



University of Western Cape

Community-based social healing approaches in South Africa: A case study of the Institute for Healing of Memories.

Mercy Wangui Mwaura

(2727032)

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Supervisor: Professor Marion Keim Lees

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ABSTRACT

In this study, the researcher aim is to examine the approach to social healing used by the Institute for Healing of Memories (IHOM). The focus is to explore how the approach has been employed within the community to enhance social transformation and healing. This study comes from a most recent field of social healing which explores the ways of dealing with social ills that are caused by conflict and collective trauma. In South Africa, the majority of the population were oppressed under the apartheid regime for a period that lasted from 1948 to 1994. As a way of dealing with the ordeal after the abolition of apartheid, the Truth and Reconciliation Commission (TRC) was formulated. This created a space for both the perpetrator and the survivor of apartheid atrocities to have public hearings. Although the TRC contributed in laying the foundation for South Africa's social transformation, it could not meet the population demand. To date individuals and communities in South Africa are struggling to triumph over their past experiences. IHOM is an organisation that has embarked on community healing programmes and has identified the healing needs of the communities in the Western Cape but on a small-scale, at grassroots level.

The research design took the form of a case study of IHOM. A qualitative approach to the study was followed to examine the IHOM approach to social healing and the interpretation of the findings would be useful in enhancing the IHOM's programme. In-depth interviews were used to gather data where IHOM's facilitators and participants were interviewed.

The research found out that IHOM approach is a combination of several methods including spiritual, emotional and psychological methods and that storytelling is the core feature of the approach of IHOM. The results of the research show that the approach caters for the needs of individuals who had suffered emotionally and psychologically due to exposure to traumatic conditions caused by human rights violations. With an exploration into personal narratives, participants experienced emotional relief. Therefore at the Institute for Healing of Memories making sense of one's suffering through empathising with another is the core finding: making sense of suffering together creates an individual inner awareness of healing strength. Own feelings plus experiences become clearer. Thus the study found that there is a correlation between narrating and healing. Listening and sharing creates sentiments of connection and commonality. Also creates the possibility of empathy and in the process something happens in the spirit and a sense of transcendence emerges. These processes prepare the ground for forgiveness and reconciliation between diverse populations, races, cultures and religions.

KEY WORDS:

South Africa

Apartheid

Social Transformation

Healing Approaches

Trauma

Storytelling

Memories

Community

Forgiveness

Reconciliation



DECLARATION

I, Mercy Wangui Mwaura declare that this Mini-thesis entitled “*Community-based social healing approaches in South Africa: A case study of the Institute for Healing of Memories.*” is my own work, that has not been submitted before for any degree or examination in any other University or College, and that all the sources I have used or quoted have been indicated and acknowledged.

Mercy Wangui Mwaura.

Signed_____

Date_____



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CHAPTER ONE

INTRODUCTION AND BACKGROUND

1.1 Introduction

The South African Truth and Reconciliation Commission (TRC) is one of the most popular truth commissions in the world. The TRC created a platform that enabled the public confessions of the gross human rights violations during the apartheid era. The process, though traumatic, created an opportunity for the perpetrators and survivors to engage one another, albeit in a very limited capacity to cater for all the survivors of apartheid. However, “individual psychology process could not be reduced to a national process” (Field 2006:33) as the one held by the TRC. Though the national process was appropriate many individuals needed more space to make meaning out of their suffering and abuse during the apartheid regime (Field 2006). Lederach (2005:143) points out that approaches such as narrative theology, narrative psychology and narrative methodologies in the social sciences have been applicable to distinct fields in conflict resolution. Hence to deal with the memories of the past in South Africa, TRC was created as an instrument to instil justice. The study focuses on the approach employed by (the Institute for Healing of Memories (IHOM) to assist people to face the past.

However, the TRC’s work is highlighted as the initial form of social transformation and healing in South Africa. This chapter presents the background, statement of the problem, motivation, research question, sub-questions, aims and objectives and chapter outline.

1.2 Background of the study

After 1994, South Africa’s first democratically elected government rejected racial segregation after decades of suffering under the apartheid regime (Kayser 2005). Prior to this period, the marginalised groups such as the Blacks¹, Coloureds and Asians had been traumatized by this

¹ Blacks, Coloureds, Asians and Whites are terms used here to highlight the past political situation in South Africa. “Though these categories were used under apartheid to divide and control the population, these are nonetheless labels South Africans use to refer to themselves” Gibson & Gouws 2003 in Gibson (2004b:3).

system, as it treated them as lesser human beings (Gibson 2004b:3), and now needed help to restart their lives under the new democratic government (Christie & Gaganakis 2006). Therefore, as a way of redressing human rights, justice, and healing to this disconcerted country, the new government, together with other social organisations around the world, formulated the TRC (Kayser 2001). The TRC was a national organ established to cater for both the perpetrators and the survivors of the apartheid system (TRC Report 2003). It offered an opportunity for the groups mentioned above to have public hearings about either the injustices imposed on them or about the crimes committed during this repressive era (Kayser 2001). Considering that there were a lot of people in the marginalized group who had suffered as compared to those who did not, the TRC could not serve all people as a platform whereby the stories would be told and acknowledged. For instance, reparation was to be provided to survivors after amnesty was granted to perpetrators and this was not adhered to. According to the TRC report:

The individual reparation grant, this is an individual financial grant scheme. The Commission recommended that each victim of a gross human rights violation receive a financial grant, based on various criteria, to be paid over a period of six years (TRC Report 2003:94).

Moreover, the TRC process of reconciliation did not achieve all its objectives, for example many victims were not satisfied with the outcome especially when the TRC made promises that could not be fulfilled (Kayser 2005). At the same time, the victims on the other hand, were expected to forgive, forget and move on with their lives. In reality, as Keim (2008) further asserts, people should know that even after justice has been granted, it does not necessarily mean that people have forgiven and forgotten. Therefore, justice is seemingly not equal to either peace or reconciliation.

Truth commissions that are similar to the South African TRC have been adapted in many countries that have emerged from violence and are in transition (Field 2006). The truth commissions remain limited to a particular level of intervention which does not serve the masses. Therefore, other African countries have turned to their traditional ways of seeking justice and healing matters in ways that reach to the grassroots. Equally, South Africa has yet to find another form of local and an all-encompassing approach that addresses reconciliation in such a manner that it reaches to the grassroots (Kayser 2005). Other African countries that have come from cruel past regimes, such as Rwanda have used traditional ways of dealing with trauma in the country. Despite uncertainties about their traditional system, Rwandese have established “Gacaca Courts” as a form of their home grown approach to reconciliation,

justice and healing. *Gacaca* is a Kinyarwanda name for “lawn” or “lawn-justice,” named after the place where the local community traditionally gathered to settle disputes between members of a family, between members of different families or between inhabitants of the same village (Amnesty International Report 2002).

Although South Africa is yet to find a local way of healing, there are a few institutions which are making efforts to fill this gap. The Institute for Healing of Memories (IHOM) is an Institution that has emerged after the TRC. The Institution’s vision seeks to contribute to the healing journey of individuals, communities and nations. It surfaced as a response to the TRC’s unfinished task (IHOM Report 2007). The TRC was not able to accommodate people at grassroots level, therefore the IHOM functions at a community level for those who wish to share their stories (Kayser 2001). In this study therefore, the researcher intends to examine the approach that is used by this South African healing institution. The focus is to find out how this approach has been employed within the community to enhance social transformation and healing. This includes exploring the perceptions of the people who are using this facility. The research emerges from an emerging field of social healing which seeks to help the fragile communities to heal wounds that are created by conflict and other collective traumatic events.



1.3 Statement of the problem

South Africa can be described as the most diverse and unequal society on the continent in terms of socio-economic status (Gibson 2004a). In addition, South Africa’s infantile democracy and its transition from the apartheid regime poses many challenges up to today, especially in transformational efforts to redress the wrongs of the past (White Paper 1997). This supports Gibson’s (2004a; 2004b) findings that showed that without a substantial degree of racial contact democracy remains unyielding in the country. Like other developing countries facing post-colonial problems, South Africa faces chronic social problems and the legacy of apartheid (Adato et al 2006). This study focuses on the traumas that are primarily caused by political injustices of the past. Kleinman et al (1997) state that, in communities that are so divided and for many years like South Africa the efforts needed to bring different communities to work together towards social transformation remains daunting.

The study was conducted in the Western Cape with the IHOM as case study. In this area where the case study is located, one finds that there is high socio-economic inequality, illiteracy, unemployment and crime which are among major socio-economic problems that

impede on what one would describe as spontaneous instantaneous social transformation in this community (Kayser 2001; 2005). In addition Kayser (2001:4) further asserts that as one walks in the city of Cape Town one is bound to hear phrases such as “these white people” and “these black people” which depicts the kind of relationships that exist among these racial groups and a portrayal of a community that is still trapped in a segregated past. Therefore, Coombes (2003) confirms the complexity in the transformation of the whole nation and further asserts that any effort towards social transformation is undermined by deep-rooted social injustices that date back to not only the apartheid era but also the era of colonialism. Freire (2007:63) called it “self-depreciation” whereby the survivors internalize the perpetrator’s opinion about them. If they have repeatedly heard that they are incapable of learning anything, that they are lazy and unproductive, then within a period of time of echoed inabilities, they become convinced these are true. On the other hand the perpetrator is robbed of his/her humanity which, according to a Freirian perspective, can be given back to him/her by the survivor, who is transformed.

With regard to internalised oppression, new forms of inter-racial interaction appear to be restricted to the newly multi-racial middle-class in South Africa (Seekings 2008). Seekings poses the latter statement as a question and the answer could be found in Freire’s (2007) and Butollo’s (2000) findings. These scholars illustrate how the oppressor’s psyche gets imprinted in the mind of the oppressed individuals and the tendency of those individuals to later behave like the oppressor is almost certain. To support this claim Masondo (2005) in Seekings (2008:16) wrote “the new black managers treat us the same way as the white managers did. They shout at us as if we are their children” He continues to say that they are even worse than the whites. Hence, Seekings (2005) recommends that this area be researched further while Freire (2007) indicates the need for more deliberate programmes in community psycho-education training.

Gibson (2004a) and Field (2006) indicate that South Africa has nationally addressed the issue of social transformation more than any other part of the world. The White Paper (1997) supports that claim by indicating that the state has formed other ways to redress past social injustices such as affirmative action (Seekings 2008) and others. However, there has been an absence of a particular localized collective approach to engage and to underpin social transformation and healing programmes. This inhibits proficiency in implementation of such programmes that address the interpersonal intervention of community healing and transformational needs (Kayser 2005). More to the point, South Africa with its diversity is in

need of an all-encompassing local approach to aid in execution of such programmes. If compared to a country like Rwanda whereby, as mentioned earlier, traditional ways were integrated with the state's and civil society's approaches to healing and reconciliation of the communities, South Africa has a tough task ahead. In the South African context, the TRC left a mark of hope from which organizations such as the IHOM could learn and re-establish the healing needs of South Africans and thus render a healing approach that caters for a community that is diverse in especially socio-cultural issues and faith (Kayser 2005). In a nut shell, there has been an urgent need to find a South African-based approach that locally examines how the lessons of the past experiences can be gathered and shared as agents of transition in this diverse nation (Villa-Vicencio 2002). How to promote social healing and ease social suffering is an ongoing debate (Kleinman et al 1997). Therefore, this research will unpack the approach used by the South African healing institution, IHOM, and explore how this approach has been employed within the community of Cape Town to enhance social transformation and healing.

1.4 Motivation of the study

The motivation for conducting research in the area of social transformation and healing is informed by the researcher's active participation in IHOM workshops as a participant. As a result, the researcher has acquired significant interest in this field which forms part of the underlying yearning to conduct research in this area. The researcher's experiences as a participant and as a trainee facilitator in the programme created the need for the researcher to aspire to plough back into the community. Despite the efforts there were several limitations pertaining to this engagement and a language barrier was one of the main challenges. The researcher managed to overcome the language barrier with the help of translators who translated Xhosa and Afrikaans into English. In addition, social healing and transformation is a field that has received little attention in academia. As a result there is little information recorded in this field. Consequently, this shortfall serves as an opportunity for the researcher to contribute to the body of knowledge in this area. Therefore, this study has the potential to unpack and deepen the understanding of the scope of community healing work done by IHOM, at the same time contributing to the literature in this field.

1.5 Research question

What kind of community-based social healing approach is used by IHOM according to the participants and facilitators? The following are the sub-questions:

- What needs does the approach address in order to bring about social healing in the community according to the participants and facilitators?
- What are the challenges associated to and with the approach?
- How effective is the approach in terms of the participants' and facilitators' perceptions?

1.6 Aim and objectives of the study

The aim of this study is to examine the approach which the IHOM uses in community healing programmes. This study further aims to contribute to the improvement of the IHOM programme. Thus, the following will serve as the objectives of the study:

- To examine what needs the approach fulfils that enhances social transformation and healing.
- To explore the challenges associated to and with the approach.
- To examine the facilitators' and participants' perceptions about the approach's effectiveness.



1.7 Chapter outline

Chapter 1: Introduction

This chapter consists of the introduction to the topic and the background, statement of the problem, motivation, research questions, aims and objectives of the study and a summary of the chapters.

Chapter 2: Literature Review and Theoretical Framework

This chapter provides literature related to the research problem as well as previous research leading up to this study. Some of the key concepts such as TRC, IHOM and others are defined in this chapter. A theoretical framework to the study is also presented in this chapter where integrative trauma approach is reviewed.

Chapter 3: Research Methodology

This chapter introduces the methodological paradigms, research design and case studies. Details of the methodological process are provided which include the qualitative approach, sample methods, data sources and collection methods. The chapter concludes with data analysis method, validity of the study and ethical issues which includes issues of trustworthiness and reflexivity.

Chapter 4: Data Analysis and Results

This chapter focuses on the analysis and interpretation of in-depth interviews conducted with the respondents. The results are presented and discussed according to the themes arising from the data. A summary of the main findings conclude this chapter.

Chapter 5: Conclusions and Recommendations

In this chapter, a synthesis of the analysis is outlined, which include a summary of the main findings are aligned with the research questions and the literature. Finally, recommendations are presented based on the research findings.



CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

The first chapter introduced the study's background, its focus and the chapter outline. This chapter covers literature that sheds light on community-based approaches to social transformation and healing. Firstly, this section conceptualizes the key concepts of the study. Secondly, a global overview of social transformation and healing approaches is detailed. Thirdly, it covers literature based on South African approaches to national and community trauma and healing, with the TRC being the main focus. Fourthly, a detailed account of the theoretical framework is provided, where integrative trauma approach was adapted for this study.

2.2 Conceptualisation of the key concepts

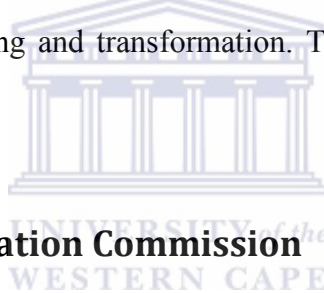
The key terms of the study, namely, apartheid; Truth and Reconciliation Commission (TRC); social transformation and healing; storytelling and memories and forgiveness are comprehensively defined in this section. The section also consists of literature based on South African history and brief input of other African countries that have experienced national trauma.

2.2.1 Apartheid

The word apartheid portrays South African history of racial isolation (Seekings 2008). Apartheid was a policy of racial segregation that was formerly practised in the Republic of South Africa that involved political, legal and economic discrimination against the non-whites. Gibson (2004a:2003b) continues to assert that racial segregation is a source of ignorance which was “the breeding ground for derogatory stereotypes and racial hostility” Christie & Gaganakis (2006:77) confirm that under the apartheid rule, the country was divided into Black areas called 'homelands' and Coloured, Asian and White areas. The homelands were mainly located in rural areas and often had no access to basic resources. Additionally, blacks were often used as labourers and were not allowed to have their wives and children live with them. Seekings (2008) and Gibson (2004a; 2004b) agree that under the system of apartheid there was a deliberate separation of the races and the majority of South Africans were denied their citizenship rights. The system also implemented an inferior educational

system, oppressive pass laws, and the forceful relocation of non-whites (Christie & Gaganakis 2006). For such reasons, there is a correlation between apartheid and the current social ills for instance, high social inequalities, adult illiteracy and high crime rate in the country (ibid 2006). Consequently, the end of the apartheid era was gladly received; forlornly it left the majority of South Africans with a damaged human dignity and with relationships that are lacking integrity (LenkaBula 2005).

In addition, Duran (2006) suggests that this condition could aggravate the effects of psychological trauma that are transferable from generation to generation if left unattended. Dealing with the trauma caused by the atrocities of apartheid, although not literally viewed from this perspective, was first addressed by the TRC. The process did not take the route towards a healing process as its main objectives were to expose the apartheid injustices by way of public hearings and to grant amnesty (Seekings 2008). After the TRC there has not been any other form of national redress to the matter (Gibson 2004b). At grassroots level programmes such as the IHOM have been initiated as a programme that will facilitate the promotion of individual healing and transformation. The paragraph below briefly describes the characteristics of the TRC.



2.2.2 Truth and Reconciliation Commission

The history of the TRC therefore, forms a significant part of a revolutionary South Africa. It held hundreds of hearings by interviewing thousands of victims of apartheid, granted amnesty to about a thousand perpetrators and produced a five-volume 'Final Report' (Gibson 2004a:130). However, Allan (2000) suggests that the TRC process itself did not lead to healing of the South Africans per se; rather it was a process that highlighted the great social-psychological needs that people had, which needed to be adequately addressed.

As much as the TRC has received significant recognition in the country, reconciliation became a buzz word and its definitions range from simple to complex ones. The term reconciliation therefore came forward strongly after the start of a new era of a democratic South Africa (Kayser 2001). The Anglican archbishop and the Nobel Peace Laureate, Desmond Tutu, portrayed reconciliation as a phrase that has attained recognition ahead of any statement of belief, culture or philosophy in the country (Kayser 2001). Villa-Vicencio (2002:3-4) indicates further why the name has gained such popularity; he asserts that reconciliation seeks peace

which is devoted to the restoration of human dignity and the creation of a more equitable society. However, a theological definition describes reconciliation as ingrained in a chain of confession, repentance, restitution and forgiveness (Kayser 2001). Lederach (1999:159) summarises the definitions by stating that "...reconciliation is a journey..." towards a meeting point for "truth, mercy, justice and peace". Errante (2000:261) elaborates more on reconciliation and says that it is not just a struggle between former opponents to establish interactions but also includes "negotiations of values, attitudes, behaviour and institutional structures that supports those interactions" and the ability to sustain this reconciliation over time.

Whereas the TRC's efforts created a space for South Africans to speak about reconciliation, these efforts did not factor in the masses. By listening to ordinary South Africans today, one gathers that they still have not confronted issues around the things of the past (Gibson 2004a; Kayser 2005). In addition, TRC's persistence to truth and justice received incredible results that contributed to reconciliation, but that did not result in transformation and healing. Consequently, the need for social healing and transformation is obligatory as portrayed by the social relationships in the country (Keim 2008). Therefore, the search for long-lasting solutions that would eventually lead to healing of the nation persist (Kayser 2001). Having stated this, the paragraph below briefly explains the concept of social healing and transformation.

2.2.3 Trauma, social healing and transformation

Kleinman, et al (1997) firstly identified the issues of trauma as social suffering. These scholars illustrate that the study of social suffering requires inter-disciplinary engagements so as to bring about alternative perspectives from the humanities, social sciences and the health sciences. Before engaging further into the importance of integrating the latter disciplines, one needs to elaborate on the terms trauma, social healing and transformation. According to Agger & Jensen (1996), trauma is experienced by an individual or a group of people that have been exposed to one or several forms of psychological, emotional or physical torture for a prolonged or short period. The focus in this study is on the psychological trauma. Sjolund (2007:259) describes the latter as common reactions to stress. Stress is associated with anxiety, fear and aggressive behaviour. The severity of this kind of trauma leads to depression, substance abuse and suicidal thoughts. Weston (2001) demonstrates that persistent stress which could also be termed as 'traumatic memories' affects the psyche and the body. As a

result such memories are bound to invoke emotions of anger and fear when triggered by the day to day life experiences.

In addition, trauma is an experience that disrupts an individual's frame of reference or self-concept which includes assumptions, beliefs, expectations about self and the world (Agger & Jensen 1996, Butollo 2000 and Weston 2001). These are referred to as self-schemes and they are usually unconscious. The most important schemes are those related to one's frame of reference, as well as those related to psychological needs such as self-esteem, safety, trust, independence, power and intimacy. The described schemes are challenged during therapy that aims to alter the schemes in a positive growth-producing direction (Agger & Jensen 1996). Hence, traumatic events experienced by the survivors of political repression (if not addressed) will with time cause the survivors to encounter multi-traumatic stress; the condition thereof would require a multifaceted approach to social healing (Basoglu 1992).

Thompson (2008) views the term 'social healing' from a psycho-social perspective. This is indicative that it is an emerging concept that seeks to identify with wounds created by conflict, collective trauma and large scale oppression; for example the ills of the holocaust and apartheid. The perspective favours holistic interventions to trauma. She also indicates that trauma healing approaches are increasing in demand in many societies where new wounds are occurring due to new conflicts and traumatic experiences. Social suffering, as the scholars assert, is not only witnessed by societies with low income but they are also experienced by high income societies as well. Social suffering is therefore not equated to poverty-stricken societies. However, those societies that are powerless and desperately poor are more prone to social suffering (Kleinman et al 1997). For example, conflict emanating from civil, ethnic wars and natural disasters leaves societies with multi-traumas (Thompson 2008). Looking at the Western Cape one finds that the ills of poverty, HIV/AIDS and xenophobia rekindle the old wounds which have probably been left unattended and possibly with no hope (IHOM 2009).

Thompson (2008) further suggests that social healing occurs through a dialogue in which mutual sharing, active listening and respect for humanity is a preparation for reconciliation and healing. She concludes that revisiting the past memories is therefore a recipe for this gradual process of social transformation and healing. The former president of the democratic South Africa, Nelson Mandela and Archbishop Desmond Tutu, took a strong stand in supporting the view that the power of forgiveness and reconciliation is primary in promoting the social well-being of all South Africans (Thompson 2008).

Transformation is an integral part of the social healing process. According to Taylor (1998) this refers to a much more profound change of form which requires the elimination of the old in order to adopt a new form in response to a fundamental change situation. In addition, Augsburger (1992), views transformation as a term that is used when a situation is not manageable and there is an emergence for re-creating relationships. He concludes that it is therefore a term that resonates with a responsible engagement of the parties concerned and spells out hope for the future relationships. From the above arguments it is concluded that the terms social healing and transformation have an inseparable connection with the terms forgiveness and reconciliation. Moreover, forgiveness ignites the process of healing leading to reconciliation which promotes social healing; therefore the two are important in facilitating a transformation from any form of conflict or violence (Thompson 2008; Henderson 1996). On the other hand, storytelling means revisiting and putting to rest past memories, this is a noteworthy road to social transformation and healing (Kayser 2001) and is detailed below.

2.2.4 Memories, storytelling, and forgiveness

Memory is a function of the brain that stores, retains and recalls information (Oxford dictionary 1995). In addition, Amadume & An-Na'im (2000) state that memory is not limited only to the positive events of what an individual desires to gather, retain, and recall; it is also a collective of past events which could also be negative. However, it is mostly those memories that are associated with great pain or great triumph that make up the society's history. In support of this assertion, Mollica (2006) contends that a painful memory should be revisited now and again in order to reinstate healthy memory. Moreover, Bourguignon (2005) argues that a healed memory does not disappear, it could actually remain troublesome, but it loses its capacity to contaminate the present and the future. The remaining scars could then become a source of healing for others. Hence, Mollica (2006) point out that the tellers of the stories usually have loads of wisdom and knowledge to pass along. The predicament of traumatic memories is that they resist to be dislodged from consciousness. Hence they find all sorts of ways to trouble the victim. As Weston (2001:3) comments, "Folk wisdom is filled with ghosts who refuse to rest in their graves until their stories are told". It is therefore imperative that the living carry the task of telling all the stories. Former president, Nelson Mandela, remarks on the importance of memories in human beings' lives, as follows:

In the life of any individual, family, community or society, memory is of fundamental importance. Memory is the fabric of identity. At the heart of every oppressive tool developed by the apartheid regime was a determination to control, distort, weaken, even erase people's memories (Crwys-Williams 2009:78-79).


Storytelling is not equivalent to healing, but it serves as one of the steps to reconciling with oneself, others and the world (Lapsley 2009). James & Van de Vijver (2001), further suggest that memory is tricky; Bourguignon (2005) argues that memory is like a double-edged sword. Both scholars have views that are analogous; as sometimes stories can do harm and good at the same time (Dwivedi 1997). Therefore, memories are sometimes painful especially memories emanating from traumatic events that evoke fear, anger and confusion when recalled and which could haunt individuals for years. In addition, Margalit (2002) in Bourguignon (2005) hints that memory sometimes births revenge, but it is worth exploring as most human beings tend to relate to their past in order to better understand why they behave the way they do. Thus, most of the time memories are used to review the past events from which insight into what works best for individuals' healing could be sought. For example finding a common ground where forgiveness makes sense. "Forgiveness is an interpersonal transaction" Augsburger (1992:216). It is said to be one of the most difficult transactions that humans have to deal with time and again. However, if it is sincerely considered by the party forgiving, it is seen as a less complicated, less costly way of managing and resolving conflict and promoting individual healing (Bourguignon, 2005).

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On the other hand, Sooka (2000) indicated that collective memory plays an important role in the healing process; she gave an example of the symbolic yet powerful role that Vietnam's Memorial Wall plays in Vietnam. She suggests that one imagines what that kind of an impact South Africa would experience if such a symbol were propagated and firstly introduced in the form of an open public debate. She suggests that this would be a mechanism to reignite national consciousness among the citizens of this country (Sooka 2000). Maurice Halbwachs, a French philosopher and a sociologist from 1877-1945 wrote extensively on collective memory, he was a student of Emile Durkheim who first coined the idea of collective memory. Halbwachs indicated that it is in the society where memories are made, shaped and recalled. He further stated that there is a possibility of people having memories of group events which individuals did not experience in direct sense (Halbwachs 1992). From the perspectives of the two scholars one can conclude that collective memory is vital in the arena of healing and transforming a given nation that has experienced a great deal of social suffering. Hence Sooka (2000) asserted that individuals collectively find the meaning of their suffering which promotes healing. However, a flashback to the TRC model leaves the following questions

unanswered: Were the hearings able to bring genuine healing to the people? Was the model able to bring healing to the nation? (James & Van de Vijver 2000:139). Actually, the TRC could have continued with a process to give the South African masses a chance to tell their stories after the officials. Therefore, many scholars (Seekings 2008; Young 2004; Kayser 2001; James & Van de Vijver 2000) indicated that the TRC did not put into consideration the masses. People at the grassroots level missed a chance to tell their overarching stories and their pain was therefore left unacknowledged (Young 2004).

