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Healing South Africa: The Institute for Healing of Memories as a Lens for Post-Conflict Trauma Initiatives

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**Healing South Africa:
The Institute for Healing of Memories as a Lens for Post-Conflict Trauma Initiatives**

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I.Acknowledgments

I would first like to thank my advisor in Cape Town, Chris Saunders, for his time, dedication and assistance. While researching in a new city it was immensely helpful to have a dedicated advisor to help me connect with organizations and individuals who deal with trauma. Next I would like to extend a heartfelt thank-you to the Institute for Healing of Memories in Durban. Your helpfulness, openness and expertise made it a pleasure to spend time with your organization. I feel lucky to have had the opportunity to speak with many inspiring individuals who are working tirelessly to help people whose lives have been ravaged by trauma. I hope that in the future I am able to have the compassion, wisdom and drive to carry out the kind of work that they do. Thank you also to the Institute for Healing of Memories staff in Cape Town for helping me gain an understanding of the organization as a whole.

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II. Abstract

This paper investigates how South Africa is attempting to deal with its violent past and present, by way of helping individuals cope with trauma. The Institute for Healing of Memories was examined through a case study and the Trauma Centre for Victims of Violence and Torture was also researched. I inquired first, what is most successful about these organizations' work, and second, whether these successful approaches could be exported to help a larger percentage of traumatized people in South Africa. My research found that the entire Healing of Memory workshop methodology is successful and would need to be exported as a whole, but that the organization does not have the resources or the funding to do so. The most plausible way to extend its aid would be through partnerships with other organizations that offer different kinds of care. Even so, however, it would be difficult for the approaches of private sector organizations to expand adequately enough to compensate for the lack of government-headed initiatives toward addressing the large abundance of trauma in South Africa.

III.Introduction

During the victim hearings of the Truth and Reconciliation Commission (TRC) the public of South Africa became aware of the quantity and extent of violence that was suffered under apartheid rule. Political violence at the hands of all political parties left the country with deep emotional scars, including masses of unresolved grief and post-traumatic stress. Some victims who testified for the TRC were given counseling but many more victims of trauma in South Africa were not able to receive such care. Violence and trauma continue to permeate South Africa after its transition to democracy due to its increasing crime rate, xenophobia, and prevalence of HIV/AIDS. With South Africa's high rate of unrest there is a significant need for health organizations and staff to help people cope with their pain and suffering. Though there is virtually no government budget for trauma and healing, several Non-Governmental Organizations (NGOs) exist to help individuals cope with trauma from their pasts. One such organization is the Institute for Healing of Memories based in Cape Town with a satellite branch in Durban. It was founded to continue the work of the TRC with the specific goal of helping individuals work through their pain and recycle it in a positive manner. The Institute's focus has since shifted to helping individuals cope with HIV/AIDS, prison re-entry and refugee status. Related organizations such as the Trauma Centre for Victims of Violence and Torture, Khulumani, the Centre for Study of Violence and Reconciliation, and the Institute for Justice and Reconciliation also operate in Cape Town.

Since its founding during the TRC the IHOM has grown exponentially as an organization. It operates through methodologies that are highly successful in helping clients develop better coping mechanisms to deal with their traumatic memories. The Trauma Centre and CSVR are also known to have widespread success in helping their clients address trauma.

These organizations have limited abilities to help clients with other challenges in their lives such as poverty, hunger, and living in violent communities, but they are at least able to help people better cope with trauma from the past. They are extremely successful with the clients they reach, but are still only able to serve a small percentage of people in South Africa who have been through traumatic experiences.

In my research I examined three NGOs that work with victims of trauma. I first looked at the Trauma Centre for Victims of Violence and Torture (Trauma Centre) in Cape Town. I then focused on the Institute for Healing of Memories (IHOM) in Cape Town and Durban, formulating a case study of the Durban branch. I sought to investigate what these organizations are doing that is successful in helping people heal from trauma. Having heard about the IHOM's success in particular, I inquired as to whether their successful approaches could be expanded to reach a greater proportion of the traumatized population in South Africa. My interest in healing organizations stems from my pursuing undergraduate degrees in Psychology and Peace Studies. Having learned about the wide-spread trauma in South Africa and limited resources to address the need for healing, I wanted to investigate some of the efforts set forth to address this deficit.

This paper begins with a review of literature about trauma in South Africa. It explores levels of trauma and the importance of trauma being treated. Next the importance and drawbacks of narrative is explored, in the context of community and individual healing methods. It closes with a discussion of the IHOM as an intermediary between community and individual healing. The paper then discusses research findings on the Trauma Centre and IHOM, with a write-up of my case study conducted on the IHOM branch in Durban. The case study includes an overview of the IHOM, information about its workshops, facilitator experiences, methods for following up with participants after workshops, and workshop evaluations. Participants' desire

for further follow-up is addressed, which leads to a discussion of whether the IHOM's successful methodologies could be expanded to reach more clients.

IV.Literature Review

A rich collection of books, articles and movies has been produced about approaches to healing trauma in South Africa. They highlight and critique methods used by the government and individual organizations in South Africa as well as in other African countries such as Rwanda and Angola. The literature put forward about trauma and healing in South Africa indicates that all methods employed have benefits as well as drawbacks. A particularly valuable method for dealing with trauma in South African is one that addresses both the collective and individual nature of its violence.

South Africa's rate of violence is difficult to assess or measure. Norman Duncan (2005) estimated in a report on South African trauma that the statistics on violence are underestimated for a number of reasons. Acts of violence were routinely covered up by the National Party's culture of secrecy, which made researchers reluctant to report violence thoroughly. People have also become somewhat desensitized after having been exposed to high levels of collective violence. Even these under-reported statistics, however, estimate that for instance 3.5 million people had experienced forced removals by 1983. The living conditions in many black communities under apartheid were violent enough to be considered traumatizing by many studies as well. (Duncan, 2005) The lack of knowledge about how many South Africans have experienced violence makes it difficult to understand how large the demand is for healing initiatives.

However underestimated the statistics are for people who have experienced trauma directly, it is clear that many more South Africans are indirectly affected by trauma. In *Trauma – A Public Health Issue for us all*, Antoinette Ntuli (1998) argues that the high levels of violence in South Africa have a negative effect on the country as a whole. People who have experienced

violence and trauma often displace their anger on family members, friends and community members, leading to a greater atmosphere of frustration and unrest. These sentiments are translated into a higher rate of alcohol abuse, which leads to even higher levels of violence. Violence levels are also augmented as former victims of violence become perpetrators themselves. An increasingly violent society is thus fueled as violence begets more violence, and more and more people become affected. (Ntuli, 1998) This theory about the origins of violence poses an explanation for why crime and domestic violence have escalated since the end of the apartheid regime. It explains why there is a significant need for health services, public policy and community policy to address trauma. It does not account, however, for people who have endured violence and trauma and thereafter decided to work to prevent violence. Extraordinary figures such as Father Michael Lapsley show an ability to recycle trauma in a positive manner and work to promote peace. The theory also does not account for the NGO initiatives set up post-apartheid to help people cope with violent pasts, such as the Institute for Healing of Memories and Trauma Centre. Treatment by multiple healing institutions has hopefully helped diminish the cycle of violence, and this concept stands against the theory of escalating trauma in South Africa society.

