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International IDEA, Strömsborg, 103 34 Stockholm, Sweden
Phone +46-8-698 37 00, Fax: +46-8-20 24 22
E-mail: info@idea.int Web: www.idea.int

Healing

BRANDON HAMBER

There is no magic solution to the problem of dealing with the impact of extensive violence. Truth commissions, criminal trials, or even extensive counselling and support, will not miraculously deal with the legacies of violence in a society. Healing is inevitably a lengthy and culturally-bound process. There is often no clear starting point and there will be few markers along the way - indeed, it is rare for the psychological impact of the past ever to be completely dealt with. This does not, of course, mean that programmes in pursuit of healing are a waste of time - quite the contrary. Assistance with healing can be invaluable for individuals and their communities. But the inherent limitations of attempts to deal with the legacies of extreme violence and the long-term nature of any such project must be accepted.

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6.1 What is Healing?

The World Health Organization (WHO) defines health as not merely the absence of disease and infirmity but a positive state of physical, emotional and social well-being. Psychological health is understood by the WHO as encapsulating, among other factors, subjective well-being, perceived self-efficacy, autonomy, competence, inter-generational dependence, and self-actualization of one's intellectual and emotional potential. Psychological, emotional, physical and social health are not only interlinked but interdependent.

It is not only important to help people deal with the impact of the conflict on them, but it is also essential to deal with the causes of the distress.

This chapter is primarily concerned with healing after what is often referred to as a "traumatic situation", an event or series of events of extreme violence that occur within a social context - most typically, war. Building on his experience working as a psychologist after the period of dictatorship in Chile, practitioner David Becker uses the term "extreme traumatization" to describe a situation where the psychological make-up of individuals and communities is continuously overridden, resulting in the destruction of individuals' senses of belonging to society and their being unable to perform the normal activities required for society to function.

Box 6.1: The Definition of Healing

For the purposes of this Handbook, healing is defined as any strategy, process or activity that improves the psychological health of individuals following extensive violent conflict. Strategies, processes or activities aimed at rehabilitating and reconstructing local and national communities more broadly are also integrally linked to this process. As such, healing is not only about assisting individuals to address their psychological health needs in an isolated way, but is dependent upon and integrally linked to repairing and rebuilding communities and the social context. This implies restoring a normalized everyday life that can recreate and confirm people's sense of being and belonging.

It is important constantly to bear in mind that trauma is not simply a collection of symptoms, as it is often portrayed - in fact symptoms may not follow all traumatic situations. In its essence, trauma is the destruction of individual and/or collective structures of a society. In this sense, it is not only

important to help people deal with the impact of the conflict on them - to help them through, for example, a grieving process in a constructive way. It is also essential to deal with the causes of the distress and the symptoms. What needs to be "healed" is therefore the multitude of individual, political, social and cultural responses to a traumatic situation and its aftermath.

6.2 Violence and its Impacts

Violence in most conflict situations generally includes a structural element, for instance, systematic deprivation, racism or the denial of human rights.

The devastating impact of structural forms of violence on psychological well-being cannot be ignored. The psychological consequences of deprivation - one form of structural breakdown that can occur during conflict - are well documented. They include the effects of poor nutrition on the mental and physical development of children, as well as anxiety, depression and stress-related conditions caused by poor living and occupational conditions. Repression of culture and expression, ethnic intolerance and discrimination - also common in conflict situations - can severely undermine and even destroy social and cultural norms and feelings of identity, belonging and trust in institutions. Such micro-effects of violence can continue to ripple through communities for decades thereafter.

Acts of extreme violence are not always isolated and can extend over a period of time in such a way that an individual is victimized more than once. Or individuals may be exposed to multiple traumas simultaneously. For example, a person may be traumatically injured while at the same time witnessing another person being killed or severely injured. An individual may be subjected to torture during prolonged incarceration while knowing that his or her family is suffering economic hardship and systematic intimidation.

