the fragmented character of silence embodied in experiences of a violent past can be restored.

The demand of some artists to confront history and memories and to bear witness to loss and trauma to contest the desire for historical amnesia was paralleled by the work of the TRC. Artists examine significant moments in the country's course of transformation over three centuries, revealing the need for art to change by moving from a point of deconstruction to reconstruction.

After the advent of democracy, artists could investigate and explore a considerably wider range of themes and visual concepts on international platforms that were not previously accessible. It became possible to reflect on social and political developments, to explore new freedoms of expression, issues around the body, identity, and self-representation. Explorations that had largely been secret, limited or completely avoided have become attainable. South African artists created an interest in contemporary South Africa all around the world.

#### **4.6 Conclusion**

My argument in this chapter was established by proving that CSA happens daily in South Africa and that it has a traumatic effect on the victim, both as a child and as an adult survivor. Social trauma can have significant consequences in people's lives. Stereotypes and fear dominate society; the more difficult the problem we face, such as CSA, the more we are silenced. Child abuse requires broader economic, political, and cultural transformation. It is a matter of human rights and hence the definition of child sexual abuse must transcend cultural, national, and continental borders. South African trauma victims of sexual abuse during

childhood can be considered to be subject to circumstances caused by socio-political, socio-economic and socio-cultural conditions.

Children who are violated by the adults they trust will view their world as hostile and unfriendly, and it will be tough for them to have confidence in people. Their ability to build relationships is damaged, and the effect of this kind of experience has often been described as trying to proceed to the rest of your life traumatised and with a 'hole in your soul' (Crocquet 2011:XIII). Victims of sexual abuse may suffer a variety of consequences. These may include injuries and mental health problems, such as anxiety, depression and posttraumatic stress disorder (PTSD). Mental health problems may be perceived as embarrassing and shameful, discouraging individuals from seeking help.

A study on child homicide<sup>7</sup> patterns in South Africa was done by Mathews, Abrahams, Jewkes, Lorna J Martiland, and Carl Lombard (2012), to establish whether there is a link between child homicide and child abuse. The key findings were that three children a day are murdered in South Africa, that the country has an overall child homicide rate of 5.5/100 000 population, and that nearly half (44.5%) of all child homicides were due to child abuse and neglect.

The rate of sexual abuse in South Africa appears to be higher than the global average, but no worse than the highest rates found around the world. CSA has gained worldwide attention over the past years, giving the country the title of 'rape capital of the world', although this is challenging to validate. Internationally, comparative statistics of sexual offences are imprecise and problematic to define, not to mention the diverse methods of recording and calculating these data (Artz et al. 2016:13).

Silence is an internal experience when an individual is not offered a platform to express emotional distress. It becomes a form of self-oppression, which generates

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<sup>7</sup> Child homicide relates to child abuse and neglect – death of a child due to either physical, sexual abuse, neglect or negligence, in the context of a relationship of responsibility and care, i.e. perpetrated by a parent, caregiver or in the context of sexual assault, and confirmed by a police investigation.

obstacles when the individual is dealing with traumatic memories and moving on through the healing process. Heidenreich-Seleme (2011:17) explains: “Artistic work dealing with traumatic experiences may produce both these effects: they may directly engage with the wounds of conflict and trauma, but they may also underline societal change and upheavals as catalysts for new beginnings”. Artistic intervention can shed light on social trauma and the silence of CSA and bring change within society. It is important to recognise these atrocious crimes, while artistic mediation offers the possibility of new insights and perspectives in addressing the unspoken.

The next chapter refers to female South African artists and my digital paintings and photographic artworks. An analysis of signs and visual images is used to evoke past experiences of CSA and childhood trauma by employing contemporary trauma theories regarding PTSD symptoms.

## **CHAPTER 5**

### **VISUAL ANALYSIS OF ARTWORKS REFLECTING CSA AS TRAUMATIC**

#### **5.1 Introduction**

The aim of this chapter is to explain how digital art enables the representation and understanding of CSA and traumatic memories and how the silenced and abused child's voice can be expressed through the affective and transactive quality of art. The title of my practice, *The Silent Wound*, refers to the autobiographical portrayal of the abused child, or rather, of myself, that delves into traumatic memories rooted in the unconscious and the modalities of traumatic memory of childhood. It is the visual analysis of artworks that reflect CSA as traumatic. The incorporation of self-portraiture is a means whereby I acknowledge personal trauma, attempting to resolve it.

In this chapter, I single out and investigate two well-known contemporary South African female artists who represent CSA and trauma within their artworks, namely Penny Siopis and Nathani Lüneburg. Their work links with my main statement that traumatic memories occur in victims of CSA.

The primary attribution is the introduction and investigation of digital paintings and photographic images to portray the traumatic experience of CSA and the unconscious mechanisms to repress traumatic memories. The artworks are primarily considered according to notions of trauma as the relentless reliving of the traumatic event through repetitive and fragmented memories, within the scope of contemporary trauma theory.



## 5.2 Penny Siopis

Penny Siopis is described as a local South African artist extraordinaire. Since 1975, she has been well-represented in collections both locally and abroad.<sup>8</sup> In the following discussion of artworks by Siopis, I link her work strongly to my main statement that traumatic memories occur in CSA victims. This is supported by contemporary trauma theorists such as Van der Kolk, Caruth, Laplanche, Leys, and Herman that I will apply to discuss the artist's work. Siopis represents historical and structural trauma within her oeuvre. Vulnerable children form a central point from which her work departs, just as they do in my study. Her concern with the psychological wound inflicted by trauma is evident, as is the emotional subject of shame, which focuses on the vulnerability of the girl child. The *Shame* paintings "... deal with childhood memories or perspectives as if the woundings of shame happen prematurely: their content exceeds the understanding of the child, who is flooded, infected and saturated by feelings that breach the limits of psychic capacity. These feelings are represented as a bleeding out from the body of a hot, red, pulsing force: shame" (Siopis 2015:171). The artworks link shame with the young, innocent female child. Gender and shame are coupled with the sexualising practices and vulnerabilities of young girls.

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<sup>8</sup> Siopis was born in Vryburg, Northern Cape, South Africa, and currently lives and works in Cape Town. She studied Fine Arts and obtained an MFA (1976) and an Honorary Doctorate (2017) from Rhodes University in Grahamstown. Currently, she is an Honorary Professor at the Michaelis School of Fine Art at the University of Cape Town, and the chairperson of the department's governing committee. Siopis has lectured at the University of the Witwatersrand and the Natal Technikon in Durban. In addition, she has had research and teaching associations with the University at Leeds, UK, and the Umeå University in Sweden. Throughout her career as a visual artist, Siopis has won a variety of awards, such as a lifetime achievement award for her contribution to the arts at the 19th annual arts & culture trust (ACT) awards, the Volkskas Atelier award for residency at the Cité Internationale des Arts in Paris, the Vita Art Now award, including a British Council scholarship, the Alexander S Onassis fellowship for research in Greece, and residencies at Delfina and the Gasworks in London, Civitella Ranieri in Umbria, the Tropen Museum in Amsterdam, Ampersand in New York, and the Academy of Fine Arts in Athens and Delphi. South Africans are proud to acknowledge her for the impact she has on the South African creative industry. Siopis sums up her career as wonderful and varied. For her, to single out a single pinnacle is an arduous task, but her solo show at the Freud Museum in London in 2005 "was a unique and profound experience of working with ideas about the relationship between the psychological and the social, public and private, individual and collective, memory and history, in many different media" (Siopis 2015:309).

Siopis uses an expressionist style and through her rich and extensive oeuvre, she investigates diverse areas and themes that reflect childhood trauma within the social and political changes in South Africa. Her work covers a broad range of media and techniques including painting, lithography, photography, video/film and installation of found objects. Using oil paint, liquid ink washes and viscous glue, Siopis emphasises the associative qualities of her medium, which is necessary for communicating trauma in contemporary society.

A feature characteristic of her oeuvre is what the artist calls her interest in “the poetics of vulnerability” (Siopis: 2015 sleeve). Her explorations, from her previous engagements in the 1980s with history, memory, and migration to her latest works, show concerns with shame, violence, and sexuality. At the heart of the artist’s rich oeuvre, a humane engagement with trauma can be found. Siopis persistently pursues giving representational form to individual and collective trauma. She concerns herself not only with the physical fact of injury but also with the suffering of communities.

### **5.2.1 *Pinky Pinky* (2002–2005)**

Shame involves psychological trauma, humiliation, hurt, and embarrassment. When shamed, we lose our dignity and integrity in full view of others, and we feel traumatised and wounded, as we live in a state of disgrace. The unexpected trauma exists as fragments in our memory and the imagined fear surfaces as traumatic woundings of the mind.