It is suggested in many pieces of literature that people who undergo traumatic events continue to suffer long after the events have passed. Christina Stucky discusses in *Trauma – the Emotional Side* (1998) that people who have undergone traumatic events experience mental and physical effects even when their pain is buried or unexpressed. Western psychoanalysts call this enduring pain Post-Traumatic Stress Disorder, while many African communities refer to it as “nerves” (Colvin, 2006, p. 7). The distress can result in “anger; problematic interpersonal relationships; depression; lack of self-confidence; general distrust in others; recurrent thoughts

relating to the traumatic incident; social withdrawal; perceived lack of control; nightmares of bad dreams; [and] emotional numbing” (de Ridder, 1997, p. 31). Such emotional disturbances can also lead to physical symptoms such as backaches, headaches and insomnia (Stucky, 1998). People enduring trauma experience a kind of distress under the surface that burdens the rest of their lives and makes it difficult to be productive in areas such as family life and employment. The play and film *Death and the Maiden* demonstrate how traumatic experiences can affect or control a person’s life long after the event occurred. Showcasing a woman who had suffered from extensive torture and rape, it shows how her trauma continues to control the course of her life after the experience has passed. She is mentally consumed by it on a daily basis, to the extent that she turns out the lights and pulls out a gun whenever a car pulls up to her house. She is perpetually fearful and seeking an opportunity to have her grievance acknowledged. As the play and film do an excellent job of conveying, trauma can lead to extreme distress and disruptions of a person’s everyday life and motivation.

Because of the adverse effects trauma has on human beings, it is important that trauma survivors receive some kind of support to help them move forward and deal with their distress. Father Michael Lapsley (1997) addresses this need in an article written during the TRC’s victim hearings. Titled *Healing the Memory*, his article details his motivation for setting up healing initiatives. Recognizing that many South Africans were scarred by apartheid regardless of their race, and that they all needed healing beyond only testifying before the TRC, he began running “Healing the Memory” workshops with similar aims of the TRC victim hearings: to help people begin healing by sharing their stories. Lapsley discusses how memories of trauma need to be healed so that people can move on rather than continuing to wrestle with them in the future. There is no other way to cope with traumatic memories, he writes, except to try to bury the

memories altogether. “But there is no evidence in the history of the world that societies were able to successfully bury their past,” he writes. “Evidence shows that what they’ve attempted to bury came back to haunt them. Look at slavery, or the experience of the Afrikaner in the British concentration camps. Those memories never healed” (Lapsley, 1997, p. 46). Healing is therefore a crucial process to helping people move forward from trauma. I agree with Lapsley’s opinion that memories need to be healed. Even if this process involves opening up an emotional wound, it cleanses the infections such as assumptions and misinformation that prevent a wound from healing fully. There are also many people who argue against Lapsley’s view that wounds should be addressed and cleansed after a traumatic event, however. Their arguments will be addressed below in the discussion on narratives.

Narratives are a central technique employed by many different institutions to heal, from the TRC victim hearings to other psychotherapeutic organizations that offer one-on-one therapy. Narrative therapy is seen to have many benefits for victims. In the article *Reconciling Trauma and the Self: The Role of Narrative in Coping with Sexual Abuse and Terrorism*, Robyn Fivush (2005) discusses a study that shows how narratives help victims to cope with past experiences of abuse. Participants in the study who talked about their experiences and or even wrote about them in journals showed better coping, self-concepts, and physical health, both directly after the study and one year later. She reasons that “coherent narratives provide us with a framework for understanding the traumatic event, which in turn allows us to integrate the trauma with self-understanding.... to reconcile trauma with their sense of who [one] [is] in the world” (Fivush, 2005, p .92).

The benefits of narrative are also visible in larger group settings. In Rwandan sociotherapy groups designed to help participants repair their personal and social worlds after

violence, narrative is also considered an important aspect of healing. One group participant speaks about finding tremendous healing from telling her story to the group. It allowed her to unburden herself and feel more peaceful, which also put her in a better mindset to begin facing what had happened to her. Being listened to by other group members made her feel acknowledged and respected. Many group members feel that having their stories acknowledged by others helps them to regain their humanity lost during the genocide. (Richters, 2010)

Narratives also have an important place in one-on-one therapeutic settings. Therapy sessions for trauma treatment begin by letting individuals talk about their traumatic experiences and their emotions surrounding those experiences (de Ritter, 32). Narrative is thus seen as the first step toward healing. The TRC in South Africa aimed to accomplish this first step toward healing for victims who testified about gross human rights violations. It sought to create a safe space where people could tell their stories and unburden themselves from their pasts (de Ritter, 1997).

Despite the benefits that narrative provides for many people, it is also argued that narrative can do harm to people's healing processes. Many people who testified before the TRC felt an initial relief after telling their stories. A few weeks later, however, some experienced an onset of their traumatic symptoms. They had been in effect re-traumatized by telling their stories. Prior to testifying they had built up defenses against their trauma or been partially successful at burying it. By retelling their stories for the TRC, their defenses were removed and their pasts began to haunt them again. (de Ritter, 1997)

It is suspected that the narrative format of the TRC victim hearings could cause harm to victims who testified also because the TRC was more concerned with national reconciliation than individual healing. The commissioners', journalists', therapists' and politicians' interest in traumatic stories created a demand for people to share their painful memories. Colvin describes

this demand as a “political economy of traumatic storytelling” (Colvin, 2006, p. 1). He considers it “peculiar” that a marketed political process is also assumed to help victims. In his article *Shifting Geographies of Suffering and Recovery: Traumatic Storytelling after Apartheid* he makes negative comments about the politicization of traumatic storytelling but often neglects to back them up with evidence. Nonetheless, I consider his skepticism to be an important critique to ensure that storytellers do not get abused for their stories. I also think his insights would be more valuable if he acknowledged some of the benefits of storytelling as well. Storytelling has become a revered process, from the TRC victim hearings to one-on-one therapy sessions and group sociotherapy. Even if the benefits of narrative have been inflated, narrative has become popular partially because it is a useful tool in the healing process. Annemick Richters (2010) describes how healing has also become a political market in post-genocide Rwanda. She writes that government-funded reconciliation initiatives such as storytelling organizations sometimes only achieve shallow reconciliation because they are top-down processes that prioritize national unity. Grassroots organizations are often more successful because they work toward genuine, person-to-person reconciliation. (Richters, 2010) There is no larger ulterior motive such as national reconciliation or demand for memories to impede the process in independent grassroots organizations. I think that instead of being critical of narrative altogether, Colvin should recognize its merits and work to protect it in its true form. Despite its vulnerability to being abused to government, media or therapeutic purposes, I still think narrative has demonstrated benefits which should be acknowledged and preserved. This is especially true with grassroots organizations and NGOs that prioritize individual over national reconciliation.