The South African Truth and Reconciliation Commission (TRC) provides a useful example of the complexities of dealing with extensive political violence. Various psychological symptoms and signs have been observed in some of those who have testified. On the whole, most individuals present a mixture of issues related to social, psychological and medical problems. In most cases, individual past traumas (e.g., torture or abuse by the police) have been overshadowed by present psychological, personal and social problems. Furthermore, the ability to draw direct causative links between the initial traumatic incident and the present difficulties experienced by some survivors has generally been complicated by the protracted period of time that has passed since the violations took place. In some cases, survivors and families have testified about violations that took place in the 1960s.

Different violent and political incidents can have distinctive cultural meanings and thus specific impacts. It is not only the traumatic event that requires attention: most particularly, the way in which the individual (or community) interprets the event is vitally important when considering a strategy for healing. Psychologist Michael Wessels, reflecting on his experience of working in Angola, argues that in Sub-Saharan Africa it is spirituality and community that are at the centre of life. For example, an Angolan boy whose parents were killed after the family was forced to flee may not need in the first instance to talk through his experience in a safe and supportive environment: rather the major stressor for the boy may be the spiritual discord and resultant communal problems following from his inability to conduct the proper burial ritual for his parents. Similarly, in Zimbabwe, survivors of the Matabeleland massacre (see the case study following chapter 2) consider the corruption of community values more offensive and disturbing than any other aspect of the conflict. It is primarily this loss that is still being mourned years after the massacres

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of the 1980s.

There is always a significant subjective component in an individual's response to a traumatic situation. This can be seen most clearly in disasters where, although a broad cross-section of the population is exposed in an objective sense to the same traumatic experience, individual psychological reactions are markedly different. The individual's reaction depends as much on his or her pre-traumatic personality structure, personal resources, coping strategies, understandings of the cause of the event, resilience and extended community support structure as on the actual traumatic incident.

Other factors such as gender and age are also significant. A traumatic incident has different impacts on children, young adults and older persons. In any healing process it may be necessary to specifically target vulnerable groups. According to the United Nations High Commission for Refugees (UNHCR), vulnerable groups include children, adolescents, victims of torture and sexual torture, those who have been repeatedly traumatized, the elderly, psychiatric patients, ex-detainees, prisoners of war and relatives of missing persons. A percentage of individuals (some estimates are as high as 30 per cent) will develop a severe emotional response to a traumatic situation (e.g., psychosis or suicidal tendencies).

The proximity in time of the traumatic incident should also be taken into consideration. Immediately following an incident victims often appear cut off, dislocated and unable to participate in a healing process. At a later stage they may be more ready to begin to move towards resolution or integrate the event into a broader web of personal and community meaning.

There is no linear progression to the healing process and no typical or universal response to violence. What we do know, however, is that individual and social impacts of extreme forms of violence and social disruption caused by conflict can have an effect for decades thereafter. Any strategy aimed at addressing the impact of political conflict and extreme violence needs to be long-term in its outlook. Some specific responses to direct political violence include self-blame, vivid re-experiencing of the event, fear, nightmares, feelings of helplessness, hypervigilance, depression, relationship difficulties, feelings of social disconnectedness, anxiety and even substance abuse-related difficulties. In Western practice, the term "post-traumatic stress disorder" (PTSD) is often used to describe this collection of symptoms. However, the relevance of using this medical language is questionable. Again, it is important to stress that the objective of a healing programme is not merely to address the symptoms of trauma or make a diagnosis. PTSD should not be used as the principal vehicle for explaining the impact of the traumatic situation on the individual or society. Rather the symptoms (or reactions) must be viewed from a position of understanding the origins of violence and its meaning to those involved, as well as the social and cultural context.

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The case of the Angolan boy mentioned above is useful to consider in this regard. Focusing on his signs of distress (sleep disturbance and hypervigilance) could divert attention from strategies at the communal and spiritual level where they are most needed. Even in a Western context, focusing solely on the distress of an individual and their symptoms can divert attention from the important role of social interventions such as justice, truth and reparation. These issues are discussed in more depth below.