Siopis’s *Pinky Pinky* series is a body of work created between 2002 and 2005. She explores the psychological and mythical domains, considering the gender and vulnerability of pubescent and pre-pubescent girls in South Africa. Siopis investigated the verbal accounts of schoolgirls about a mythical creature and developed paintings that embodied this monster. The central theme of the *Pinky Pinky* myth is that young girls who wear pink underwear are vulnerable to this creature, somehow deserving of his attention, whatever the consequences may be. “The myth seems to mirror psychic states of fear and moral panics in society at large”, explains Siopis in conversation with Siphon Mdanda (2004:164). Siopis

shifts “the responsibility onto the victim as the atrocity around which future understandings of trauma must resolve” (Smith 2005). Penny Siopis is known for her intense interest in the vicissitudes of desire and materiality engaging estrangement, shame, trauma, and vulnerability in different media. Her work represents childhood trauma and shame as it speaks and gives visual form to something unspeakable on a painted surface.

*Pinky Pinky* draws the viewer into a visceral encounter with history as myth and part-object in its obscurity, a figure that moves into childhood memories, dreams, and folklore. It is fear that manifests through imagining. Katherine Smith (2005:346), a visual artist, curator, and critic explains: “As much as *Pinky Pinky* is a perpetrator of violence, it also seems a victim of, and scapegoat for, violent, uncivil actions – a constructed ‘something’ to blame for social problems”.

*Pinky Pinky* offers a way to establish the many traumas that the victims have suffered in the post-apartheid era, deeply rooted in the psyche of the new nation of South Africa, giving narrative form to matters that seem impossible to speak about (Mdanda 2004:164). Herman (1992:177) argues that giving narrative form is an empowering and effective therapeutic method in the treatment of trauma victims. According to Herman, “narratives of trauma, as organized, detailed, verbal accounts, oriented in time and historical content, contribute to healing and recovery”.

In *Pinky Pinky*, the visceral painted surface signifies trauma as the subject matter. Siopis engages with materials exploring relations that are inscribed into our bodies in contemporary South Africa. The dialogue between trauma and society occurs as a reminder of how our history is displayed in the myths that affect imagination and nightmares. The fear created by this mythical creature is one of partial recognition, the absence of totality, which can be compared to the traumatic figuration of a country in which the recognition of one another is fragmentary.

Siopis represents not only a materialisation of social anxiety but also an embodiment of personal estrangement. *Pinky Pinky*, a mysterious figure, can be

described as a hybrid creature: “half-human, half-animal, bi-gendered” and “of indeterminate race”. In African culture, *Pinky Pinky* is a mythical monster figure, a tokoloshe, a stranger, an albino, or even a pink bogeyman, haunting the spaces around school toilets and the psyches of young girls. They are warned not to wear pink, as it would anger the creature to attack or even rape them. There is no fixed identity, no stable reference, changing it with every narration. “*Pinky Pinky* is all or nothing, indeterminate, neither assignable to one racial category, having elements of both, nor to a single gender” (Siopis 2015:184). It is fiction that can be projected onto myth, or even enact fantasies, which cannot be done in actual life. It can be evidence of embodied wounds inflicted by puberty or by a society that experiences change and tension in which the incidence of the abuse of children is too high. Symptoms of wounding or trauma might rise along a surface and then recede again. I agree with Caruth (1996:4) that “it is always the story of a wound that cries out, that addresses us in the attempt to tell us of a reality or truth that is not otherwise available”. Trauma is the illness of a wounded psyche. Artists may portray the different experiences victims have had to endure in their lives. They feel the need to transmit, through their art, the pain that either their communities or themselves have suffered.

The artist works solely in shades of pink, creating different tones to signify childhood or act as a metaphor for violence. The use of form and colour within this body of work evokes associations with skin and flesh. Commencing with flesh colours links problematic and conceited notions: the surface hints at what lies beneath, the unspeakable, the horror of whiteness and beyond. Siopis (2015:144) notes: “this is a kind of dirty pink that speaks of a Western conceit in which ‘white’ becomes the universal colour for flesh”. Pink becomes the signature colour of the mythical monster that haunts spaces around township toilets and the psyches of pubescent girls. It is an embodied traumatic wound in itself, a wound of an overwhelming violent experience that people suffer through sudden and out of controlled circumstances.

*Pinky Pinky* is evidence of the wounds inflicted by puberty, of an unfamiliar sexuality emerging. Referring to the wound, Leys (2000:4) argues that Sigmund Freud was first (in a western context) to describe trauma as “the wounding of the

mind brought about by sudden, unexpected, emotional shock”, an injury of the mind rather than of the body.

The material Siopis uses in her paintings is not just a medium for communication but serves as an active agent. The thick paint takes a long period to dry, and it changes all the time. There is a sense of something in motion, and when the substance dries, it becomes an imaginary mysterious experience (Siopis 2015:141). Siopis uses the impasto technique to lay thick layers of pink paint across the canvas using a palette knife, building up areas of relief and texture. By cutting into the thick paint and shaping a figure, the image appears to emerge from the pink paint (through colour and light) on the surface. Throughout Siopis’ oeuvre, there are disrupted paint surfaces, which she explains as follows:

Because the paint is thick and manipulated in different ways, it forms a relief that catches the ambient light which has an effect of both defining an image and accentuating the quality of making the creature appear quite spectral at times. Taking a mound of fleshly paint from your palette onto the canvas, shaping a figure from the thick surface and sticking into it different little objects – this has a strongly performative quality. I can see how we could enact all sorts of anxieties through a coming together of myth and materiality (Siopis 2015: 144).

Flesh colour prostheses and dolls are used as objects or body parts embedded in the painted surface. The frightening, unblinking eyes look real, with an intense immobilising gaze and mouths that cut into the pigment like wounds, sometimes with false teeth. Siopis (2015:144) notes: “I relied a lot on the materiality of the painted surface, which is thick and fleshy, and into which I stuck body parts like fake scars, wounds, eyes, fingernails, teeth. These things present fake horror, which gives us an opportunity for acting out and managing our own fear, inversions and perversions in a carnivalesque manner”.

Figure 1, *Pinky Pinky series* (2002–2005), is an installation of ten oil paintings in which found objects are used. The series consists of only three works in which *Pinky Pinky* appears as full figures, all with defects. Firstly, *Who is Pinky Pinky?* (2002) (Figure 2), with a Hannibal Lecter-type mask with pink plastic baby dolls

in its stomach, invokes the idea of an infestation. In *Pinky Pinky: Wounds* (2003–2004) (Figure 3), the whole body is covered with wounds, emphasising feelings of pain. In *Pinky Pinky Hairy* (2004) (Figure 4), a bogeyman is covered with bristles from a scrubbing brush. As a creature of the imagination, *Pinky Pinky's* identity is never complete. This processual nature combined with humour can be appropriated as a positive way to deal with radical social change in local as well as global contexts (Mdanda 2004:164).



Figure 1: Penny Siopis, *Pinky Pinky series*, 2002–2005.  
Installation of 10 paintings, oil and found objects on canvas.  
Olivier 2014:148-149,151.



Figure 2: Penny Siopis, *Who is Pinky Pinky?* 2002.

Oil and found objects on canvas, 152 x 91 cm.

Olivier 2014:147.



Figure 3: Penny Siopis, *Pinky Pinky: Wounds*, 2003–2004.

Oil and found objects on canvas, 380 x 122 cm.

Olivier 2014:145.