The narrative format is an important component to many different types of healing, despite the drawbacks that it brings. It has been a crucial part of healing in South Africa, other

African countries and the Western world. The format in which healing takes place can differ drastically in these different regions, however, despite common threads they have. Community healing practices employed in many regions of Africa contrast with Western therapeutic models of one-on-one counseling for post-traumatic stress disorder. South Africa, as a place former president Thabo Mbeki dubbed “two worlds in a country,” is in many ways a location suited for both these models. Before exploring South Africa’s place between them, I will address some benefits and drawbacks of the two models as seen in post-genocide healing efforts in Rwanda.

In post-genocide Rwanda, an international community flew in and trained psychotherapists while also setting up NGOs to deal with the country’s massive amounts of trauma. Their approach has had limited success because the number of people who experienced trauma was too large to reach through individual counseling or NGOs. The country’s widespread trauma required an approach that would encompass larger groups of people. Another major drawback to individual counseling was that it did not help a traumatized individual to reintegrate with his community. People who had shattered social relations and consequent difficulties interacting with neighbors and villages needed social support as much as help with their pasts. Community-based sociotherapy programs have thus been more successful at dealing with trauma in Rwanda than individual counseling. Community-based sociotherapy operates through numerous support groups of ten to twelve people which met for three hours per week. Within its first three years sociotherapy had managed to reach reach 4,500 group participants. Participants often value this method more than individual therapy because it connects them with others who face similar problems. It also provides a support network and feeling of togetherness that is cherished in their culture. Group members often continue to meet amongst themselves after their scheduled sessions and some have even created businesses together. Individuals who

do not find success through sociotherapy are sometimes advised to consider more individual types of therapy. (Richters, 2010) I consider Richter's article about community-based sociotherapy to be an extremely valuable resource. It describes sociotherapy in the context of other healing initiatives such as psychotherapy and government programs, evaluating the limitations of sociotherapy as well as its strengths.

An additional reason community therapy groups have potential for success in post-conflict regions is because of their ability to integrate former victims and perpetrators of violence. *Theatre of Violence: Narratives of Protagonists in the South African Conflict* (1995) explores how people develop images of perpetrators as a separate group from their societies. This separation prevents them from acknowledging human nature's capability of playing both perpetrator and victim roles. It also shifts accountability onto a set group of people without recognizing the role that all people may have played in a conflict. (Foster, Haupt & Deer, 1995) In community healing practices such as sociotherapy, people who have played perpetrator and victim roles can be in the same sociotherapy groups. This helps them to reconcile themselves and the other as part of the same society, whereby people want to heal no matter what their past roles were.

In African regions such as Rwanda which have experienced large-scale trauma, sociotherapy and other community healing methodologies are more effective than individual therapy for many people. Community healing has been especially effective in these regions because people have undergone conflict as a collective community. In Western countries such as the United States where violence has not been as wide-spread, many people who experience trauma do so more individually. Individual therapy could thus be more appropriate there than in a place such as Rwanda with wide-spread violence. Is trauma in South Africa more comparable

to a community such as Rwanda that benefits more from community healing? Or to a Western country that benefits from individual counseling? With South Africa's wide-spread violence under apartheid and before the 1994 democratic elections, it seems comparable in some places such as kwaZulu-Natal and townships across the country to Rwandan villages. With South Africa's high crime rate, however, many people have also endured individual trauma, and may subsequently benefit more from individual therapy. Twenty years out of apartheid it is also questionable whether people living in the same place have endured different types of trauma from one another, and therefore if they would benefit more from individual than community healing.

I have not located an easy answer to this question of whether individual or collective healing is more appropriate in South Africa. The question of appropriateness for each technique may form a large gap in literature. Trauma in South Africa is most readily addressed by NGOs, many of which grew out of the TRC testimonies and Healing Support Network. Many of these NGOs, such as the Trauma Centre for Victims of Violence and Torture, address people individually, while others utilize support groups.

One such institute that began operating during the TRC to provide continuing support for victims, the Institute for Healing of Memories, offers an approach that combines individual and collective healing tactics. Through its workshops it serves forty to fifty individuals at a time who have been through traumatic experiences and are mostly from different communities. These workshops focus on helping participants begin their own healing processes in a group setting where members support one another. A temporary community is thus created within a workshop group. The Institute for Healing of Memories serves people who have undergone individual trauma and are also looking for the healing powers of a community. Their workshop technique

seems to embody the idea that individual and community healing are tied, and healing one facilitates healing of the other. This concept is also expressed in Robert Herr's *Transforming Violence*. He discusses how an individual needs a community in which to gain humanity, and how a community is shaped by its individuals (Herr, 1998). In a survey published as part of its Conference Report, the Institute for Healing of Memories participants report their workshops to be extremely beneficial. The most common critique offered is a desire for more follow-up sessions after attending workshops (Niyodusenga & Karakashian, 2007). The survey may offer limited critique because it is administered and published by the Institute for Healing of Memories. A survey administered by different party may bring about a more thorough assessment of critiques.

The Institute for Healing of Memories begins a process of individual healing within a group setting that appears to be extremely successful, despite the lack of critiques available. Group participants would like its approach to be an extended form of therapy that lasts for multiple sessions rather than the course of a weekend. Given South Africa's history of violent political repression and fighting amongst political parties, it makes sense to employ a healing methodology to multiple people who have endured similar circumstances. This methodology also reaches more people than individual therapy does, though not nearly as many people as community approaches do. It additionally allows former perpetrators and victims to transcend their labels. The Institute for Healing of Memories incorporates individual healing tactics too, so individuals can address their own individual traumas. The need for healing trauma in South Africa appears at a juxtaposition between group-wide community healing and individual healing, and it seems that an approach such as that taken by the Institute for Healing of Memories could most effectively address that problem. The Institute for Healing of Memories' approach is only

able to reach a small percentage of people affected by violence and trauma in South Africa, however. With limitations of staff, resources and funding, it offers valuable care for a minority of traumatized individuals. Methods such as theirs would need to be extended in some way to reach more people in need of inner healing.

V. Methodology

Through my research I sought to learn about inside experiences to NGOs that deal with trauma, namely the IHOM. To conduct my research I used a mix of formal and informal interviews. My interview technique consisted of entering interviews with a set of targeted questions for interviewees. These questions were often used more as topic guidelines, however, which then allowed room for shifts in discussion topics. For the first half of my interviews I took notes in a notebook during the interview. Realizing that note-taking impeded my ability to listen to interviewees affectively, however, I conducted the second half of my interviews without taking notes. I took notes from memory after each interview, and found these notes to be more extensive than when I had tried to take notes during an interview. I attributed this difference to being able to listen better when I was not focused on taking notes. A weakness of this methodology however was that I could not copy down many exact quotes, and may have forgotten more details than if I had specific records of interview sessions. I did not use a voice recorder because I worried it would make interviews feel more formal than necessary.