6.3 Reconciliation and Healing

Healing should be sought at the individual level but dependent upon and interrelated with the social context.

Much of this Handbook is about the use of broader social strategies aimed at restoring the social context and society. It explores a number of strategies and approaches aimed at helping victims to acknowledge pain and providing space for victims or survivors of political atrocities to speak out if they so wish, or to participate in processes of justice or mediation. Such processes are necessary starting points and preconditions for creating a social context that is conducive to healing. Strategies for healing (explored in section 6.5) are also part of this process.

Just as healing is dependent on the collective and political context, so too can individual and community healing strategies bolster national attempts to re-establish society.

When considering healing, particularly at the individual level, it is important to acknowledge that its trajectory is naturally haphazard and it is a slow process. While, on the one hand, political processes and strategies aimed at reconciliation are important in establishing the context for individual healing and coming to terms with violence, each individual's healing path is personal and unique. It can often be at odds with political, social and international political demands on people to leave the past behind.

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In this sense, some survivors can experience national processes of reconciliation, especially in the absence of full truth and justice, as "false reconciliation". This is because the national process of "moving forward and making amends" does not coincide with the process of the individual's coming to terms with the situation, or because reconciliation has not ensured sufficient social justice to complement the individual healing process. This situation is intensified when survivors feel that the social space in which they can vent their anger is closed down, or when their disenchantment with peace processes (e.g., over amnesties or prisoner releases) results in them being branded as "anti-reconciliation". The result is that often the politicians and the political processes are ready to move on before those who are the direct survivors of political violence.

6.4 Approaches to Healing

There is no single healing process. What is called for is a blend of facilitating transformation of the social world that causes distress, while attending to individuals' needs. To this end, it is useful to highlight some approaches that can be used to address the suffering of those affected by violent conflict. However, before doing this, it is important to acknowledge a set of broad principles that should guide all strategies aimed at healing. These are:

- understand the context;
- use local resources; and
- link healing with wider reconstruction efforts.

6.4.1 Understanding the Context

Any strategy developed to deal with the needs of victims after conflict must acknowledge the social and cultural context and address the individual as a whole. Often - especially from a Western perspective - this is understood to mean that any intervention (e.g., counselling) should be tailored or reworked to be culturally relevant. This is, in fact, a wrong approach. Context is not a minor variable whose influence on a programme needs to be considered and accommodated; rather it is the major variable which should be the starting point when developing the healing strategy in the first place.

6.4.2 Using Local Resources

It would be mistaken to see conflict and violence as always resulting in the complete breakdown of

social, community and psychological functioning. Psychiatrist Derek Summerfield writes that the "human responses to war are not analogous to physical trauma: people do not passively register the impact of external forces (unlike, say, a leg hit by a bullet) but engage with them in an active and problem-solving way".

Some communities and individuals can become extremely good at coping with adversity. Localized coping mechanisms and models of social and emotional resilience should be identified, supported and built upon where possible. At the same time, one needs to guard against overvaluing or glorifying existing mechanisms. It is often the case that traditional mechanisms are destroyed in the violence. To take the view that only local supports should be used, especially in a context where these may be almost non-existent, could also mean denying people services and relevant supports. It is also possible that some coping mechanisms, such as silence, may in fact be counterproductive in the long run.

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6.4.3 Linking Healing with Broader Reconstruction Programmes

Truth, acknowledgement and justice cannot be separated out from the healing process. Psychosocial interventions which operate in a vacuum are less effective than, and cannot in themselves replace the need for, truth, acknowledgement and justice. Bringing perpetrators to justice is an important, legitimate and sometimes essential component of a victim's recovery and psychological healing. Amnesties are generally unacceptable to victims.