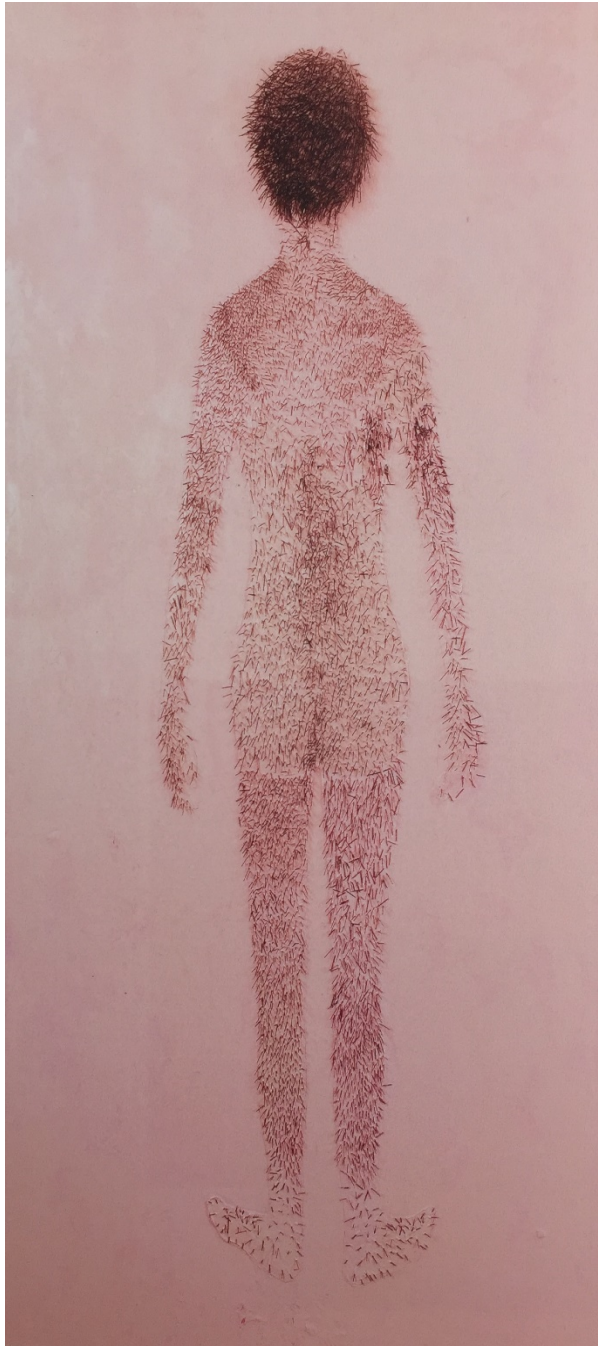


Figure 4: Penny Siopis, *Pinky Pinky Hairy*, 2004.  
Oil and bristles from scrubbing brush on canvas, 150 x 90 cm.  
Olivier 2014:150.

### 5.2.2 *Shame series (2001–2005)*

The *Shame* series (2001–2005) (Figure 5) evokes CSA, hurt and exposure as much through iconography as through materiality and surface. The gestures of some figures are also suggestive of the clichéd body language we might read as shameful. Images depict moments of the embodiment of shame, showing the fragile figuration, some interacting with larger figures and words. The clinical definition of shame as opposed to embarrassment. Shame as an internalised sense of worthlessness of self ‘I am wrong’ as opposed to an action being condemned ‘what I did was wrong’. Shame, as a consequence of trauma, is an emotional experience that involves feelings of humiliation, loss of self-respect, loss of voice and a negative self-image. Shame is critical in the context of systematic abuse. Siopis evokes childhood hurt and exposure in her *Shame* series.

Shame is both a public and a psychological phenomenon. In psychoanalytic theory, shame is based in early sexual development. Sigmund Freud (1905:177) identified shame in his *Three Essays on the Theory of Sexuality* as one of the three “mental forces”, together with “disgust” and “the claims of aesthetic and moral ideals” that function “like dams”, limiting sexual instincts and enabling psychosocial growth.

Siopis’ work centres on trauma as a burdened relationship between childhood and *Nachträglichkeit* or the coming-into-being of adulthood. The paintings associate shame with a girl child, sexualising processes, and vulnerabilities. Masking the traumatic event justifies the peculiar time structure of retrospective giving of meaning. The Freudian concept of *Nachträglichkeit* is central to the psychoanalytical understanding of trauma. It is when a memory is repressed and only becomes traumatic by deferred action or *Nachträglichkeit* (Freud ([1886-1899] 1966:356). A psychoanalytic implication of trauma is that repressed memories only become traumatic through deferred action, belatedness, latency, or “afterwardsness”. These synonymous terms refer to the interval in time between the preliminary traumatic event and the second event that returns to the victim, as if for the first time. Caruth (1996:7) states that “the impact of the traumatic event lies precisely in its belatedness, and in its refusal to be simply located, in its

insistent appearance outside the boundaries of any single place or time”, in repeatedly controlling the one who experiences it.

Siopis produces a combination of possibilities painting has to offer regarding trauma. Her work addresses the complicated and traumatised landscapes that materialise through shame and fear and how these landscapes overlap with the way society is incessantly changing. Mdanda (2004:165) explains this as follows: “So, the artist is concerned with how shame is both intensely personal and intensely public, and the cultural dimension of this whole phenomenon. As a profoundly individualizing yet universal feeling, shame can be a revelation of oneself and one’s society”. Shame can be traumatic and gives victims a negative way of thinking about themselves. It is an intensely personal feeling that can expose oneself when subjected to the cynical gaze of others. The artist is concerned with how shame is an intensely personal and universal feeling.

The artist’s intention is concerned with how shame is an intensely personal and universal feeling. She investigates the shame that results in empathy as well as the cultural dimension of this phenomenon. Griselda Pollock (2006:167) comments that shame can be compared to an internal stain or mark, threatening to contaminate and infect the sense of self within the strict limits set by society and culture.

Siopis (2015:146) maintains that the works of *The Shame Series* are also very visceral in giving form to anxiety. However, they are more connected to the early psychological formation. It is generally through childhood that shame comes to trouble adult life, and in this process the “vulnerability of the child is relived”. The *Shame* paintings give form to an extreme psychological situation of self-exposure and allow another way of contemplating identity. Shame is represented as an emotion that is overwhelming and disempowering, an emotion that silences subjects.

The series comprises well over a hundred tiny paintings of the same size. They are placed in rows of no less than six pieces or combined to form a single frieze. This is presented in a grid-like manner, at the height to suit a child. The paintings are

small, to signify intimate thoughts of childhood sexuality and its abuse. The problem of bearing witness to the traumatic event exists in the mind's fragmented memory of the experience. The rows imply a narrative structure that nonetheless denies sequential readings. They appear more like fragments of memory. Van der Kolk (1998:52) described such memory fragments as repetitious and disorganised, "confused or disjointed thoughts in the narrative", the ever-changing fragmented nature of traumatic memories that include increased sensory components and abnormal chronology.

Siopis' choice of colour palette includes pinks, reds, and browns. The primary medium is lacquer gel paint used in home-craft context to create the effect of stained glass. The gooey paint sets quickly and is difficult to manipulate. Light reflects it, and it pools.

Her process, Siopis (2015:245) explains, is as significant as the works themselves. She describes it as follows:

Many of the 'shame' paintings begin as 'blots'; formless, splashes drips and drags of coloured liquid that run, pool and congeals. This raw clotted, liquid matter is open-form and invites entangled thoughts and feelings. Paint becomes a kind of physical emanation and a 'ground' for me, touching on something quite primary. In these works, the initially amorphous forms, liquid form sets conditions for unspeakable things. Shame is a sensation as much as it is an image (Siopis 2015:245).

The South African critic Sarah Nuttall (2014:185) similarly explains that in the work "body parts and fleshy part-object pool, stain and congeal into personal transpersonal and/or erotic connections between the girl body and a stranger". The girl body is flattened and spills out in liquids of shame and "disgrace" (Nuttall 2014:185-186).

"Siopis places the sexually branded girl child in the centre of the works to signal the social atrocities of gendered violence, such as the high incidence of incest, rape and abuse, in South Africa" (Nuttall 2014:141, as cited in Van Rensburg 2016:67). "The girl figure portrayed as violated and sexed is an intimate

revelation of bodily experience, which purposely unsettles confines, commonly maintained by the personal and the communal, forcefully opening avenues which necessitates new forms of contemplation” (Nuttall 2014:141, cited in Van Rensburg 2016:67).

The images depict moments of the embodiment of shame, showing the fragile figuration, some interacting with larger figures and words. Shame, as a consequence of trauma, is an emotional experience that involves feelings of humiliation, loss of self-respect, loss of voice and a negative self-image. Caruth (1995:vii) emphasises another facet, namely that “[p]sychic trauma involves intense personal suffering, but it also involves recognition of realities that most of us have not begun to face”. She highlights that the pain for which the traumatised suffer, is of ‘un-knowable’ intensity and can only be eased by the direct confrontation with the often-dissociated memories. This means that the pain is not only unendurable, but also recurring, due to phenomena such as nightmares or flashbacks that force you to re-experience your trauma in a heterochronic and heterotopian way. This destructive basis is often reacted to by trying to flee from the disturbing memories. Furthermore, an increase in the level of life quality can only be reached by revealing what caused the actual trauma. But remembering trauma (for example, one’s own childhood abuse) can be problematic when coping with it and striving for healing.

The use of words in the form of ready-made rubber-stamped clichés repeated and, placed next to violent images evoke emotion that further emphasises the unspeakable nature of the experience that is associated with trauma. ‘Shame,’ ‘I’m Sorry,’ ‘Get Well Soon,’ ‘Happy Father’s Day,’ take on new and uncanny meanings in the context of the image juxtaposed with abuse, pain, and blood with the violent figuration. These words can either be rational or fractured into meaningless language as useless information, while the white backgrounds can be interpreted as “negative ground positively blanked out as if information has been covered over” (Pollock 2006:185). For Siopis, it is a physical process that casts anxiety into form, interpreting childhood trauma, acknowledged as shame, onto the painted surface. Through the visceral and reflective qualities of the medium,

she combines the bodily sensation with the experience of being looked at, expressing shame.