While in Cape Town I interviewed a former staff member of the Trauma Centre and a staff member of the Centre for Popular Memory, as well as one interview at the Cape Town IHOM headquarters. After returning to Durban I spent a week at the Durban IHOM's new office. There I was able to formally interview three facilitators, including one manager and the manager of the Healing Support Network. Two interviews with facilitators were also conducted off-site; one at the office of the Durban Refugee Council and one at his home. The IHOM in Durban was very receptive to allowing me to ask them questions and helping me learn about their organization. The interview methodology was strong because it helped me obtain a variety of perspectives, especially about the IHOM. Conducting only interviews allowed me to learn interviewee's opinions about the various organizations rather than drawing conclusions based on

observations. It also allowed me to hear about experiences of being a workshop facilitator and participant, because many facilitators were workshop participants before becoming facilitators. A weakness of this methodology, however, was not being able to interview participants who had undergone their first workshops recently. I did not try to interview this population because they are likely to be emotionally vulnerable, and interviewing them about their healing experiences could re-open wounds that are just beginning to close up. Such subjects would have provided valuable information, however, about people's feelings immediately after workshops. Facilitator experiences are also valuable but facilitators are likely to be farther along on their healing journey than newer participants. Another major weakness of my research is that it lacked the experience of attending an IHOM program. Witnessing a Healing of Memories workshop or Healing Support Network meeting would have allowed me to engage in participant-observation as I had originally hoped.

VI.Limitations of the Study

A major limitation is that I was not able to attend a workshop with the Institute for Healing of Memories. The Durban branch's only workshop during the month of April was closed for a specific community which prevented them from inviting guests. As the primary mechanism for interaction with clients, the IHOM's workshops form the center and soul of their work. Without the ability to attend a workshop I interviewed several facilitators on their experiences of facilitating as well as participating in workshops. These descriptions were very informative however the research would have been more complete if I had been able to experience the process first-hand. The research is also based on a limited number of interviews. At the Durban IHOM information was gathered from five facilitators, including one head facilitator/manager. There are 31 facilitators who run workshops in Durban and many of their views are not accounted for. At the Cape Town office of IHOM, only one manager was interviewed. The research on various healing organizations attempts to understand some ways that different Non-Governmental Organizations (NGOs) deal with trauma in South Africa. It examines these organizations specifically and has not explored the approaches of other trauma organizations in depth. The organizations I examined concentrate their work in kwa-Zulu-Natal and Cape Town and cannot account for work in other parts of South Africa. I was able to obtain valuable information from reading participants' workshop evaluation forms, many of which were written in English and others of which were written in other languages. The information in this report is only a reflection of the forms that were in English. My research is lastly limited in that it was conducted over a period of five weeks. This time frame allowed for a limited depth of research and inquiry, and did not observe the organizations' operations over an extended period of time.

VII. Findings and Analysis

a. The Trauma Centre for Victims of Violence and Torture

The Trauma Centre for Victims of Violence and Torture in Cape Town, known for short as the Trauma Centre, is a widely respected organization offering aid to victims. It was founded in 1993 alongside the Truth and Reconciliation Commission as part of the Mental Health Response network, an alliance of organizations helping people cope with the emotional burden of the TRC. The Trauma Centre has since been housed in a building that used to be a half-way house for people visiting prisoners on Robben Island. Its first chaplain was Father Michael Lapsley, whose work will be discussed more in depth under the case study of the Institute for Healing of Memories. It is staffed by 14 to 16 people who have been trained as psychologists or social workers and have received training at the Trauma Centre in dealing with trauma. The Trauma Center offers a variety of programs for clients including individual counseling, a political violence program, group counseling, and a community healing network. It operates on an evidence-based intervention strategy which restricts it to strategies that have been tested and shown positive results. The community healing network has been particularly effective, taking groups of 18 to 20 people on retreats in the wilderness to heal.

Clients usually get referred to the Trauma Centre by doctors and psychologists for specialized trauma care. Each client begins with three individual counseling sessions and their counselor decides which program they should follow from there. Highly traumatized and vulnerable clients usually continue with individual counseling before they are considered ready to participate in group counseling. Narrative therapy is included as an incredibly powerful aspect of the Trauma Centre's individual and group therapy sessions. It is extremely constructive as long as counselors and psychologists can effectively help clients heal their

wounds that have been opened. One of the Trauma Centre's greatest difficulties is that they cannot affect change in their clients' home lives and communities. They can help clients with their internal pain, but cannot control the pain that is inflicted by poverty, hunger, poor living conditions, and violent communities. (Staff Member 1)

b. The Institute for Healing of Memories: Case Study of the Durban Branch

i. History and General Philosophies

The Institute for Healing of Memories was begun in 1993 to further the aims of the Truth and Reconciliation Commission's victim hearings. As the Truth and Reconciliation Commission heard 23,000 accounts of gross human rights violations, South Africa became increasingly aware of the extent of trauma endured by its citizens in the 20th Century. These hearings only offered a limited subset of traumatized individuals the chance to tell their stories. One such individual, Father Michael Lapsley, testified in the victim hearings after losing both hands and one eye from a letter bomb sent by the apartheid government. Lapsley began running workshops in order to allow more people the chance to share their stories. He did so recognizing the power of unburdening oneself from deeply painful memories in a safe and accepting space. These workshops brought groups of people together to talk about their pasts and begin their healing journeys. (Lapsley, 1997) The IHOM soon after began operating out of a headquarters in Cape Town and the organization has since grown exponentially. It has opened an active satellite branch in kwaZulu-Natal, and also runs workshops in African countries as well as overseas. Workshops remain its primary mechanism for reaching out to the people, which are based on a methodology that has been proven time and time again to be incredibly transformative and positive for clients. The IHOM recruits potential facilitators from its workshop participants and trains them on an ongoing basis. It also is expanding its reach with new programs. It is currently in the process of developing a community outreach program to address entire areas suffering from trauma. (Staff Member A) The IHOM today is a successful NGO that helps people who are deeply suffering to gain awareness of how they are affected by their pasts and begin moving forward.

Rather than taking a clinical approach to healing, the Institute for Healing of Memories takes a personable and compassionate approach. It instigates the healing process through storytelling, deep listening, group support, and acceptance. The healing methodology is applicable to all persons, as everyone has endured pain of some sort in his or her lifetime. Clients are not treated for their trauma specifically; but rather, for hardship they have undergone that still affects them. There is therefore no qualification for clients to have undergone severe trauma in their pasts, or to be suffering from Post-Traumatic Stress Disorder, or to suffer from depression, as people's hardships are respected equally regardless of the severity of their pain. The result of this accepting nature is that the IHOM works with a wide range of participants. Many participants have experienced severe physical, emotional or sexual abuse, or have traumatic memories of gross acts of violence they witnessed. Others have endured hardship in their home countries and fled to South Africa, only to be faced with xenophobic violence. Others still are struggling to cope with HIV positive status or death of loved ones from HIV/AIDS. People can also attend workshops because of more everyday pain such as relationship conflicts or workplace stress. Despite clients' large range in pain level the IHOM values everyone's participation equally. Everyone in a workshop is consequently required to participate, including all the facilitators. (Staff Member E)

After the IHOM's base was established in Cape Town it began stretching its work to other provinces. The satellite branch in kwaZulu-Natal was officially opened in 1997. This satellite branch was slowly built up by the current manager who was a firm believer in the philosophies and methodologies of the IHOM. He became familiar with the IHOM while working with the Diakoonia Council of Churches, being responsible for reconciliation among different churches. As part of the reconciliation process the Diakoonia Council ran workshops

with the IHOM. He learned the IHOM workshop methodology from these workshops and carried it with him to his next job with the Provincial Council of HIV/AIDS in kwaZulu-Natal, finding the workshop methodology was extremely effective with these populations as well. He was thereafter approached by the Cape Town branch about opening a branch in kwaZulu-Natal, and did so in 2007 from his house as the single employee. It has since grown exponentially. The Durban branch of IHOM considers itself a satellite branch because it stretches the IHOM's methodology to other populations and scenarios, testing whether it is applicable to new audiences¹.