Today, some members of survivor self-help groups in South Africa will speak of a sense of closure, but for most the past is still very much alive. Some of this is merely a reflection of the long-term nature of healing. However, it is also largely due to the fact that, despite various healing initiatives, the truth about many cases has still not been revealed, while amnesty has been granted to perpetrators and reparations have been slow to be delivered. The cry that there can be no reconciliation without truth is still common for many victims. This is not an uncommon occurrence in societies following extensive conflict: groups started over two decades ago in Chile, Argentina and Brazil can be heard to say the same thing.

The result of this is that psychosocial programmes (see section 6.5.1) often need to delve into the political world. It may be necessary for those working with individual victims (e.g., with counselling and complementary therapies) to be aware of broader processes and even be involved in activities such as working for the discovery of the truth of past events or supporting processes such as commissions of enquiry or prosecutions. This activist perspective can pose problems for some traditional psychotherapy models which demand objectivity.

One of the main interventions needed in terms of genuine healing is to re-establish as far as possible a socio-political context conducive to helping those victimized to begin to reclaim their sense of identity and dignity. A favourable context is necessary if local and traditional forms of support (and resilience) are to be identified and built upon. This means that healing initiatives need to be part of socio-economic and cultural reconstruction in the post-conflict phase.

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6.5 Healing Programmes and Strategies

A wide range of healing strategies has been used in different contexts, and they can be useful sources

of inspiration and guidance when building a healing programme. However, two points to bear in mind are that: (a) all strategies should ideally grow out of the local context; and (b) most contexts demand that multiple strategies be undertaken simultaneously.

Some healing-oriented programmes typically seen in post-conflict situations are:

- psychosocial programmes;
- individual counselling and support interventions;
- training of local communities with psychosocial support skills;
- self-help support groups; and
- symbolic forms of healing.

6.5.1 Psychosocial Programmes

Intervention is generally described as psychosocial when it is built on the assumption that there is a strong and important relationship between the individual's psychological status and the social context. Psychosocial programmes address the psychological and general health needs of post-conflict populations by promoting and rebuilding the social and cultural context.

The methods used in such programmes can vary, often including creative expression through arts and story-telling; the development and promotion of self-help groups; assisting with the completion of grieving and reburial rituals; an emphasis on re-training, education and re-skilling; the reintegration and reunion of individuals dislocated from communities and families; counselling and group support; information dissemination and connecting people to resources; and at times simply focusing on creating a safe environment where those affected by conflict can meet, network, share experiences and focus on establishing new routines. While in many cases it may be sound to locate such programmes within a community or at least within an ethnic group, experience from Sri Lanka shows that the bringing together of women from all ethnic groups - and different sides to the conflict - often helped women to face and give voice to their grievances, and turned the healing process into a more proactive fight against the armed conflict that had victimized so many.

Inger Agger highlights several levels at which psychosocial programmes were used in the former Yugoslavia. These included community development interventions, such as establishing schooling and day care for refugee children; network-strengthening interventions, such as organizing knitting groups; language courses or other types of occupational and educational activities; and mutual support-building interventions such as facilitating women's self-help groups and youth groups. These were complemented by counselling and psychotherapy interventions at the individual, group and family levels.

Obviously, not all levels of intervention may be appropriate in all contexts, but addressing traumatic situations in this multifaceted way is generally found to be most effective.

Imported Methods and the Local Agenda

There has been much criticism of the way in which some psychosocial programmes have been set up and foisted onto post-conflict societies, particularly in the former Yugoslavia and more recently in Sierra Leone. Criticisms touch on the way international NGOs have shaped the local agenda with the use of foreign methods of explaining the impact of conflict, specifically using terms like "trauma" or "post-traumatic stress disorder" and disregarding local "ethno-psychologies" and the existing notions of self which influence people's suffering. Some international efforts have also increased local competition, giving rise to hierarchies of "victimhood" (see chapter 4) and resulting in a lack of coordination and duplication between the international organizations themselves.

To prevent this, guidelines for running psychosocial programmes have been published. It is worth reviewing the draft guidelines published by the Netherlands Institute for Care and Welfare, and the WHO's 2000 Declaration of Cooperation: Mental Health of Refugees, Displaced and Other Populations Affected by Conflict and Post-Conflict Situations.