It is therefore practical to say that there is a need for more workable models and institutions of healing in the country that will create spaces for individuals to address the issue of forgiveness in depth (Errante, 1999). The argument stipulates that such institutions form an essential avenue for collective healing in the communities that are still haunted by the past. The paragraph below presents a global overview of the community-based approaches to trauma, social transformation and healing.



2.3 A global overview of community-based approaches to trauma, social transformation and healing

On the one hand, a unique global turning point during the millennium made Lederach's (2005) optimism run wild about a new dawn for peace building and social healing. On the other hand he questions whether there is hope for a future with no human violence and suffering. This study could not comprehensively answer this question, but sheds some light on how some communities are coping with such human suffering. A glance at the current global challenges shows that it is true to say that the majority of people in the world have experienced or witnessed extreme violence and torture. The scale and the manner in which the destruction of human life occurred has left nations, communities and individuals, in a state of complete despondency and others with minute or no hope for future peace (Sarveswaran 2009).

Throughout the world, numerous initiatives have been formed to transform the conflicted and to heal traumatized countries (Sarveswaran 2009). Such initiatives include,

The international non-governmental organizations, UN organizations, national governments, local non-governmental organizations, political parties, women's movements, religious movements, trade unions, mediation committees, religious leaders and individuals (Sarveswaran 2009:13).

All these initiatives have a common aim of promoting peace in the world at different levels. However, these initiatives have stimulated a demand for more human resources, approaches and programmes with capacity and proficiency in these fields of peace building, conflict resolution, social transformation and healing (Sarveswaran 2009).

Whereas rapid changes after colonialism occurred in most African countries that caused a drift from traditional ideas to those from the west, most people were left with inner damage of the world wars, colonialism and apartheid (Mbiti 1991). These conditions left them in a state that Eduardo Duran calls “soul-wounded” a condition of great helplessness (Duran 2006:121). After all the praise for the good work of the TRC process, some South Africans experienced inner destruction of the mind and soul which was left unnoticed and therefore left unattended. For instance the woman quoted by Linda Van de Vijver, expressing that “This pain will never come out” after the killers of her son were granted amnesty, reflects on the extent of trauma (James & Van de Vijver 2000:139).

A glance at global experiences of war and trauma is probably likely to draw one’s attention to extremely traumatic experiences and the psychological effects of people of Bosnia-Herzegovina (Weston 2001 and Butollos’ 2000). Weston (2001) expressed that Bosnians have endured a magnitude of torture and helplessness which has stripped them of their stand as dignified beings. Many were left traumatised and in need of not only physical help but also psycho-social support. Weston suggests that it is probably more accurate to talk of a variety of post-traumatic stress reactions of the Bosnians which also differ in magnitude due to the exposure to multiple traumatic situations. Freire (2007), Duran (2006) and Butollo (2000), further demonstrate the effects of trauma as being atrocious. Some experiences leave a psychological imprint on the psycho-physiological system which is often difficult to erase. A psychological imprint illustrates the possibility of perpetrator psychological identity being adopted into the psyche of the survivor (Butollo 2000). An example that these scholars relate to is a study of veterans of World War II where forty years after the war 56% of the combatants still experienced anxiety and nightmares about the war (Weston 2001:5). Weston (2001) indicates that many survivors are able to free themselves from the effects of stress reactions after a period of time, but for others these traumatic reactions could persist for life.

However, a closer view of the Bosnian experience indicates how the country has made strides into trauma healing after the end of the Bosnia-Herzegovina war that lasted from 1993 to 1995

(Butollo 2000:358). The kind of approach that Bosnians have used to counteract the aftermath of long term traumatic experiences include psychotherapeutic approaches such as Butollo's integrative trauma approach. This approach states that the integration of various psychotherapy approaches is the way to go in combating post psycho-traumatic reactions (Butollo 2000). This was a social interaction model that was introduced to the Bosnians in 1995 in the form of a series of training programs. It consists of phases of integrative therapy that seeks to address the interpersonal traumatisation that leads to distorted social and psychological processes (ibid 1995). The phases of integrative trauma theory are discussed later under the theoretical framework.

In Central Bosnia, women have a tradition whereby they sit around to knit and carry on with conversations that they say they found to be a very nice thing to do and a powerful social pattern that continues to help them not only to relax but also to deal with experiences of trauma collectively. Most often these kinds of conversations are like testimonies from which people experience a kind of a value drawn out of the sharing (Weston 2001). Hence, Young (2004:145) concludes that testimonies - equivalent to storytelling, provide a transformative power, promise of a new future and the hope of healing for individuals and the nation.

A multicultural approach to healing and transformation was adapted in some European and Scandinavian countries where various kinds of cultural practices were combined together under the approach called Capacitar. The model was used as a healing aid for day to day stress and burnout release. Capacitar, is a Spanish word meaning to give power to, to bring to life. This approach, developed by Patricia Cane in the 1980s, was a response to people in the villages of Nicaragua who needed a transition from poverty, war and trauma. Its founder suggests that due to the complexities of trauma there are not enough effective mental health resources in many societies. Therefore methods that can be used in groups, families and communities are to be developed and made accessible to cater for the masses. There are societies that are not aware that they are in need of social healing interventions and on a large scale (Cane 2000; 2005).

Moreover, Cane's (2000) analysis provided an example of a holistic perspective. She concluded that healing could be attained from the mind-body empowerment. Cane advocated the use of self-healing practices such as Tai Chi, Pal Dan Gum, acupressure and visualisation while her findings further indicated that after this approach was applied on Latinos, they experienced a relief of traumatic stress symptoms. According to Cane's (2000) findings the

use of holistic techniques combined with an empowerment therapy indicated that the clients showed a reduction of symptoms related to traumatic stress and Post-Trauma Stress Disorder (PTSD). Although Comas-Diaz (2006) agrees with Cane's findings, and thus indicated that it was an effective way of promoting healing of the client and the community (Comas-Diaz 2006:446), the question remains whether the method is replicable in other communities.

Cane (2000) asserts that the Capacitar has been field tested with thousands of people from many different backgrounds with positive outcomes. The practices come from ancient healing traditions as well as from recent therapeutic modalities. They include Tai Chi, meditation, visualization, breath-work, finger-holds for emotions, Emotional Freedom Technique and bodywork. Practices are easily adapted for use in self-care as well as with individuals and groups from diverse cultures and situations, since many participants, (both professional and grassroots) are dealing with stress, burnout, compassion fatigue or vicarious trauma, and often have the same symptoms as the people they serve. The above practices complement the therapeutic approaches of psychologists and counsellors giving additional skills useful to clients as well as for self-care (ibid 2000; 2005).

On the other hand Comas- Diaz (2006:446) illustrated how Latinos find meaning in life after traumatic challenges by way of using a ritual. The ritual is comprised of revisiting cultural beliefs and performing spiritual practices such as communal reciting of "rosaries", "novenas", "posadas" and "peregrinations". In this way the Latinos boost their ethnic and spiritual connection that promotes harmony in the society. Comas-Diaz's (2006) findings show that healing is constantly evolving and incorporated with new elements in the Latino folk healing. The latter is equivalent to collectivist healing where a harmonious balance is maintained in the family and the community (Comas-Diaz 2006:446).

A micro-view of global approaches to community healing and transformation of individuals and communities thus indicates integrated and holistic approaches to healing of most traumatic experiences as the preferable way forward (Comas-Diaz 2006). So much for the Bosnian and Latino experiences, the following will focus on how other African countries get to promote this balance.

2.4 An outline of African traditional approaches to social healing and transformation

The study of African traditional approaches is important to this study for it helps to understand the different ways in which Africans from various African communities have sought meaning of sufferings. As this study unpacks the case of South African community it is reasonable to note that as Mbiti (1991) in Lederach (2005) describes that each community is unique in ways that each heals and transforms its members. He says that it is due to differences in cultural beliefs and traditions and is therefore worth reflecting on others' lessons. In addition, Lederach (2005:147) uses the phrase "sociological imagination" which is said to be the notion of imaginative narrative that has the capacity to link the art and soul, leading the seeker back to humanity. Errante (2000) asserts that the art of building peace can be a tricky one. The use of the word peace as the key subject in reconciling the communities somehow tends to underestimate the enormous efforts required in reconciling a community. "Peace" is a word that is normally used as the key motive in reconciling communities. However the word could sometimes undermine the confrontation that is essential in finding sustainable peace (Errante 2000). In actual fact, the peace work starts only after a long time of peace negotiations are settled. The efforts towards restoration of relationships and healing in the long run somehow cease to persist (Errante 2000). Lederach seconds Errante's findings that state that peace building is demanding and as a peace building practitioner one is bound to combine an inner voice of wisdom from the experiences gained in the field so as to develop peace work as "craftsmanship" in the social scientific field.

Still human efforts endure, as approaches to social transformation continue to be re-invented in both theory and practice. In that light, Lederach (2005) contends that there is need for acknowledging the indigenous approaches to social transformation and healing. Some have been adopted in many disciplines such as theology, psychology and natural science. Mkhize et al (2002) resonates with Lederach's (2005) views, by demonstrating the importance of engaging and unveiling traditional psychological mechanisms. These scholars also insist that modern ways of addressing psychological needs have relied heavily on the Western approaches. Lederach (2005) argues that a holistic view of community-based approaches is a key aspect in creating sustainable social transformational approaches. That is to say that integrating workable practices in a given society enhances the acknowledgement of indigenous systems. Therefore, consideration of the already existing community practices to reconcile, heal individuals and communities is mandatory (Lederach 2001; 2005). He affirms

that culture, beliefs and the rituals of a given community are like the oil of a wheel that will help to propel the wheel of community-based healing programmes. The following paragraph gives examples of rituals performed in some African countries.

2.4.1 Traditional healers in West and Central Africa

A snap shot of a Western African way of dealing with issues of social transformation and healing indicates that traditional healers played the bigger role in the practice. For instance, the use of a ritual of the Ewondo of Cameroon stipulated that Zana, the diviner, diagnosed social conflicts as one of the sources of illness. Therefore a talk was organised whenever there were social conflicts and the group would be divided according to age and gender into small groups where each member expressed their feelings against the patient and also suggested their wishes for the future. After that the group members reported the feelings and wishes in a general meeting. Therefore the Ewondo people believed that the healing process meant re-establishment and restoration of hope and confidence in individual relationships and the clan. Thus for Zana, the healer, creating an environment where people could reconnect and foster acceptance and reconciliation was part of fostering healing to the clan and the community as a whole (Augsburger 1992). The excerpt below suggests that dialogue plays a fundamental role in resolving conflict and relationship transformation (Thompson 2008: Lederach 2005).

In many African societies, the group therapeutic palaver serves as the most important first step in diagnosis and treatment not only for the patient but for the immediate family members as well. Whenever a member of the clan is sick in the Kongo (Congo) culture, the elders' role is to bring together members of the clan to attempt diagnosing the patient's illness in terms of broken relationships and then propose a plan of action for healing (Augsburger 1992:216).

In Africa rituals and traditional healing were and are still being practiced in some African countries. On the other hand, people seek social healing in all kinds of different ways and the logic is that healing could mean different things to different people (Lederach 2005).

2.4.2 Storytelling East Africa – Kenya

Desmond Tutu says that there is no such theory of “one size fits all”, therefore each and every society needs to find out what works for its people as far as reconciling and healing is concerned (Gounden 2009), as was the case of the Maasai and Luo People of Kenya. This fascinating example of a traditional or ritualistic approach to reconciliation and healing is

elaborated by Augsburg (1992:275) while the scholar is in a conversation with other scholars. The story emanated from the talk about the way the Maasai and Luo people of Kenya negotiated peace after both tribes engaged in a war. The ritual of bringing the two tribes to terms again involved warriors, women, children and elders of both sides who converged on the battle-field and chopped down all the trees that were used to make poison that coated arrowheads during the war. These plants would be piled along the border between the two tribes, then a black dog was slaughtered into two and its blood spread on the plants. Then the mothers of the two tribes would exchange the babies and breastfeed them to a new generation. In addition prayers were offered by the elders and a curse was declared on anyone that would cross the fence to bring harm on either side. The ritual acted like a covenant that almost looked impossible to break (Weston 2001).

In most African countries as [Mbiti (1991) in Lederach (2005:136-137) highlights] sharing of the old memories was and is still in some cultures a tradition that is valued for the advice and wisdom that is passed down from the elders to the youth. In Kenya, this notion of recalling old memories is called “wazee hukumbuka” meaning “*the old remembers*”. This term was used during peace discussions in Naivasha, Kenya. This concept was also featured in a series of radio broadcasts that paid tribute to men and women who were involved in the colonial struggle in the country during the 1960s. The notion has created a community identity emanating from the collective memory from the ‘older and wiser generation’ among the community members (ibid 2005:136-137). The work of conflict resolution and peace-building is said to be similarly space-time challenged. In other words the older generation does not pass on the history to the younger generation in the typical modern communities. As these are important in society today, specific traditional frameworks that address the profound questions of collective storytelling and identity need to be identified. It is also imperative to explore deeper the use of narratives in terms of the origin of people, within the package of local, national and global history as part of the collective healing (Lederach 2005:146)

Concluding his overview of the social healing approaches around the globe, Lederach (2005:22) questions the collective and global legacy that we are leaving for our great-great-grandchildren. The next section focuses on the South African approaches to social healing and transformation.

2.5 South African approaches to social healing and transformation

As a point of departure it is essential to understand what has not worked for South Africans and what is working in terms of the approaches to healing and transformation. For though there is peace in the country the underlying issues that inhibit social transformation and healing has not been thoroughly redressed. These should not be belittled or swept under the carpet as in the long run this could be detrimental (James & Vijver 2000). Gounden (2009) indicates that if conflict, racism and inequalities are to be comprehensively mitigated there are factors that have to be seriously considered by all. As described in the statement of the problem, the ills of unhealed generations continue to cause a cycle of violence, strife and despondency. The point is to look for the roots of the problems without treating the symptoms first. For example the state needs to be informed of how the forgetfulness of the history has a detrimental effect, as history tends to repeat itself, thus producing similar or worse results than those committed in the past. This idea was reinforced in the TRC report volume one as in James & Vijver (2000):

However painful the experience the wounds of the past must not be allowed to fester. They must be cleansed. And a balm must be poured on them so they can heal. This is not to be obsessed with the past. It is to take care that the past is properly dealt with for the sake of the future (James & Vijver 2000:15).

Lederach (1999) continues to assert that the terms truth and reconciliation will continue to be associated with South Africans' history for a long time. He indicates that it is illustrated in the Holy Bible that for the sins of a generation to be forgiven it might take up to three to four generations and therefore to say that substantial healing can occur. This concept was further illustrated by Krog (2003),

...is being carried over from generation to generation by words, memories, body language, silences and personal scars. God visits the iniquities of the fathers upon the children unto the third and fourth generations...God banished Israelites to the desert for forty years, because He did not want those who knew the past, knew slavery to build the promised land Krog (2003:143).

The process could be speeded up by means of dialogue in safe spaces that will be created by South African's themselves. This is said to aid in shaping South Africans' better understanding of the past for the generations to come as well as ensuring better and meaningful relationships among different races. Although the search for a peaceful, just co-existence is not an obvious priority for some South Africans, the core approach to real social healing remains in the hands

of individuals and communities that will walk down the memory paths and understand what happened and what could have been avoided and what could be done now (Gounden 2009). He also argues that the lack of will and political commitment to social transformation and reconstruction (and therefore many structures that aim to bring about national consciousness) often fail also as a result of too much reliance on the external hand (Gounden 2009). The next paragraph aims at looking at the role of the TRC which Gibson (2004a) indicated, was a preliminary address of social transformation and healing in South Africa.

2.5.1 The Truth and Reconciliation Commission process

After looking at the global and African social healing approaches it is noticeable that in almost every mentioned approach there is an indication of some form of dialogue. TRC itself was mainly a mediation process (Lederach 2005). Bradshaw & Ndegwa (2000:33-36) also call it a “negotiation process” which started long before the establishment of the TRC in 1995. These scholars indicated that often negotiations are complex, take a long time, and are often strenuous but ultimately fruitful. According to the latter scholars’ negotiations in South Africa were initiated while Mandela was still in prison and especially during his last month there when the most extensive mediation happened. Negotiations were done through high-level secret meetings that facilitated the peaceful handover of power from the old apartheid government to the new democratically elected government of the African National Congress. The new government embarked on a complex process of retaining the negotiated peace through establishment of the TRC. Whether the TRC brought about national unity or not is a question to ponder on (Van der Merwe et al 1999).

The establishment of the TRC was embraced as a conflict mediation approach whose aim was to address the effects of apartheid oppression and violence. Ross (2003:15) observed that the public hearings were a representation of public memory, loss and grief. The testifiers described terrible torture by the apartheid system. The proceedings ended in 1998 with an outcome that was considered a “miracle” transition (James & Vijver 2000:92) in terms of preventing a bloody revenge in the country, but which left lots of untold truth of what lay ahead (Errante 2000 and Bradshaw & Ndegwa 2000). Nevertheless, Hamber (2009:141) specified that the TRC did ‘its thing’ by carrying out tasks such as ‘amnesty’ ‘making reparations’, ‘documenting violations’ and also making a set of recommendations aimed at preventing future violations of human rights. Moreover, many scholars, both international and

local [Bradshaw & Ndegwa (2000); Errante (2000); Albie Sachs, Alex Boraine, Kaizer Nyatumba in James & Vijver (2000)] agree that South Africa is to be credited for enabling the successful work done by the TRC, although it turned out to be a complex process that led to grief, mourning and shame (Errante 2000). She adds that during the process efforts were made to find meaningful ways to discharge and acknowledge grief and shame.

The significance of truth commissions and their purpose is that they are expected to bring people into spaces of truth finding; ‘inter-communal understanding’ (Gibson 2004a:133). Therefore, for a realistic sense of liberation of all the citizens to be realised, the process should begin at the grassroots level. It is arguable that the TRC was supposed to bring “collective memory” and thus “collective acknowledgement” would be possible nationally, but these two phrases are yet to gain necessary recognition in the field of peace, conflict and social transformation (Lederach 2005:143). He defines the phrase collective memory as a socially accepted understanding of a country’s meaning of the past. The ways of dealing with the past memory, especially where the past left individuals and societies in a state of damaged human dignity, is referred to as collective healing. Not enough attention has been given to how people relate to the past history of their country especially effects of colonialism in African countries. As Lederach (2005:23) indicated, “structural history and personal biography are connected”, these are essential in building up identities (Lederach 2005).

Reflecting on truth and reconciliation, one finds that these two words are not necessarily placed together, unlike truth and justice which often go hand in hand. The unusual combination of the two words brought with it an exceptional process of the TRC. For such reasons Lederach (2005) claims that the TRC could be said to have been a psychological preparation for the healing process by aiding much needed truth recovery, while at the same time giving survivors space to recount past abuses and providing some form of reparation. Defining reconciliation literally means different people who once disagreed with each other are now in the process of getting to the point of agreeing and existing together again. This can or may happen through interaction with each other which would eventually lead to respect, dignity, acceptance and appreciation of the value of racial diversity (Gibson 2004b:202). Nevertheless, lessons – particularly from South Africa and Latin America - remind all users of this approach that the process of a truth commission in itself is not sufficient to meet these psychological needs, especially for the masses at individual level.

In addition, much is yet to be done as South Africa has not paid enough attention to the issues of national reconciliation, forgiveness and social healing (Villa-Vicencio 2002). Studies show that the consequences of apartheid left individuals and communities of both victims and perpetrators in the country in a deep traumatic condition. These effects continue to dictate how South Africans live their lives in almost all aspects of life, socially, economically, geographically among other aspects. The gap between the rich and the poor is great but these differences are generally accepted by the society as normal [Hamber 2009; Lederach 2005; LenkaBula 2005; Villa-Vicencio 2002; James & Van de Vijver 2000; Krog 1998]. The risk therefore is in the patterns of inconsistency which manifests in social relations among the masses in the country that continue to compromise social transformation, human security and growth (Seekings 2008). Therefore, the study indicates that there is a close relation between post-traumatic stress and societal moral fiber decay and these have not received any attention yet by the government (LenkaBula 2005).

On the other hand, the state displayed the possibilities of a South African born truth commission that succumbed in the midst of great turmoil and tension, the commission achieved significant results in maintaining the peace and calm in the country. All the same, the need for establishment of more indigenous ways of addressing social transformation plus more institutions of healing could be a way to achieve an innovative balance between justice and reconciliation, development and human security in South Africa. Furthermore, the TRC was very nearly in danger of being overly involved in the legal, logistic and political aspects of the commission at the expense of the key psychological aspects of the process of reconciliation (Van der Merwe et al 1999). For that reason, Villa-Vicencio (2002) suggests that the institutions in the arena of social transformation and healing are to remain committed to seeking to promote solutions to social healing challenges that continue to undermine tangible transition in all the sectors in South Africa.

The paragraph below gives an account of the local peace committees that played a role in the social healing arena in the Western Cape.

2.5.2 The Local Peace Committees (LPCs) in the Western Cape.

The outline of LPCs is vital to this study as it displays some of the efforts that were put in place to bring about peaceful communities in South Africa after the apartheid era. The

National Peace Accord was signed in 1991 where local peace communities were established to promote peaceful alternatives to bring about the end of conflict and violence that erupted in the black communities. The intercommunity violence prevailed after legalization of political parties during the period of 1990 to 1994 and the chance to hold peaceful demonstrations was denied (Errante 2000).

As a result, Local Peace Councils (LPCs) were established to bring about reconciliation in the rural areas of the Western Cape. The LPCs were mandated to create trust and reconciliation as well as settle disputes. The outcome of the establishment of LPCs indicated potential challenges to carrying out peace-finding activities. As Odendaal & Spies (1997) indicate, tension among the different communities is said to remain deep-rooted. The scholars suggest the need for redress of ways of carrying out future endeavours of peace building and healing.

Thus, Lederach (1999) suggests that a non-violent state of a community does not necessarily spell out peace. In addition Odendaal & Spies (1997) argue that sustainable peace has not been achieved in the Western Cape, and specifically in the rural areas. After the review of the role of civil society in peacemaking, practitioners in the field of peace building were on a quest for a better transition from apartheid to a democratic society.

The next paragraph gives an account of use of Sangomas versus western psychology in healing and transforming communities.

2.5.3 Sangomas versus Western psychology

African traditional approaches to healing have been said to differ significantly from approaches of the Western world. Hamber (2009) notes that psychology, though a Western approach, has gained popularity among the non-whites as well in South Africa. It is, however, the traditional healer who dominates in this area (LenkaBula 2002). The scholar continues to argue that the traditional healers (Sangomas), though more popular than the psychologist, continue to bring up issues that are supernatural that often cause confusion and denial instead of healing. However both approaches play significant roles especially in South Africa in terms of addressing the social problems that are rife in the country. The African perspective is an open-community type of relationship while in the Western approach an individual confides in another individual. While the African approach views issues through both a natural and

supernatural lens, the Western approach views issues only in the natural world. Again, the boundaries are wide in an African perspective while in the Western view the boundaries are often restricted with only one visit weekly. These differences seem to contrast social categories of both worlds in terms of individualism versus collectivism (ibid 2002).

The traditional healers' practices and how people believed was confronted by socio-economic challenges that were becoming overwhelming in the country, especially during the apartheid era (LenkaBula 2002). As the police force was tasked to protect the apartheid state and its beneficiaries, they therefore carried out the most gruesome acts of abuse. This cultivated the enmity and social indifference in most South Africans who suffered under the apartheid police brutality, criminalised the black family system and suppressed peaceful organised protests [Bradshaw & Ndegwa (2000:49, 55); Errante (2000)].

Such acts legitimised apartheid and all that it stood for – segregation (Bradshaw & Ndegwa 2000). When humans dehumanise others, the oppressors also become dehumanised (Duran 2006). By controlling blacks' mobility and employment, this process also weakened the pride, dignity and solidarity of the black communities. These also compromised social capital generation in the long term (Errante 2000).

When haunted by the baggage that life brings, many South Africans turn to Sangomas in search of some of their socio-psychological and physiological healing needs. The practice loses its professional ethics in the process as the results manifest into supernatural ones as the results are sometimes misunderstood and cause confusion, LenkaBula (2002). For that reason Hamber (2009) is of the view that much still stands between individual and community access to optimal social-psychological health. He argues that promoting people's holistic social wellbeing could eventually provide individuals who are buffers and peace guards for this country. In addition, in developing countries such as South Africa, the lack of social-economic amenities and poverty cannot go unmentioned, despite the challenges of diversity in cultural beliefs in promoting social integration (ibid 2009). Therefore, while talking about a community approach to healing in South Africa it is imperative to assess and factor into the programmes holistically the needs of all the members of the community, be they social-economic, emotional or spiritual (Weston 2001:29). Sooka (2000) concurs with Weston (2001) and states that, on the one hand South Africa's issues of poverty have been addressed through the provision of social grants among other provisions of social amenities. On the other hand, social transformation and healing is moving at a snail's pace to get to the phase of

finding realistic social transformation approaches that will work for the nation and communities.

“In many cultures, people use somatic symptoms or talk of bodily illness as idioms of distress” (Weston 2001:5). His study indicated that meaning attributed to people’s distress is significantly influenced by their particular cultural context, which indeed also affects how they identify and deal with such experiences. The findings also highlighted that even if the core trauma symptoms that affect the body are similar, they may be experienced differently. In addition, Bourguignon (2005) endorses the statement by stating that the conditions that contribute to trauma are almost similar in every society of the world. Albeit the societal coping mechanisms which are influenced by cultural beliefs and rituals during and after a traumatic incident. This is evident in South Africa as has been indicated by LenkaBula (2002) where some consult the psychologists and the majority consult Sangomas. All seek solutions to varying social problems, but probably with similar underlying causes to social problems being their past history.

One such mechanism is to search for indigenous ways to necessitate the process; a second one is to take into consideration the bigger picture of basic human needs; and a third way is to address the potential that exists among diverse groups in curbing of the destructive forces in the communities. Therefore a thorough understanding of the various histories and cultural dimensions, with an earnest consideration of the mentioned factors, would promote reconstruction and the development of peaceful communities. In addition, when humans find themselves in mire that paralyses them to such an extent that they make an individual choice to ignore the voices of truth, mercy, justice and peace, they should not quit. Instead they should still continue to insist on “a moral imagination” of what transcends humanity (Lederach 1999:60).