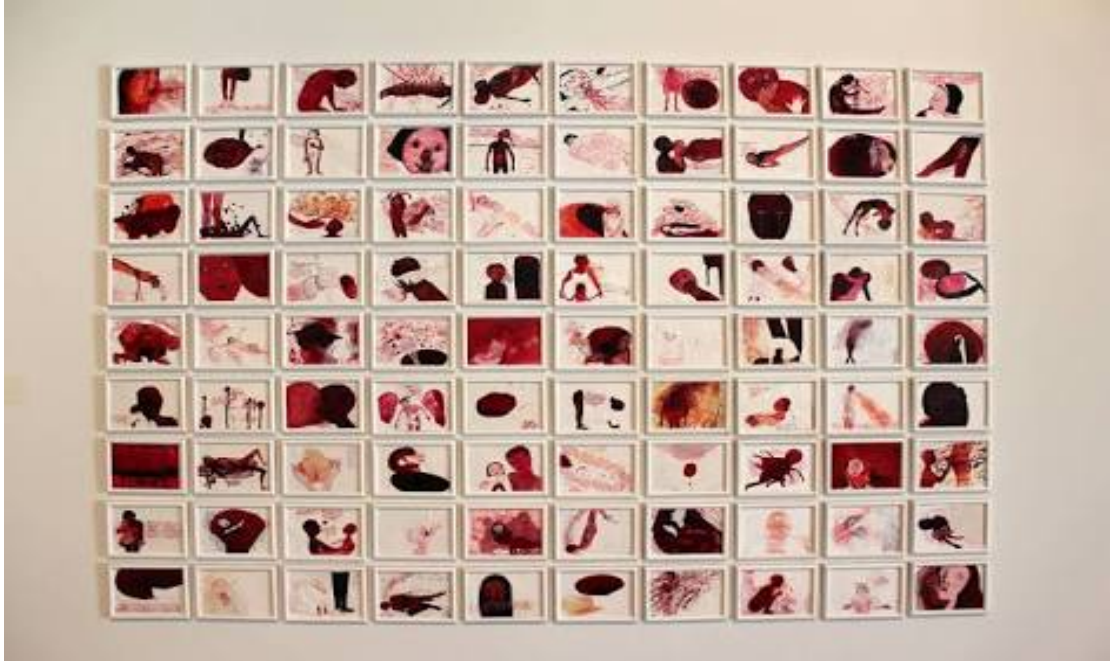


Figure 5: Penny Siopis, *Shame*, 2002–2005.

Mixed media on paper, 18.5 x 24.5 cm each.

Olivier 2014:155.

### 5.2.3 Conclusion

This section of the study confirms that Siopis’s work speaks about trauma, silence and CSA, which is represented in her artworks. The unspeakable aspect of a traumatic event (the absence of words to process the memory traces of a traumatic experience imprinted in the psyche of the trauma victim into a narrative) causes the traumatised victim’s silence. The South African artist Penny Siopis engages with CSA and trauma in a variety of different ways in her artworks. Pollock explains that Siopis is an artist “...who dares to create spaces for the unspoken and the unspeakable, even as she expresses joy in embodied life and a life of struggle” (Siopis 2015:172).

Visual art can provide tools to navigate the increasingly complex language that communicates several aspects of historical and collective trauma. From her *History* paintings through to the contemporary *Pinky Pinky* (2002–2004) series

and the *Shame* (2002–2005) series, Penny Siopis's body of work is widely acknowledged as dealing with trauma. As such, the artist represents historical and structural trauma within her oeuvre. Vulnerable children form a central point from which her work departs. In my reading of Siopis' art, I relate to Cathy Caruth (1996:3,4), who theorises that the wound of the mind is a powerful symbol.

They deal with childhood memories or perspectives, as if the woundings of shame happen prematurely: their content exceeds the understanding of the child, who is flooded, infected and saturated by feelings that breach the limits of psychic capacity. These feelings are represented as a bleeding out from the body of a hot, red, pulsing force: shame” (Siopis 2015:171).

### **5.3 Nathani Lüneburg**

In this section, Lüneburg's artworks in *Loss* are discussed in the context of contemporary trauma theories and CSA. I apply contemporary trauma theories grounded in empirical information from theorists such as Van der Kolk, Caruth, Laplanche, Leys, and Herman in the discussion of Lüneburg's work.

Lüneburg's narrative view of memory and loss forms the basis of her digital stop-frame animation as video art and video installation. This section highlights how the artist's literary theory applies to the context of her visual art. Themes in her artworks that correlate with my work and contemporary authors and theories are identified. I use these to support my developing discourse.

The themes evident in the artist's works that relate to my research inquiry are CSA, traumatic memories, anxiety, repression and *Nachträglichkeit*, all of which emphasise memory as a complex system that triggers the repression of traumatic memories of CSA.

Lüneburg's exhibition titled *Loss* (2014)<sup>9</sup>. YouTube video available at <https://youtu.be/obhpsOb1B3s>

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<sup>9</sup>*Loss*, a solo video-installation exhibited at the Unisa Art Gallery (Pretoria) as the practical component of the degree DPhil in Fine Arts. The video art installation includes large-scale projections and an installation piece that consists of small-scale video-animation-sets fixed in a labyrinth constructed in the gallery space (Lüneburg 2017:2).

deals with a powerful aspect of visual research, which depicts that traumatic memories can be rendered and that trauma,

Memory and loss are visualised through art. It brings together distinctive components of Freudian and contemporary trauma theories.

The artist's unique capabilities of portraying trauma's consequences are strikingly illustrated in her work. The digital creation process generates and mimics the fragmented nature of the repressed memories of CSA. In all the mentioned artworks, personal symbols play an essential role in illustrating how the unconscious mind protects the conscious by releasing defence mechanisms such as repression.

*Loss* consists of seven video animations projected in large-scale format (15 x 6 meters) on artificial white walls, titled as *Dream from Afar*, *Yrotsih & Yromem's Galaxy of Impossibilities*, *Desolate Slumber*, *An Attempt to Trace the Tainted Bride*, *Wither*, *Dreaming of Home*, *Dreaming of Peculiar Creatures* and *Dreaming of Those Things I Fear*. Secondly, seven video animations in the peeping boxes, which include miniature ceramic furniture and houses, are titled as *Contrap(c)tion*, *The Moon and the Tree*, *Goodbye Little Miss Perfume*, *Departure*, *Janey Flew Away*, *In a Little Box* and *If I Did(n')t*. Finally, three video animations are displayed on tiny screens mounted on a secluded white wall, titled *Voyage*, *Lovers* and *Earth* (Lüneburg 2017:2-3).

Figure 6 provides a view of the exhibition space as well as an idea of the size of the large-scale projections (Lüneburg 2017:3).



Figure 6: Nathani Lüneburg, *Loss*, 2014.



Interior of the video installation.

Photograph by Elmarie Naudé.

(Lüneburg 2017:3)

The spectacular gallery space becomes separate from real space, and real time does not exist. These dissociations are increased by audio and moving visuals that briefly depict fragments of the trauma and loss of time that Lüneburg experienced. The loss of time and language is noticeable in the video artwork's multi-coloured landscapes with no linearity. The animated characters are only visible for a few seconds. I analyse Lüneburg's artworks that are applicable to my main statement that traumatic memories occur in victims of CSA, namely: *Departure* (Figure 7), and *Dreaming of Those Things I Fear* (Figure 9).

### **5.3.1 Repressed memories of trauma and anxiety in *Departure* (Figure 7)**

The analysis of Lüneburg's video-animation *Departure* (Figure 7) aligns to the scope and outline of my dissertation. Themes in the artworks that correlate with contemporary trauma theorists (Caruth and Van der Kolk) are identified in order to support the developing discourse. Based on my research regarding traumatic memory, Lüneburg's work is discussed within the unlocking of repressed traumatic memories. Lüneburg (2017:74) explains Freud's repression theory as the non-linear presentation of traumatic memory and the frequent referral to visual codes that can correspondingly be seen in *Childhood Memories* (Figure 2). In my own work, I similarly use symbols instead of a realistic presentation of the faces of sex offenders. My argument is that since traumatic memories occur in CSA victims, these repressed memories are paramount to my research and visually explained within my digital paintings. *Departure* is relevant to the process of journeying into the unconscious to uncover repressed traumatic memories caused by CSA.



Figure 7: Nathani Lüneburg, *Departure*, 2014.

Video-installation in a peeping box.

Photograph by Carla Crafford.

(Lüneburg 2017:75).