The Durban branch of IHOM is at present a small organization that has achieved immense success through their workshops and programs. It has two full-time employees: the founder and program manager, and the administrative and logistical coordinator. It also has two part-time employees who are currently co-facilitators. There are 31 trained facilitators who run workshops in kwaZulu-Natal. Approximately ten workshops are run each year with a targeted rate of one workshop per month. In addition to monthly workshops the Durban branch runs a Healing Support Network program for two groups who meet once per month. It was established two years ago to follow-up with clients who need ongoing care. The branch lastly runs a Youth Outreach program to meet with youth in schools and encourage them to make positive choices for their futures.

The office coordinating these various programs is located on the eighth floor of the Welsley Centre in Durban. The IHOM relocated to this office at the beginning of April from their previous office at Marianhill in Durban. They had grown accustomed to the office in Marianhill and enjoyed it greatly. It was cozy, homey, and spacious. It was in close proximity to one of the favored venues for hosting workshops. It was also in a peaceful environment with a

¹ Interviewee not identified to protect confidentiality

strong presence of nature which was conducive to the mission of creating a safe space for clients. This topic will be discussed further in the discussion on workshop venues. The IHOM relocated from Marianhill to the inner city in order to “follow their clients and be better in touch with where the need was.” (Staff Member C) Marianhill had been outside of the city and more difficult for clients and partner organizations to access, whether to visit the office or attend workshops. With the IHOM covering transportation costs for clients the distance was especially impractical. The staff members do not enjoy their city location as much as Marianhill because it is a small office, in a chaotic area full of cars and buses and honking horns. They are grateful to have the space, however, given difficulties they encountered in acquiring the space and moving in.

When the IHOM sought to move to their new space they met resistance from the building lieutenants and surrounding organizations. This was caused by an HIV/AIDS voluntary testing and counseling centre located downstairs in a neighboring building. The HIV/AIDS centre expressed concern at another counseling organization existing in the same area, worrying that the IHOM would create competition for business. The IHOM therefore was locked out of their offices when they came to move in, even after having signed their lease, and had to involve a higher organization to continue with their move. This difficulty delayed their move-in and caused them to have to cancel their workshop in March. Even after they successfully moved into the new office, they learned that security guards in the building were questioning and harassing people visiting the IHOM. The IHOM was disappointed with the reaction of the AIDS centre because it had hoped to pursue a partnership whereby they could refer clients to each other and pursue joint funding opportunities. (Staff Member C)

ii. Healing of Memory Workshops

1. Methodology

The Healing of Memory workshops operate through a methodology that was developed by a group of psychologists, social workers and religious professionals. They are not run by licensed mental health professional, but facilitators who have been trained after undergoing workshops themselves. The result is that workshops are communal healing processes that include facilitators, rather than a counseling setting with clients and experts. The Healing of Memory methodology guides workshops groups through a healing journey over the course of a weekend. It renders participants aware of how they are affected by painful events in their lives, and helps them begin charting a path forward that is not dictated by their grievances. One IHOM staff member talked about the importance of the workshop forcing people to face their past grievances. He explained,

“We are all in denial for how apartheid has affected us. We can’t go through life and just be okay after having experienced something like that. We can’t be blinded to our pain – we have to deal with the issues, because they are still affecting us. The issues can be triggered like a landmine if they are not dealt with. We need to take time to face the pain and rebuild trust.”
(Staff Member A)

The workshops are designed as a three-day seminar where participants are taken into a safe and peaceful setting where they will not be judged. It follows a set course of activities and discussions which are framed within an atmosphere of trust and acceptance. Large group activities are interspersed with small group activities and activities promoting individual reflection, with each activity building on others before it. Workshops have a targeted size of 20 participants which can be stretched to 24. The Durban Institute has run workshops with as few as 11 participants in the past and as many as 120 in rare cases. Each workshop is staffed by a head facilitator as well as several co-facilitators, some of which are in the process of facilitator

training. The ratio of client to facilitator fluctuates in most cases between 5:1 and 8:1. The basic framework and principles are consistent across all workshops although some activities take different forms for specific groups. (Staff Member C)

Workshops have been held for a variety of populations in kwaZulu-Natal. At least four out of ten workshops each year are open to the general public. Such workshops are run for anyone who wishes to attend. Participants are recruited for these workshops mainly through word of mouth. When the IHOM plans for open workshops they spread information through organizations such as crisis centers, counseling facilities, churches, and the Durban Refugee Council. These organizations then refer people who they think could benefit from a workshop. People can also come to the workshops independently or with people they know. They can sign up by filling out forms online or by calling the IHOM directly. Previous workshop participants also recommend workshops to friends and family members, sometimes returning to workshops themselves with their friends and family. Participants can come from various areas of Durban because the IHOM pays for transportation costs to and from the workshops. There is no fee to attend workshops, which allows the inclusion of clients who cannot afford access to counseling. (Staff Member E)

In order to coordinate open workshops the IHOM must first find a venue. Such venues require a large meeting room, smaller rooms for small group sessions, accommodation and food for throughout the three day workshop. It is preferred that venues are quiet areas which allow people to escape from the stresses in their everyday lives. Many participants come from impoverished or violent communities that amplify their stress and pain. Quiet workshop venues provide a hiatus from these stressful environments. The IHOM has also found it helpful for workshop environments to be in settings with nature. Nature shows an example of life that is

ongoing and is felt by many participants to strengthen their faith in regrowth. (Staff Member D)

The IHOM has used many venues in the past but there are three main venues they call upon most frequently: Tre Fontaine in Marianhill, the Retreat House, and Koinonia.

The IHOM also runs workshops for specific groups of people. These groups often are familiar with IHOM and request facilitators to come run workshops for them. In these cases the groups book venues themselves, and the IHOM only has to send facilitators in accordance with the number of people attending. The IHOM runs workshops for churches, groups of different churches wanting to reconcile, nuns, academic groups, business organizations, university populations, and national and international conferences in this format. (Staff Member E) The IHOM also coordinates workshops specifically for HIV positive populations and refugee populations. They have two facilitators who work specially with refugee populations, and also run workshops for refugees with other community members to help fuel reconciliation.