Nevertheless, South Africa is uniquely positioned in the light of its diverse experiences in the ongoing innovative transitional possibilities. On the other hand, development of a single approach to be applied in all societies is almost impossible, unless the approach is flexible enough to be modified to suit the needs of its users (Lederach 2005). In addition, Desmond Tutu says that there is no such theory of “one size fits all”; therefore each and every society needs to find out what works for its people in terms of reconciling and healing (Gounden 2009).

2.6 A brief summary of the literature reviewed

The key concepts have been defined in detail, thereby shedding more light onto the rest of the study. So much for the social healing approaches in South Africa, and around the globe. The review illuminates significant debates around the issues of healing approaches that are worthy of further research. Lederach (2005:22) poses the question of the collective and global legacy that we are leaving for our great-great-grandchildren. It could be said that South Africa, though slow moving towards social transformation, is a country that is making great strides towards a realistic social transformation era. “Reconciliation, however, is a long-term project that will have to continue for generations” (Weston 2001:28).

2.7 Theoretical framework

During the review of the literature, many other debates emerged in the process; for instance, the different kinds of practices of different societies to heal their communities, especially local practices such as rituals and traditional practices. The connection between the community-based practices and the social healing methods thus link up with the theories of healing. This chapter therefore explores the theory of integrative trauma which was best suited to this study. Martens (2005) indicates that theories create frameworks for exploring what is happening as well as an understanding of various ideas, assumptions, and facts in research. This study therefore focuses on the integrative trauma approach as a theoretical framework, a psychotherapy perspective with an emphasis on the three stages of this approach. This theory is discussed in the next page.

2.7.1 Integrative trauma approach

The early models of coping with trauma have influenced the later concepts of therapeutic processes. Psychoanalysis, being one of the oldest models, is based on a systematic psychological theory that has been applied since the beginning of the 19th century. Today there are various psychotherapeutic schools based on different theoretical foundations. Some examples include, *psychodynamic* – which is comprised of several methods and is closely related to psychoanalytic theory; *cognitive-behavioural* – which is mainly based on the learning theory and experimental psychology; *systemic* – which is mainly founded on systems theory and deals with families and groups; and *humanistic theory* – which “involves reactivation of an individual’s self-healing abilities”. Numerous other schools have emerged

from the above mentioned but all these theories interrelate in one way or another (Sjolund 2007: 355).

The integrative trauma approach is part of a psychotherapeutic perspective where several theories have been assimilated (Agger & Jensen 1996). The basic problem is how people can integrate outrageous experiences in a way that their old frames of the world are not completely shattered and replaced by the implications of traumatic experience without just attempting to restore the old ways while denying and ignoring the impact of a traumatic incident (Basoglu 1992). According to Butollo (2000), the integrative therapy approach has been applied to individuals or groups of people such as civilians with encounters of war and its accompanying violence and political atrocities; sexual assault and other forms of exposure to violence. It is also applied to people who have had multiple exposures to violence and post-traumatic stress disorders.

The case of South Africa is a typical example of people whose humanity has been violated and a nation that continues to face social mayhem due to its past (Pillay 2000). Pillay's study, based on interviews with people who testified at the TRC hearings, revealed that Post-Traumatic Stress Disorder (PTSD) and anxiety and mood disorders were the most generic disorders. Consequently, the study showed that people turned to substance abuse in order to cope and held other dissociative disorders (Ibid 2000:270). This concept of PTSD was said to be narrow-focused to accommodate all sufferers and therefore called for more effective therapies (Ibid 2000:272). Although PTSD relates to the concept of integrative approach to trauma healing in that both approaches emphasize dialogue, it is still limited by the way it is executed. Basoglu (1992) describes how PTSD treatment failed to address self-processes which are usually a representation of the self-interactions, a distorted form of perceptions in a way that the individual figures out these distortions when provided with such a space. In addition, the approach depends on some factors such as the availability of a complex cognitive processing system, its selection, memory, and retrieval functions. This is so because of the argument that the traumatic incidences create distorted representations of one's perceptions. For that reason, this approach to healing is to be as integrative as possible in combining tools from different schools during the different stages of therapy. This is dependent on the participant's changing needs throughout the stages and the tools change, for example, cognitive-behavioural, experiential, and systematic stages, etcetera (Basoglu 1992). Therefore this kind of experiential therapy is yet to be explored as an approach that would bring about substantial results to trauma sufferers (Lederach 2005:22).

The goal of the post-traumatic identity is to accept the new identity without allowing the post-traumatic experiences to destroy one's pre-traumatic identity. Some participants may be hesitant to use this therapy as it initially enhances their awareness of losses and changes which could trigger mourning. But out of such experiences people reported that they started to feel their strength increase, wholeness, self-coherence (Butollo 2000:371).

Looking into the stages of the integrative trauma approach, scholars such as Butollo (2000); Butollo, Krüsmann & Hagl (2002) and Wirth (2008) divide integrative trauma into two or three stages. In this study three stages of integrative trauma approach will be considered, namely: stabilisation and security, confrontation or trauma processing and (re) integration. These stages are explained as follows:

(i) Stabilization and security:

In order to establish a sense of security the participants are introduced to a session of getting to know one another as the first stage of therapy. This could be in the form of a creative or any exercise which promotes the perception of a safe and yet engaging environment. The facilitators of this kind of session also introduce the participants to the meaning of such a therapeutic session and would establish therapeutic relations of the trauma effects and therapy settings. It also helps the participants to calm down, experience the support from others and mobilise personal and social resources. It is a preparation stage that helps one get to know and accept that one is affected by trauma or its effects, acknowledge that one is in need of healing as well as being aware of the possibility that therapy could result in mourning and sorrow (Wirth 2008). In addition Ford et al (2005:439) further indicate that this phase is identified with the following aspects:

- It develops a working alliance through both verbal and nonverbal communication.
- It introduces the possibility of becoming able to safely tolerate trauma memories, symptoms.
- It improves the spontaneity of the client's self-regulation skills to contain memories and mastery of own memory.
- It emphasises safety both real and perceived which is essential at this stage.

Ford et al (2005) conclude by highlighting that skills building and psychoeducation that contributes to self-management by demystifying the treatment process is enhanced at this stage and one finds that the client's response to education also reveals the strength that can become a basis for overcoming helplessness without ignoring the unmet depending needs.

(ii) Confrontation or trauma processing:

In the second stage one gets into contact with the trauma or its effects or with the perpetrator through activating previous experiences, in a cognitive and emotional realm of trauma. Redefining and reevaluation of experiences is key to unlocking inner attributes to responsibilities related to one's experience with trauma. For instance, revisit traumatic past, reassess attributes to trauma responsibilities and redefine one's limits of individual integrity [Butollo, Krüsmann & Hagl (2002) and Wirth (2008)]. Ford et al (2005) state that this phase is trauma-focused but voluntary, involves clients in recalling traumatic memories, perceptions, emotions as well as addressing post-traumatic symptoms. In addition clients make an informed choice to move into this phase after a dialogue with the therapist which helps to dispel fears and false hopes based on misconceptions of the process. Therefore this phase helps the client to make realistic space and time for memory exploration.

(iii) (Re) Integration:

The main aim of the third stage is to bring the whole session together and this is done by encouraging sessions of acceptance to the changes encountered and the way forward and to acknowledge what happened in a new perspective. Re-integration of oneself with the previous past and how to handle the consequences of trauma is reinforced at this stage [Butollo, Krüsmann & Hagl (2002) and Wirth (2008)]. Ford et al (2005) call this stage functional re-integration.

Why the integrative trauma approach is appropriate in this study, as mentioned in Butollo (2000), is because it is widely used in the context of the war-traumatized and in nations that have grossly violated the human rights that have left its people traumatized. In this case, it is being applied to a South African experience of atrocities of the apartheid regime (Seekings 2008). Another reason why this approach is suited to this study is that IHOM's workshop approach is similar in that both address the issues of or related to trauma.

2.8 Conclusion

Under this chapter the key concepts have been defined and will later be verified by the data analysis. This section also provided insights into the global and local social healing approaches to trauma, social transformation and healing. An outline of African approaches as well as those used in South Africa such as the TRC, local peace committees in the Western Cape, Sangomas and Western psychological approaches to healing. The last section in this chapter has given an account of the theoretical framework of the study where integrative trauma approach has been explored. The next chapter looks into the research methodology that this study followed.



CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter gives a detailed guide into methodology and design that has been used to conduct this study. This includes details of the qualitative approach tools, namely sampling methods, data sources, and collection methods where the main tool for data collection was in-depth interviews. Finally, this section briefly elaborates on the data analysis and presentation methods as well as the validity and the ethical issues in this study.

3.2 Methodology paradigms

While exploring what paradigms this study should be based on what I found out in social science is that one achieves a position by virtue of one's knowledge depending on what the field has to offer in terms of theory as well as its methodological theory. Henning et al (2004) continue to allot why a researcher needs to go back to the basics by discussing the application of three main paradigms namely positivist, interpretivist and the mixed approach paradigm.

The Positivist is a paradigm that will place research within the quantitative paradigm, then onto an objective account from descriptive to content analysis. The Positivist approach is known for its reductionist nature towards human or social interaction, it is all about finding truth and measuring and proving it through empirical means, whilst the Interpretivist or Constructivist approach adapts a discursive qualitative approach. The knowledge is not only constructed by observable means but also through descriptions of people's intentions, values and reasons, self-understanding, making meaning and use of qualitative analysis method.

The mixed method approach is comprised of a combination of qualitative and quantitative methods including use of randomised experimental designs. Mixed methods take qualitative methods out of their usual role within the critical and interpretive framework. It divides inquiry into dichotomous categories of exploration versus confirmation, where qualitative work is assigned to the first category and quantitative work is assigned to the second category (Denzin and Lincoln 2005). These methodological paradigms are all forms of enquiry to any

given study. This particular study is situated around the Interpretivist paradigm for the reason that the study seeks to understand social members, definitions and situations, experience and interpretation. At the same time the study aims to produce descriptive data that tries to understand social phenomena rather than one that is concerned with applicability of laws of a particular paradigm (Henning et al 2004).

3.2.1 Qualitative approach

The use of qualitative methods as outlined by Babbie & Mouton (2001), suggests a wide methodological approach to the study of social action. On the other hand, Denzin & Lincoln (2005) state that qualitative research is a field of inquiry applicable to many disciplines and subject matters. Often researchers in this field aim to gather in-depth understanding of human behaviour and reasons that instruct such behaviour (Babbie & Mouton 2001). This method explores the why and how of decision making not just the *what, where, and when*. Hence, smaller but focused samples are more often needed rather than large random samples. In short it is the collection, analysis and interpretation of data by observing people and what they say on particular topic. Unlike quantitative research, which is principally the counting and measuring of things, qualitative research refers to the meanings, concepts, definitions, characteristics, metaphors, symbols, and descriptions of things (Denzin & Lincoln 2005:).

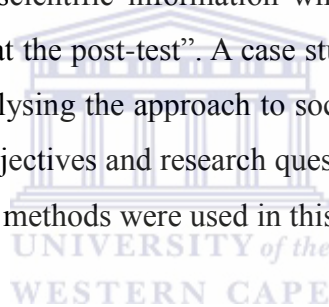
It is an exploration of what is being assumed to be a dynamic reality. Hence qualitative research challenges “a changing historical world, new intellectual positions and its own institutional and academic conditions”. Therefore emphasis is on qualities of unit and on processes and meanings that are not scientifically measured but on how the nature of reality is socially constructed (Denzin & Lincoln 2005:10).

Therefore the reason behind the use of a qualitative approach in this study is to gain a critical understanding of social transformation and healing approaches used by the IHOM and the participants’ perceptions of those approaches through the gathering and analysis of descriptive data.

3.3 Research design

3.3.1 Case study

As mentioned under the methodology paradigm, this research was qualitatively conducted for all the reasons stated. Moreover, the research design took the form of a case study of the Institute for Healing of Memories (IHOM) which served as the key focus of the study. The choice of the IHOM as a case study was guided by the problem statement for reasons being that it is a South African institution whose approach adheres to issues of individual and community healing and social transformation while also responding to potential traumatic experiences. In addition, the application of *a case study* approach is particularly important in this study as it was to offer an in-depth understanding of the complexities of the topic of research based on a real-life setting (Babbie & Mouton 2001). The choice of a case study was backed up by Cook's and Campbell's argument in Babbie & Mouton (2001:280), "...case studies... can yield valuable scientific information when they take place in settings where many variables are measured at the post-test". A case study of the IHOM was conducted with the aim of identifying and analysing the approach to social healing employed by the institute, with the aim of meeting the objectives and research questions of the study. The next paragraph gives details of what sampling methods were used in this study.



3.4 Sampling methods

This study followed both probability and non-probability sampling methods namely *random sampling* and *purposive sampling* respectively (Babbie & Mouton 2001). Probability sampling was used to select the participants for the interviews while non-probability sampling was used to select the facilitators of IHOM for the interviews. A purposive sample is appropriate for the selection of the facilitators because the study is reliant on the available respondents from this category. The IHOM purposely selected those facilitators with the most experience and made up the sample frame from which the researcher selected eight facilitators.

This method of sampling used to select a sample of participants concentrates on those who attended reconciliation workshops offered by the IHOM. The researcher reviewed the list of students (University of Western Cape) who attended the Conflict Studies class and a sample was drawn from those who participated in workshops held between February 2008 and

September 2009. Seventeen students attended in 2008 and eighteen students attended in 2009 making up a total number of thirty five students. Four students from each year were selected whereby every fourth participant was chosen to arrive at a sample of eight participants. The reason for this random selection was that the total number of students was too large for in-depth interviews.

Facilitators and participants collectively make up the total sample of sixteen respondents. In the case of the facilitators, three men and five women were available, and with respect to the participants, five men and three women were available for in-depth interviews. Thus a gender balanced sample was achieved. Although IHOM's participants' sample was randomly selected, generalization of the results was not possible as the sample size was reduced to suit the qualitative nature of data analysis employed in the study. The next paragraph will look into the data sources and collection methods used in this study.

3.5 Data sources and collection methods

This section entails a comprehensive process of gathering information through the use of primary and secondary data collection methods. Primary data include new data collected through various methods (Babbie & Mouton 2001). Primary data was collected by way of conducting in-depth interviews. The data was collected using a digital recording device in place of a tape recorder and note-taking. Denzin & Lincoln (2005) indicated that a tape recorder has been widely used by researchers and it is useful as it allows capturing of detailed information in a short time rather than if all the data was to be captured by way of writing. Secondary data includes data collected by someone else (Oso & Onen 2009). This entails raw data, for example; traffic counts, statistics and written material; books, theses and articles, collection of literature from documents from prior research (Struwig & Stead 2001) in the field. In this study, annual reports, and articles from the institution were collected so as to provide the background information of the IHOM. Then raw data was collected by way of document analysis and in-depth interviews, details of which follow in the next section.

3.5.1 Document analysis

A review of the documents was used to substantiate findings of the data analysed from in-depth interviews. These include the IHOM's Facilitators Guide 2005, IHOM's Conference Report 2007 and Annual Report 2009.

3.5.2 In-depth interviews

In-depth interviewing is a type of interview which researchers use to obtain information in order to achieve a holistic understanding of the interviewee's point of view or situation; it can also be used to explore interesting areas for further investigation. As in-depth interviewing often involves qualitative data, it is also called qualitative interviewing where open-ended questions are posed (Babbie & Mouton 2001 and Patton 1987). The researcher used standardised open-ended interview questions. These questions were carefully worded and arranged for the purpose of minimising variation in the questions that were posed to the interviewees. They were supplemented by probing wherever necessary to obtain in-depth data deemed useful by the researcher (Patton 1987).

The researcher collected information through recording the interviews with the consent of the interviewees. The use of in-depth interviews with the respondents was essential in providing deeper insight into the research aims and objectives. Patton (2002) shows that in-depth interviews allow both the interviewee and the interviewer to engage in interactive dialogue in a safe environment which enables the interviewee to express his/her opinions, feelings and experiences without interferences or intimidation. Consequently, the interviewer will respect the way the interviewee frames the answers during an interview and takes into account the participants' viewpoint, "the emic perspective", and not the researcher's viewpoint, or "etic perspective" (Patton 2002:267). Patton (2002) adds that interviews are valuable in providing vital data in significant quantity within a short period of time. According to Babbie & Mouton (2001) sometimes people might have faulty memories as they talk about their past experiences and could therefore lie in the process. Follow-up interviews were conducted during the process of data collection to validate the study. Therein the in-depth interviews were essential in addressing the study's research aims and as a result, understanding the IHOM approach as well as experiences and perceptions of the participants on the effectiveness of the approach to social transformation and healing in South Africa.

The interview questions covered details such as; the facilitation style; facilitators' experiences while interacting with the participants during the workshop and vice-versa; group processes; and characteristics of the programme activities. The information that the researcher hoped to attain from these questions included change in the opinion/perceptions; the change in habits/behaviour of the participants; the satisfaction of the participants and facilitators. The researcher thus collected information by using a digital recording device where the interview sessions were recorded. As a back-up method for clarification of the information gathered the interviewer also took down notes where necessary. Carrying out in-depth interviews with the participants and the facilitators was essential in providing insight into the approach employed by the IHOM.

3.6 Data analysis and presentation

Descriptive analysis style was used to present data where themes emanating from the data collected formed the structure of this section. In thematic analysis, the data is used to develop themes that will be used to report data [Patton (1987) and Babbie & Mouton (2001)]. All the interviews and document reports were included in the data analysis where the researcher interpreted the data according to themes emerging from the data collected. The results of the findings were distributed to the relevant institutions and discussed with the participants.

3.7 Validity

Validity reflects the criteria used in judging the quality of the research design. The other name for validity is credibility or truth (Mertens 2005). Validity determines whether there is correspondence between the way the respondents perceive social constructs and the way the researcher portrays their viewpoints. The researcher has to provide evidence that the sources are credible, for example by having prolonged and substantial engagement and persistent observation (Mertens 2005). Silverman (2004) indicates that it is the extent to which the finding is independent of accidental circumstances of research. While Silverman (2004) suggests that it is the degree of consistency with which instances are assigned to the same category by different observers or by the same observer. Reliability of the study was observed through follow-up interviews that followed after the initial interviews were carried out. As previously mentioned the findings were distributed to the relevant institutions and discussed with the participants.

3.8 Ethical issues

Ethics entails a structure of morals and regulations of behaviour that are set as guidelines while conducting research. These guidelines are set to prevent or minimize any kind of misconduct, such as “distorting and inventing data, plagiarizing the work of others” (Struwig & Stead 2001:66). The researcher could also fail to acquire an informed consent and also fail to maintain confidentiality. After the approval of the proposal by the University of the Western Cape Senate and the Institute of Social Development, the researcher acquired proper consent from the Institute for Healing of Memories. A letter consenting to the institute’s assurance that information gathered would be handled with sensitivity and confidentiality was written up and signed by the respondents. The respondents’ rights were declared such as to discontinue with the voluntary participation at any given time should they feel uncomfortable to continue. A second consent letter was written and signed between the researcher and the respondents. The respondents were therein reassured of confidentiality and anonymity. The findings of the study will be submitted to the relevant authorities.

The researcher endeavoured to adhere to the ethical guidelines while engaging in collecting and handling of data by remaining committed and willing to learn from the respondents. The researcher avoided any temptation to try and instruct, teach, coerce, or provide any form of inducement to respondents during the data collection period. On the contrary, the researcher committed herself to experiential learning of skills such as meta-listening and effective dialogue. One of the IHOM counselors was available during the time of the interviews with the respondents should they have required any assistance of that nature.

3.9 Limitations

As mentioned in chapter one some of the challenges encountered included language barriers during the IHOM workshops that the researcher attended as a way of gaining some insight into how the workshops are run. A great amount of time was spent seeking out participants and facilitators in terms of making contact and adhering to appointments. The task of transcribing and analysing data took a long time as some interviews were lengthy. The use of random selection was used because the total number of students was too large for in-depth interviews. For this reason the findings of the study could not be generalized.

3.10 Conclusion

This chapter presented the research methodology used in this study. The chapter provided a guide into detailed methodology paradigms and designs used in this study. It included details of the qualitative approach; qualitative tools used in terms of sampling methods, data sources, and collection methods, where the main tool for data collection was in-depth interviews. Data analysis and presentation methods as well as validity and ethical issues have been defined and discussed. The following chapter provides a detailed account of data analysis and findings of the study.



CHAPTER FOUR

DATA ANALYSIS AND FINDINGS

4.1 Introduction

In the previous, third chapter, a detailed account was presented of the research methodology employed in the field. The second chapter focused on the review of the literature, community-based social healing approaches and a conceptual framework for the study. The fourth chapter starts with a summary of the IHOM as a case study. This is followed by a profile of the respondents. Then the findings of the data analysed are presented and discussed according to the themes that emerged from the data. The summary of the main findings is followed by recommendations and conclusions.

Below is an outline of the analysis from the data collected:-

- ❖ Firstly a detailed background of the Institute for Healing of Memories is provided.
- ❖ Secondly, a profile of the respondents is presented resulting from the in-depth interviews with participants and facilitators of IHOM.
- ❖ Thirdly, the analysis of the data in terms of themes arising is presented including respondents' experiences and perceptions regarding the IHOM approach to social healing and transformation. The themes include:
 - Nature of the approach: This includes sub-themes such as,
 - a deceptively simple approach
 - a mix of spirituality and psychology
 - a people-centred approach
 - therapeutic aspect of the approach
 - facilitators' role
 - Social healing needs: these consist of the participants' and facilitators' needs.
 - Challenges regarding the IHOM approach: these consist of the facilitators' and the Institute's challenges.
 - Respondents' perceptions of the effectiveness of the approach.
- ❖ Fourthly a table presenting the summary of the main findings
- ❖ Lastly, the final conclusions and recommendations are presented as the final chapter of the study.

4.2 Background of the Institute for the Healing of Memories

The IHOM came forward as a religious response after the TRC hearings in South Africa. After the TRC hearings, survivors were encouraged to attend the IHOM workshops. As a result the IHOM workshops attracted community members with experiences of pain around the Western Cape and has also spread to other provinces such as Kwa-Zulu Natal (KZN) and Eastern Cape provinces. Their experiences were articulated as experiences of trauma. The approach addressed social problems ranging from HIV/Aids, domestic and gender-based violence, poverty violence and has also addressed xenophobic violence recently.

The institution is suitable for this study due to its involvement in community-based healing work located within social healing and transformation in South Africa. The institution's history evolved from a partnership between The Chaplaincy Project of the Trauma Centre for Victims of Violence and Torture, and The Counseling Working Group of the Religious Response to the Truth and Reconciliation Commission (IHOM 2007).

Father Michael Lapsley, an Anglican priest, is the founder and director of the Institute for Healing of Memories. As an anti-apartheid activist who did not give in to apartheid violence, he became one of the living testimonies of what apartheid violence was capable of. In 1990, the apartheid government sent him a letter bomb disguised as a religious letter, while he was in exile in Zimbabwe. He lost both hands, an eye as well as the hearing ability from one of his ears. As he sought to heal himself physically, emotionally and spiritually he devised the Healing of Memories approach which has since created safe spaces for South Africans to address their past. Around that time, in 1993, he was appointed the chaplain of the Trauma Center for Victims of Violence and Torture in Cape Town.

In 1998 the Institute for the Healing of Memories was founded due to increasing demands for Father Michael's collective healing approach programme. Individuals wishing to tell their stories of pain, especially the survivors of the apartheid violence visited the Institute. In addition to those seeking acknowledgement of pain, others seeking forgiveness had an opportunity to be involved in an experience that facilitated their tapping into their own inner healing energy. The IHOM's vision seeks to contribute to the healing journey of individuals, communities and nations. The approach is underpinned by aspects of deep listening, mutual respect and spiritual affirmation of human dignity. The Institute also affirms that its facilitators are committed to facilitation using the IHOM's approach to the social healing process of

individuals and communities in South Africa (IHOM 2005). Consequently, the IHOM draws a range of participants, from grassroots people to professionals in South Africa and aims to extend their work as a course offered to various public institutions and organisations such as prisons (IHOM 2007). The next paragraph sketches a contextual outline of the IHOM approach.

4.2.1 The context of the IHOM approach

As the Institute envisages the effect of the workshops spreading into the communities, it encourages those who participate in the workshops to see themselves as potential facilitators, thus promoting replication of the process. Some of the principles that the Institute maintains, states that the Institute believes that spiritual beings are of infinite worth. Therefore people share responsibility for the past and remain liable to dealing with it. In other words, as people endeavour to face history and face themselves, they should become conscious that they are capable of being both victim and perpetrator. The approach has been developed to offer assistance to individuals in their journey towards healing and wholeness within a safe space. Although the programme is focused on individuals, this space gives participants from various communities with varied racial, political and cultural backgrounds an opportunity to mutually understand each other. Hence, the Institute seeks to be fully inclusive and respectful of diversity, different faith communities and beliefs. The approach is also viewed as a first step to healing where individuals can start to deal with emotions such as anger, hatred and guilt, as part of the process of reconciliation and forgiveness. The Institute has the following assumptions on which the workshop model rests on. They include

- Being listened to and to be acknowledged in a caring environment brings about emotional healing.
- Also allows the narrator to let go the destructive feelings.
- Also listening to the experiences of others especially when participants belong to different racial groups could give rise to empathy, promote mutual understanding and reconciliation. (IHOM 2007:50).

There are several activities that make up the approach employed in the IHOM programmes such as seminars, talks and sermons, workshops - introductory workshops, second-phase workshops as well as a three-day workshop and re-union or follow-up workshops. Workshop

activities include drama, video, drawing, storytelling and clay moulding. The workshops are the core element of the mentioned programmes, and are therefore the focus of this study.

The Institute gains its popularity through networking, pamphlets, drama, preaching, talks, articles, media interviews. An example of a media interview includes Father Michael Lapsely's interview on Freedom Day: 27th April 2011, between 10:00am and 12:00pm during a radio broadcast on Cape Community Fm Radio (CCFM). He spoke about the role played by the IHOM in enhancing freedom and transforming South Africa (Lapsely 2011). Moving on to target groups, the Institute aims to reach social workers, religious counsellors, teachers, doctors, nurses, schools, universities, ex-combatants, refugees, community-based organisations and faith-based organisations. The participants are invited, encouraged and motivated to participate in workshops by attending an IHOM workshop (IHOM 2005). The Institute's mission states that it is committed to facilitating healing processes of the individuals and communities in South Africa and internationally. Partnering with different organizations is highly regarded by the Institute as a way of achieving IHOM's objectives holistically. Therefore, IHOM partners with different organizations for various reasons, one being the urge to collaborate with organizations who share a similar vision or objectives of social healing and transformation to IHOM's. Other reasons include partnering with other organizations for the services rendered to IHOM or IHOM rendering its services to other organizations.