Linking with Lüneburg's scope of work, Caruth (1996:61) follows Freud in describing trauma as "a break in the mind's experience of time". This corresponds with the tendency of trauma victims to filter "the original" through "the fictions of traumatic repression" to allow the trauma "at best indirectly" (1996:15-16). She also explains the trauma as a wound of an overwhelming experience that a victim may suffer through a traumatic event. Besides, I observe the repetition of posttraumatic dreams as an attempt to "master what was never fully grasped in the first place" (199:62). In doing so I reflect trauma in the work as an experience or event so painful that the mind is unable to cope with. Since trauma arises from an inescapable stressful event, it overwhelms a person's coping mechanisms.

The video artwork *Departure* depicts an experience of journeying into the artists unconscious as it places the viewer of the artwork in the position of a voyeur it is a process of revealing and uncovering traumatic memories of the past. *Departure* portrays that recurring memories of CSA are particularly repressed and do not

surface consciously, since repression is a defence mechanism used by the unconscious. As such, repression is a central cause of neurosis. Repression of traumatic memories occurs when the brain cognitively processes traumatic and stressful experiences. Repressed memories are a rare psychological phenomenon in which memories of traumatic events may be stored in the unconscious mind and blocked from normal conscious recall. Therefore, CSA is traumatic and cannot be consciously accessed. Eventually, repressed memories can cause debilitating psychological problems (American Psychiatric Association 2000:463-465).

Caruth (1995:153) allows for the possibility of trauma being transformed into a narrative that tries to make sense of the incomprehensible but claims that such a narrative is likely to distort the “truth” of trauma and weaken its impact (Caruth 1995:153). Caruth relies on Van der Kolk’s opinion of a neurobiological approach to explain trauma’s effect on consciousness and memory. This view maintains that the neurobiological response to trauma provokes a “speechless terror” that excludes narrative recall in memory since the event cannot be “organized on a linguistic level” as speech and memory were separated (Van der Kolk et al. 1996:172). The memories are repressed and stored in the unconscious, protecting the conscious against the consequences of the traumatic event. Then, later, through flashbacks, anger, anxiety, and nightmares, these repressed traumatic memories reappear.

The result is that these memories are not cohesive or organised in a logical narrative. Instead they are stored as disorganised fragments of images that contribute to the trauma victims’ anxiousness (Lüneburg 2017). This links with my argument that trauma affects memory since the narration and expression of trauma is not necessarily sequential. The individual is not capable of a coherent narrative of the traumatic event (Van der Kolk & Fisler 1995:505-525). The disjointed flow of objects and symbols echoes Van der Kolk’s postulation that upsetting emotions cannot be converted into logical storylines. Consequently, explicit memory is negated by the traumatic experience. As LaCapra (1999:174)

explains, a traumatic event numbs the victim's senses, and the linear narrative flow of the event cannot be recorded at the time of the occurrence.

*Departure* exhibits the dissociative nature of traumatic memories by depicting symbols that are not logical. Likewise, verbal communication and memories of traumatic events become eternally etched in the mind. They are unaffected by the passing of time since they only surface during adulthood. Memories are stored in the brain, acted upon and remembered (Van der Kolk 1997, cited in Lüneburg 2017: 82).

Visual codes or symbols, illustrated in *Departure* (Figure 7), explain that trauma victims unconsciously reject distressing thoughts and memories and bury them in the unconscious. The non-linear presentation of traumatic memory and the constant referral to visual symbols draw on Caruth's (1995:153) argument that traumatic memories cause memory fragmentation and disturb the flow of associations. The traumatic memory is not well-integrated into the conscious and thus cannot become a coherent memory. This is perceived in the non-linear arrangement in the artwork. Coherent memory becomes impossible since a traumatic event tends to occur too suddenly and leads to the event not being entirely understood while it is happening (Lüneburg 2017: 80-81).

*Departure* (Figure 7) consists of fragile, miniature ceramic sculptures of furniture with marks on the surface of the clay, which can be significantly compared to the fragility and vulnerability of a sexually abused child as in Figure 9, *Innocence*. These artworks are visual representations of traumatic memories and "illustrate how a young girl becomes submissive and loses power over her body and mind when the CSA occurs" and how "a later event then triggers her repressed memories" (Lüneburg 2017:173).

These works demonstrate that traumatic events leave scars, and these scars could be wounds symbolising that, in reality, trauma is more than a wounded consciousness: it is "a story of a wound." It proves that CSA causes betrayal, traumatic associations with sex, angst and weakness in children and adults. Kaplan explains that the traumatised victim can never be restored to the state that

existed before the traumatic event, and thus the experienced trauma keeps the wound “open”. Hacking (1995:4) calls trauma a “wound to the soul”; the flesh wound would cause a wound to the state of being and, therefore, to the soul (Kaplan 2005 & Hacking 1995 cited in Lüneburg 2017:70). The exposure of a vulnerable young girl’s room is significant as it positions the viewer as a voyeur who becomes involved in the artist’s intimate and private traumatic memories, portraying silent suffering and the inability to share feelings of anxiety. This can also be seen depicted in the digital painting, *Psychic Interior* (Figure 11).

### 5.3.2 Nachträglichkeit in *Dreaming of Those Things I Fear* (Figure 8)

Corresponding to the theoretical framework and theory that I explored in my investigation, *Dreaming of Those Things I Fear*, visually expresses how traumatic childhood memories of CSA are fragmented. It further reveals how the artist struggles to deal with doubt and guilt far into adulthood.



Figure 8: Nathani Lüneburg, *Dreaming of Those Things I Fear*, 2007.

Video-still from video animation.

The background is replaced with a green-orange colour scheme.

Video-still provided by the author.

(Lüneburg 2017:166).

The theme of *Nachträglichkeit* further extends a psychoanalytical understanding of trauma in the study as I applied it to traumatic memories of CSA. This substantiates the application of my literary theory applies to the visual context. In *Dreaming of Those Things I Fear* (2008–2014), traumatic memories become evident in Lüneburg's projected video-artwork in her exhibition, *Loss*. Two-dimensional drawings create an imitation of reality through the realistic way that she draws herself. Realism is depicted as distorted through the motion, timing, and intersections between the dream world and reality, dramatisation and exaggeration of facial expressions, and the peculiarity of the creatures. Memories of traumatic events are distorted and disintegrated as the creatures signify a traumatic memory. This memory can only be accessed by the unconscious and therefore, cannot be revealed to the viewer. The traumatic incident is masked by a symbol of fear, as it is apparent that the traumatic memory does not reflect the event as accurately as it happened.

Caruth (1995:4) explains: “[t]here is a response, sometimes delayed, to an overwhelming event or events, which takes the form of repeated, intrusive hallucinations, dreams, thoughts or behaviors stemming from the event, along with numbing that may have begun during or after the experience, and possibly also increased arousal (and avoidance of) stimuli recalling the event” [1995:4].

As stated previously, Caruth (1996:7) indicates, "the impact of the traumatic event lies precisely in its belatedness, in its refusal to be simply located." The inability of the individual to integrate with the incident constitutes the case that: "the event is not assimilated or experienced fully at the time, but only belatedly, in its repeated possession of the one who experiences it" (Caruth 1995:4). The aftermath of belated trauma passes away between the real event and the appearance of the symptoms, creating a disconnected place where the outside tends to interfere with the inside, as Caruth (1995:4) clarifies. Freud's concept of *Nachträglichkeit* is recalled, as it means latency or “afterwardsness” in which the impact of the psychic shock is experienced after some time. *Nachträglichkeit*

further extends a psychoanalytical understanding of trauma in this study as it is applied to traumatic memories of CSA.

The ideas of creatures that appear suggest flashbacks of traumatic memories in dreams trying to enter the consciousness. The memories are fragmented childhood memories of CSA. Memories of traumatic events are likely to become distorted and disintegrated. The depicted creatures become wicked and frightening. This signifies the subject's traumatic memory that is accessed in her unconscious and therefore cannot be revealed to the viewer. A symbol of fear masks a traumatic incident. It is apparent that the traumatic memory does not reflect the event as accurately as it happened. Instead, the event is exhibited as frightening: a young girl, transformed into a young woman experiences an association that triggers a memory of CSA. She awakes from her dream and remembers the event of CSA. This traumatised person faces a complex suffering disorder in which the past is always presented through disturbed memory of the traumatic events. The symptoms of PTSD are seen in the reliving of the traumatic event through flashbacks and dreams. My main argument that the traumatic memories that occur in CSA victims align with my research.