2.The Day-by-Day Workshop Experience

Workshops usually occur on weekends from Friday to Sunday, with a half day on Friday afternoon/evening and full days on Saturday and Sunday. If a participant does not show up for the first day he is not permitted to join late, as the workshop follows an ongoing course where each portion builds upon the next. The journey undertaken in a workshop weekend has been likened to “a train that keeps moving and cannot turn back” (Staff Member B). If someone were to join on the second or third day they would be out of sync with the other participants and facilitators who have already acknowledged and discussed aspects of their healing journeys.

Day One

Upon arriving on the first day participants are welcomed, settled in, and given supper. After supper the facilitators lead a “getting to know you” ice breaker game followed by a discussion about expectations for the workshop. Participants are asked to write down what they hope to gain from the workshop weekend. Their responses are used by facilitators to understand what participants’ needs are throughout the weekend, and consider how to best approach each participant. (Staff Member D)

The first formal activity on Day One is referred to as a Trigger Activity. The trigger activity is designed to help people get in touch with how they are feeling, how their past is affecting them, and where they are in the process of dealing with the corresponding pain. The Trigger can consist of a short drama performance, reading of a newspaper article or discussion of an event from the recent news. Its theme is relevant to pain participants may have experienced such as political violence, refugee violence, or HIV/AIDS. Participants are then guided through a series of questions to reflect on individually. Such questions lead people to think about how

they have been personally are affected by the Trigger as well as events in their own lives. Some possible questions are:

What negative events in your past are burdening you?

What positive events help you move forward?

How has HIV/AIDS affected your life?

What have you done?

What have you failed to do?

(Staff Member E)

Day Two

The second day begins with a creative drawing exercise. Participants are asked to draw their feelings using different colors and symbols. This method often allows them to express thoughts and feelings that are too difficult to say in words. After the drawing exercise they break into small groups. Each group has five to seven participants and is led by one facilitator. Here people are afforded the chance to explain their drawings and speak about their stories to the rest of the group members. (Staff Member A) Each member of the group gets a full 45 minutes to talk about experiences from his or her past that still cause emotional pain. In this way each group goes through a journey, supporting each other without offering any judgment or critique. As one participant described, “It was eye-opening as we carried each other’s stories. It was strengthening and encouraging as we moved through pain and tears, joy and hope” (IHOM Workshop Evaluations). Facilitators stress the value of giving people time to be thoroughly listened to in the small groups. “Who in the course of an ordinary day,” one IHOM staff member explained, “can spend one whole hour just listening to someone else’s story? Without interrupting, just letting them sort everything through” (Staff Member B)? In the small-group sharing sessions people are offered the chance to be listened to and respected and empathized with, in a way that does not often exist in the outside world due to time constraints and people prioritizing their own agendas.

These storytelling sessions are the most critical part of the workshop weekends for many participants. Participants often end up sharing stories they have never told anyone else before, and are surprised at how much they share. Many people are relieved to let out stories they have never been able to express before. One participant wrote, “It really helped me to look at myself and what I’ve become and finally get the burden out of me” (IHOM Workshop Evaluations). A staff member described his first workshop as the first time he could talk about issues from his past which he had never even been able to share with his own family (Staff Member G).

Another staff member talked about a man in one of her groups who had acted very guarded during the first day of the workshop. He was reluctant to accept the process, joking rather than taking the process seriously. In the small groups he was finally able to open up. “When he did open up,” she described, “he had a lot of deep hurt. He was in his 70s and his hurt was from when he was eight to fifteen years old. He hadn’t even told his wife about it before. And oh, he cried...it’s very powerful to see a big, tough man cry” (Staff Member D). The small group sessions leave participants feeling heavy and emotionally drained, yet they are a central and absolutely crucial portion of the workshops. It is necessary for participants to deal with their heaviest burdens in order to leave them behind and begin looking toward the future.

The IHOM facilitators pay special attention to how they construct small groups on the second day. They purposefully separate friends and family members into different groups. The result is that participants tell their stories to group of strangers rather than members of their home communities. This concept marks a stark contrast to the community healing approach whereby members of communities are healed together, by sharing their stories and stratifying broken social relations. In Healing of Memory workshops participants tell their stories to a small group atmosphere, but their storytelling time is strictly individual. One facilitator calls participants’ 45

minutes of storytelling “their time to be selfish” (Staff Member C), considering their own needs thoroughly and getting in touch with how they have been affected. If a participant were paired in a group with a family member who had been through same or similar experiences, such a person may have a different perspective on events that were being spoken about. The IHOM wants participants to tell their stories as they exist in their hearts, without considering the perspectives of other people who shared an experience. (Staff Member C) This principle makes the narrative exercise an individualistic approach within a group setting. The IHOM workshops offer people the chance to begin healing themselves internally, which they believe must happen before beginning to reconcile with others from their communities and conflict at home.

Even within the small groups, however, it can be difficult for participants to tell painful stories. This is especially true for some women who have suffered at the hands of men in the past, and are reluctant to tell their stories in the presence of men. They see men as perpetrators and are not as comfortable initially as they would be in an individual counseling setting. When these women hear about pain that men have endured as well, however, they often become more comfortable. They witness examples of how men can be hurt as well. This can be therapeutic for these women by helping them realize that not all men are like the men who have been cruel to them in the past. (Staff Member C)

At the end of the second day the workshop schedules a party. Many participants feel emotionally exhausted and ready to sleep but they are all required to attend. The party is planned to help participants remember that despite their heavy emotional burdens, they are still alive and well and able to have fun. Dancing is encouraged at these gatherings. People realize that although they feel stiff and awkward at initially, that they are indeed capable of loosening up and

experiencing something fun. (Staff Member D) They can move, in the present, despite their heavy burdens from the past.

Day 3

The third day of a workshop is designed to put people in the mindset of moving forward. A second creative exercise is performed whereby people are given clay and asked to create a symbol for the future. Such symbols are supposed to represent something for which participants want to strive. Participants then share their symbols of hope with the large group. One participant whose family members had been scattered, for instance, had hope that she could bring her family back together again. She built a house from the clay to symbolize a family gathering place. It is also common for people to use parts of nature with their clay structures as symbols of re-growth and regeneration. One participant molded a slab of clay and covered it with live flowers. She spoke about how the slab represents her pain, which will always be a part of her life under the surface. The flowers on top represent her wanting to look toward the future and regenerate new, fresh life despite the pain underneath. (Staff Member D) A different participant wrote to facilitators after a recent workshop, “I have...my clay molds on my bed side as a reminder of who I am and WHOSE I am. For so long I have focused on the past and now I focus on my future and I look better than I do right now” (IHOM Workshop Participant follow-up emails). Participants find that this exercise gives them a tangible figure to hold on to, which helps them remember what they felt at the workshop once they have returned to their home lives. Having this reminder after the workshops seems especially important because of the workshops’ short duration. At the end of the third day workshops conclude with a powerful ceremony.

Participants are asked to write their grievances on pieces of paper which are then burned as a symbol of being released from these grievances.