Other organizations that are doing similar work as the IHOM include the Centre for the Study of Violence and Reconciliation (CSVR). It is a multi-disciplinary organization that attracts staff from psychologists, sociologists, political scientists, historians, lawyers, criminologists to community development practitioners. The synergy helps the CSVR to deal with diverse forms of violence and adds to the organisation's innovative edge in pursuit of its goals. The CSVR also operates its own Trauma Clinic where both victims and perpetrators of violence get counseling services. Moreover, in its fields of violence, reconciliation and conflict management, and in its ability to integrate many different disciplines in this field, the CSVR serves a vital function in communities in South Africa and internationally. (www.csvr.org.za). National Peace Accord Trust, the Quakers and other organisations with whom the IHOM partners with have been indicated in the table below.

Table 1: IHOM Partnerships

Organisation	Type of partnership
Centre for the Study of Violence and Reconciliation (CSVr)	Partners with CSVr in common projects
Hope Africa	Special projects
Molo Shongololo	Working with youth-at-risk
PACSA (Pietermaritzburg Agency for Christian Social Awareness)	HIV/Aids work in the Kwa-Zulu Natal region
University of the Western Cape	Accreditation of facilitator training programmes & Conflict Transformation
Western Cape Education Department	Involved with Youth Development Programme
Yabonga HIV & Aids children and women in South Africa	Work with people living with HIV/Aids - children and adults
Sikhula Sonke	Dealing with early childhood development - Methodist Church
Self Help Manenberg and, ProudlyManenberg	Counseling youth in schools - drug related
Urban Matters	Organisational development in Philippi and Samora
Africa Unite	Special projects, both ways referrals.
Bonne Esperance	Shelter for refugee women and children
The Agency for Refugee Education, Skill Training & Advocacy (ARESTA).	Education Centre for refugees
Trauma Centre	Work with victims of political violence
Women for Peace	Partners with WFP in common projects
Ma-Afrika Tikkun	Partners with Ma-Africa Tikkun in common projects
World Conference on Religion and Peace (WCRP)	IHOM is a member of WCRP
Western Cape Network for Community Peace and Development (WCNCPD)	IHOM is a member of WCNCPD
South African Council of Churches (SACC)	IHOM is a member of SACC
Western Province Council of Churches (WPCC)	IHOM is a member of WPCC
SANTOC (The South African No Torture Consortium)	IHOM is a member of SANTOC
International Network for Peace	IHOM is a Member of this organization

(Table based on IHOM, 2009:15)

The IHOM is a non-profit organization dependant on donations. In addition the Institute receives funds from local and international organizations, and individuals. Like all other organizations, non-profit or profit organizations, IHOM also experienced the effects of the worldwide felt economic turbulence. Despite this financial turbulence, the institute continues to thrive with a team involved in overall running and management of the Institute.

The following paragraph gives an account of the respondents' profiles.

4.3 The profile of the respondents

The respondents were given anonymous names for the purpose of maintaining confidentiality as agreed upon before the interviews. The respondents comprise of facilitators and participants. The three terms (facilitators, participants and respondents) have been used in the discussion of the analysis. The age of the facilitators is between 35 to 60 years and that of the participants (students from UWC) is 18 to 35 years. The eight facilitators interviewed had facilitation experience of between four and ten years. As for all eight participants interviewed, on their first encounter with IHOM that was when they heard about it during the Conflict Studies course at UWC in the years 2008 and 2009. Four participants are represented in each year. Three facilitators heard about the IHOM for the first time while attending the TRC hearings. The other five heard about IHOM while they attended community functions. The next section gives a detailed description of the themes emerging from the data collected.

Table 2: A respondents' profile (names and gender representation percentages)

Facilitators	Gender		Participants	Gender	
	Male (30%)	Female (70%)		Male (70%)	Female (30%)
Jonas	×		Chandre		×
Theresa		×	Fiona		×
Noluthando		×	Matambo	×	
Pretorious	×		Vuyo	×	
Charmain		×	Thando		×
Thandeka		×	Thabo	×	
Deon	×		Jones	×	
Thembisa		×	Kwanele	×	

4.4 Emerging themes

There were several themes that emerged from the data. Four main themes were selected and others are discussed as sub-themes. The main themes included the nature of the approach, the social healing needs, the challenges the approach is faced with and the perceptions of the effectiveness of the approach. Further, sub-themes emerged from each theme and these are also discussed in detail. The findings are discussed taking into consideration the views and experiences of the facilitators and participants interviewed, the IHOM documents analysed, and these are substantiated with own observations where necessary.

4.5 Nature of the approach

The nature of the IHOM approach is characterised by various aspects as they emerged from the data analysed. This theme will reflect and describe the characteristics that define this approach. For instance, among the first questions, the respondents were asked when and how they first heard about the IHOM. Five of the eight respondents who later became facilitators in the Institute heard about it from different sources and places such as at community functions, while three respondents who also later became IHOM facilitators heard about the Institute while attending the TRC hearings.

The way that the respondents spoke about their experiences of the workshop seems to portray their belief and reverence for the approach and its founder. At the same time challenges and shortcomings of the approach poses a threat to the effectiveness of the IHOM approach in meeting the identified needs of its clients.

It was about 13 years ago after my work with the TRC when I came to know the IHOM in 1998 and then it was a kind of a chaplaincy program of the trauma centre, Fr. Michael was the chaplain priest doing ministry with people in the background of military. As they started thinking what would happen to the people after TRC. They started this initiative and it culminated to a religious response to the TRC (Jonas: facilitator).

“A combination of many methodologies...we cannot (declare a single) specific methodology” (Jonas: facilitator). As a point of departure, 8 out of 16 respondents agreed that the IHOM approach is made up of a combination of several methods. The approach borrows from the psychological, spiritual and emotional approaches which are designed to address the individual’s social healing needs. According to Jonas, the secondary methodology cannot be used without the primary methodology, for example one cannot use drawings without giving the participants a chance to explain them in a setting that will allow a comprehensive explanation of the content of the drawing. The respondents agreed that the approach could not be declared as a specific method.

In terms of the nature of the approach the respondents provided a broad and generic description of what the IHOM approach is all about in their view. In general the approach was described using various phrases which were rather unconventional individual interpretations of how the respondents experienced and viewed the approach. Some of the phrases that described the IHOM approach include the following:

“A biographical reflection and dialogue” (Noluthando: facilitator)

“A journey of healing” (Deon: facilitator)

“A safe space” (Thembisa: facilitator)

“It’s healing through listening, drawing, storytelling,” (Pretorius: facilitator)

“A mix of psychology and spirituality” (Jonas: facilitator)

“A people-centred approach” (Kwanele: participant)

“A journey of the heart rather than an intellectual one” (Thabo: participant)

Some of the above approaches have been incorporated into the characteristics describing the nature of the approach. In addition other sub-themes emerging from various documents analysed are also discussed, for example, ‘deceptively simple’.

“I fell in love with the program” (Jonas: facilitator). These words echoed the lived experiences of this particular facilitator as felt during the time that he participated in the initial workshop. Moreover, Noluthando (facilitator) felt that *“...the senior facilitators have a wealth of enormous experience. They have that aura... the religious aspect also (contributes to that)”*. The element of age variance between the facilitator and the participant is indicated in the respondents’ profile. Although the age factor as observed was not of any concern in terms of facilitator competencies since training is provided. Nevertheless, as expressed by Noluthando, the ‘senior facilitators’ are often said to have a wealth of years of experiences and wisdom to share which contributes to the uniqueness of the Institute. The same facilitator also indicated that the religious feature (Christianity) which forms the background of the Institute was also mentioned as a strong aura that gives the process its reverence.

He (facilitator) was very helpful in making us to feel at liberty to tell your story to the fullest...I congratulate him for that he did a very good job to help people open up because they themselves were open to an extend that it was challenging for me (Kwanele: participant)

The participants (3 out of 8) stated that the facilitators are experienced in the way they handled their stories and responded to them proficiently. While the other five, including Kwanele, conveyed their gratitude to have met the kind of facilitators who they said offered them support and encouragement during the workshop.

Nonetheless, 5 out of 8 facilitators indicated that assurance of embracing all faiths is made clear to all participants. While the other three indicated the matter could be challenging if the

aspect of religious affiliation is not addressed from the beginning. Thandeka (facilitator) indicated that if, for instance, some in the group wanted to engage in a Christian prayer then the lead facilitator would encourage and welcome prayers from all other faiths represented, such as the Muslim faith. Hence, a point as to why the first sub-theme discussed below, portrays the approach as being “deceptively simple”.

4.5.1 “Deceptively simple” approach

While designing the IHOM approach for the first time, Fr. Michael stated that he had the survivors of the apartheid atrocities in mind. It was a ‘eureka’ moment when other people with other experiences of psychological pain found the approach meeting their needs as well. As further pointed out by the founder in the IHOM (2007:9), he described the approach as “deceptively simple” and the reasons mentioned to support this phrase include the simplicity in the elements of the workshops – stories, crayons and clay. There are certain skills required by the facilitators while in the small groups such as empathetic listening skills, counselling skills and group leadership skills as well as the wisdom required by all especially the lead facilitators to perform the task of steering the entire group. Nonetheless, one of the lead facilitators (Anna: not her real name) in IHOM (2007) indicated that the simplicity of the nature of the IHOM approach makes it very inclusive, i.e., open and inviting for everybody. These arguments were substantiated by the participants' views on the approach's deceptively simple nature, as one participant reflected that “...*in a sense it is a simple approach but rather professional in the end...*” (Thabo: participant).

One of the elements of the workshop is storytelling and this is discussed in the next section.

(i) Storytelling as a healing tool

In the literature review Mbiti (1991) and Lederach (2001) established that storytelling was a ritual in some communities in Africa. For example, it was earlier indicated that in Kenya storytelling was part of cultural practices. There were different kinds of story genres such as legends and myths. Every story told, whether based on a myth or a true story, was told to serve a particular purpose such as an educative one, for example, with the objective of teaching good morals. Thus this practice was regarded as important although with time this has ceased to be so.

Noluthando, one of the facilitators who is also a researcher in the field of conflict and mediation, indicated that in the 1990s there was a discourse that telling one's story was good and people thought it was a noble thing to do. People felt the need then to tell the truth as well, and it was positive to tell one's story. Lately this concept has not received that much attention. She continued to say that stories in the contemporary world have become commodities, as goods for sale. The Institute therefore does not record individual stories as a way of allowing the individual to feel at liberty to own their story and thus use it in their own way. Thus, the reason as to why the IHOM insists on confidentiality in any given healing workshop. Lederach (2001) and Dwivedi (1997) therefore asserted that there is a need for exploration of the art of storytelling for this remains a necessary human activity. Although telling does not equal healing as Ross (2003) argues, in this study it was observed and indicated by all participants interviewed that the acknowledgement of own suffering by others brought a sense of relief. This is further elaborated later in this chapter. At the same time, storytelling helps to reduce prejudices, discrimination and fosters an understanding among the group members.

Communal storytelling methodology was found to be helpful by the survivors who had come to testify at the TRC and who were frustrated because of lack of follow up or by classical counselling which was a one on one counselling. Also because it was about a particular race, class professionals, often the middle class Psychologists gave counselling. This was seen to have a particular power dynamic as the psychologist take charge. It was not an option for many as this portrayal of race, class and professionalism device depicted reinforcement of the past injustices of apartheid especially given that the majority recipients of these services were the victims. Therefore, people found it not helpful like the community set-up storytelling where facilitator also shares their story and are seen as fellows in the healing process. (Noluthando: facilitator).

This study indicates that 4 in 8 participants and 5 in 8 facilitators agreed that storytelling is the core tool in the IHOM's approach, while the others had different viewpoints of what they saw as the core tool. Noluthando and Jonas were among the three facilitators who were involved in the TRC hearings. During the interviews conducted with them they mentioned that the clinical psychological approach that was used during the TRC, although it worked towards emotional healing and offered one-on-one counselling, did not, according to the survivors' reports, yield substantial results. Field (2006) also showed that the psychological approach, post-traumatic stress disorder that TRC employed to deal with trauma was not effective. The reasons cited for this were that there was a large population of survivors after the TRC who needed counselling furthermore there were complexities that surrounded the process such as status and racial dynamics (ibid 2006).

The same facilitators also added that the survivors indicated that they were frustrated by a lack of a follow up after orthodox counselling which they received as part of the TRC process. However, from their observations, these facilitators suggested that the psychological approach was not viable on its own due to poor response observed from the survivors of apartheid ills. They indicated that the survivors were not able to embrace the sessions and therefore hindered the process of opening up for survivors so as to benefit from the counselling sessions that were offered. These facilitators continued to say that survivors who attended IHOM workshops stipulated that communal story-telling was helpful. In other words, the facilitators said that the observations they made showed that the survivors seem to have improved after using the community set-up storytelling organised by the IHOM. It is fundamental to the IHOM approach that the facilitators also share their own story and are therefore seen as fellow participants in the journey towards healing.

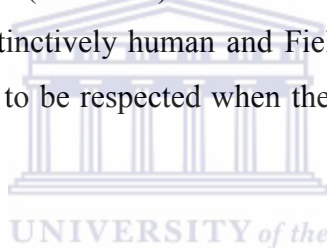
The data analysed led to the conclusion that there is a correlation between storytelling and healing. Listening and sharing seems to create sentiments of connection and shared aims. As Noluthando (facilitator) noted, the art of sharing of narratives worked for most survivors who attended the IHOM workshop after the TRC hearings. For all the reasons mentioned above the IHOM approach remains 'deceptively simple' and that to share painful memories in a meaningful way is only possible when the settings are conducive. On that note, it is essential to explore what influences the art of storytelling.

(ii) The influences on the art of storytelling

Life experiences leave people with many stories to tell and some in bits and pieces and others very well-articulated. Van der Merwe and Gobodo-Madikhizela (2008:11) continue to demonstrate that it is not easy to examine all details in the self and about the self. However, it is possible that one can distinguish those details that are significant from those which are insignificant. These scholars elucidate light into how, in the 21st century, individuals' lives are bombarded with information that may be useful to them and some that might not be useful. What they hinted at as a way to examine one's life and which they said to be potentially effective was the use of narratives. The art of storytelling - to answer the question – what was found to control what story one told, 4 of 8 facilitators established that various inferences controlled how participants told the story. Hence, the main influences of storytelling include:

- ❖ Group dynamics
- ❖ Content of the story
- ❖ The psychological state, emotional state and the spiritual state that one is in at the time of story telling
- ❖ Facilitation style
- ❖ What people have done with their story (that is, how one has made sense of or constructed meaning out of the story)

The 4 of 8 facilitators asserted that the above factors played a determining role as to how deep into the story the participants dug. Again, what and how individuals' narratives unfolded further influenced what and how others in the group told their stories. These factors reinforced own observations and made it possible to conclude that individuals' readiness to confront their painful experiences could determine the success of the workshop. Field (2006:33) confirmed this aspect by saying that "talking about feelings or traumatic memories is not always pleasant". In addition, Lederach (2005:142) affirms that the tension that exists while trying to remember and to forget is distinctively human and Field (2006:33) therefore concluded that there is a need for storytellers to be respected when they need a silent moment while talking about their past.



It all depends where you are at. I witnessed a lot of stories that were (rather personal) not about apartheid, where people have been involved in the (fighting) or people have died in a crime incident that story dominates and that kind of influences other participants' stories, but I think that people go there with what kind of story they are willing to tell but whether they tell that or not is another story (Theresa: facilitator).

The same facilitators proceeded to say the following during the interview that the content of the story could also be influenced by what others tell, for example if the first person in the group tells an apartheid-related story, then that would become the trend in the group. In another group the first person to tell stories may tell stories that are personal and have nothing to do with apartheid and that would in a way form the basis of the stories told in the group – more personally oriented. Again, the deeper into the story the first person gets might be maintained by the group. In addition, the psychological, emotional and spiritual state of the participant at the time of storytelling also plays a role in the contents of the story. If the participants were prepared in advance on what the workshop is all about then there could be an inclination to confront their past as they might have consulted the three states of readiness mentioned above. The facilitators also indicated that most participants find themselves being prepared by the facilitation process for their journey. This was confirmed by all the

participants who indicated that they had few expectations about the workshop but when they commenced the process, they were impressed by the positive impact the workshop had on them. From the observations made it appears that though all these above-mentioned factors influence the stories told, however, the degree of the effect does not hinder an individuals' will to embark on their journey of healing. Indeed, all of these factors act as preparation to the life long journey of self-introspection.

10 of the 16 respondents indicated that the facilitation style also plays a definite role and could have positive or negative effect(s) during the storytelling session. 5 of 8 facilitators continued to say that the storyteller's state of mind and the content and the momentum taken by the whole group again influences how the facilitator responds to a particular story. The said facilitators further showed that the aspect of having facilitators who have facilitated for many years is seen as essential as it is perceived that they possess a great deal of wisdom gained from the many experiences of the workshops. However, during the process of storytelling the facilitator has the mandate to steer the group into the direction that the group should be headed – considering the expectations of participants and facilitators. Thus, the facilitator's style of facilitation was said to be key in this crucial stage by the said facilitators.

“The subjectivity of who is present there (influences) the narrative. It also determines if it's an inward conversation. Sometimes among peers or will run across race, class or history” (Noluthando: facilitator).

In addition, 5 of 8 participants explained that the fact that the facilitators also get to tell their story enhances the process of building trust between the participant, the process and the facilitator. The facilitators stipulated that if the facilitator told their story first, how he or she tells their story then sets the trend and pace at which the participants will follow bearing in mind that this is again reliant on the group dynamic. However, 3 of the 8 facilitators indicated that who is present in the group or rather what is referred to as group dynamics, was said to play a major role in determining what part of the story is told, and how the story would be told. These facilitators indicated that the content would further be influenced by the race, class, status of the members in attendance.

Through listening to these stories always it is like a big mosaic and chore, what their experiences were like and having the beneficiary stories of people saying how we grew up in this particular community with these narratives of terrorists, or apartheid was serving as our history (Noluthando: facilitator).

Noluthando points out that the narratives might come from racism, history, stories among the peer members concerning family and community conflicts. This serves like a big mosaic where all the parts of the story have relevance in what/how/who the beneficiary of the story has become. She further affirmed as narratives are “... *shaped by what (individual) have done about your story or by what you are about to do and what you have not done with the experiences*” (Noluthando: facilitator). This facilitator also alluded to the fact that the type of story is also directed and guided by what the individual has done, what they are about to do or what they have not done with their story. Therefore, although the storyteller might have the initial story to tell, whether they get to tell that story without these influences is another story altogether.

Some people come with clear understanding what they want to tell. The attraction of having to tell one's story at the TRC was great and now this is the space (Thembisa: facilitator).

Thembisa illustrated that through the stories of victory, regrets might emerge as a result of the above reasons. Therefore stories of determination in terms of how an individual has overcome difficult situations could render itself as someone else's inspiration to want to better or change their current lifestyle. So to say that while all these factors that influence this process of storytelling could be detrimental to the process, they also play an undeniable role in group formation, contribution and cohesion. As one of the facilitators indicated, one of the beliefs in participating in the IHOM workshop is that the wisdom is in the group. For example the group dynamics where people from different backgrounds, races, class, status converge together in a group for a weekend. As observed the interactions that happen during the time especially after the storytelling session on the second day of the workshop are deliberate and of a people willing to soak up each other's company, thus forming a small community.

My argument is that the connection of these five factors appeared to limit reflexivity in storytelling but the same factors could also determine the potentialities and reflexivity in storytelling.

The following paragraph will illustrate that deep wounds are said to be found in simple stories.

(iii) Deep hurts harbour in minor narratives

I have heard of very extra-ordinary things. For example the ability of touching or shaking hands with another person of colour, such things are very profound although they seem to be small or the act of standing side by side with a person from another race at the basin while bathing, brushing teeth such things they are an important part of this process as naive and crazy as it seems (Noluthando: facilitator).

Dwivedi (1997), states that narratives are in other terms known as tales or stories. Minor narratives are stories that exist within a story, which sometimes do not seem to hold water, but no matter how seemingly they may appear insignificant if remain untold, they would continue to haunt the narrative bearer (Dwivedi 1997). Therefore, this study found out that from the facilitators' Noluthando and Deon interviews that actually stories that appeared to be minor and ordinary they carried deeper wounds hence, the title, 'deep hurts harbour in minor narratives'. The facilitators illustrated that such stories played a key role in the process of healing despite their simplicity nature.

Another example was indicated by Noluthando that people talk about stories of not being able to go to the beach or having to leave the sidewalk whenever a white person walked along the same path. In other words, such narratives are seemingly minor stories but are deeply seated in people's minds until today. Hence, 4 of the 8 participants and 5 of the 8 facilitators felt that storytelling, as one of the activities of IHOM workshops, ignites the healing process, whether it's a survivor or perpetrator story telling.

I have kind of facilitated groups where people felt that they were not ready to open up, for me I allow that, I do not have to push people who have restrictions, they have rights to say I can go where I want to go and that is part of our approach that they can go as far as they want (Jonas: facilitator).

In addition 3 of the 8 the facilitators said that attending the IHOM workshop is only step one towards healing and transformation. Jonas is one of them and says that the question of whether one tells the real story or not does not mean that the process becomes faulty, the facilitators expressed that 'it is okay' as far as the approach is concerned. The approach was said to be designed for the individual to take the provided space to enter into a personal journey, thus giving the participant the power to actively control his/her own process of healing.

"However, I am not saying that it's always beneficial ... I think that there is always a question of follow-up etc" (Theresa: facilitator).

These words resonate with those of Jonas, above, that indicate that it is up to the readiness of the individual to embark on his/her journey. At the same time follow-up is essential for both individual and the Institute so as to make sure that the actual workshop sets the participant on a path that they need to follow. In many instances stories do 'make us' but in other circumstances stories might have to 'break us' initially before they can again 'remake us' (Dwivedi 1997:23). From the literature reviewed, Dwivedi (1997) supported that the benefits of story-telling are numerous and are termed as essential for healthy beings. The scholar also argued that the more people shied away and un-sentimentalised ways of telling the more clogged up and choked they got by their traumatic stories. The scholar gave an analogy of the bowel movement after being starved and constipated. Thus stories are said to sustain one in times of trouble and encourage one towards persevering till the end that we cannot see. But if they are kept within an individual they have some way of hindering our wellbeing (Dwivedi 1997). The next section will look into some of the benefits of storytelling.

(iv) Benefits of story telling

During the process the ground for forgiveness could be found. All the facilitators also asserted that they do not provide solutions to the participants. Rather, they stated that they just walk alongside the participants. They indicated that the answers lie within the individuals and also that "the wisdom is in the group". In his work, Paulo Freire (2007) shared similar ideas as he stated that people meet together not because they are erudite or ignorant but they meet to learn more than they now know. It is through dialogue which requires intense faith in humankind, faith in their power to "make and remake and to create and recreate" in other words the power to transform even when disillusioned by awkward situations, therefore this power is rediscovered together. He continued to point out that this kind of faith enables human beings to be more fully human, an aspect that is not a "privilege of the elite", but a "birthright for all" (Freire 2007:90). Therefore, people embark on a journey where they are bound to help others, at the same time helping themselves.

I find there are so many things that I recognize. There is a resonance like after listening to almost a 100 stories they form a tapestry, or a mosaic. A kind of picture or a landscape that I have inside of me that I can draw on when I need to understand particular experiences of poor people in conflict and ready to commit violence to one another...

So it has greatly enhanced the quality of work in interventions but at the same time I continue to work with some stories, there are stories that will be there always and I

remember as if they were told yesterday, there is a quality to them that really affects your soul or sort of or it's part of healing may be...also part of nurturing me ... It's a commitment to what I have set to do on the world (Noluthando: facilitator).

The benefits of narratives have been said by several facilitators to be numerous. Noluthando indicates that stories not only contribute to the journeys of the participants but also deepen facilitators' knowledge of the work. They also help to understand the group dynamics that manifest in different workshops. The facilitators expressed that stories were a source of wisdom and that they felt a sense of the texture of people's lives and experiences. Thus stories enriched them in their work as practitioners in fields such as peace work, conflict resolution and mediation. Other fields of work include facilitators in professions such as teachers, nurses, executives, lawyers to mention just a few.

The above detailed discussion focussed on the IHOM approach as a 'deceptively simple' one. The sub-theme storytelling as a healing tool which bore five influences of the art of storytelling have been elaborated on. These influences are the content of the story, the state the storyteller is in while telling the story (that is, the psychological state, emotional state and the spiritual state), the group dynamics, the facilitation style and what an individual has done with his/her story. Then another sub-heading, deep hurts harbour in minor narratives, has been discussed and this section has concluded with the benefits of storytelling. The next section explains what the facilitators' role entails.

4.5.2 A mix of spirituality and psychology

*"...it is an **exquisite** combination of spirituality and psychological approach leading towards healing ... towards wholeness" (Jonas: facilitator).*

Still on the nature of the approach, Jonas (facilitator) described the process as a kind of an individual spiritual self-reflection and dialogue. Theresa (facilitator) also referred the process to as an individual project but also as a process where groups can start working towards moving on together to reach individual goals of healing by way of encouragement, Jonas (facilitator) and Thando (participant) further defined the IHOM approach as having a mix of spirituality and psychology. They recalled that during the workshop the majority of individuals' way of engaging with others was observed as being spiritual in the sense that participants would seek to connect together through a prayer or a spiritual song. Again informed that depending on the diversity of the group this aspect would differ, but the common psyche would consciously lead individuals to find a place where groups moved

towards a path of feeling in touch with themselves and others. In the long run this deliberate move would put individuals into a state of relaxation, rediscovering self and others leading to a feeling of wholeness of an individual.

Most scholars will tell you that this two cannot mix theology and science and in my view... most people belief in religion, in their God and their being there is no reason that they cannot attend to their psychological issue with making reference to that. (Jonas: facilitator).

One of the facilitators commented on some scholars who fail to acknowledge the correlation between theology and science. He continued to say that he does not see why people would therefore not attend to their psychological issues as he believed that the latter comes together with believing in a certain faith. Thus the kind of mix brings about a synergy that would lead one on a path towards healing and wholeness.

From the above analysis it seems that these two concepts could be said to characterise the nature of the IHOM approach as spiritual and psychological too. Besides being a spiritual journey the respondents further defined the IHOM approach as one which is not guided by individual intellect but rather a journey guided by the heart as the next heading demonstrates.