6.5.2 Individual Counselling and Other Interventions

Individual interventions characterized by culturally-specific counselling, or as part of a psychosocial programme, can be useful. This can include a range of individualized forms of psychotherapy, group work, family therapy, counselling or support from the community. These forms of support need not only be professional services or psychotherapy. The case study at the end of this chapter is a very good example of a voluntary, community-based initiative from Northern Ireland. In another example from Northern Ireland, there is befriending: trained befrienders visit those who have lost relatives and develop a supportive relationship with them. Making space for individuals and groups to share experiences, if they so wish, can be beneficial in itself. This may entail a simple process of survivors gathering and sharing (with or without a trained professional) in a familiar space, such as a community centre, religious building or other traditional meeting place.

Over the past decade there has been a growing trend to develop trauma-specific counselling, often generically referred to as "trauma counselling". If done appropriately and in the relevant context, this can be helpful.

This is not to say that individual interventions are more relevant or useful than other methods. Different individual methods have been useful in different contexts. In addition, individual interventions should not be equated with giving public testimony, as has been evidenced in some truth commissions (see chapter 8). Giving testimony at a truth commission can be useful in breaking down some of the previous social barriers and silences - and for some individuals may even be the end-point of a personal healing process - but, generally, individual, social and group interventions will be needed to address adequately the impact of extensive violent conflict.

6.5.3 Training Local Communities in Psychosocial Support Skills

It has become popular to involve (international) psychological health care professionals in the training of local people to help with trauma counselling. In some contexts this has been wholly inappropriate, and those trained have been left in difficult circumstances with little back-up support. The language of traumatology has also been imported and local methods of dealing with suffering overridden. As guidelines produced recently by the International Society for Traumatic Stress Studies noted: "The arrival of international agencies and their personnel has the potential of creating irreversible cultural change . . . offering training without properly understanding the ongoing political process [and this] risks accusations of uninvited intrusion".

That said, training programmes for local people that are built on a genuine appreciation of the interplay between different methods and ideas, local and borrowed, can be valuable. These programmes seldom use the word "trauma" and certainly do not advocate "trauma counselling" as the panacea. The Christian Children's Fund (CCF) Angola project provides an interesting and useful example. The goal of the project was to improve the ability of adults working with children to recognize psychological trauma in children and help them come to terms with their experiences. The CCF set up training for adults who were selected through ongoing dialogue with local communities and traditional leaders. The training courses were built on a bedrock of understanding developed through seminars and discussions at the local level, focusing on local customs and healing methods

in the regions. They concentrated on a range of issues, including children's psychosocial needs and development; the impact of war and violence on children; rites associated with death and bereavement; Western and traditional methods of assisting war-affected children; and non-violent conflict resolution. Seminars also focused on different interpretations of problems, such as sleep disturbance or severe isolation and withdrawal. Through discussion, participants analyzed how best to help children using a mixture of traditional, ritual, expressive and Western methods. This resulted in trainees going into communities equipped with skills to encourage culturally-appropriate group activities among the children they saw, such as play, singing, story-telling, drama and dancing.

These methods served as vehicles for the construction of social meaning as children learned the songs, myths and symbols of their community and ethnic group. The trainees also worked as agents of change, encouraging communities to address the needs of children sensitively. Trainees were even drawn into community rebuilding projects, which were identified as being central to the healing process. Over the course of the project, discourses evolved well beyond trauma. Over an extensive period of time, new communities of practice were built.

This experience is shared by many community-based or small-scale NGO interventions in this field. Experience suggests, however, that it is difficult to mobilize the required human and financial resources for such an ambitious programme all at once. It is also advisable to allow for a gradual expansion of activities in order to enable the participants themselves to play a decisive role in defining activities and implementing them.

6.5.4 Self-Help Support Groups

Self-help groups offer emotional or practical help to their members. Members generally share a common problem and pursue their goals through mutual aid. The groups are normally member-led.