### **5.3.3 Conclusion**

The theme of flashbacks is evident in Luneburg's artworks. Drawing from the concept that trauma has far-reaching significance within its origins in psychoanalysis, trauma theories explore the way that trauma is embodied in events, which return to haunt the victim's life in the form of memory, repression, or flashbacks. Caruth states: "What returns to haunt the victim ... is not the reality of the violent event but also the reality of the way that its violence has not yet been fully known" (1996:6). Caruth (1996:104) asserts: "from trauma as an exception, an accident that takes consciousness by surprise and thus disrupts it, to trauma as the very origin of consciousness and all of life itself". Flashbacks disrupt the psyche, and the traumatic effect is a fragmentary experience, through the displacement of memories that fracture the present. This causes repetitive traumatic events in an attempt to understand the past.

## 5.4 The Silent Wound

### 5.4.1 Introduction

*The Silent Wound* is an exhibition that investigates the dialogue between the theoretical interpretations of CSA. This artwork employs digital painting and photography to recreate memories that link to my historical childhood narrative that destroyed my innocence. As a contemporary artist, I am increasingly influenced and inspired by digital technology and digital art.

In *Practices of Looking: An Introduction to Visual Culture*, Sturken and Cartwright (2001:2-3) explain that principles of imaging and concepts of the visual have changed throughout history. These authors explored the ways we use and understand images: “we are defining visual culture as the shared practice of a group, community, or society through which meanings are made of the visual, aural, and textual world or representations and the ways that looking practices are engaged in symbolic and communicative activities”.

The emergence of electronic imaging in the late twentieth century, with digital imaging, the Internet, and the World Wide Web,<sup>10</sup> has radically altered the distribution and social meaning of images. As opposed to traditional painting, a physical medium, a more modern style of art, computer-generated art, is digital painting that emerged as an art form using digital tools by means of a computer and software. Sturken and Cartwright (2001:109) remind us that “the modern era of mechanical reproduction, and the postmodern era of electronic and computer imaging entail a different set of criteria by which images are valued and perceived”.

The author of *The Language of New Media* (2001) and *Software Takes Command* (2013), Lev Manovich, states that the first systematic theory of new media was

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<sup>10</sup> The Internet information server that uses hypertext as its primary navigation tool. The World Wide Web includes multimedia: images, graphics, audio and video in the form of websites and pages that can be accessed and downloaded by viewers through browsers (Sturken & Cartwright 2001:370).



placed within the histories of visual and media cultures of the last few centuries. *New Media* as art making is a term that encompasses art forms that are either produced, modified, or transmitted by means of new emerging digital or computerised media technologies. Media techniques and tools available in interactive software applications have replaced “a diverse array of physical, mechanical, and electronic technologies” (Manovich 2013:141).

Photographic images produced by a digital camera have the power to project images of the truth and can be seen as unmediated copies of reality. The myth of photographic truth means that photographs are understood to be evidence of actual people, events and objects of the past, such as childhood memories, even though they are relatively easy to manipulate (Sturken & Cartwright 2001:362). I use a digital camera, which saves all pictures on a memory chip, thus allowing me to import and edit all taken photographs on the computer, where I can alter them using Adobe Photoshop. Therefore, with the help of digital photography, the idea of realism is being created artificially and the digital image is encoded with bits of information that can be stored, manipulated, and reproduced. The raw copy of the image is exactly the same as the original, but my relationship with the images on the computer screen is interactive.

What it means is that, as an artist and a computer user, I can navigate software and information on data bases through graphics and images by means of a computer mouse. “The age of the computer, electronic imaging, and the digital represent a profound shift in the status of the image” (Sturken & Cartwright 2001:109). Digital painting is an emerging art form created on the computer through Adobe Photoshop, a virtual paint box with brushes, colours and other supplies with painting techniques. The aim is to create digital painting directly on the computer by means of technology.

I create digital paintings using contemporary media software, Adobe Photoshop, that has become synonymous with professional digital media design and management applications. The software provides image creation and a layer-based editing system that enables image creation and alteration with multiple overlays that support transparency. Layers are one of Photoshop’s most powerful features

as they are individual slices of information that can be stacked to move and create the image composition. Manovich (2013:145) explains that “Photoshop layers are like sheets of stacked acetate: you can see through transparent areas of a layer to the layers below”. This facility allows me to work on one element of an image without disturbing the others. Layers redefine how images are created and what an image means. “An indivisible whole becomes a composite of separate parts”. Layers change the way I see images by employing a collection of separate elements such as “deleting, creating, importing, and modifying”. Finally, I can save the contents of layers in an image file to generate new digital paintings (Manovich 2013:142).

#### **5.4.2 Digital paintings**

The digital paintings, Figures 10–14, are multi-layered images, symbolising the protective shields that repress memories of CSA. Layers are removed to create the idea of releasing repressed memories stored in the unconscious. This project proves that it is possible to portray contemporary trauma theories through digital painting and photography, primarily through Adobe Photoshop’s unique abilities of layering and reconstructing images through digital manipulation.

The digital paintings in this exhibition visually explore CSA, and are analysed according to my interpretation of symbols. Symbolism in visual art uses an object to represent symbolic meaning. Artworks may not only have subject matter but they may also contain symbols. Symbolism within the artworks is used as a way to extract the inner workings of my psyche. Through symbols, the viewer is enabled to interpret certain qualities or ideologies consciously or even subconsciously. It is a significant part of art and a device both artists and viewers can use.

Part of my working process was to create a visual narrative of my childhood memories with collage as an art technique. *The Oxford Companion to Art* (Osborne 1970:251) describes *collage* as a technique in art creation “primarily used in the visual arts ... by which art results from an assemblage of different forms, thus creating a new whole”. The origins of collage can be traced back

hundreds of years, but this technique made a dramatic reappearance in the early 20th century as an art form of novelty. I generated photo collages manually by cutting and pasting found illustrations. I collected photographic images of myself to construct personal histories of events remembered, as well as various relevant images from magazines for their associative representational values. I planned the concept intensively before creating *Scenes 1–4*. I chose to do *collage* as it gives an artwork a sense of urgency. Simultaneously, an excess of information can be conveyed, which has a significant impact on channel meanings and transmitted messages. Drawn images would not have the same effect (Sturken & Cartwright 2001:154).

The next step was to take photos of the collages named *Scene 1* to *Scene 4*, scan the images in high resolution, and create digital paintings with Adobe Photoshop's imaging and editing software, as previously explained. Finally, the printing process was done by experts in their field with certified archival black ink matched with cotton paper to obtain archival artworks suitable for my exhibition, *The Silent Wound*. The photographic work selected signifies the visual representations of the processes of my unconscious mind. These experiments of process accentuate the dynamism of formlessness within the artworks to connect with the viewer. A significant aspect of the production and the output of the work is that the artworks evoke emotions that materialised and emerged, in which the viewer can recognise shape and form, and is invited to project their own meaning onto the work.

There is an essential connection between the subject matter and the medium. I used the technique and process of pouring glass paint onto a smooth aluminium plate to conduct experiments. Due to minuscule differentials in viscosity, the physical reaction of the properties of the paint caused unpredictable infusion. The liquid pools flow and congeal slowly into intricate patterns, shapes, and forms. I used the Canon EF-S 60 mm f/2.8 Macro USM lens to capture finer details to achieve optimum close-up results. Incredible imagery appears at focal depth, of which I then take photos from various angles.

Glass paint as a medium can be transparent and translucent. It provides evidence of the fragility of my psychological state of mind. The shapes morph and represent childhood memories and woundings of the mind that are both unspeakable and unrepresentable. They also become visual representations of my unconscious and represent intrusive memories and symptoms of CSA.



Figure 9: Ané Jooste, Scene 1: *Innocence*, 2020.

Digital painting, 100 x 76 cm.

The work titled *Innocence* (Figure 9) is a photograph of me as an innocent girl. I use photographic images of my own body to represent my child-self as an artistic tool. The artwork suggests a pure, naive girl child, feeling safe and content, holding the hand of her perpetrator with no guilt or wrongdoing, full of trust leading her into uncertainty. The contrast of using the colour white as a symbol of purity against the dark tonal register creates feelings of discomfort and foreboding. The child is in transition; she is moving towards an emotional, psychological, physical shift. Through this artwork, I intend to evoke emotions of vulnerability. Caruth (1996:3-4) theorises that the wound is a powerful symbol: “the wound of the mind ... is not, like the wound of the body, a simple and healable event, but rather an event that ... is experienced too soon, too unexpectedly, to be fully known and is therefore not available to consciousness

until it imposes itself again, repeatedly, in the nightmares and repetitive actions of the survivor”. Widespread and bewildering traumatic experiences such as CSA can render the victim silent, as such experiences may remain unspeakable.



Figure 10: Ané Jooste, *Scene 2: Childhood Memories*, 2020.  
Digital painting, 100 x 76 cm.