(i) It's a journey of the heart rather than an intellectually oriented one

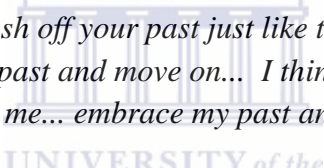
"The facilitator made it clear to us that we were expected to deal with the matters of the 'heart' and not of the 'head' ...this was repeated again and again by the facilitators" (Thabo: participant).

More precisely, he said that this was emphasised during storytelling. Thabo expressed that it was said several times that the workshop was not intellectual and also indicated that the facilitator said that taking notes was not allowed even. Thabo, Chandre and Jones (participants) noted that the workshop had another dimension that was not their usual intellectual class discussion but rather an emotional engagement with self and others.

4 of 8 facilitators indicated that some participants actually struggle to keep it at the level of feelings during this section. To confront or not to confront one's feelings of pain is usually the main instance of struggle for some. Chandre (participant) found it difficult to be vulnerable in a group of people that she was going to be around after the workshop, while Thabo was concerned about whether people listening to him appreciated what he had been through or not. This is an example of an element of influence referred to earlier as a group dimension that

determined how and what stories the participants told. Hence, the reason why the importance of the confidentiality in storytelling was emphasised by all the facilitators and 3 of 8 participants interviewed. 2 of 8 facilitators thus mentioned ground rules as essential in the process and this is discussed later in this chapter. The facilitators indicated that the ground rule states that whatever was said in the small groups would remain confidential and no one had a right to narrate record or publish another's story without a binding consent the owner's.

These brought to them a sense of being in charge of one's destiny. As illustrated by Van der Merwe & Gobodo-Madikhizela (2008), trauma causes disempowerment, hence influences one's desire either to tell one's story or not. Therefore, storytelling is a way of confronting traumatic memories and thus it is an entry into the healing process. On the other hand, healing in the IHOM concept does not imply that confrontation with the past brings about healing. As indicated by Field (2006:33) "healing is a process rather than an event". In the process one gains control over one's life, tries to acquire a balanced, healthy interpretation of the meaning of one's painful past.



I don't think you could brush off your past just like that, I would say that (one should be) able to acknowledge (the) past and move on... I think those are some of the things that the workshop has done for me... embrace my past and move on with my life (Kwanele: participant).

Thus, Kwanele felt that what the workshop addressed for him was to be able to acknowledge the past and move on rather than trying to forget it.

(ii) The art is in the heart

The phrase 'The art is in the heart' was first cited in IHOM (2007:15) and stated that "the work (*art*) of facilitation is in the heart". The phrase signified that the facilitation work is determined by art and heart. It could be suggested that from the heart - will, zeal and compassion emanates and fuses with the art - which is the activities and the procedures of the IHOM. This seems to suggest that individuals have some inherent facilitation skills which are especially manifested in individuals that have started to travel their own journey.

"The facilitators are well (trained), they listened skilfully, the way they took us through each activity and in the way they made relevance and sense in every activity that we carried out..." (Thando: participant).

...in my experience we have created facilitators among ourselves who are committed in terms of - we all coming from different backgrounds with our own demons but I think that people have different skills in a workshop you find that people they just forget who are they when confronted by the pain, suffering and emotions that are there and that brings out their humanity (Jonas: facilitator).

Participants (5 out of 8) said that they were humbled by the facilitators' skill and professionalism. The interviews conducted with the facilitators and participants provided information indicated that the Institute has experienced facilitators on board and the participants seem to be satisfied with the services rendered by the facilitators during the workshop. All participants expressed that their experiences were enriching and helpful. Vuyo (participant) and Deon (facilitator) indicated that besides thorough training of all the facilitators, time and energy is spent to grooming facilitators, especially lead facilitators, as they play a significant role in steering the entire group. All participants agreed that the manner in which that the facilitators organised and delivered the activities was skilful.

From the discussion of theme, a mix of spirituality and psychology it is judicious to conclude that the approach integrates elements of spirituality and psychology. One could also agree with the respondents to say that the IHOM workshop one embarks on "a journey of the heart rather than an intellectual one" and the manner in which the facilitators put together the activities and procedures it could be said to that "the art is in the heart".

The next paragraph will look at the characteristics of using a people-centred approach.

4.5.3 A people-centred approach

"It's a people-centred approach... both the group counselling and also looking at the spiritual aspect of individual and using the context that we are living in" (Jonas: facilitator).

The IHOM approach is said to be people-centred in its nature by 3 of the 8 facilitators. This concept illustrates similar aspects to those of theories of participatory development. The latter stipulates that community-based approaches should put people first for them to own their own development and growth.

So I see HOM ...myself and many others facilitators and many other individuals kind of taking another kind site of struggling for emancipation in a humanistic approach in our intending to heal the nation (Jonas: facilitator).

Jonas above also referred to the method as a “humanistic approach” the meaning a people-centred approach, a term also used by Kwanele (participant) to describe the IHOM approach, thus affirming that the IHOM uses an approach that offers people a platform to allow taking charge of their healing and transformation. However, Deon (facilitator) further asserts that the characteristic of being people-centred is manifested in the Institute’s efforts to assess participants’ needs first so as to be flexible during the implementation of the process. For instance, assessing who is in the group, young or old, and giving thought to what kind of ‘ice-breakers’ will suit which group. These are some of the factors that have to be considered during the facilitation process, including language choice that is Afrikaans, Xhosa and/or English. Processes are confidently followed with a flexible understanding of the mentioned group dynamics.

In addition, activities are linked with the context that people live in, in order for individuals to understand and interpret them in ways that enhance a feeling of empowerment. Such activities include drama, drawing, storytelling, clay-moulding and celebration – song and dance. Through the use of tools such as crayons, paper and clay that are provided in order to assist the process, individuals take one step towards an individual journey to healing and not towards being healed. The latter statement is worth noting as the approach does not promise an instant healing after the process and for that reason it is an individual who determines the progress of the process.

Looking at the tools used in the approach, one finds that as much as the approach of IHOM appears to be straightforward in terms of tools used, drama, drawing and clay, the process itself consists of rigorous technicalities. These technicalities often occur while in the small groups - storytelling, as the participants use the space provided to confront their past, but this does not distort the approach. The complexity of the process becomes clearer when the facilitators express their experiences in doing the job as discussed later in this chapter. Colvin (2000) indicates that when the storytelling session is a less structured psychological intervention then most people are more spontaneous in telling stories of suffering. All facilitators agreed that communal sharing of such stories helped to make meaningful connections of one’s experiences and those of the others.

Listening to other people’s stories... It was humbling, it made me feel so small, some people go through things so sometimes when you hear about other people’s problems you are like “oh my word, what am I complaining about?” So it (helped individuals to cease to be) so carried away with... own problems (Chandre: participant).

Storytelling also contributes to helping individuals to cease to think that they are alone in their distressing experiences. The respondents further noted that as much as people continue to tell stories that have an apartheid bearing, stories which are unrelated to apartheid were also said to be a common trend and so stories across the board emerged.

Thinking, not just... (personal) story but thinking of what is my country's history and how does it link with the community and family history and how do that relate to the personal story and the kind of journeys we travel that lead us to a certain place where we find ourselves doing particular work, so it all start making sense (Noluthando: facilitator).

Noluthando indicated that stories illuminated personal or family conflicts, community feuds and nations' history stories. The process is governed by some rules that are first brainstormed by participants before being announced by a facilitator as follows.

(i) Ground rules

It was the composition of the group, we had law students, students studying arts, theology and therefore when you are sharing you don't know whether the other person appreciates what you share with him/her possibly because you might not meet again (Thabo: participant).

They play a significant role in the IHOM approach. These rules are first identified by the participants themselves before they are declared to the group. These rules include confidentiality, respect, gentleness, no recording, no taking notes, responsibility, staying the whole weekend and punctuality, among others (Facilitators' Guide 2007:12). Hence, the importance of the confidentiality matters was emphasised in the process by 4 of 8 facilitators and 3 of the 8 participants. Other respondents felt that individuals should be less bothered about their story being known widely as this should serve as a way of letting go of the past. However, based on the researcher's observations, one conclusion was that that the matter of confidentiality should indeed be emphasized as it promotes a sense of being a secure space. Facilitators confirmed that an agreement made from the onset regarding confidentiality during the storytelling session was that whatever was said in the small groups would remain confidential and no one had the right to narrate another's story without the owner's permission.

Confidentiality was thus said to be crucial especially in such workshops where there could be different groups in the same workshop like the ones described above. Thandeka (facilitator) explained that issues of betrayal among a group of community members occurred after a workshop. When that happened the confidentiality issue rose critical questions, such as, to what extent the process can be a conflict resolution mechanism.

(ii) The anonymity feature of the story and the storyteller

“It also gives a sense of trust (trusting the process) to people... no one is taking in the details of the story” (Pretorius: facilitator).

The storytelling is a voluntary exercise for every individual attending the IHOM workshop. After storytelling the Institute does not claim ownership of the story. Rather, individuals decide what they want to do with their story, for example write it out or publish it. That is left up to the story-owner. This feature also plays a role in affirming the issue of confidentiality and as mentioned above the participants are made aware of the importance of this ‘ground rule’ in a IHOM workshop. The facilitator usually points out during a workshop that all the stories and the discussions pertaining to the stories told remain confidential. Therefore no one is allowed to tell another’s story without their permission.

The anonymity, the aspect that your story is not recorded, not published but is told for the rationale of why one tells is for one’s personal purpose. Most of the time when people are told to tell their stories especially in the field of transitional justice its become a common language, most of the survivor’s story are a commodity, the minute they are extracted and this is not extracted, it’s up to you what you want to do with your story (Noluthando: facilitator).

Groups that are coming from the same area where they are seeing each other now and again for instance church groups where people coming from there, white, black or coloureds will continue to see each other after the workshop maybe in the same office. Then it’s a very different dimension when it comes to sharing stories (Thembisa: facilitator).

Another perspective of anonymity is that for some respondents it is ‘okay’ to meet and share your stories with people from all over, and from different societies without being bothered about whether after the workshop you do not see them again. While some were concerned about their story’s relevance to other participants, others felt that their stories were minor as they perceived others’ stories as being more weighted or ‘heavier’ in content. So the anonymity or non-anonymity is credible to the process. That is to say that in some cases it is good to have anonymity and in others non-anonymity.

The discussion of the theme people-centred approach, sub-themes: ground rules and the anonymity of the storyteller seem to characterise the IHOM approach as people-centred approach in the sense that people's interest are put before the Institutes. For example, the Institute also do not record or publish individual stories without the participants consent.

The next paragraph will look at the therapeutic aspect of the approach.

4.5.4 Therapeutic aspect

“Method borrows from art therapy not intended therapeutic claim of the exercise, a potential engagement that is unique with others and yourself and the story” (Theresa: facilitator).

It was established that 4 of 8 facilitators felt that the approach incorporates aspects of art therapy which are not necessarily explicitly projected as being a therapeutic part of the process. 4 out of 8 participants felt that the approach itself borrows some features from art therapy - activities such as, drawing and clay moulding. Theresa said that the process, which creates the potential of an engagement and distinctive moment with oneself and others where all are invited, was stimulating. Thus 8 of 16 respondents felt that this process is more of an experiential and practical process. Therefore the IHOM workshop, in terms of the presentation of the activities, was described as artful which usually has potential for intense engagement with oneself and others. In addition, the deliberation of the space provided to people, about forty-five minutes of storytelling, combines memory and art in an elating manner - the listening to story after story, which Dwivedi (1997) said is an unusual practice in today's busy lives. Deon and Jonas (facilitators) stated that though the workshop procedure can be rigorous, hence the outcome of this intent was found to be worthy. Advanced listening skills such as meta-listening – listening beyond the words - are essential for a facilitator (IHOM 2005). *“The facilitator responded to my story very well, I must say he got all my details than the rest of my team and I think that's the skill I did admire in him”* (Thabo: participant). Thabo therefore felt that the facilitators indeed practice the meta-listening skill.

In describing the activities encompassed in the approach, the respondents' responses were unanimous in their description of the encounter as a practical one. Although Fiona (participant) expressed that the activities were 'ordinary activities', the same respondent felt that it was an exclusive venture with a positive outcome to those individuals who immersed

themselves deeply into the experience. The findings once again take the analysis back to the term used earlier to describe the approach as a ‘deceptively simple’ approach. *“I think there are also people who find a therapeutic (value) in it and want to come again and again...”* (Thembisa: facilitator).

Four phases were identified as forming the sequence of the process followed in a IHOM workshop. These are,

- Trust-building – getting to know each other, understanding where we are, that we have a common goal.
- Confrontation – facing and acknowledging the past.
- (Re-) Integration – pulling out the feelings.
- The way forward – where do we go from here, celebration.

(i) Trust-building

Butollo (2000); Butollo, Krüsmann & Hagl (2002) and Wirth (2008) divide integrative trauma approaches into two or three stages. Wirth (2008) calls it stabilisation and security phases. The first stage is concerned with the establishment of a sense of security. The participants are introduced to a session of getting to know one another as the first stage of therapy. This could be in the form of a creative or any exercise which promotes the perception of a safe and yet engaging environment.

The standard program that we have, the first day we are looking at trust-building that is what we have done this evening without that the process will collapse at any given time if the participants do not trust each other and if they do not trust the facilitators is bound to be a bigger challenge (Jonas: facilitator).

According to 4 of 8 facilitators trust-building is the first step in engaging people with their traumatic experiences. A standard IHOM program starts with trust-building; a confrontational space is provided and ends with the way forward. The same facilitators said that a successful workshop has to start with building trust among the participants as well as with the facilitators. If a good rapport is not developed between the facilitator and the participants, then even the participants might have a problem bonding among themselves. During the IHOM’s workshop the first activity is trust-building which is introduced by use of an “ice-breaker”. The participants would be asked to look for someone that they did not know in the group. They would get to know their name, where they come from and the reason why they came to the workshop. Then the partners would introduce each other to the group. 6 of 8 participants

felt that this was a significant activity in assisting people to get to know each other, to build a rapport and to start to trust each other and the group. While all facilitators indicated that it is a necessary exercise as it helps to reduce anxiety and create an awareness of what will unfold for the rest of the weekend. *“It is at this early stage that a sense of a family and a community should begin to build up”* (Pretorius: facilitator).

First evening it is about triggering emotions through use of a drama which is usually dramatic and conflicting. It is hard to hold the emotions after the drama, people tend to talk and tell their stories right after the drama. So there is an effect of a wobble as a result of the triggered emotions (Deon: facilitator).

So in that way listening to a person is a gift in a way person trusts you and tells you what she/he went through or is facing so you have again to (acknowledge that) trust (Pretorius: facilitator).

Deon and Pretorius indicated that this is a session that entails building a comfortable atmosphere where people can be vulnerable and does not stop at the first session. It is a continuous process throughout the workshop. Trust-building is one of the first steps of an integrative trauma approach according to Butollo (2002) where people build a sense of reliance and trust in the process. As shown by the respondents, people are usually tense when they arrive at the workshop and therefore in need of urgent assurance of a comfortable atmosphere.

They were good they were trying to get to the instances in your life by use of...like artistic expression; I think the activities were put together for what the workshop wanted to achieve (Chandre: participant).

Kayser (2001) states that art and memory is a significant combination in this work of healing and transformation. Chandre, above, affirmed that some of the activities are of artistic value and well aligned with the concept underpinning them. The kinds of artistic activities used to link up with memories include drawing and clay moulding which were said to ease the process of getting into the feelings and stories.

As observed, the activity of drawing acts as a form of preparation for the next stages, that is, the confrontational stage. In this activity participants are provided with a sheet of paper and crayons. Some soft music in the background is played so as to enhance the atmosphere to allow the individuals to reflect on their feelings and memories with ease. The participants were also provided with instructions on what was expected of them (to express their feelings by use of a drawing) plus the significance of the exercise as well as the ground rules were yet again reiterated.

If you don't know what you were drawing... you kind of put in a paper what you feel but when you get to analyzing then (one finds the) real meaning of it (Chandre: participant).

6 of 8 participants indicated that the drawing had an interesting effect but also was enjoyable. Fiona and Thando (participants) said that they found it to be a difficult exercise to draw one's feelings but appreciated it when they used the drawing later as an anchor while storytelling. On the other hand, Charmain and Thembisa (facilitators) illustrated that the drawing acted like a reference to the story. In addition, they found that this exercise provided a way to cross an emotional threshold for most people who find it daunting to immerse themselves deeper into painful memories. Thus it is sensible to conclude that the drawing exercise is useful during narratives to support the storyteller in overcoming this phenomenon. In this way the person telling would look down onto what they have drawn and as a counter-effect this works to help cope with the emotions of pain or shame. Deon (facilitator) also indicated the importance of the facilitator making eye-contact with the storyteller time and again so as to assure them of their (the facilitators') attention, validating them and their story as well.

After people become vulnerable to open up and after their emotions have been incited, then the next step is to confront those emotions. All facilitators indicated that the effects of the story sharing is said to open up a kind of a confrontation between the story teller and the story. The confrontational space is expounded on below.

(ii) Confrontational stage

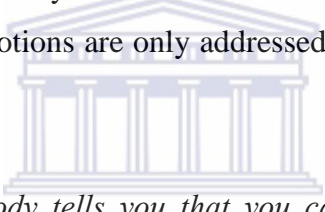
"The second day is the journey...the storytelling then will use different kinds of exercises to strengthen the approach" (Deon: facilitator).

The confrontation stage is associated with facing and acknowledging the past. Butollo, Krüsmann & Hagl (2002) and Wirth (2008) call it confrontation or trauma processing phase. These scholars indicate this as the second phase where one gets into contact with the trauma or its effects through activating previous experiences. This is said to happen in a cognitive psychology and emotional realm of trauma. The key is to unlock one's inner attributes to responsibilities related to one's experiences with trauma.

"The kind of activities used help to connect people together, the drama "Mina Nawe" is one of these activities" (Chandre: participant).

Before continuation with analysis of the confrontational stage, it is worth noting what 3 of 8 facilitators hinted that the process of triggering emotions is kick-started during the activities which according to participants interviewed they witnessed a drama session. This happens on the first day – on the first evening of a three-day workshop with either a drama or a video and this marks the beginning of addressing individual emotions which would then be confronted the next day.

All the participants indicated that drama was used to trigger their painful memories. All respondents indicate that the effect of the drama was felt immediately. Actually 4 of 8 of participants felt like opening up to tell their stories right after the drama as they experienced emotions that provoked them to a point whereby they could not contain themselves any longer. They mentioned that feelings triggered were overwhelming emotions of pain, anger, bitterness, sympathy et cetera. Hence from their responses the participants seem to conclude that the drama accomplishes its objective. Based on the main purpose of the drama which is to trigger emotions as earlier said they seem to make sense. However, the effectiveness is to be questioned as the triggered emotions are only addressed the following day as earlier stated in this section.



You have a story...somebody tells you that you can't proceed with it then it becomes problematic something that sparks emotions on you then somebody tells you don't have to proceed with it because you don't have time (Thabo: participant).

They tossed your aspects of emotions especially what happened during the apartheid as was depicted by the play, at one point I felt like leaving the place because it was too much (Kwanele: participant).

In addition, the effects of the drama could be severe on some and as one participant indicated, the emotions were overwhelming – “*I thought...this is not for me.*” (Kwanele: participant). As was further indicated by Kwanele, some individuals have the urge to relate their triggered memories right after the drama. The urge was so great that one participant indicated that they became unhappy when told that they would have to wait until the next day to do so. Therefore the occurrences of the triggered feelings during the first day of the workshop raised some concerns where half of the participants felt the need for this part of the approach to be re-addressed.

All facilitators indicated that the session is a sensitive one being that its the introductory phase. However, they indication that the phase that followed confrontational space

(storytelling session) was to be well organised and prepared by the facilitators in charge. In other words the facilitators said that the facilitators in charge needed to be ready for the participants in terms of listening and responding to the individual story. Some other of the preparations also mentioned include physical logistics, in terms of physical space, it is muted and spacious.

The participants are also prepared by the mentioning of the ground rules, with specific reference to confidentiality, gentleness with self and others, respect for each other, among other rules, as indicated under section 4.4.3. As observed by 4 of 8 facilitators at this confrontation stage, the situation can burst into a scene. This could be as a result of the existence of intense emotional stories that stir up the whole group, conflicting groups or disturbing stories in the group. Thus, the facilitators need to be vigilant so as to hold the group together without hindering the story and allowing the storyteller to have that moment that they need to confront their feelings.

A brief explanation of how this space is organised is provided here as gathered during interviews with all and in particular facilitator who at the time also served as the Western Cape Programme Manager of the IHOM workshops and also as indicated in the IHOM (2005). The facilitators put participants into small, manageable groups of between four and six people depending on the number of the participants and facilitators present in the workshop. They also ensure that different personalities are represented in the groups so as to ensure a balance. For instance those who show traits of dominance would be put with others who are strong spirited so as to contribute to each other's stories. This is done by the facilitators being very vigilant from the first day so as to do this session with the least difficulty. In some cases the facilitators would consider using the leaders of the groups to do the same. During this session each participant would receive approximately 45 minutes to tell their story, again depending on the number of participants. This session would start as early as 10:45am and would last until 16:30pm with a break for lunch and two short breaks in between of five minutes.

Therefore, all facilitators indicated that confrontational phase is challenging in terms of the opened up wounds and how to help the participants to take the next step into the process of healing. The facilitators said that there is need for the Institute to have a standby social worker and a trained counsellor so as to follow-up on the participants with the necessary help straight after the initial workshop.

However, the facilitators alarmed that some participants showed resistance and they were sceptical to open up. The sceptical participants were likely to attend to their story with shallowly - without deeper exploration of the individual issues especially regarding to painful memories.

My argument is that this phase needs to be addressed further so as to gain a deeper understanding of how to handle the session leading to re-integration of the process.

(iii) (Re-) integration

According to Jonas and Pretorius (facilitators), the main aim of the third stage is to bring the whole session together and this is done through encouraging or motivational sessions: of acceptance to the changes encountered and to acknowledge what happened in the past and to seek the way forward. As observed it is at this stage whereby people strive to make sense of their suffering and pain. Butollo, Krüsmann & Hagl (2002) and Wirth (2008) called this a re-integration phase. Butollo, Krüsmann & Hagl (2002) added that re-integration of oneself with the previous past and how to handle the consequences of trauma should be reinforced.

After a whole day of storytelling, *“all the small groups gather together (to form the) big group to remove the feelings”* (Thandeka: facilitator). All the facilitators stated that in the evening all participants and facilitators are exhausted and usually the effect of the day is felt when people try to put the themes that arose during storytelling together. 3 of 8 facilitators said that they observed a quest for ‘grounding’ – people trying to find common ground. These facilitators pointed out that there was a kind of amazement felt by people when they found similar themes or questions emanating from different groups of people. From the themes brainstormed a theme that aims to celebrate humanity was reached. These themes prepare the participants for a celebration session which starts the evening after the *“pulling of feelings”* (Pretorius: facilitator). The celebration continues to the following day as participants seek the way forward together. Participants are, therefore, left to relax after supper and are encouraged to retire early to bed so as to be ready for the final phase.

Friday when people arrive here the people are distant spiritually and emotionally and only when we get into the small group they start to feel that we are having the same pain, pain is pain though we have different baggage(s), with all the baggage(s) if it is pain it's pain (Thandeka: facilitator).

As indicated by Van der Merwe & Gobodo-Madikhizela (2008) that lack of address of trauma or its suppression leads to trauma re-invention, thereby causing a repetition of violence trauma. In this study all eight participants expressed that they felt lighter and relieved after telling their stories. This was supported by Cornfield (2002) and Dwivedi (1997) as they indicated that the body muscles, formally constricted by the stress, are released after the confrontational process. Hence, the above statement explains the reason why all the participants felt lighter after they shared their stories. From the above discussion one can conclude that storytelling is an art and also has some implicit and explicit therapeutic merits.

The next paragraph looks at the way forward. The way forward is organised around the healing journey of the individuals and the group as a whole.

(iv) The way forward

According to Pretorius a question usually emanates from the participants on the third day. *Where do people go from here and where do people find the answers to all other questions that people have* (Pretorius: facilitator). 4 of 8 facilitators including Pretorius gave a detailed account of the unfolding of the last phase of the IHOM workshop ‘the way forward’. Hence, in this phase, participants brainstorm ideas with regard to the way forward from those questions and themes that arise from the small groups.

The last day is more of community building or nation building or reconciliation for people to communicate the way forward because again we are just facilitating the process. So we would be assisting individuals to formulate where they are going (Jonas: facilitator).

“it is a powerful engagement with self, in a way soul-searching for the way to the future through the art of moulding clay into a symbol that depicts what an individual wishes for self or/and others for the future” (Pretorius: facilitator).

‘The way forward’ therefore continues in the next day, the last day of the workshop where the practical part of the day includes clay moulding. Then there is individual and/or group presentation of a play, mime, poem or a song. Individual get to present what they mould out clay during the clay activity. In this session people get to mould clay into a peace symbol. As well as the lighting of the candle as observed and also as mentioned by facilitators that the participants dedicated the lit candle to what one may want or wish for the future, for self or for others. Jonas pointed out that this phase is a powerful session as one engages with self in a deeper level of finding leaving behind what had held one back and heralding the future.

“This space helps participants to feel relieved, to open up, and to listen to themselves and others, to correct and comprehend distorted perceptions about themselves and others” (Vuyo: participant).

It's also a question of do people find a common ground; have this humanity connection that Michael sometimes speaks of, almost like a trans-humanity link. If you manage as a facilitator which sometimes is not always the case but if you manage to have that quality then I see the possibility of shifting (Noluthando: facilitator).

It was felt by Vuyo and Thando (participants) that the spaces created during this phase gave people a reason to mix and appreciate differences and similarities between them. This is a situation that happens during the interactions, may it be during or after storytelling or during the presentations of individual and/or group article that form connections that Noluthando explains as trans-humanity links. She continues to affirm that this kind of connection causes a shift from what caused death to what is life giving thus causing a sense of transcendence and human beings born in the process.

“After storytelling it is where we start to see (people) bond and trust each other and people start to (feel relieved), smile and feel that togetherness” (Thandeka: facilitator).

It's almost like ear plugs taken off and it changes the way you listen and see other people. I think what brings us together is the fact that all, everyone experiences heartache, pain, love, joy, and the majority of people can relate to pain (Chandre: participant).

When you (are) kind of holding to old things it kind of (causes stress and strain) so when you kind of get a new perspective like the IHOM, it opens up your mind and you kind of reprocess and re-program things in your mind (Chandre: participant).