Throughout these workshops a strong rapport develops among participants. Once staff member explained that he dislikes the term ‘workshop’ because the three day process is more than a workshop – it is a bigger process that is extremely transformative for participants (Staff Member C). Participants often grow very close over the course of a workshop even if they had never met beforehand. Many exchange numbers and continue to keep in contact. Facilitators also give out their contact information. They receive emails from participants afterward thanking them and detailing how meaningful the workshops were for them. Participants also call facilitators at points after workshops if they relapse or have trouble coping. (Staff Member C)

Workshops, though short in duration, provide a deep sense of trust and security that transforms strangers into confidants who support, encourage and empower each other.

3.Through the Eyes of the Facilitators

Facilitators are most often recruited by first attending workshops themselves. Certain participants who go through workshops are sought out and asked if they would like to undergo facilitator training. The training process takes place over a six month period with three separate meetings. Throughout these meetings they become oriented with the Healing of Memories methodology and are trained in theory. They are taught to facilitate events and discussions rather than try to counsel the participants. Training meetings take a similar format to the workshops themselves. Trainees have to switch back and forth, however, between the roles of participant and facilitator. This exercise is considered very difficult especially while they are trying to tell their stories. It is an extremely valuable exercise, however, because it ensures that people think about what it feels like to participate while they are facilitating. They thus gain an ability to relate with what participants are experiencing during workshops. In between the three training meetings trainees have to attend additional workshops whereby they observe more experienced facilitators and begin gaining practice. The first time they attend workshops as trainees they go into small groups with another facilitator, watching how the more experienced facilitator conducts a small session. Next they achieve the rank of 'co-facilitator,' whereby they lead small groups on their own. They are always under the supervision of a lead facilitator who runs the large session. After attending each workshop trainees are led to reflect on their own experiences. This involves filling out extensive questionnaires about how they have been personally affected by the workshops, and how they feel it has influenced their own healing journeys. (Staff Member D) Facilitators learn to keep workshops as a healing journey for all, rather than for people who are in specific need of treatment.

As facilitators-in-training attend workshops they pay close attention to the more experienced facilitators. They watch what is said, as well as what is not said, to pick up on certain rules and effective techniques. Some main rules observed by one staff member are:

- “1. Don’t try to counsel – that is not what we have been trained for. Even if it were, it is not the purpose of the workshop. The workshop is about letting people tell their stories without interruption or judgment and begin their own personal journeys. Even if you’ve been through a similar situation and know what you would do or most people would do, don’t make any assumptions that that solution is best
2. Do listen more than talk. Only talk to give instruction or acknowledge or help move a conversation forward. After someone tells a story, you sometimes have to say, ‘This is very painful. This hurt a lot for you, doesn’t it? And now we have to think about what to do from here.’
3. Don’t allow yourself to get too visibly emotional, because it then becomes hard to move the group forward
4. Don’t pretend you have all the answers because it is okay not to know.
5. Don’t pretend that your healing journey is complete, because it never is.
6. Listen deeply, with respect and without judgment” (Staff Member D)

There are several aspects of running workshops that facilitators find particularly challenging. One aspect is the emotional burden of running a workshop. It is emotionally and physically tiring to hear stories of people’s intensely painful and traumatic experiences, and to guide a group from recognizing pain to experiencing hope. One staff member described feeling “heavy and exhausted after a workshop,” and wanting to sleep for days (Staff Member C). Another staff member explained, “I don’t enjoy being in the workshops, but I love it overall. It’s very heavy, very difficult and painful so I don’t enjoy it. But it’s a wonderful process – it’s painful but it’s healing” (Staff Member F). After each day of a workshop facilitators meet to discuss how they are coping with the workshop so far. Facilitators can be especially affected by participants’ stories if they have been through similar painful experiences, and someone else’s story can easily trigger their own pain. In rare cases facilitators pull out of workshops after the first or second day if they are too emotionally distressed to continue (Staff Member G).

Another challenging aspect of facilitating a workshop is making clear to participants what they can expect from a workshop. Facilitators emphasize that the Healing of Memory workshop is a first step to beginning one's healing journey. Participants cannot expect to come out of the workshop magically healed. A workshop cannot bring someone back from the dead or take away anyone's pain. What it can do is to help participants learn to better live with their pain. It can help them develop a stronger mindset to cope with difficulties in their lives, and encourage them to grow in new ways. Facilitators remember throughout the workshops what expectations that participants had shared on the first day, and especially monitor participants who begun with unrealistic expectations. They try to help such participants dig deeper into their expectations, to realize what they *can* gain over the course of a workshop. (Staff Member D)

4. Workshop Follow-Up

At the end of a workshop participants fill out evaluation forms of their experiences over the past three days. They are given space to write on these forms whether they would like to attend another workshop or receive further care. Facilitators also assess how participants have progressed over the weekend, and note people they think would benefit from further care. Such participants can be referred to individual counseling, HIV/AIDS centers, and other organizations which help people cope with trauma in different ways. The Durban IHOM has partnerships with several organizations which can be used to refer workshop participants who are still in immense pain after a workshop, or who need a different approach to healing. Not a significant number of participants take advantage of these referrals, however. Each month there is space to refer 20 people and only a few of these spots are used at most. More participants elect to attend additional workshops instead. The IHOM encourages people to return if they need to, but monitors participants closely when they return. Facilitators try to gauge whether they are still benefitting from further workshops. In some cases participants are not benefitting, and further care such as individual counseling would be more appropriate. (Staff Member C)

The main means by which the IHOM follows up with workshop participants is a post follow-up meeting. It is scheduled for one month after the workshop and is intended to check in with participants about their progress. From a workshop of 20 participants an average of 14 participants may attend the follow-up meeting. Participants are asked how they are doing since the workshop, if they want to attend another workshop, or if they want further counseling. The IHOM tries to refer people to counseling immediately after workshops though so they can gauge progress during the follow-up meeting. During the follow-up meeting most people report that they still feel “lightened and lifted” after having attended a workshop (Staff Member B). They

have continued to experience the benefits from the workshop throughout the course of the month, which suggests that the unburdening process during workshops can be beneficial over a period of time. There is no official way to check whether the workshop effect carries over the course of a year or multiple years, however. Facilitators do check in with participants informally, especially if they hear of people having relapses.

The Healing Support Network

The Healing Support Network (HSN) is the second means by which the IHOM follows up with workshop participants. It is a program offered to workshop participants who indicate at the end of a workshop or during their follow-up meeting that they need further help and support. The HSN consists of two separate groups: one in Durban and the other in Pietermaritzburg. People join the groups at different times depending on when they attended workshops and both groups continue indefinitely. They began operating two years ago and have retained most of their participants since then. The groups meet once per month formally, where they are encouraged to share how they are feeling and what has been happening in their lives. This gives participants a chance to talk about their grievances since attending a workshop, which is helpful for people who live in a stressful environment or have undergone further painful experiences. The HSN group is a way of checking up on participants on a more consistent basis. Its coordinator also helps participants with needs which are outside the scope of IHOM's work. She has brought psychologists to their sessions when people have been in need of counseling for instance, and financial planners when they needed assistance with finances. The HSN also include a dance and soccer program for older women who need exercise. The participants of

each workshop also meet informally by themselves on weekends to talk and have tea. They have thus developed a close rapport with one another that offers continued support².