Figure 10: *Scene 2* depicts *Childhood Memories*. Terr (1980:8), who conducted the first longitudinal study of traumatised children, explains: “psychic trauma occurs when a sudden, unexpected, overwhelming, intense emotional blow or a series of blows assaults the person from outside. Traumatic events are external, but they quickly become incorporated into the mind”. The digital painting is rich in visual codes and psychological symbols. Symbolism heightens the atmosphere of weakness and fear and provides the viewer with an ideal opportunity to incorporate and understand my past. The particular vividness and distortion of my face in the digital painting project the distress of CSA. Sitting alone against a dark, shadowy background with clenching arms holding onto my legs, the image represents the challenge to structure my narrative into a linear storyline. Small innocent figures laced together form memories that are represented as drapery. This suggests that CSA has fractured the fragile web that provided the framework for my interface within the emotional realms in which I function. Strategically

placed and layered as childhood memories are images of unknown men, lurking in the background. These men may be paedophiles or sexual offenders and it is suggested that they are involved in sexual acts with children.



Figure 11: Ané Jooste, *Scene 3: A Psychic Interior*, 2020.

Digital painting, 100 x 131 cm.

Figure 11: *Scene 3: A Psychic Interior*. This is a digital painting that depicts childhood memories concerning my soul and mind – a representation of memories of my bedroom linked to my unconscious. According to Sturken and Cartwright (2001:365), representation is the act of portraying, depicting, symbolising, or presenting the resemblance of something that symbolises characteristics of the real world. This is indeed the function of this specific digital painting.

Jacques Lacan, French psychoanalytic theorist, studied Freud's work dealing with the psychological processing of the traumatic event. In Lacan's writings (1981:54,55), he defines trauma as a missed encounter with the Real. This expression is used in psychoanalytic studies and refers to Lacan's seminar, *Tuché*

*and Automaton*, in which he explains the experience of subjects when dreaming or simply seeing a mirror reflection, instead of the real thing. This experience, or missed encounter with something real, is a traumatic event in itself. Caruth (1996:92) suggests that Lacan, in “relating trauma to the very identity of the self and to one’s relation to another, ... shows us that the shock of traumatic sight reveals at the heart of human subjectivity not so much an epistemological, but rather what can be defined as an *ethical* relation to the real”.

The scene reflects me as a young girl in an enclosed bedroom – the bedroom as a symbol of my personal space. It represents a self-portrait. The theme of secrecy, silence, shame, and vulnerability is found in the elements that resonate from autobiographical memories of trauma endured and the silence thereof. The bedroom, as a dynamic interior space, where much of my existence took place, is linked explicitly to fear, nightmares, and formless anxiety that arose where CSA took place.

The bed is reconstructed to appear as my own and is viewed from an angle, positioned diagonally across the picture format. It is the visceral venue of fear and degradation that mediates my personal traumatic experiences. The transparency of the draped curtain defines a threshold between my mind and the viewer’s mind and represents a desire to hide shameful secrets embedded in my psyche.

Within the compelling composition, colouring aspects indicate the historical status of the digital painting. The viewer can make certain assumptions about when the scene took place. The tone, soft brown sepia colour, which was a convention of nineteenth-century photography, depicts an aged image, providing a lens to reminisce and revel in nostalgia, travelling back in time. Paired with translucent white, in contrast with the dark background, the association with desperation and insecurity is symbolised.

Exposing only the lower section of my body, with my face hidden, the image reflects me hiding my true self, scared of rejection, shamefulness, and regrets of unfortunate past actions. The ballet costume is a complete contradiction of the truth as it is a resemblance of a celebratory activity. As such, it suggests poise,

grace, and happiness, creating a paradoxical sense of freedom belying the truth. The accentuation of my legs is symbolic, a metaphor for weakness and indicating a lack of confidence and the power to stand up and take control. The bare feet are a sign of a disembodied soul longing to escape, a symbol of the desire to get out of an unbearable situation.

The digital painting portrays a space that silently bears witness to the occurrences of CSA. It is furthermore a visual metaphor of my mind in the way it absorbs traces left by memories and storing the past in the unconscious.



Figure 12: Ané Jooste, *Scene 4: Repressed Memories*, 2020.

Digital painting, 100 x 145 cm.

Figure 12: *Scene 4: Repressed Memories*, is constructed sensitively and subtly to function as a non-linguistic reference to recalling complex, wide-ranging implications and reverberations of my repressed memories. Repressed memories as a defence mechanism refer to “the psychological phenomenon in which memories of traumatic events may be stored in the unconscious and blocked from normal conscious recall” so that painful effects would not have to be experienced. It is a process by which an individual preserves within the unconscious specific



thoughts, feelings, memories, and desires that are too difficult to deal with, such as fear, anxiety, and shame (Sturken & Cartwright 2001:365).

In addition, Shoshana Felman and Dori Laub (1992:69) argue that “the traumatic event, although real, took place outside the parameters of ‘normal’ reality, such as causality, sequence, place and time. The trauma has no beginning, no ending, no before, no during and no after”. The victims of traumatic experience, according to Felman and Laub (1992), can never recover, when “trauma survivors live not with memories of the past, but with an event that could not and did not proceed through its completion, has no ending, attained no closure, and therefore, as far as its survivors are concerned, continues into the present and is current in every respect” (Felman & Laub 1992:69). Sigmund Freud and Josef Breuer ([1893–1895] 1995:6) argue that certain traumatic memories stay repressed long after others have manifested in conscious thought.

In the digital painting, Figure 13: *Scene 4: Repressed Memories*, I am portrayed as a young woman experiencing psychological trauma with repressed memories within the unconscious. These memories manifest in the form of repetitive patterns and neurosis. The element of repetition is one of the acute symptoms of psychological trauma and post-traumatic stress disorder (PTSD), characterised by intense flashbacks, irrational emotional episodes or emotional numbing, and the inability to locate the source or triggering stimuli. I find myself caught in a pattern of psychological repetition, distressed by an event in my past that I cannot put into words. My memory neither allows me the solace of recollection, nor does it grant me peace. I am depicted as silent, and it can be argued that my silence portrays the suffering of trauma memories of CSA. As the traumatic memories are repressed, the origin of the anxiety keeps eluding me, and I cannot fully understand my feelings.

There are complex visual symbols within this digital painting. My face is unrecognisable, suggesting that I have turned into a person that I do not know. I am placed in an adult's shoes because the perpetrator grooms me to become an adult prematurely. The naked female body illustrates vulnerability, and the curtains and window metaphorically represent a view into my unconscious, a gaze

into an incredibly intimate scene from the outside. The symbol of the interwoven uterus that forms a carpet is significantly appropriate and represents trauma. The uterus or the womb, where a foetus or unborn baby develops and grows, is a symbol of nurturing and protection. The term “hysteria” is derived from the Greek word for uterus, *hysterika*. Hysteria, as portrayed in Figure 13: *Scene 5*, accentuates betrayal and traumatic associations with sex, angst, and weakness in children and adults caused by CSA. The lamb represents my ignorance and innocence, proceeding unconcernedly and innocently into a life-threatening and dangerous situation.

The digital painting forces the viewer to consider the artwork’s focus on autobiographical issues within my unconscious. The viewer becomes involved in the intimate and private repressed traumatic memories manifest in the work.



Figure 13: Ané Jooste, *Scene 5: Hysteria*, 2020.

Digital painting, 100 x 67 cm.

The visual vocabulary of the digitally manipulated painting, Figure 13: *Scene 5: Hysteria*, exemplifies my complex storyline about CSA. The depiction of my naked body symbolically becomes an extended visual metaphor for complex and multifaceted concepts, such as innocence and sensuality. My face is covered, and

it foreshadows the shame and pain triggered by CSA memories. Forces of paint that spill and surge in the background create a scenario of hysteria.

Hysteria laid the foundation for the modern notions of dissociation and posttraumatic stress disorder (PTSD) recognised and termed by the American Psychiatric Association (APA) in 1980, and particular symptoms of hysteria described as emotional excitability and excessive anxiety. Intense emotions cause memories of particular events to be dissociated from consciousness. These memories are stored, instead, as visceral sensations such as anxiety and panic, or as visual images, such as nightmares and flashbacks. Freud's seduction theory is based on the argument that cases of hysteria that women suffer in adulthood stem from a sexual event experienced during infancy or childhood (Freud, 1896:203). Consequently, a prerequisite for hysteria is that it only occurs under the conditions of repression: only when the memories of sexual abuse are repressed, as depicted in Figure 12, can they recur in the form of hysterical symptoms. The very origin of the old medical term "hysteria" was used to name several psychological, emotional, and nervous disorders in females.