Thandeka therefore said that it almost appears that the actual process of the journey of healing starts at this phase as people start to bond with ease as a family. As mentioned by 4 of 8 facilitators stated that at this phase the participants usually show signs of relief and the feeling that the process gives them permission to interact with ease, hence finding admiration for each other. *“So I think it's a unique characteristic that there is (admiration) of the actual experience” (Deon: facilitator).* All facilitators indicated that the participants' had a strong will after the workshop and seemingly were seeking to move forward from being subjected to experiences of hatred, bitterness, anger and un-forgiveness, since the majority of people can relate to pain and what strife these ill-feelings cause. However, Chandre (participant) indicated that if these ill-feelings are kept within the individual, they cause stress and strain that bring about fatigue. Chandre pointed out when one gets an opportunity to go to a workshop such as that of the IHOM then the mind tends to *“reprocess and re-program”* information in the brain and re-order the mind to back to soundness. At the same time one seems to reach a position

whereby it seems that one is able to let go the past, which leads to opening up one's mind.

"It is a place where everyone, (all people) are invited, back then it was a unique thing to find white South Africans to be present for the workshop" (Noluthando: facilitator).

In addition, Noluthando expressed that the IHOM approach almost like a therapy and which at the IHOM workshop, all are made to feel that they belong. She continued to say that in the presence of a diverse gathering one is able to leave the workshop feeling that one has been in a comfortable atmosphere despite who is present in the group. The IHOM approach as per all facilitators and participants is seen as a method that is flexible, accommodating all people of all races and seem to have the potential to bring about constructive interaction among South Africans but this needs further clarification through a longitudinal study.

However, as 8 of 16 respondents acclaimed that, in most people's lifestyles it is rare to find such a space as the one found in the IHOM workshops where one would have a moment to think deeply about the experiences. Be it for personal reasons, in the context of the job requirement or in the context of getting together with the people in the work place, the kind of the IHOM space is just unique as pointed out above. An example of this scenario is Thembisa (facilitator) encounter with various forms of conflict at her work place but acknowledged that there are no such programmes in place to deal with various kinds of conflicts such as those around racism. The facilitator therefore appreciated the space provided by the IHOM in which she felt at liberty to engage and confront her experiences. Thus, as Jonas indicated that the efforts to establish different programmes that suits the needs of potential participants. *"I mean no matter what sentiment. It's still quite unique as far as I have seen other processes"* (Theresa: facilitator).

"We are busy trying to take another step into designing a workshop into what we refer as a course, for I don't believe that you can go to any gathering without learning something new" (Jonas: facilitator).

Now IHOM would have to have clear outcomes that we outline before each workshop. With our vision the general one, we definitely will have to apply what is this that we require at the end of the workshop kind of objectives, and then we (bridge participants') expectations (with those of the workshop). IHOM can offer ABCD and combining the two this is what we will achieve (Deon: facilitator).

As it is with most approaches applied to human race 'one size fits all' does not work. Therefore, 3 out of the 8 facilitators expressed the aims of the Institute to design a course that would be beneficial to various groups of potential participants. Jonas (facilitator) indicated

that as a result of the realisation of the potential of such a space – the IHOM workshop. He further said that the Institute is in the process of designing the approach so as to organise a course-oriented workshop. Thus the participants can tap into the learning that comes from the workshop simultaneously. Deon (facilitator) explains that this would also help to achieve the endeavours to devise a way of bridging the expectations of the participants with those of the workshop so as to fulfil the vision and the objectives in a holistic manner.

To summarise the IHOM four phases, one finds that after the confrontation phase which is a whole day of storytelling, the same day the integration phase starts. During the latter phase the lead facilitator summarises the workshop theoretically whereby individuals' brainstorm the themes that arose during the storytelling session. This is also called "pulling of feelings". Thereby the individual's issues and community cultural heritage and the future are wrapped up together during this session in form of a short discussion among the participants. Deon (facilitator) explained that the facilitators partially exclude themselves from the discussion so as to allow the participants to take ownership of the programme. The discussion sets the pace for the last day activities and serves as a threshold for 'the way forward' session.

In summary of this theme, therapeutic aspect of the IHOM approach it is sensible to view the IHOM approach as having a therapeutic value. It is not simply theorising and discussing issues around social healing and transformation but it is about engaging and experiencing the process individually. As noted in the four phases, trust-building, re-integration, confrontation and the way forward, these phases incorporate the activities such as drama, video, drawing and clay moulding. Storytelling is said to be the core ingredient of the IHOM approach which also adds some form of therapeutic value to the process.

The facilitators' role is discussed as follows.

4.5.5 The facilitators' role

Still elaborating on the nature of the approach, facilitators' role also contributes to the nature of the approach. There are several sub-themes that are discussed under this theme such as a calling and a commitment, role model, facilitator as a contributor to the storyteller, the connector and the facilitator-participant relationship.

(i) A calling and a commitment

I said to myself may be this could be another way that I can contribute in a tiny way ... I made a prayer of commitment ... So when I was in the IHOM I said to myself despite all the challenges I told myself that this was one of the things that I could do to just plough back to the community (Jonas: facilitator).

Being a facilitator of IHOM is not just another job. What drives the IHOM facilitators is commitment to the job. They further mentioned that it is not just a facilitation job, it is a calling with a duty to give back to the community that which they have received. In addition, they felt that facilitating in such a workshop is the duty that calls upon every individual in South Africa to consider social and transformational healing as an urgent matter.

*So I see HOM for facilitators, myself and many others facilitators and many others individuals kind of taking another kind of struggling for emancipation in a humanistic approach in our intending to heal the nation. We are duty bound to lick our own wounds as a nation ... the nation can be a nation when individuals are (examining their lives) ...and if we have such individuals who are taking their own journey and (committing to it), then we can help others to do likewise and we need **journey buffers** to contribute in that course (Jonas: facilitator).*

Jonas a facilitator expressed that if and more South Africans examine their lives in the form of a narrative then more of the nation would be on the path to a real social transformation and healing breakthrough. In order to carry on with the kind of work, more journey ‘buffers’ (people who have gone ahead in finding ways that help to make things for other people on the journey better) (Duran 2006) are required so as to continue to bring more people to commit to the journey of healing self and the nation.

(ii) A role model

Having said that the work of contributing to others’ healing journey is a calling, and then looking at the facilitator as a role model, one finds that he/she is also an encourager and a mentor to the participant. Although in the IHOM (2005), it is stipulated that by attending the first workshop each participant becomes a potential facilitator, the work of facilitation is demanding and lots of discipline is required. However, the IHOM (2007:15) backs the latter findings by the phrase that said “the work (*art*) of facilitation is in the heart”. This suggests, therefore, that individuals have some inherent facilitation skills which are especially manifested in individuals that have started to travel their own journey. Drawing from these views one could suggest that a thorough training is inevitable and mentoring before a

participant can become a facilitator at the IHOM. The role-modeling is therefore essential to all new and old facilitators thus encouraging meaningful contribution to the participant. This could further be seen as a way of checking facilitators' wellbeing thus enhancing the effectiveness of the IHOM approach.

It could be a propaganda that I created that killed so many people; it could be the meeting that I addressed it could be whatever; so we are all duty bound therefore to lick our wounds and build the nation, well to a great extent, one to the responsibility that was given in the past it was more of what I am doing now but in a different context. (Jonas: facilitator).

Jonas showed that the facilitator needed to present themselves to the participant humbly rather than seeing themselves as may be the ones with much wisdom than the participants. In addition to what Jonas illustrates, it is important to look at Freire (2007:6) who indicates that a healing process cannot happen effectively without the therapist presenting themselves with a "wounded healer spirit" and therefore incorporating this aspect of their being in the process of healing. Hence Pretorius (facilitator) made a connection to the above argument and hinted that facilitating with this in mind could allow the participant to connect, may be draw wisdom and courage from the facilitator's story. Thus the facilitator could see to it that the participant to may be not just face own fears but also able to conquer them.

(iii) Facilitator as a contributor to the storyteller

By drawing meaningful content from the acquaintance stories listened to previously, the facilitator is well positioned to contribute immensely to the storyteller's story and from his/her own story. Therefore, the essence of the facilitator to have travelled a few miles in his/her own journey before is of great value to him/her and to the participant. While travelling the journey as a facilitator of IHOM, 5 of 8 facilitators indicated that one could gather enormous wisdom, knowledge and understanding of how the art, memory and healing interacts. This was said to be as a result of individual inquisitively exploring this field. As well as an innovative role of sharing of that wisdom with others that has also come about from a high quality listening to different narratives. It was also indicated that this kind of listening skill is learnt and entrenched while doing the IHOM facilitation work. It is also known as meta-listening which is said to be listening beyond words - listening to the emotions (IHOM 2005).

It is very organic and there is a quality of listening and the experience that seems to lock away in your own memory and that you can actually draw it out. It's different from such

situations such as 100 conferences where you meet hundreds of people but cannot remember a single person... this is different...generally (locks inside the memory) - (Noluthando: facilitator).

However, the learning sometimes could assume a kind of an interchange scenario where the facilitator takes time to listen and to learn from the participants and as the participants do the same. Thus, this is another avenue through which the facilitator acquires insight to facilitation of IHOM workshops. Noluthando affirmed that the experience locks inside the memory for longer than maybe most other forms of information acquired through other means such as training, conferences, et cetera.

In addition, three quarters of eight facilitators show that a conversation after the story telling usually occurs and the facilitator needs to hold all the stories together, the people telling their own story in such a way that it is meaningful to all. At the same time it has to be a worthwhile conversation and an engaging dialogue that gives practical suggestions, and this was said not to be an easy task. On the other hand, this task depends on some of the influences in the art of storytelling as discussed earlier under section 4.5.1. This includes the content of the story, the state of being in terms of a psychological, emotional and spiritual state as well as what one has done or intends to do with their story. These factors act as a guide on how the facilitator is going to handle the story told and in order to ask relevant questions and also to give relevant responses to the storyteller.

One of the key aspects of the methodology is that facilitators are thoroughly trained. Facilitators have to be honest with themselves, believe in themselves and believe in the process and also (have right attitude)... I believe (that the process will then unfold without difficulty) - (Jonas: facilitator).

Consequently, the facilitators have to be in tune with their own emotions so as to be in a position to facilitate and/or lead the workshop in a way that makes it worthwhile and bring satisfaction to participants. In addition, having the right attitude towards the approach would result in facilitating a workshop without difficulty.

Definitely if the facilitator makes the participants to (connect) especially in the small group ... they start to tell the story freely. they should be spiritually in touch with themselves so that the participants can feel them and a facilitator must also feel the participants as well (Thembisa: facilitator).

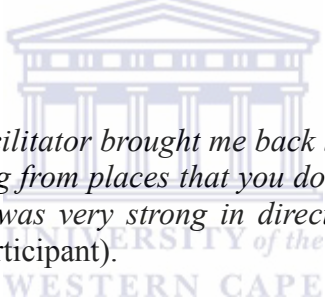
Thembisa concludes that when facilitators make a favourable connection with the group, the effect felt by the participants would result in their relating well to each other. This was

confirmed by three quarters of the facilitators as being crucial to the attainment of the individuals' and the Institute's objectives. Facilitators' role as a contributor to the storyteller could be said to articulate the nature of the IHOM approach as also facilitator-oriented.

The next paragraph will look at a facilitator as a path-keeper to the storyteller.

(iv) The path-keeper for the storyteller

Jonas (facilitator) indicated the importance for all facilitators, and not only the lead facilitators, to stay vigilant in steering the group towards meeting the expectations of individual, the group and the workshop at large. The responsibility is weighted heavily on the facilitators' shoulders to maintain discipline and harmony within the group, especially with the presence of various group dynamics. This would help to curtail any opportunity that might disturb the flow of the storytelling session. At the same time the facilitator still needs to be alert to utilise any part of the story that would render itself useful to the story-owner or the entire group.



I steered away, and the facilitator brought me back to where I needed to (be), because you know there is that escaping from places that you do not want to go to because I was just bluffing at one point, he was very strong in directing the path and taking me where I needed to be (Chandre: participant).

Chandre above indicated that people tend to steer away during the storytelling, especially if it's a group where people know each other like it was in the case of the participants interviewed. In such a workshop it is different from an anonymous one where, as indicated, most participants do not hesitate to share their most secret stories. However, as noted by 6 of 8 facilitators, the participants are much more careful in what they tell and how they tell it when the group is not anonymous. In addition, these facilitators indicated that this is necessary, as whatever is shared could bring about disputes, for instance if they lived in the same community. While this remains a potential challenge on the other hand, these facilitators do not see that as a sign of threat to the success of the process like the other two facilitators. Instead they affirmed that the interaction emanating from such an engagement could be a first step into community transformation for the group in question. The 6 of 8 facilitators further indicated that it is all about letting the participant be in the place where they find themselves at. *"The quality of holding (oneself) has to do with letting the person be where they at, at that moment"* (Noluthando: facilitator). Noluthando therefore hinted that the scenario is more prominent during the confrontational phase. While in the phase this facilitator reminds the

group that she just facilitates the process and the participants are in fact in charge of their own destiny. The facilitator does not try to move participants in any direction perceived as the right one because the journey is an individual journey.

So I have to know when to intervene when people get loud or accuse one another; can I still hold, pray or cry...Do we rush for the tissues when people cry or do we leave them to cry or do we touch them? (Thembisa: facilitator).

If you have a (group) that has the potential to cause violence and conflicts whom in the past were informers or betrayers here from back in 1990 and 1994 this space might be not the right place, it seems, for the two groups. Because you cannot have a conversation of personal memories then go back and think that it is going to be resolved and be able to hold up all the accusations that might come up could be challenging (Noluthando: facilitator).

So I think that the un-limiting factor that gives people comfort is the fact that we acknowledge people and the hurt that was done to them. Then I do not need to worry that my truth could be contested. Then if the truth is contested then that beats the purpose of the workshop and that's why anonymity is crucial (Noluthando: facilitator).

However, a scenario discussed by Noluthando above showed that it is another story to have members of the same community in one workshop whereby in the past some were betrayers and others were the victims. She alarmed that this kind of a scenario also brings with it its own challenges that are to be handled with sensitivity by the facilitators, otherwise, in that kind of space, the facilitators stated that it would cause more harm to the group members. She indicated the reasons as being very clear in terms of the IHOM objective – to provide space for opening up personal narratives. She added that such a case as this one, narrating of participants' personal experiences as victims or betrayers might result in a disputed story, which would be unwarranted in this kind of space. Nevertheless, her and other three facilitators felt that if the participants' truth is challenged then it would defeat the purpose of the space provided as the space is for all individuals who need to be listened to, understood in order to find a ground where one could lay down the past with its intricacies and move towards the road leading to transformation.

(v) The connector

Almost all the respondents felt that although the facilitators' role is key in the process, they alone cannot achieve the objectives of the workshop; they depend on complete participation of the participants. With such a synergy then the workshop would be meaningful to them. All the participants indicated that they did not receive enough information that would have led to

formulation of clear expectations. All facilitators noted that even if the participants are well informed in advance about the workshop, they come to the workshop with their own expectations. Facilitators continued to explain that the reason behind this dilemma is that most participants found their own expectations being exceeded in the process as they become attentive to their needs. The same facilitators concluded that they played a role in bridging the expectations of the participants and those of the workshop. In addition, they said that all the exercises and activities at the beginning of the workshop prepare participants to be conscious and aware of their needs. The study thus indicates that needs are met in different ways especially considering the various factors that influence the narratives. In conclusion most of the participants indicated satisfaction with the workshop.

“So I think the key in the process is the facilitator. The facilitator travels his/her own journey parallel to the participant. So if the facilitator is not felt in the process that kind of influences everything in the small group” (Thembisa: facilitator).

But at the end of the day I will have to contribute towards what comes out of listening to the story for it is one thing to listen and it's another thing to help the individual. But in most cases I find a consolation when I can contribute to dealing with the pain. (Deon: facilitator).

But now having to facilitate the group I always say ok, this is the group of people with very challenging backgrounds. What is it in my story I can tell now that will motivate them to take another step towards healing. So I do not know if that would be referred to as not being honest. I think its all about being assertive and sensitive to the process (Jonas: facilitator).

5 in 8 facilitators interviewed felt that facilitators play a major role in the execution of the workshop activities. They facilitate the process and, as expressed in the previous sections, this can be overwhelming in terms of dealing with the emotional burden. The other three felt that the participants played the main role as in their opinion it was the participants who owned the process and so carried out the activities in ways that they connected them to their feelings.

Even with the challenges of facilitation, 5 of 8 participants indicated that facilitators remained approachable and handled participants and executed the process in a professional way. This resonates with the responses of all facilitators who indicated their calling and commitment to facilitation work. These participants also highlighted that the facilitators' role during the entire process is significant. Thembisa affirms the views of the participant by indicating the facilitator is a vital resource to the process. She continued to say that a facilitator he/she has to remain bold and gentle so as to make sure that all stay focused to the desired expectations of

both participants and facilitators. At that note it is important to explore on the relationship between the facilitator and the participant.

(vi) The facilitator-participant relationship

It was indicated by all facilitators that the participants and facilitators would exchange contacts in case it is necessary. The facilitator would also give the office telephone number if needed. They continued to explain that the feedback from oral and written evaluations, which is usually done at the end of the workshop, guides the office on how to organize the reunions or follow-ups. The follow-ups are then organized in such a way that the facilitators would meet those participants who they previously attended to. They said that this remains a challenge for the Institute in terms of a participant meeting the same facilitator and vice versa, the facilitators therefore indicated the need to recall all the participants and organize a major reunion. They indicated that by doing this would help the Institute to benchmark its future progress.

The facilitators' role is a significant part of the nature of the approach, and the above discussion serves as evidence to an indispensable role played in contribution to the overall success of the approach. The sub-themes discussed include, a calling and a commitment; a role model; facilitator as a contributor to the storyteller; the path-keeper for the storyteller, the connector and the facilitator-participant relationship.

As earlier noted by 8 of 16 of respondents under the theme, the nature of the IHOM approach, the approach is comprised of several sub-methods. This finding could be summarised to mean that the approach takes the nature of a multi-systematic approach towards social healing and transformation which aims to assist individuals in their journey towards wholeness. The theme was discussed in detail under the following sub-themes: deceptively simple, a mix of spirituality and psychology, a people centred approach, therapeutic aspect, and facilitators' role. That takes the argument deeper into the question of what social healing needs are addressed by the IHOM approach. Therefore, the next theme looks into the social healing needs of both the participants and the facilitators.

4.6 Social healing needs addressed by the approach

Contextualising the study in the Western Cape shows South African individual and community needs differ. It is comprehensible that needs also vary between communities due to different cultural and social orientations. As mentioned earlier in IHOM (2007) that the approach is made up of simple ingredients thus inviting and accommodating all South Africans. But as observed and indicated by the respondents that one need to remember that with those unsophisticated tools, i.e. stories, crayons and clay, the approach is intensely innovative in its execution.

“Whether psychologically or socio-economically related, frustrations, anger and bitterness require to be dealt with in a ‘safe space’ where one can express freely” (Deon: facilitator).

However, Thembisa (facilitator) showed that whilst it is considered a norm for people to go to seek help if they have physical illness, it can be seen as a weakness if one to seek psychological help. She highlighted that some would not seek help even when one is aware that they have a psychological ‘illness’ or need. Thus this could result to more frustrations. According to the half of the respondents interviewed, there is a need in the communities for space to express frustrations, anger, bitterness and all kinds of experiences that affect individual wellbeing. They expressed how these kinds of needs demand attention in South Africa, bearing in mind the mire of segregation in the country did not end so long ago one will see the need for a confrontational space to confront the latter issues. For example the needs of the white South Africans were said to be as follows.

For white South Africans the need is different from others, there is a need ... to belong, to gain access, there is need to deal with issues of guilt and issues of legitimacy. To be engaged, to listen, feel in touch, be heard, having a space to tell my story (Noluthando: facilitator).

Therefore recruitment and representation of South Africans from all the population groups into workshops was reported by all the respondents as an issue of concern in the endeavours of further growth of the Institute in reaching out not just to some communities but to all in the country. However, Noluthando also expressed that the space created by the IHOM is aimed to be as representative of all South Africans as possible.

It is even more of an (essential space) for many South Africans to be given such (liberty) to interact and where people would listen, and be interested and take note and feel

(afterwards) *that there was relevance to that personal experience* (Pretorius: facilitator).

Pretorius affirms Noluthando's views by citing that the IHOM space is essentially created for all South Africans to come together at liberty to listen and just co-exist with each other in restoration of a need for humanity which was once lost in this country.

For instance this group that we have today I have studied and am thinking through what is this that will make them happy? What is this that would make me happy as Jonas if I was to be a participant in this group? Knowing that there are women who are running pre-schools and they have issues that they pick up from children, and from wherever so how are all these s issues kind of affecting them. So whatever you are doing you are thinking about that (Jonas: facilitator).

Noluthando (facilitator) added that gathering communities such as white South Africans who have also contributed immensely to the history of segregation in the country into such conversations was said to be vital by 4 facilitators and 5 participants.

More about the social healing needs addressed by the IHOM approach are explained further in the next paragraph under the participants' and facilitators' needs.

(i) Participants' needs

"Then there is possibility that they would have space to themselves and with someone listening and recognizing their story" (Theresa: facilitator).

Three social healing needs, as indicated by the participants, emerged from the data collected. These include the need to be heard, to be understood, to be validated and the need for one's story to be acknowledged. This finding echos the IHOM's assumption that states that being listened to and to acknowledge in a caring environment brings about emotional healing (IHOM 2007).

It is a weekend away and with a green setting and your set for the outing. That's the basic need that is met. Just having an outing with nice food and accommodation and now the attraction to tell own story was said to be a delight. It is a calm moment away from town....some people are living in (edgy) environments (Noluthando: facilitator).

In the workshops, first and foremost the basic human needs are met, and then the individual is presented with an opportunity to assess his or her life in a safe space. All facilitators considered the Institute to have secured venues that are conducive to the quality of the workshops run. In addition venues were said to be situated in an environment that is out of the town setting or rather in locations that are quiet and environments that are not edgy. All

participants expressed their satisfaction with the accommodation, food and the hospitality that they experienced while at the workshop.

For instance this group that we have today I have studied and am thinking through what is this that will make them happy? What is this that would make me happy as Jonas if I was to be a participant in this group? Knowing that there are women who are running pre-schools and they have issues that they pick up from children, and from wherever so how are all these s issues kind of affecting them. So whatever you are doing you are thinking about that (Jonas: facilitator).

These women have specific needs, then we had students in theology and hopefully those students would become religious ministers so their needs would be (variably) different from the women and a week before that we were in prison and we had workshop with inmates, then recently with the officials so each group has different expectations and needs. Sometimes we would have asylum seekers, their needs of yesterday are not the same as today's needs (Jonas: facilitator).

One of the facilitators, Jonas remarked that in former workshops, a group of women who were pre-school teachers came with specific needs, then, in another a group of students in theology and their needs were variably different from the women. The women had lots of baggage from issues picked up from the pupils who they spend more hours with than their parents do. On the other hand, the theology students' needs were trying to relate with the local community church issues perhaps in the places where they minister. Perhaps if they were in the same group with the women they would have found it helpful to listen to the women so as to understand the issues that they are struggling with as they are representatives of the local community. However, the two groups would be in different groups and that calls for a need for some groups to be incorporated so as to link up the groups that are complementary. He explained of a similar analogy is of a workshop with inmates in prison, and another with workshop with the Prison officials, where each group has different expectations and needs but are complementary.

Another example by Jonas showed that asylum seekers may be in a workshop but their needs of yesterday are not the same as today's needs. Yesterday their needs were trying to scuffle and adapt to a not long ago liberated South Africa, but today's challenges could be xenophobia and so the needs are different and therefore it is pertinent to note that the facilitators cannot generalize the needs of participants. It is therefore for all these reasons that it is key to know who the participants are well in advance.

For survivors who feel that they are still (dealing with their past) ... they must question the need to facilitate not to just come and talk. There is a need for working in communal story telling-setting but the real need? It's a good question (Noluthando: facilitator).

However, Noluthando and Jonas (facilitators) recommended that participants, who were still in their first steps into the journey, consider taking up facilitator training to be part of the facilitating team so as to gain more insight as well as the support that would come from being in the community of IHOM. This would ensure self-growth that in the process leads to self-actualisation as a need that every human being wants to achieve. This is a need to be able to give back time and services to others willingly and freely.

(ii) Facilitators' needs

...there might be evangelical needs where people have their own way of serving their spirituality and there could be another referred in RSA mainstream churches e.g. Anglican, Catholic etc. Immediately you bring those people in the same group, the need might not be the same, Its an issue that is (important) for us as facilitators to be aware even before each workshop begins (Jonas: facilitator).

All Facilitator seem to have the awareness of what their role is as a contributor to the individual's healing process. In addition they indicated that understanding own needs goes a long way to understanding those of the participants thereof. At the same time facilitators indicated that they were also aware that they needed to do more for the self-care needed to be in the right emotional, spiritual and psychological state before conducting a workshop so as to deliver a workshop effectively. Nevertheless, all facilitators affirmed that facilitation is demanding and discipline is required to survive as an effective facilitator. The 5 of 8 facilitators continued to say that as a leader in the journey it is vital to put the needs of the participants before one's individual needs, but to serve the needs of the whole group in a particular workshop and it is not easy task as observed.

5 of 8 facilitators felt that the Institute needs more lead facilitators who would take a major responsibility of leading the entire group of participants in a given workshop. They added that the responsibilities included directing the entire group during a three day workshop as well as leading most of the main activities and exercises of the workshop. However these facilitators argued that employing more individuals, advanced training for the facilitators on board would mean more funding required by the Institute. In addition they said devising courses that would enhance facilitators' ability to grow in the field of healing and transformation and conflict resolution could prove to be beneficial to them and the Institute. A mentoring programme which continue to equip and empower them for the different workshops as well as to better

attend to the changing needs of individuals and communities was also mentioned. This intervention is beneficial to the Institute's improvement in proliferation of its services as well.

It is one's own 'demons' that have to be dealt with first before a facilitator can accompany another in dealing with their own ills otherwise it will be too burdensome to facilitate (Pretorius: facilitator).

Despite the training for one year as a IHOM facilitator, 5 of 8 facilitators explained that acquiring further knowledge in areas of conflict management, conflict resolution and social healing is vital so as to deal better with individual conflict first. Therefore all facilitators expressed their need for more monthly debriefing meetings, biannual conferences to share and listen to others experiences so as to gain insight into the work.

The sub-theme social healing needs have been discussed in further sub-themes namely, participants and facilitators needs. The participants' and facilitators' needs have been elaborated on. The next paragraph gives an account of the challenges regarding the approach.