Self-help groups are common in many societies, typically forming around those who have a common illness, addiction and/or disability. It has also become fairly commonplace for such groups to develop in conflict situations. They are generally made up of survivors of political violence and the families of those killed or "disappeared". They can be instrumental in healing and reconciliation. Born out of conflict situations, they are often referred to as "victim" or "survivor" groups. Perhaps the best known is the Mothers of the Plaza de Mayo in Argentina. Similar initiatives, however, have been seen across the world in societies as diverse as Sri Lanka, Rwanda, Chile, Northern Ireland and South Africa (see box 6.2).

Self-help groups can be instrumental in healing and reconciliation.

Self-help victim support groups generally serve as:

- a forum for joining together and recognizing that others have had similar experiences and have common problems;
- a place for friendship, companionship and emotional support;
- a forum where first-hand experiences of support outside the group through other agencies can be shared and broader coping techniques exchanged;
- a safe place to recount events and break the cultures of silence that are common in conflict situations;
- a possible vehicle for social change and for lobbying and advocacy to get authorities to address their and other victims' needs;
- a means of raising awareness about exclusion and the "forgotten victims" of a conflict;
- a forum for networking about how to access resources, health care, support services, housing, employ-

ment and welfare benefits; and

• a focal point for information exchange and personal education about the predicament in which survivors find themselves.

The aims of victim or survivor self-help groups can be diverse, and the degree to which each sees its objectives as political, supportive or both may vary. While many offer direct support and services to their members (e.g., counselling and befriending), most have broader goals of continuing the fight for recognition, acknowledgement and justice in the post-conflict phase.

Box 6.2: The Khulumani Victim Support group

The Khulumani (Speak-out) Victim Support Group was formed in anticipation of the South African TRC to assist survivors to gain access to the TRC. It was founded on the premise that encouraging people to "speak out" about the atrocities of the past was psychologically beneficial and would advance their goal of being recognized as victims of apartheid violence. The group had a strong focus on advocacy activity with the intention of keeping the TRC and the reconciliation process victim-centred. At the height of the TRC process there were 35 Khulumani groups operating as a powerful voice for victims in the TRC process.

As the group developed, its work became broader than simply focusing on "speaking out" and influencing the TRC process. In some areas, local people were trained in basic counselling and small-income generation skills (e.g., sewing and gardening to grow food); some projects now even help victims of ordinary crime and not only "political" victims. This pattern, whereby the work of the group broadens as the environment changes, is also typical of similar groups in other parts of the world.

In 1997 the Khulumani Group developed a play entitled *The Story I am about to Tell.* Three members of Khulumani acted along with three professional actors, and the play was taken to communities as a way of educating people about the past. Such activities are linked directly to a healing agenda, where social justice is an integral part of the process. "Speaking out" was not simply about making the individual feel better, but was aimed at changing society.

6.5.5 Symbolic Forms of Healing

The healing value of symbolic acts, objects and rituals lies in the way they can help concretize a traumatic incident, serving as a focal point in the grieving process. Such symbols are most effective if they are personalized and culturally relevant. They can also have a wider community- or society-level benefit, as markers to remind society of the lessons of the past which need to be carried into the future.

• Memories of the past can be housed in symbols such as monuments, museums and plaques, and peace parks or sites of dignified burial can be useful places where the bereaved can remember their loved ones. The ideals, rights and aspirations of those who suffered can also be advanced by acknowledging their contribution to the birth of a new society through official statements, or naming official places, streets or buildings after them.

• Apologies, if genuine, can also have a significant impact.

• Reparation and compensation awards can manifest the state's acknowledgement of wrongdoing, restore survivors' dignity and raise public consciousness about the general population's moral responsibility to participate in healing the wounds of the past. Psychologically speaking, so-called symbolic acts of reparation (such as reburials) and material acts of reparation (e.g., payments) serve the same end. Both these forms of reparation, like monuments and other forms of symbolic remembrance, can play an important role in healing.