The liquidity of the paint that flows in the background can be seen as representing an act of disconnecting the thoughts, feelings, and memories of a specific event. Dissociation is the essence of trauma and provides a critical psychological escape from emotional and physical distress associated with the overwhelming traumatic experience, including CSA. *The Diagnostic and Statistical Manual* (DSM) defines dissociation as "a disruption and/or discontinuity in the normal integration of consciousness, memory, identity, emotion, perception, body representation, motor control, and behavior" (American Psychiatric Association (APA) 2000:291). Intense emotions cause memories of particular events to be dissociated from consciousness and stored as visceral sensations such as anxiety and panic, or as visual images such as nightmares and flashbacks. Putting the emotions into words and reconstructing the past helped me to reduce fear, anxiety, and shame.

Judith Herman and Bessel van der Kolk believe in the theory of dissociation, which is related to repressed memory or traumatic amnesia. With horrendous trauma such as CSA, the subject tends to dissociate and therefore has no

conscious memory of the traumatic event. Thus, a child who is subjected to repeated sexual abuse may very well not remember it until such memories are recovered during a gradual therapy process (Suleiman 2008:277).

The artworks represent memory loss and memory impairment when the brain cognitively processes traumatic and stressful experiences. The artwork alludes to memories remembered and forgotten as the memories retreat into the unconscious. In some instances, these memories are reduced in such a way that they are not remembered as rational storylines. While experiencing trauma, amnesia develops, and the individual is not capable of a coherent narrative. The neurobiological response to trauma provokes a “speechless terror” that excludes narrative recall in memory since the event cannot be “organized on a linguistic level” as speech and memory have been separated (Van der Kolk, Weisaeth & Van der Hart 1996:172).

Freud [1886-1899] (1966:275) defined trauma as “an experience, which within a short period of time presents the mind with an increase of stimulus too powerful to be dealt with or worked in the normal way”, considering trauma as psychoanalytic mystery with the inability to be properly assimilated into the psyche and memory. Trauma is so life changing and threatening that it rips a subject’s coherence and well-being apart. In addition, the ego blocks traumatic images, memories and thoughts to prevent the traumatic event from entering consciousness.

The work demonstrates that the information in the unconscious is stored in an illogical and disorderly fashion to protect the conscious self from traumatic external memories of CSA. A central concept in psychoanalytic theory indicates the phenomena that are not within consciousness at any given moment. The unconscious is a source of desires, fantasies, and fears that can be acted upon and motivate us even though we are not aware of them and do not know the reasons for specific actions. Since the unconscious and the conscious sides of a human being do not work in concert, psychoanalytic theory speaks of the human as a divided or split subject (Sturken & Cartwright 2001:369).

Van der Kolk (1997:1) explains that trauma "...by definition, is the result of exposure to an inescapably stressful event that overwhelms a person's coping mechanisms". When a child is sexually abused and traumatised, the traumatic experience affects the entire person: the way the child thinks, learns, remembers things, feels about himself or herself, feels about other people, and makes sense of the world. A traumatic experience can profoundly alter everything in a child's life with psychological disturbance and long-lasting effects on the unconscious.

Memories of traumatic events are concealed in my unconscious and do not manifest in the conscious. This protects me from reliving the traumatic event. In the representation of the unconscious, there is fixed tension between the figuration and materiality. The mood of the work is inadvertently dark, with intricate shapes symbolising the wound of the mind.

The digital paintings visually portray the imitation of the fragmentary nature of traumatic memories. In this sense, fragmentation refers to the quality of the artwork that mimics the fragments of the memories that reappear. Sometimes these repressed traumatic memories resurface in dreams and at other times in fragmented flashbacks, as represented by the artwork. Traumatic memories are characterised by fragmentation and intense sensations and affect, often with little or no verbal narrative body. The failure to integrate fragmented, traumatic memories due to emotional arousal is a symptom of PTSD. It is these memories that cannot be retrieved consciously. They return in a fragmented form and resist integration into the existing cognitive structures of the individual (Van der Kolk 2002:38).

Bearing in mind the word 'trauma' (meaning wound) is a metaphor for the experience of physical and emotional pain, the images are metaphorically unlocked to refer to pieces of memory, fragments of evidence of reality. It has been perceived that these memories are characterised by fragmentary and intense sensations and effects, often with little or no verbal narrative substance (Van der Kolk, Hopper & Osterman 2001:25,26).

PTSD is a mental health condition that is triggered by a terrifying event, such as CSA. Symptoms may include nightmares and severe anxiety because of uncontrollable thoughts about the event. Defence mechanisms are psychological strategies that are unconsciously used to protect a person from the anxiety arising from unacceptable thoughts or feelings. Anxiety prompts the unconscious to form a shield that protects the self from traumatic external stimuli. This formation of a protective shield and the interpretation of anxiety occur in my artworks as I cannot remember the event and do not understand these feelings of anxiousness. The memories, which do reappear, are fragmented, and contribute to the anxiousness. After a traumatic event, dreams may turn into nightmares. Ernst Hartmann (1998:64) refers to nightmares that cause memories with visual imagery that portray a story of anxiety. Anxiety is embodied within the work, as nervousness is evoked in the presence of fragmentation (in the visual imagery). The organic shapes are traumatic childhood faces, indicating that CSA is significantly involved in the development of anxiety.

### **5.4.3 Conclusion**

The viewer is allowed to identify with my memories, triggering emotions, and unconscious thoughts of CSA within selected artworks. I intended to visualise and bring back memories and conceptualise them through digital painting and photography. As the artist, I invite the viewer into my past, allowing this action as a tool of conscious or unconscious self-discovery.

## **CHAPTER 6**

### **CONCLUSION**

To conclude this study, the main research questions have been concisely answered. Traumatic childhood memories can be portrayed by employing digital painting and photography as a medium, and traumatic memories do occur in victims of CSA. I applied empirical information of contemporary trauma theorists such as Caruth, Van der Kolk, Laplanche, Laub, Leys, Herman and Kaplan, whose theories assisted me to explain my arguments on traumatic CSA memories.

I substantiated that CSA has dire consequences and might cause deceit, traumatic association with sex, anxiety and frailty in adulthood. Finkelhor (1985) and Briere & Runtz (1993) recognise that long-term, lasting effects of CSA such as PTSD, cognitive distortion, altered emotionality, disturbed relatedness, and impaired self-reference that may be experienced by a trauma victim.

Trauma theories draw on the relationship between the victim of CSA and the mechanisms of the unconscious to repress traumatic memories, and this dissertation traces the process of portraying these through digital technology. *The Silent Wound* visually explains how trauma victims repress traumatic memories in the unconscious, how these can be exposed, and how traumatic memories are directly linked to CSA. The digital paintings were created, by employing Adobe Photoshop's abilities to layer, peel, and reconstruct images of traumatic memories and CSA through digital manipulation. The incorporation of self-portraiture is to acknowledge personal trauma through a critical analysis of contemporary trauma theories. Digital art enables the representation and understanding of CSA and traumatic memories and how the silenced and abused child's voice can be expressed through the affective and transactive quality of art. I postulate that CSA occurs daily in South Africa. Inherently, it is consciously as well as unconsciously expressed in selected artworks within this study.

I analysed the portrayal of CSA as traumatic and pointed out that actual trauma, caused by traumatic experiences, only arises belatedly and through recurrence. I

also highlighted that traumatic memories can manifest through the complex process of afterwardsness. I discussed in detail that trauma has an effect on memory since abused trauma victims do not necessarily formulate the narration and expression of trauma in a chronological manner.

I maintain that South African trauma victims of sexual acts during childhood can be considered to be subject to circumstances caused by socio-political, socio-economic and socio-cultural conditions.

A large amount of knowledge was been gained during this study, while several new insights were shaped: in theory, practice and the application of theory to practice, and vice versa. The analysis of two South African female artists, namely Penny Siopis and Nathani Lüneburg, who represent CSA in their unique works, guided and inspired me towards a new methodology concerning my art-making process.

The exhibition, *The Silent Wound*, allows the viewer to identify with my memories, triggering emotions and unconscious thoughts of CSA within the selective artworks. The intent was to visualise and bring back memories and conceptualise them through digital painting and photography. This is achieved by inviting the viewer into my past, and using it as a tool of conscious or unconscious self-discovery. In this process I was guided by Donald Meichenbaum (2000:111), who revealed that creative processes have the potential of healing power and that “making art makes whole what has been shattered”.

Art can help trauma victims to express themselves and accordingly to support healing, which can give new meaning to life. Van der Merwe and Gobodo-Madikizela (2007:6) call it a function of “rewriting of one’s life narrative to incorporate the traumatic loss in the new narrative”. Healing suggests narration and trauma is “unspeakable” because of the inadequacy of language to convey a victim’s trauma. Thus, the art practices that I employed following trauma, contributed to my wellbeing and gave voice to a silent wound.



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