4.7 Challenges regarding the IHOM approach

Like any other approach IHOM experienced challenges. These were explained by the respondents in terms of challenges and weaknesses. Challenges that were experienced were generic among the respondents. The most common challenge the respondents indicated was group dynamics. In some situations the participants are not ready to open up, while in others the group-mix determines how or if they open up or not.

4 of 8 facilitators indicated other challenges such as the participants' status quo of disinterest and lack of cooperation during the first stage of trust-building. Although they would normally catch up later in other sessions and could eventually end well, but these was said to have the potential to distract from the process. The experience was said to be rather frustrating since sometimes this could stir up the whole group to be non-responsive. The occurrence of conflicting groups can also be a major threat to the success of the workshop. Consequently, the above challenges could lead to withholding of details especially if the group was not anonymous as indicated by the same facilitators.

"In most cases we have people even though they are informed about the IHOM they will have other expectations undeniably. In the beginning of each workshop we explain that this is what we will attain" (Jonas: facilitator).

All participants said that information provided about the IHOM workshops was not adequate in formulating well-versed expectations. In my own observation, it is not easy to formulate clearer expectations as a prospective participant this is due to the personal experiential nature of the programme which is mainly dependant on how the participant engages with it. So to say that even when the IHOM presents a video such as “One Step to Healing” has been watched, some participants still feel caught by surprise either by the way they engage or by the actual workshop. This situation only becomes clearer to them after the workshop.

However, after the workshop, how the participants enhance their healing journey is a good question as it is stated in the IHOM vision that it envisages to contribute towards people’s healing journeys. Jonas (facilitator) indicated that the IHOM is still piloting a workshop where people deal with these issues arising from the three-day workshop such as issues of how to deal with pain, anger, forgiveness et cetera. For example, to build up support groups where people continue to share how and what kind of meaning they have created in the presence of their suffering and pain. For a facilitator there is a combination of all these issues in the process of trying to assist individuals.

I have told my own personal story for a number of years in bits and pieces, for example in a group of 4-8. In most cases I will tell my story towards the end and I will choose the part that I probably wanted to deal with, but of which I was not conscious until that moment (Deon: facilitator).

4 of 8 of facilitators indicated earlier that there are about five influences of storytelling. These influences were said to act as catalysts to facilitation of challenges, for example the psychological, spiritual and emotional state of individuals controlled the readiness and cooperation of the participants. They also said that it is always going to be a challenge of group dynamics between different classes, social and economic status, colour lines, races attending the same workshop. So it can be said that the influences discussed in section 4.5.1 also form part of the challenges that are faced by the initiators of the IHOM approach – the facilitators. Noluthando (facilitator) shared a scenario whereby she indicated that someone coming from Harare, Khayelitsha, et cetera might have a very intimate encounter whereas someone from Bishops Court might leave the workshop still not convinced that the workshop might generate some form of transition. “*Although sometimes its not felt like so by some due to the energy required, time taken to listen to others which could be exhausting,*” (Theresa: facilitator). These are seemingly simple but significant forms of challenges that could hinder the development of the IHOM approach. More activities that could be employed to help to feel more relaxed especially after the confrontation phase should be explored.

The participants must know why they are coming to the workshop; sometimes some come without knowing why they came and if they are aware why they come to the workshop, they should know that they have been given a safe space to be able to talk about themselves (Pretorius: facilitator).

It is therefore evident that facilitators experienced challenging but also exciting moments while in a workshop of the IHOM. *“I did not see elsewhere, I saw being a facilitator in peace-work and mediation work” (Noluthando: facilitator).*

The experience of having to listen to other people’s story is not easy. IHOM methodology is not to give advice or offer counselling; through the process you have to watch not to tell the person what to do, but also encourage the person that he acknowledge the past experience and deal with the feelings he/she has been carrying for years and move forward to the positive future. (Charmain: facilitator).

And listening to stories is hard because you are also a human so you became in one way touched as a facilitator. It’s hard work, mind and physical, people struggle to listen to one another because of the busy life out there. Therefore listening attentively is important and you ask questions that will help them understand themselves even the feelings sometimes you find that they did not know that they held that kind of a feeling (Pretorius: facilitators).

Again it’s all these questions of how do you hold yourself together even if someone tells you of 15 murders or 13 rapes, as a facilitator you have to manage that at the same time, or someone tells you they shot children in the army... It is an extraordinary challenge (Noluthando: facilitator).

Charmain, Pretorius and Noluthando indicated that listening to very traumatic stories is a difficult experience for facilitators in the sense that all are emotional beings. Pretorius said that it is complex because most people are not acquainted to listening to one another due to their busy lifestyles. In other words, the facilitator has to be very attentive to listen to the story teller as well as watching to see that all are listening to each other’s story and facilitating the process by asking relevant questions that would enable the story teller to understand themselves in their story. A challenge in the course of facilitating in the small groups was mentioned by Charmain. She added that because the facilitators are not to counsel participants the facilitator needs to be extra careful while making suggestions as one way of encouraging the participants to go further in their journey. This maintains the principle of the IHOM approach whereby people get help to reach deeper into their feelings and story to find own solutions and answers to their problems.

Concurrent realities ... trigger (personal) memory affecting the interpretation of what the (participant) are saying. Thus (optimum) focus is required to simply be - what

(facilitators) *have experienced or earned from the facilitation is of great help here* (Noluthando: facilitator).

In addition, 3 out of 8 facilitators indicated the manifestation of two concurrent realities where the personal memories of the facilitator are triggered in the course of the participant narrating their story. This manifestation becomes a threat to a facilitator's objectivity. The challenge is greater during the confrontation stage in the small groups. Therefore about half of the facilitators strongly suggested that facilitators need to bolster workshop preparations which boils down to essential self-care.

As one way of countering the above challenge, some facilitators suggested that it would be beneficial to have facilitators who are part-time and some who are fulltime for the basis of meeting the objectives of the Institute. Deon and Jonas (facilitators) felt that it would be to the advantage of the Institute to look into the matter with much more emphasis than before. Hence, full-time facilitators would be more involved in reinforcing their expertise as facilitators of IHOM. This, it was felt, would take the profession into another level including commitment to devising advanced facilitator training and counselling courses for themselves and potential facilitators.

Research into loss of IHOM trained facilitators which was conducted by Alphonse in 2009, largely points to inadequate remuneration as the major reason. Many facilitators find it difficult to leave their regular place of work for the longer period for facilitator training without adequate compensation. We plan to put it to our funders that remuneration for facilitators be incorporated into project funds. In addition, a facilitator undergoing a training programme will have to commit to serving the Institute for an agreed minimum period of time. (IHOM Report 2009:11).

On the other hand, for facilitators to be fulltime means that the Institute needs to acquire more funding for their remuneration thus raising another challenge to deal with. The excerpt above backs the latter analysis which indicates the needs of the facilitators and those of the IHOM. The challenges that the approach is faced with has been discussed and they include facilitators' challenges as well. The different therapeutic phases identified under the theme, nature of the IHOM approach correspond with various challenges as encountered by the facilitators. The table below illustrates these stages and how the challenges experienced due to the group dynamics could be managed during the process.

Table 3: The IHOM group dynamics as experienced by the facilitators at different stages and how that could be managed

Phase	Characteristics of group	Suggested management response
Trust-building – <i>Using an ice-breaker</i>	Outright unawareness Status quo Disinterest	Facilitate awareness of self and of others; information sharing about the work of the Institute; encourage dialogue
Confrontational space – <i>Storytelling</i>	Denial of change Self-doubt Resistant Sceptical	Regulate level of distress; establish a common vision; confront sensitively with the factors arising from the stories that will stir-up desire to change;
(Re-) Integration: <i>Pulling out feelings after storytelling</i>	Fatigue Relief A building up desire for change	Keep attention focussed to the set goals; Provide practical suggestions
The way forward – <i>more active engagement; celebrating life</i>	Eager Energised Productive	Shift responsibility down; provide resources; monitor and give suggestions.

The last theme gives an account of facilitators' and participants' perceptions of the effectiveness of the approach.

4.8 The respondents' perceptions of the effectiveness of the approach

I was interested in the hearings and also interested in doing more practical work, working to support survivors after the TRC... someone said you should check out ...the Healing of Memories and in that year I did a workshop and the experience left a big impression so I continued working at the Healing of Memories (Theresa: facilitator).

3 of 8 facilitators heard about the Institute for the first time at the TRC hearings. After their debut workshop at the IHOM, all facilitators said they were propelled to become facilitators by their own need for "soul searching". After the first workshop, the satisfaction of the space provided made them feel the need to work towards ensuring that most people who attended the TRC hearings were offered an opportunity to use a space like one provided by IHOM workshop. Therefore the facilitators' commitment to support the survivors after the TRC

process dominated in the facilitators' motive for doing this kind of facilitation in peace work.

... just listening to music others gather in small groups and have very enriching conversations, like it was the case of this participant. The discussion which we had in the smaller groups and also the bigger groups the interactions ...where we had informal group and the discussions were very enriching to me (Thembisa: facilitator).

4 of 8 facilitators found the space given to be practical. They aimed to achieve both facilitators' and participants' expectations of the workshop as they were outlined at the beginning of the workshop. As observed, and was also noted by facilitators, there seemed to be a sense of relaxation among the participants after the story-telling session in any given workshop. As Thembisa highlighted that the relaxation could be associated with enriched participants who are engaging in meaningful conversations.

On the other hand, 4 of 8 facilitators affirmed the possibility of a successful first step into the healing for individuals if the approach is well administered at the first time of attendance. This was said to be dependent on several factors, one being that both facilitators and participants are prepared for the workshop. They added that the initial workshop actually set the pace of the on-going individual healing. Hence, the same facilitators highlighted that sometimes it's a once-off process for some individuals who would not necessarily require another session. In fact, what individuals require after that would be support systems to ensure the continuation of this process of healing and transformation by family and existing community support links.

I have seen workshops where people have left looking elated or euphoric or excited. I have also seen people leave the workshop quiet, doubtful or broken. It's hard to (formulate) a generic effect. Maybe people should think of the timing and the need to check if this is the right thing for me right now maybe the advertising should include a few questions asking if this is the right question about if the individual is ready for something like that before attempting it. For some people it is a once off thing a unique moment or experience (Noluthando: facilitator).

In addition, all facilitators indicated that a sense of 'heaviness' and 'lightness' are usually experienced after the workshop. The heaviness is overwhelming because people experience ambivalent feelings.

They become exhausted, sad, some are usually still absorbed in thoughts of stories shared or heard while others feel lighter as they feel relieved due to the sharing. ...the individual experience is very different for everyone. In the course of all this some individuals are in that space where often there is a moment of letting go (Pretorius: facilitator).

The same facilitators indicated that Friday evenings are usually very tense, Saturday night people are tired and often seek their own or others' company so as to release the tension. Hence, they also said that this energy in general manifested itself in the morning of the third day in almost every workshop. However, pulling that energy together in that Sunday morning ceremony was said to sometimes be conflicting. Thandeka and Noluthando (facilitators) indicated that the workshops that people went home content from were those that offered a lot of space to create a ceremony according to their wishes. The more strictly controlled the ceremony, the more dissatisfaction would be felt in the end.

So what keeps me going is to see the difference in the people in each workshop....something very tiny, the change in their lives ... that gives me satisfaction, its a satisfaction that is beyond what I may get of a salary. So what keeps me going is that... to see one or two people out of a group of 20, saying I am happy, thank you guys, you have helped me to take a giant step in my own life. That's the major thing that keeps me going (Jonas: facilitator).

Jonas explained that he derived satisfaction from participants' satisfaction, so to indicate that the style of facilitation had to have effect on the participants. As noted earlier that stories told were influenced by several factors, among them the facilitation style as well as what one has done with his/her story and who is present in the small group. Therefore the respondents' concepts of perceived effectiveness were also influenced by similar factors. For instance 5 out of 8 participants indicated that the facilitators were highly skilled and professional in their work. Facilitators have to deal with their own issues before they can help others.

For a very long time I was a very angry person...at the personal level kind of experiences that I had as a teenager during the early years of the...partly made me more and more angry and becoming part of the team for the IHOM I become more and more angry I was beginning to talk about myself I had opportunity to talk about myself ...I met the process where I became participant and also a facilitator and then I realised that being a facilitator you are also a participant at the same time (Pretorius: facilitator).

Pretorius' affirms that it is imperative that a facilitator deals with their own 'issues' before facilitating a workshop. Hence, the IHOM facilitators go through a rigorous year of training at the Institute. They receive a manual of how to go about the various programmes and activities of IHOM which is followed by facilitators' biannual reunions where they share their experiences therefore enriching each other.

14 out of 16 respondents indicated that the final day of the workshop is an exciting moment, happiness, people are chatty and they are energized by the moment, people are going home,

it's Sunday, there has been a celebration. However, one cannot generalize the above outcomes to apply to all participants, as 4 of 8 facilitators said that in some cases some participants would look sad. These facilitators confirmed own observation that the sadness could be as a result of opened wounds; sad to leave the loving and embracing community established during the weekend away from all the hustles of life. Nonetheless, all the facilitators concluded that more often there is lightness in the air. Theresa (a facilitator) said that some are so consumed by their own will-power to be transformed such that it is incredible and they cannot stop telling their new story and should not.

“...if I was to give a rating out of ten, I would give a seven and beyond as people would take a giant step towards achieving what they want to, sometimes they are even surprised at their achievements” (Jonas: facilitator).

In a nut shell this facilitator indicated that individuals could take a step forward after three days of sharing and listening to self and others and collectively trying to trace individual path. However, the step taken by individual needs to be followed by another step so as to be effective in the long run, meaning that follow-ups and re-unions could be worthwhile as indicated earlier in this study so as to check if the individuals have progressed after the workshop.

You can never brush off your past, I think for me is that there is something that shifted and something changes in the way we see things... some transformation may be (Thembisa: facilitator).

I have experienced that my own work, also that it allowed me to be able to release precepts that I felt held me captive by my own memory. I think it has a similar effect to facilitators who go through it for so many times. Such that they are not bitter anymore about certain things and I found a sense of relief (Noluthando: facilitator).

The above quotes include 10 out of 16 respondents, 5 facilitators and 5 participants who vehemently expressed that it is never a clean start as memories of the past linger on. But they indicated that something shifts in the individual after sharing, a change, a transformation and the process begins. Participants expressed a shift in their perceptions about self and others. In addition the process allowed them to release something that caused a relief sensation. *“it helped me to change my attitude towards white people” (Matambo: participant).* Matambo hinted that there could be a possibility of a change of mindset that occur as a result of the interaction at the workshop which could also lead to a change in behaviour.

“Ooh ...actions speak louder than the words! You can see the difference between Friday, Saturday and Sunday, you can see the change, the tension, loneliness is not there, at least something has happened” (Theresa: facilitator).

Theresa and all other facilitators expressed amazement with the immediate changes that were noticeable on the participants after the workshop. The changes identified include: body language - facial expressions, broader smile with a glowing face among others. All the participants expressed their relief after going through the process. Facilitators also witnessed a positive atmosphere that was not there on the day of arrival at the workshop changing within the two days that followed. Therefore 5 out of 8 facilitators said that the participants expressed their gratitude, proclaiming that they had found a new found sense of awareness, ability to deal with their inner pain due to the opening up their wounds during the process and especially during the confrontation phase. However, these facilitators warned that open wounds could cause further damage to the storyteller if they are not followed-up or counselling offered where needed.

I found there was a way that I was now able to engage that could not be able to engage before. I found a comfort zone that was not there before around engaging with pain, people pain without having to rushing to a hectic response... A challenge to not want to rescue. Ability to not want to jump out of your skin or jump to help because another has had this experience, which would not be helpful to make contribution... to a participant (Noluthando: facilitator).

Noluthando and all the rest of the facilitators also told of their conquest in dealing with own pain, she indicated that she found there was a way that she was able to engage with pain today in a way that she was not able to do before. Some participants with deep wounds, as noticed by 3 out of 8 facilitators, have mixed feelings during oral evaluation or sometimes they would say less. Thus the facilitators indicated that this made it difficult to make a diagnosis of who needed a follow-up or counselling sooner for referral. Therefore, facilitators make sure that they make efforts to invite those participants whom they felt and who indicated that they required a follow-up workshop before they left for home. Alternatively, some cases would be referred for counselling. As several facilitators indicated, this would be dependent entirely on facilitator experience and at their discretion. Therefore facilitators reported that they found fulfilment in seeing the difference in individuals after a workshop. *“I find satisfaction in facilitating... especially when I can make a difference”* (Jonas: facilitator).

At the beginning of this theme it was indicated that facilitating a IHOM workshop is a demanding task and the level of difficulty varies at each phase. The facilitation intensifies when in the small groups – during storytelling. The perceptions of the approach were expounded upon. The following table illustrates a summary of the main findings.

4.9 Summary of the main findings of the IHOM approach

Table 4: Main findings

Participants	Facilitators
NATURE OF THE APPROACH	NATURE OF THE APPROACH
- 4 out of 8 agreed that the approach is a combination of several methods - spiritual, emotional and psychological methods.	- 4 out of 8 declared that the approach is a combination of several methods and the same facilitators said that some activities have some form of therapeutic aspects, activities such as drawing or sketching one's feelings, storytelling and the moulding of clay.
- 4 out of 8 said that some activities have some form of therapeutic aspects, activities such as drawing.	- 3 out of 8 felt that it is a people-centred approach – where humanistic interlinks occur.
- Thabo reported that participants said that the approach is 'a simple but a professional programme'.	-3 out of 8 demonstrated a need to strategise the approach into a course that would be offered to people after the initial workshop.
-5 out of 8 said that facilitators are experienced and played a key role in the approach execution.	-5 out of 8 indicated that the facilitation style plays a key role in the process.
STORYTELLING	STORYTELLING
- 4 out of 8 also agreed that storytelling is one of the key activities in the IHOM healing approach and one which plays a major role in igniting the healing process.	- 4 out of 8 showed that storytelling is one of the key activities in the IHOM healing approach and acts as a catalyst to the healing process.
HEALING	HEALING
- 5 out of 8 felt that it's an on-going healing process – 3 indicated that follow-up is needed.	- 4 out of 8 felt that it's an on-going healing process and follow-up was crucial to enhance the process. Half of them indicated that IHOM does not guarantee healing after the workshop.
CONFIDENTIALITY	CONFIDENTIALITY
- 3 out of 8 saw confidentiality as the most crucial of the ground rules in the process	-All said the ground rules are important; Confidentiality was highlighted by all as the most crucial rule in the process.
NEEDS IDENTIFIED	NEEDS IDENTIFIED
-3 out of 8 said that people needed to deal with issues of victim-mindedness,	-4 out of 8 felt that to deal with emotions, psychological and spiritual needs adequately

hatred, un-forgiveness that they needed to deal with and lay down the past during the confrontational stage.	after a workshop they needed a self-care programme.
CHALLENGES	CHALLENGES
- All said that information provided about the IHOM workshops was not adequate in formulating well-versed expectations.	- 2 out of 8 indicated that the influences of storytelling acted as catalysts to facilitation challenges, for example the individual state in terms of psychological, spiritual and emotional state tend to control the readiness and cooperation of the participants.
-2 out of 8 said that they wanted to withhold details especially because the group was not anonymous	-2 out of 8 indicated that some participants maintained a status quo, disinterest and lack of cooperation jeopardizes trust-building .
3 out of 8 felt that the IHOM approach need to see to it that further continuation of and resurgence of trauma is prevented.	-3 out of 8 felt that the IHOM approach need to see to it that further continuation of and resurgence of trauma is prevented.
OVERALL EFFECTIVENESS	OVERALL EFFECTIVENESS
-4 out of 8 felt that this process is more of an experiential and practical process.	-4 out of 8 felt that this process is more of an experiential and practical process.
-4 out of 8 indicated that the approach provides a space where you felt comfortable enough to be yourself, to deal with one's past which could lead to a change of mind and behaviour.	-The facilitation process was said to enhance the healing journey; thus 3 out of 8 indicated that they found a 'comfort zone' - able to engage with pain with ease and to deal with extremely traumatic stories. Thus improving their facilitation skills
-2 out of 8 said that one cannot just brush off the past but can live alongside it without it contaminating one's future.	All indicated that participants are able to take on the first step into the healing process when they attend the first workshop.
-All felt lighter after telling their stories 3 out of 8 were able to deal with their own 'demons' – painful memories - in a more meaningful manner.	-All observed some positive changes. 3 out of 8 showed that although a few will also look downcast and some even heart-broken, they still observed that there was hope.
All indicated that facilitators are committed to their work.	All expressed their commitment and dedication in facilitating IHOM's workshops.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The first chapter gave a general background to the study. This section highlighted TRC's work in regard to social transformation and healing in South Africa. The chapter also presented the statement of the problem, motivation, research question, sub-questions, aims and objectives and the chapter outline. The second chapter focused on the review of the literature, community-based social healing approaches and a theoretical framework for the study. In the third chapter, a detailed account of the research methodology employed in the field was presented. The fourth chapter starts with a summary of the IHOM as a case study. This is followed by a profile of the respondents. Then the findings of the data analysed are presented and discussed according to the themes that emerged from the data and this chapter ends with a summary of the main findings. Then finally the latter is followed by a discussion of the conclusions and recommendations of the study detailed below.

In the previous section themes that arose from the data analysed were discussed in detailed sub-themes so as to bring clarity to the main themes. Chapter one indicated the aim and objectives which this study has tried to achieve. The aim has been to examine the approach to social healing used by the Institute for Healing of Memories (IHOM). This study has also tried to answer the research question; what community-based social healing approach has been employed by the IHOM according to the participants' and the facilitators' views. This also included the views of two of IHOM documents and my own observation. The study has also discussed the objectives of the study which consists of needs, challenges and the perceived effectiveness of the approach.

The literature established that although the TRC contributed in laying the foundation for South Africa's social transformation, it could not meet the population demand for acknowledgement of individual sufferings. Based on the findings it seems that the IHOM approach plays an important role in the communities in Western Cape. However, in terms of its contribution to the healing and transformation of the country requires a longitudinal study to establish that. In addition the results also indicate that the healing and transformation is an on-going process and one that would require follow-ups so as to enhance the effectiveness of the debut workshop. Overall observation and drawing from the respondents and documents analysed my

take is that participants reach to the point of making sense of own suffering together. Hence, the connection that occurs during the sharing brings with it an inter-connection to humanity, a sense of transcendence which would hopefully and eventually lead to healing.

5.2 A synthesis of the analysis

To illustrate the linkup between the findings, the literature and the research objectives of the study it is imperative to start with likes of [Pillay 2000; Kayser (2000; 2001; 2005); Villa-Vicencio, 2002; Young, 2004; Van der Merwe & Gobodo-Madikhizela 2008; Seekings 2008; Thompson, 2008] and others who maintain that South Africa's Truth and Reconciliation Commission, TRC, left much transformation and healing work unfinished despite inception a platform to enhance the work. They continued to illustrate that the country is still undergoing social transformation and is in need of a similar but more viable approach at grassroots level so as to better the efforts of the TRC (Gibson 2004b). However, the scholars allotted that the TRC only reached a few of the masses in the country, thus they recommended grassroots level approaches. This study has examined the IHOM approach and has answered the research questions of the study as well which was to find out what kind of community-based social healing approach is used by IHOM according to the participants and facilitators. This study tried to answer this question by looking at the nature of the approach, needs addressed, challenges and effectiveness of the approach in terms of the participants' and facilitators' perceptions.

The case of IHOM approach is that it is an approach that first caters for the needs of individuals then those individuals were said to be potential facilitators (IHOM 2007). However according to own observations and views of the facilitators not all individuals who go through IHOM become facilitators, some might even need more counselling before they can become facilitators. As expressed by nearly half of the respondents, three participants and four facilitators of the IHOM, South Africans are still dealing with the issues of victim-mindedness, hatred and un-forgiveness. As was indicated by half of the respondents, IHOM approach seem to be an approach that creates a safe space where people go to find meaning of own suffering collectively, thus providing the participant with an opportunity to take the first step towards healing. However, this finding as has been indicated earlier that it calls for further research.

On the other hand Weston (2001) and Thompson (2008) intimated that social healing is a field that has not realised enough recognition in academia; therefore, concepts and theories have

not been exhaustively tested. Some of the concepts and theories include integrative trauma theory that was applied in Bosnia by Butollo (2000) and the Capacitar healing approach applied to different countries by Cane (2000). These concepts have not been thoroughly or scientifically and empirically tested. Kleinman (1997) assert that this subject social suffering field has been identified by scholars in other fields such as anthropology, medicine, theology et cetera. However, this shows that there is still a need for scholars in the field of conflict studies to conduct research on the gaps in this area of social healing and trauma so as to further contextualise some of the concepts used in the field such as ‘social healing’, ‘social suffering’, ‘collective healing’ et cetera.

Comas Diaz (2006:446) showed methods of enhancing healing for the Latinos were a combination of several methods including revisiting cultural beliefs and performing spiritual practices such as, communal reciting of rosaries, novenas, posadas and peregrinations to enhance their healing process. The Latinos are said to have found this approach helpful in that it was said to bring a community balance and harmony. On the other hand this was seen to be a holistic approach in that it integrates different traditional practices and methods that were deemed as effective by the Latinos community. This kind of an approach that involves a combination of several methods comes across with that of the IHOM. As indicated by half of the respondents, the IHOM approach seems to be a holistic approach because of the manner in which the workshops were designed. The workshops were designed to cater for the emotional, spiritual and psychological needs of the participants. From the use of drama which was used as a trigger for painful memories to the clay session, they were used to symbolize the letting go of what one needs to let go of, painful feelings, memories.

Half of the respondents felt that this process is more of an experiential and practical process, while the same also indicated that the approach provides a space that felt comfortable enough for individuals to be themselves, to deal with the past which put individuals on a path towards healing. The finding speaks to the first assumption of the IHOM that states that “Being listened to and to be acknowledge in a caring environment brings about emotional healing” as well as the second assumption, “Also allows the narrator to let go destructive feelings” (IHOM 2007:50). The IHOM the approach also resonates with the Weston (2000) ideas of a psychosocial approach that emphasizes that healing is a multi-dimensional, long-term process that involves work on the individual, the local community, and with time this could spread to macro-levels in society. The processes involve intimate influence on people’s opportunity to

rebuild their lives and their hopes for the future, and thus also their opportunities for healing (Weston 2000).