• Specific rituals and ceremonies can also have powerful symbolic and healing value. The forensic exhumations in Matabeleland, Zimbabwe, of people murdered in the political violence of the 1980s provide a useful example. According to AMANI, a Zimbabwean NGO, the exhumations were undertaken "with the primary intention of facilitating community healing processes". In Ndebele belief systems, the spirits of the dead play an essential role in the lives of every family, guiding and nurturing

them. If a spirit is not honoured with a funeral and the *umbuyiso* ritual completed, it can become restless and angry, bringing bad luck to the family and the community. Clearly, the symbolic value of the burial and the subsequent rituals were vital to any sense of healing.

This example reinforces the importance of processes such as investigations, prosecutions and commissions of inquiry in post-conflict societies which can uncover the facts about what happened to individuals during the violence, including, for example, the locations of graves. However, it also highlights another important point: the process of healing occurs not through the delivery of an object - a pension, a monument or an exhumation - but through the process that takes place around this, such as the reburial ritual.

That said, symbolic forms of healing, like other strategies for healing, cannot be separated out completely from the broader context. Symbolic acts can place the survivors in a difficult position. Acknowledgement, apology, recognition and even substantial material assistance can never bring back the dead or be guaranteed to alleviate all the psychological pain suffered by a survivor. The essence of the problem of making amends for past violations is that the amount of distress, hurt, injustice and anger the survivor is personally struggling to come to terms with is immeasurable.

If symbolic acts are not linked with the delivery of truth, justice and social change, they run the danger of being seen as a strategy to "buy off" the survivors.

Also, in accepting the reparation or apology, the survivor may feel as if his or her actions are finally putting their loved one to rest - a step he or she may understandably feel ambivalent about taking. Furthermore, if symbolic acts are not linked with the delivery of truth, justice and social change, they run the danger of being seen by the survivors as a government strategy to close the chapter of the past prematurely, leave its secrets hidden and "buy off" the survivors. It is in these cases that survivors or families of victims talk of reparations as a form of "blood money". If full truth and justice are not achieved, anger and other emotional responses from victims (e.g., refusing to accept reparations or protesting about what is granted) can be legitimately anticipated.

6.6 Concluding Remarks

Strategies for healing are integrally linked to the broader social context and interface with, and are part of, any broader process aimed at reconciliation. At the same time, healing is not one-dimensional or easily attained, and it is as much about what already exists within communities and cultures as about learning from other approaches or considering (if appropriate) the methods outlined in this chapter.

The journey from "victim" to the status of "survivor" is long and complex. In South Africa some members of the Khulumani Group (see box 6.2) say they will only use the word "survivor" when they feel that they have been properly acknowledged. In the CCF programme in Angola the term "war-affected children" has been used to explain the position of those affected, rather than words foreign to the context such as "victim" or "survivor". The language used to explain the impact of extreme violence belongs to those directly affected. In this respect, it is the meaning of the experience that is most important. Appropriate and culturally relevant healing strategies can provide the context in which alternative meanings to the experience of extreme trauma can be found.

If a broader concept of healing is used, in which the individual is not treated as separate from the social context, then the shift from "victim" to "survivor" is as much a question of social justice as a question about any personal process the individual undertakes. Summerfield argues that: "History

has shown that social reform is the best medicine; for victims of war and atrocity this means public recognition and justice. Health and illness have social and political roots: post-traumatic reactions are not just a private problem, with the onus on the individual to recover, but an indictment on the socio-political forces that produced them."

Social justice is a foundation stone of lasting healing.

Social justice is a foundation stone of lasting healing. Reconciliation processes can, in some instances, deliver social justice, and this will invariably aid the healing process. Either way, though - and much to the distress of people who want those directly affected by political conflict to "move on" as soon as possible - it is certain that genuine healing is protracted and requires sustained personal, community and political attempts to integrate the suffering of the past into the present.

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