Narratives as indicated by 4 out of 8 facilitators create a platform for a confrontation where the storyteller confronts his/her own 'demons' as Jonas (facilitator) expressed earlier in the previous section. The same facilitators and half of the participants further indicated that storytelling is the core element of the approach of IHOM. IHOM (2007), Mollica (2006), Bourguignon (2005) and Dwivedi (1997) share a common view that the benefits of storytelling are numerous. This study established that 8 in 16 respondents maintain that storytelling is key in the approach of IHOM. The finding resonates with the IHOM third assumption that states, "Listening to the experiences of others especially where participants belong to different racial groups could give rise to empathy and promote mutual understanding and reconciliation". However, the last part of the assumption that is the process promoted mutual understanding and reconciliation requires a long-term study to substantiate this claim. In addition, the many non-governmental organisations in South Africa form a source of inspiration in their civil society contributions to mental health (Van der Merwe 1999), and IHOM is one of the role players in this field (Kayser 2001). The founder of the IHOM, Fr Michael Lapsley explains that

The work of the Institute focuses on stories, on speaking and listening, on journeys and on feelings as our contribution to building a culture of human rights. People have often said at the end of a healing of memories workshop – I have realised that we are all human (Lapsley 2006)².

For this reason Van der Merwe (1999) indicated the necessity for similar but more inclusive approaches that will look into developing more intensive workable programmes. The approach could be similar to rigorous efforts by the architects of the TRC but one that South African masses have access to.

As indicated by Moon (2009) this kind of intervention into community healing is like a new language, which now attempts to acknowledge suffering and pain and in a way remodelling traumatic experiences, and at the same time finding a common ground where a way forward can be found. Thus concluding that the process of confronting the past violence validates the nascent new ways of doing things as not only helping people to deliver justice and protect human rights but also having the capacity to start the healing process for individuals. Thus,

² As indicated by the founder of the IHOM, Father Michael Lapsley in an IHOM Newsletter on the editorial comments page.

eradicating potential problems that are likely to result in re-emergence of violence and human rights violations is part and parcel of healing and transformation. This was established by 3 of 8 facilitators to be one of the major challenges that the IHOM approach is faced with a need to prevent continuation and re-occurrence of trauma. The latter statement resonates with the IHOM's (2010) newest concepts of the IHOM strategic planning for 2010-2013. In the document a new strategy is underway and will be adopted as part of the IHOM approach, which is to concentrate on prevention, rehabilitation and empowerment of the participants.

Compared to other approaches to social healing such as traditional Sangomas of South Africa and the western psychological counseling approach, the IHOM approach was recommended. With regard to the Sangoma, the client relies on the intervention of the ancestors in which the client has no control over the outcome and the ancestors have the final answer. In the case of the psychologist, in most cases the client is a recipient of solutions as the psychologist is assumed to have all the knowledge and acumen required to give answers to the client (Mkhize et al 2002). These two approaches offer less room for the individual to explore their own inner healing and consciousness, thus taking control in the progress of their own journey towards healing. The IHOM healing approach was said to have the potential to contribute much more to South Africa with its history of segregation (IHOM Conference Report 2007).

5.2.1 The nature of the approach and needs catered for

Half of the respondents viewed the approach as a combination of several methods, i.e. spiritual, emotional and psychological methods linked strongly to the literature reviewed. As was identified, that for an approach to social transformation to be effective, it needed to integrate several methods so as to attain a holistic approach to the process of transforming traumatised individuals and communities. At the same time it was affirmed that it had to be methods which the targeted individuals and communities can relate to, accompanied by committed and experienced facilitators.

In addition, the IHOM approach is a process, also called 'a journey towards healing' and it commences in a safe space where one is able to establish, uncover and make sense of the truth about themselves, their history and that of their community and the nation (IHOM 2007). Thus, it is a process of self-exploration takes place gradually. Lederach (1999:159) also coined that "...reconciliation is a journey..." Through an exploration of their personal narratives, participants find emotional relief and the group insight is harnessed through increased

individual awareness of self and that of others as well as empathy for the experiences of others. These processes prepare the ground for forgiveness and reconciliation between people of diverse backgrounds, races, cultures and religions. This dialogue is an opportunity to learn more about healing of memories, and to share experiences, challenges, and successes.

In addition, Van der Merwe & Gobodo-Madikhizela (2008) indicated that many in the country found the narrative novel *Disgrace* by JM Coetzee to be disturbing. This is a concept that requires further investigation so as to explore possible reasons behind the disturbance. Debatably, the latter findings sustain some of the argument in this study why it is necessary for people in the country to re-examine their own narratives. However, this study suggested that communal narratives assisted the process of bringing about mutual understanding thus reducing prejudices and stereotypes that would normally be held by people. On the other hand, this study uncovered several reasons as to why people found it hard to relate with ease to their past. Some of these reasons are that they are ashamed of their past, not willing to confront the past, another reason is that confronting the past is a disturbing encounter that devours one's energy. Nevertheless, untold narratives pollute the atmosphere not only for others but also for the narrative hoarders (Bourguignon 2005).

Ford et al (2005:437) pointed out the phase-oriented approach, follows a specific sequence in its execution of activities. The IHOM approach as shown in the analysis also follows a series of stages, that is, getting to know, storytelling and the way forward. For this reason the IHOM was found to be a phase-oriented approach. (ibid 2005:437) also indicated that this kind of study (qualitative) cannot be validated by scientific research; rather it is empirically tested for efficacy, effectiveness and utility.

Nonetheless, from the analysis, my observation is that the activities and the outcomes of the IHOM workshop follow a certain sequence which includes four stages/phases. These phases seem to complement the integrative trauma approach phases that were employed on Bosnians by Butollo's (2000), which he indicated that the approach worked for Bosnians. As such the study has found some correlation between the IHOM approach in terms of details of the phases and what they represent in theoretical context. The integrative trauma approach rests on the premise that issues of trauma are to be addressed with a psychotherapeutic kind of an approach which entails several theories such as humanistic, cognitive-behavioral and systems theory (Sjolund 2007:355). Looking at the IHOM approach one finds that the approach brings together concepts of psychology, spirituality, emotions and although some of these concepts

do not read exactly like those of the integrative trauma approach, the results of seem to be the same. Overall findings indicate that the IHOM seem to achieve it's the main objective, which is to help the latter individuals take the first step towards healing.

Based on the findings the importance of such interventions such as IHOM in the country was emphasised as hence various needs were identified for the individuals and communities. The needs identified include safe space for people to unwind their past it could be dealing with bitterness, anger, un-forgiveness, life frustrations as well as space to make sense of their suffering and pain et cetera. It could also be a need for referral to a counselor or a rehab, a need to get away for a weekend away from the normal life routine. The need to make sense of individual experiences of pain and suffering was said to be there although not explicitly acknowledged. The facilitators needs include the need to be empowered and equipped with the necessary knowledge and understanding of the facilitation work thus need for further advanced training and courses that are aligned to the social transformation and healing work. The need to access self-care so as to debrief oneself from emotional burden is also should be addressed more significantly.



5.2.2 The challenges and the perceived effectiveness

Half of the respondents indicated that the influences of storytelling acted as catalysts to facilitation challenges, for example the psychological, spiritual and emotional state of individuals controlled the readiness and cooperation of the participants. All said that information provided about IHOM workshops was not adequate in formulating well-versed expectations.

Despite the challenges discussed, all the respondents had a positive outlook on the approach. According to the facilitators, Deon, Jonas Thandeka, Noluthando, Charmain, Thembisa, Pretorius and Theresa the IHOM has developed interactive workshops that emphasize the emotional and spiritual, rather than intellectual understanding and interpretation of the past. However, the respondents indicated that through reflection on one's story as well as stories of others, people expressed the connection and mutual understanding of the other as a result of communal sharing and listening. Hence they indicated that, in the long run, this approach provides a possibility of transformation and behavioural change.

All the participants indicated that although the information received about the IHOM workshop was inadequate to enable formulation of practical expectations, they expressed their amazement at the impact the workshop had on individuals as they indicated that IHOM was incomparable to any other process as witnessed elsewhere. In addition, all facilitators expressed that a possibility of meaningful mingling with various groups of people in this country was historically not viable but it seems that after going through this process a lot has shifted in the minds of people. The facilitators proceeded on to say that although one would not expect to meet big groups representing the different communities in the country nonetheless one is not likely to find oneself cornered in an IHOM workshop due to the diversity issues.

Half of the facilitators show that timing is important in the process of healing especially for the participants and, with that in mind individuals need to come to the workshops prepared. They continued to say that when one is ready to face their history and self then this could be possible that they would find a reason to reconcile with themselves and others for whatever reason that may be. Half of the facilitators indicated that influences of storytelling included the readiness of the state of psychological (mind), spiritual (soul) and the emotional (heart). It is clear from the data this is the kind of space that the IHOM provides to all South Africans to address their past in the belief that all were damaged by the past history whether a victim, perpetrator or witness. In this space deep listening enables recognition, acknowledgement and respect for one another. This is done in the form of storytelling which half of the respondents indicated ignites the process of healing.

All the facilitators observed some positive changes despite the challenges. They also showed that although a few will also look downcast and some even heart-broken, they still observed some elements of inner strength and hope. The results were supported by nearly all the participants who reported that they felt lighter after the workshop. In retrospect, facilitators (5 out of 8) expressed that they sometimes felt overwhelmed with an emotional burden which sometimes they carry home after the workshop. In their views the support system that they get is through own self-care, other colleagues and the IHOM support acts as a backbone to their work. Therefore they recommended improved support especially from each other and the Institute. The informal meetings with colleagues, telephonic messages, the debriefing all play a significant role in ensuring that facilitators are ready to facilitate the next workshop. However, the above stated support systems were said not to meet all the needs of sharing experiences, frustrations and triumphs of the work in progress and in themselves and their

journey. Therefore, facilitators indicated a further enquiry of a more structured self-care programme.

Looking at South Africa state of community-based organisations, there are some organisations as table in the previous chapter, doing similar work to what the IHOM does and besides partnering with the organisations, the Institute also gets to recruits its clients from them. The IHOM also recruits from other categories such as refugees, ex-combatants, university students, and faith-based organisations. In addition all participants recommended that more students recruited into the reconciliation workshops especially students from the various disciplines besides conflict studies and law. Students from other areas of study such as social work, political science, theology et cetera including other students from other universities especially from the Western Cape should be made aware and encouraged to attend IHOM workshops. The participants declared that students form a bigger part of the main revolutionaries in social transformation. Therefore, if more students in the country start their own journeys towards healing and wholeness, that could impact the social transformation and healing of the nation significantly.

However, there is no plain evidence of eventual healing occurring after the IHOM workshop, but Bourguignon (2005) indicated that whenever one confronts painful memories and goes into the depths thereof, a portion of pain leaves them forever. Although one would still argue that it does not mean that healing is guaranteed after the confrontation of painful memories. In addition the findings of this study indicate that healing is a process and a life-long journey. (5 out of 8 participants felt that it is an on-going healing process while 4 out of 8 facilitators felt the same). In addition, the analysis also affirmed Mollica's (2006) argument that that the past cannot be wiped out of the memory but individuals can live alongside their past without the past tampering with their present and future lives.

As indicated earlier, by facilitators that they join in the journey to help the participants in the process towards healing because they have walked a few more steps into their own journey. Hence, facilitators made it clear that they neither offer counseling services, nor do they have answers to the participants' problems. Therefore, the role of facilitators in the process of healing was seen as vital to the success of the IHOM approach. These findings are in line with Duran's (2006) insertion that facilitators are also to present themselves as 'wounded healers'. On the other hand Duran (2006:54) indicates that therapists (facilitators) "are not civilians and

they should be held to a higher standard” At the same time Duran stresses that this kind of work is to be taken like any other profession which is to be respected and revered.

To substantiate the above statement all facilitators indicated that the participants are not same as when they arrive on the first day of the workshop and when they leave. In other words, all of the facilitators observed some positive changes. The first day they usually look distant and aloof. The second day there is some lightness reflected by the smiles as the analysis showed, then on the third day participants’ faces glow, they are full of energy and some are usually euphoric. Although a few also look downcast and some even heart-broken but still they observed something positive – hope.

Overall effectiveness could be the dialogue initiated by IHOM between people is an opportunity to learn more about how to deal with individual painful memories, to share experiences, challenges and successes. The facilitators and participants observed that main experiences after the IHOM workshop were positive and hope was part of it.

5.3 Final conclusions and recommendations

- The research concluded that the IHOM approach is made up of a combination of several activities, and the key activity is storytelling. Other activities and methods include the use of drama, video, drawing, storytelling, clay peace symbol. A multi-dimensional approach including a variety of activities is recommended.
- The IHOM approach is also backed by a committed facilitation team as the study shows. However, the process is said to be a synergy of activities and procedures which are interdependent but they are to be woven together by the facilitator to achieve satisfactory results. Therefore the recommendations are to invest adequate time and money to capacitate the facilitators in this multi-dimensional approach as a key factor for a successful process.
- The results show that the approach caters for the needs of individuals who had suffered emotionally and psychologically due to exposure to traumatic conditions, caused by human rights violation et cetera, The results also show the need to tell one’s story and to be acknowledged. The use of storytelling is recommended as an effective tool for addressing trauma and its effects, social healing and transformation and could also be adopted by in other interventions in the field of conflict studies.

- As the research results indicated, self-care, mentoring and further training are essential to the facilitators' empowerment and proficiency. In addition facilitators' self-care is one of the facilitators' crucial needs. The study established that the IHOM is in the process of developing methods to assist both facilitators and participants with the issues of self-care. The study also found that the Institute has also looked into the Capacitar model (a self-care programme) during a facilitator conference but it is not clear if this is a possible additional method that could be employed to help not only facilitators but also the participants after the workshop. This needs to receive the necessary attention as it is much needed for the IHOM approach to be more effective in the future. Hence Capacitar model and other courses that would help to enhance self-care for the facilitators and participants is recommended.

- The healing of memories, as the study shows, is one stone in the mosaic of healing where different stones are required to complete the mosaic. According to the analysis, participants' needs include an ongoing support system (after the workshop) and networking that will enhance the process of healing and transformation. Therefore the recommendation for the IHOM includes an updated database so as to be able to organise this kind of programs efficiently and effectively thus enhancing the overall approach.

- This study also indicated that IHOM does not guarantee healing after the workshop and therefore concluded that healing from painful memories is a life-long and long term process. IHOM does not claim to heal individuals, but aims to contribute to the healing process. This study advocates for interventions around the prevention of further continuation of and re-occurrence of trauma and rehabilitation in form of more immediate follow-up endeavours. Follow-up workshops are recommended to be conducted e after a month of the initial workshop. Another recommendation would be for the Institute to have on board trained counsellors and social workers thus creating more effective and efficient services in the future.

- The study also shows that the majority of participants indicated that they are interested in attending a facilitator's training with the prospect of becoming future facilitators to assist others. The kind of 'shift' that was indicated in the analysis alluded to an occurrence of a change of mind and behaviour, and could also be transformation. The study advocates that IHOM boost the methods of promoting the replication of the approach thus enhancing the

sustainability of the approach. Therefore, both participants' and facilitators' feedback is important to further development and improvement of the approach.

- Ross (2010) views concerning traditional African healing approaches indicated that it is beneficial to dig deeper into people's cultural spirit so as to ensure sustainability of this kind of programmes. She pointed this out as a way of integrating African and Western models. Therefore this study recommends courses that are aimed at enhancing the South African spirituality and cultural ethics that are summarised under the principle of "Ubuntu" (Umuntu ngumuntu ngabantu) which is translated as a person is a person through other persons (ibid 2003:44). It is recommended that IHOM devises courses that place emphasis on individuals' identity. This is a key factor where each individuals undergo a series of sessions in the quest for understanding how their culture, the past (for example colonialism) influences their identity today. The study also makes recommendations that this area would require further research.

- Kleinman et al (1997) and Ross (2003) share similar views about memory, social suffering and healing. Both agree that in the recent years human suffering has increased and taken a toll on the human existence be it human problems caused by political violence, disease, war, depression et cetera. Kleinman et al (1997) calls for emphasis on the research of traditional representations and contemporary appropriate solutions to human suffering. "Similarly, African morals and ethics are derived from and inextricably interlinked with African spirituality, and they appear to be important principles to be learned from traditional African approaches to healing – even for those who do not share the African cosmology or worldview" Ross (2010:44). Again, this illustrates the point that further research in this field is required in order to understand what and how traditional practices could be integrated in the contemporary healing representations.

- As Villa-Vicencio (2002) further indicated, the institutions of healing are to remain committed to seeking sustainable solutions to social healing challenges that continue to undermine tangible transition in all the sectors in South Africa. As he asserted, South Africa is potentially positioned in the light of its record of a non-bloody negotiation through the Truth and Reconciliation Commission. It is transition in the ongoing innovative transitional possibilities (Ibid 2002). Although the IHOM programmes have spread locally, regionally and internationally³ this study calls for further growth and expansion of the IHOM., to cater for

³ Apart from the Western Cape the IHOM has also spread its programmes into other provinces and regions in

the masses in the country as well as in other African countries that have experienced recent trauma for example, Kenya, Congo DRC, Sudan, Libya to mention a few.

Kleinman et al (1997) assert that this subject of the field of social suffering has been identified by scholars in other fields such as anthropology, medicine, theology et cetera. However, Thompson (2008) argues that further research on the gaps in the area of social healing and trauma. This study further recommend research and contextualisation of some of the concepts such as ‘social healing’, ‘social suffering’, ‘collective healing’ et cetera as these have not received enough attention in the field of peace and conflict studies.

A limitation of the study is certainly that this field is still immature in terms of establishment of tangible theoretical concepts. Thus it poses a challenge to find a theory that suits the study and can be tested using the findings. It was not possible to generalise the findings as the sample collected was too small to substantiate general results. Being a qualitative study a lot of data was collected which brought with it many themes. So the challenge was to specify findings for the researcher’s objectives. Other findings gathered that do not line up with the study objectives have been archived and could be presented as journal articles at a later stage.

For further studies the use of the confrontational space as is the second phase of the IHOM approach calls for inquiry. This might lead to the inclusion of conflict management courses so as to instill skills required in the case of conflict arising from the confrontation of pain and suffering especially in the presence of conflicting individuals or groups⁴.

In conclusion the Institute for Healing of Memories’ making sense of one’s suffering through empathising with another is the core finding. Making sense of suffering together creates an individual inner awareness of healing strength. Own feelings plus experiences become clearer, the discernment of one’s own suffering becomes more possible. There is a correlation between storytelling, narrating and healing. Listening and sharing creates sentiments of connection and commonality. It creates the possibility of empathy and something happens, a spirit correlation and a sense of transcendence emerges, something Lederach (2005:147) called “moral imagination”

Southern Africa such as Kwazulu-Natal and Eastern Cape Provinces as well as in Namibia, Lesotho, and Zimbabwe as well as the East African region, that is Rwanda and Uganda and overseas countries such as New Zealand, Australia, United States of America and some of the European countries.

⁴ The IHOM has a policy that protects the staff members and the clients (participants) that has been put in place and it is known as the Children and Vulnerable Adult Protection Policy.

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APPENDIX 1.

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

INFORMATION SHEET

Research Title: Participants' and facilitators' experiences and perceptions about the Institute for Healing of Memories' healing approach.

What is this study about?

This is a research project being conducted by Mercy Mwaura as a partial requirement of a Masters degree (Institute for Social Development) at the University of the Western Cape. I welcome you to participate in this research project because you are a participant of the Institute for Healing of Memories. The purpose of this research project is to analyse the experiences, views and perceptions of the participants to improve the IHOM's programme approach.

What will I be required of me if I agree to participate?

You will be asked to answer some questions in regard to characteristics of the activities of the workshop, the facilitating style, interaction between facilitators and participants, your perceptions and attitudes towards storytelling as way of healing, and relevance and applicability of this approach. This will be in form of an interview and will take 30 to 45 minutes per participant.

How do I know if my participation in this study will be kept confidential?

We will keep your personal information confidential. To help protect your confidentiality, the interviews are anonymous and will not contain information that may personally identify you. If we write a report about this research project, your identity will be protected to the maximum extent possible.

What are the risks of my participation in this research?

There are no known risks associated with participating in this research project. If any problem that would require assistance from a counsellor occurs during and after the research a counsellor from IHOM will be available.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help the facilitators and programme organizers to learn more about the views and perceptions of participants and to contribute to an improvement of effectiveness of IHOM programmes. We hope that, in the future, other people might benefit from this study through improved understanding of the needs of participants and facilitators as well as insight into how to enhance the IHOM approach.

Do I have to participate and may I stop to do so at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

What if I have questions?

If you have any questions about the research study itself, please contact Mercy Mwaura:
2727032@uwc.ac.za

Should you have any further questions regarding this study please contact:

My Supervisor: Prof Marion Keim 021 959 3859 or mkeim@uwc.ac.za

University of the Western Cape; Private Bag X17; Bellville 7535.

This research has been approved by the University of the Western Cape's Senate Research Committee and Ethics Committee.

APPENDIX 2

CONSENT FORM

The facilitators' experiences and perceptions of the IHOM approach to social transformation and healing.

The study has been described to me in language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way. I do hereby give the researcher permission to use all collected data for the described purpose of this study.

Facilitator's name.....

Facilitator's contact telephone number or email address (optional):

Facilitator's signature.....

Witness.....

Date.....

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact:

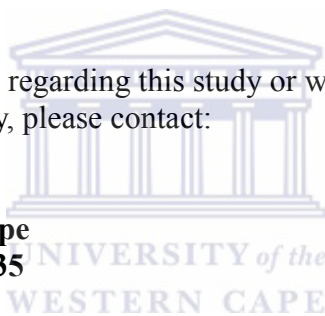
Researcher

University of the Western Cape

Private Bag X17, Bellville 7535

Telephone: (021)959-3868

Email: kuimercita@gmail.com; 2727032@uwc.ac.za



CONSENT FORM

Participants' perceptions about the IHOM healing approach

The study has been described to me in language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way. I do hereby give the researcher permission to use all collected data for the described purpose of this study.

Participant's name.....

Participant's contact telephone number or email address (optional):

.....

Participant's signature.....

Witness.....

Date.....

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact:

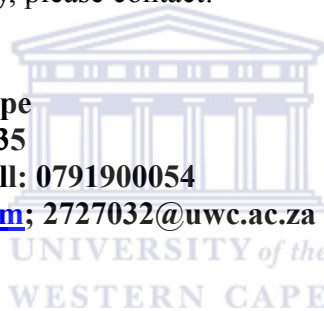
Researcher

University of the Western Cape

Private Bag X17, Bellville 7535

Telephone: (021)959-3868 Cell: 0791900054

Email: kuimercita@gmail.com; 2727032@uwc.ac.za



APPENDIX 3

Interview questions to the facilitators

What is this study about?

This is a research project being conducted by Mercy Mwaura as a partial requirement of a Masters degree (Institute for Social Development) at the University of the Western Cape. I welcome you to participate in this research project because you are a facilitator of the Institute for Healing of Memories. The purpose of this research project is to analyse the experiences, views and perceptions of the facilitators so as to find out how the social healing method have been employed in the community by the institute in order to improve the IHOM's programme approach.

Focus 1: To examine how the approach have been employed within the community to enhance social transformation and healing?

1. When and how did you come to hear about IHOM?
2. Had you heard about IHOM before attending the first workshop?
3. What motivated you to be a facilitator? What continue to drive you to facilitate the IHOM workshops?
4. How do you describe the activities carried out during the workshop?
5. What would you call the method used by IHOM?
6. What are the main characteristics that describe the method?
7. Do you think the IHOM provides the environment that is conducive for participants to speak freely?
8. What does the IHOM do to make this environment conducive? Do matters of trust and confidentiality play a role in this?
9. What are the participants' needs that the workshop addressed?
10. What is the experience of having to listen to other people's story? How did you respond to the participants' story /needs?
11. Was there any observed difference with participants after they told their story? And after the workshop?
12. To what extent were the participants' expectations met?
13. What are activities carried out by the participants during the workshop? Did they meet their expectations?
14. Were the participants able to brush off the old and embrace something new and positive?
15. During the facilitation process what helped to do the above?

16. What are expectations you had before the workshop?
17. Listening to others stories does it trigger old memories of yourself? How do you deal with that and remain focused to facilitate the workshop?
18. Do you carry emotional burden with you after the workshop? If so how do you deal with that? Do you have somebody to share? Is IHOM offering any help with self-care to you?
19. What other challenges do you encounter in facilitating in IHOM's workshops?
20. How spontaneous and honest are the participants in expressing their thoughts in small groups?
21. From your own discretion did the participants change their views of how they view themselves, in relation to the past?
22. Did you feel any need for a follow up or the workshop was enough?
23. Did the style of facilitating meet the participants' expectations? Were the participants familiar to this facilitation style?
24. Do you think that the IHOM method is successful in promoting mutual understanding among the participants from different backgrounds/and experiences?
25. According to your own discretion do you think that the workshop has a lasting effect on the participants? And why do you say that?
26. Is the effect on participants similar to all or do individuals differ a great deal in what they take from the workshop?
27. What do you think was the most valuable part of the workshop for the participants?
28. In your own view has the IHOM done its part in enriching its facilitators with all the skills required in being a successful in facilitating community healing workshops?
29. Do you have any suggestions for training improvement? Is there anything that you wish to add?

Interview questions to participants

What is this study about?

This is a research project being conducted by Mercy Mwaura as a partial requirement of a Masters degree (Institute for Social Development) at the University of the Western Cape. I welcome you to participate in this research project because you were a participant of the Institute for Healing of Memories workshop(s). The purpose of this research project is to analyse the experiences, views and perceptions of the facilitators so as to find out how the social healing method have been employed in the community by the institute in order to improve the IHOM's programme approach.

Focus: To examine how the approach have been employed within the community to enhance social transformation and healing?

1. Had you heard about IHOM before attending the first workshop?
2. How do you describe the activities you carried out during the workshop?
3. What would you call the method used by IHOM?
4. What expectations did you have before the workshop?
5. How was the experience after you told your story? How did you feel?
6. How did the facilitators/workshop respond to your story /needs?
7. How do you see your story now as compared to before you told your story?
8. To what degree have the expectations been met?
9. After attending the workshop, what changes have occurred to you? Regarding the needs?
10. Was there any difference you felt after the workshop?
11. Were you able to brush off the old and embrace something new and positive?
12. Which needs did the workshop address?
13. To what degree were your expectations met?
14. How was it to listen other people stories?
15. How did you cope with any emotions that were aroused?
16. Did feel the need for further help after the workshop?
17. Did you change your views of how you view yourself, in relation to your past?
18. What changed in the way you relate with communities of people different from yourself?
19. Did you feel any need for a follow up or the workshop was enough?
20. What are the activities you did during the workshop that met your expectations?
21. Did the style of facilitating meet your expectations?
22. Do you think that the IHOM method is successful in promoting mutual understanding among the participants from different backgrounds/and experiences?
23. Do you have any suggestions for workshop improvement?
24. What was the most valuable part of the facilitators' training?
25. Is there anything else that you would like to share about your experience at IHOM?