² Identity of Staff Member not identified to protect confidentiality

5. Participant Evaluation of the Workshop Experience

Participants overall evaluate their experiences with Healing of Memory workshops to be extremely positive. They write about how workshops have helped them to get in touch with their inner feelings and begin coping with their pain. Many participants have been able to acknowledge the severity of their pain during a workshop for the first time. Some sample comments from participants are as follows:

“I am feeling different [since the beginning of the workshop] because the first time I came here I was still thinking I had no problem. But during the session I realized that it was still hiding somewhere inside me.”

“I feel there is a slight change in me though not complete. I have discovered that it is a process that has to take its time. I have experienced too many hateful memories in my life that have sat on me too long – I believe I have to work slowly with myself for proper healing to take place.”

“I could express myself and the group was very supportive. They could hold me at my weak point and this gave me encouragement.”

“When I arrived there was too much anger, broken heart and fear. Even though it still hurts I now think I will get there.”

Many of these participants acknowledge that the workshops are a jump-start to the healing process, and are grateful for that opportunity. Other participants are hopeful that working through their pain will help them begin to move past their pain and forward with their lives:

“Pain has been washed away by a big rain of faith, love and happiness which is how I feel at this time and wish to move forward with life.”

“I experience a sense of liberation, free and lightness in myself. I have been able to forgive people I have been carrying. Am hopeful that I will face situations and persons in a positive manner and not allow them to be burdens and victims in my heart.”

“My heart feels light because the blockages were somehow lightened or removed in such a way that I can cope.”

These participants experienced a powerful and positive transformation during the workshops. Other participants have experienced a huge transformation but it has not been entirely positive, as it has caused them to re-experience immense pain that they had buried long ago. During the workshops the scabs over their wounds were taken off which has caused them to suffer once again. As some participants wrote,

“I have a long way to go. I’m starting to have nightmares again. I’ve learned over the years to build up a wall around my emotions. I’ve never cried and now I’m crying again. I am wondering if this was the right decision I’ve taken to even come to this workshop.”

“I have learned to cry. I never cry before this workshop.”

Such participants are often referred to further counseling after workshops. They need help mending wounds that have been opened by telling their stories.

In workshop evaluations participants are also asked to indicate the level of pain they are experiencing at the end of the workshop compared to the beginning. They are given a scale of “much less pain, somewhat less pain, the same amount of pain, somewhat more pain, and much more pain”. In the 2010 workshop evaluations almost no one indicated experiencing the same amount of pain before and after the workshops. This suggests that workshops are extremely effective in helping people address their pain. Over half of the participants in 2010 indicated experiencing “much less pain”, with approximately one quarter reporting somewhat less pain and one quarter reporting more pain. In a space on the evaluation forms asking for comments, the overwhelming majority of comments were positive. Even people who reported experiencing more pain after workshops usually wrote that they did not regret having attended a workshop. Many report feeling glad that their healing process has begun even if it has initially caused them more pain. The only subject of critique was that people wanted more follow-up after the workshops. As some participants wrote:

“The time was too short – we need some time to take the journey – because some other things are hanging – we need to off-load. If we could organize another workshop it would be a blessing from above.”

“More of check-ups to see how we are doing and help us move forward.”
(Institute for Healing of Memories workshop evaluations)

The need for more extensive follow-up practices was also cited in the IHOM’s Facilitator Training Report (Niyodusenga, & Karakashian, 2007) as the most wide-spread critique about Healing of Memory workshops.

iii. Addressing the need for further follow-up

The Healing of Memory workshop methodology as it stands is not a prolonged guide through the healing process. It identifies itself as an intensive first step toward healing and not a counseling process. It is extremely successful at helping participants unburden themselves from their painful memories. The Healing Support Network has been established to assist people who need further care, but it only assists a small number of participants. Could the IHOM methodology be expanded to provide more follow-up for its participants?

The most obvious way to establish more post-workshop follow-up for clients would be for more people to join the Healing Support Network. Expanding the HSN, however, would require increased funding, which is a significant barrier for the IHOM as well as many related NGOS. Forming more HSN groups would also require training more facilitators, as only one facilitator manages both HSN groups at present. Expanding the network would also be contingent upon more workshop participants being able to attend meetings on a monthly basis. Though many participants want further care, it is often difficult for them to take time away from their jobs and family lives to attend meetings. This issue will be discussed further below. Another possible way for the IHOM to expand its reach would be to try to reach more clients. One way to do so would be to develop programs that encompass more people. The Cape Town organization for instance, has begun a community outreach program that places representatives in highly traumatized communities to ask community members about their needs. The IHOM can then run workshops for these communities if desired, or also link them with other organizations that can offer additional assistance. (Staff Member A)

Another way to help workshop participants access follow-up care would be to link them with additional organizations to help with their needs outside the scope of the IHOM. Many of the workshop participants' suffering stems from multiple causes, which is referred to as

‘multiple-woundedness’. They suffer from trauma and pain in their pasts, but also from present sources such as living in poor communities, having little or no home, dealing with violence, shouldering health issues, and not having enough to eat. One staff member cites the biggest problem with workshops to be participants being healed for the weekend, but then coming home to a multitude of additional issues. These issues make it difficult for the healing effects received in workshops to stick once participants have returned to their everyday lives. (Staff Member G)

Another staff member talked about sensing these worries in participants at the end of workshops. She explained that many of them are reluctant to return home after the conclusion of three days. They value the experience of being away from chaotic and often painful home lives, of having a bed to sleep in and enough food at every meal that exists during a workshop weekend. When they leave the workshop they are also leaving these commodities behind. Though they feel better after workshops from having been unburdened from emotional pain, they often experience an onset of painful issues as soon as they return home. (Staff Member D)

Another staff member suggests that the best way to extend care for workshop participants is to help them with these other issues that plague their lives after the workshops. He suggests the IHOM should become better connected with organizations that help participants cope with their other problems. These organizations could include housing authorities, HIV/AIDS counseling, clinics with anti-retroviral therapy, and job authorities. (Staff Member G) It could refer workshop participants to these organizations after workshops depending on their specific needs. Because Healing of Memory workshops only occur over the course of a weekend, and because their aid is specific and therefore unable to help with all of participants’ urgent needs, the best way for the IHOM to help its workshop participants may be through partnerships with other organizations.

iv. The Question of Expansion

In conducting research on the IHOM I sought to consider whether the IHOM's most successful approaches could be extended to reach a larger proportion of the population in South Africa. The most successful aspect of the IHOM workshops seems to be small group storytelling on the second day. This technique is most effective within the larger context of a workshop, however. People are put in a mindset to think about their painful stories after having had their emotions triggered on the first day, and expressing their emotions via drawings at the beginning of the second day. Once they have told their painful stories on the second day there are activities that help them begin to mend the wounds they have cleansed, such as a party that evening, creating a symbol of hope on the third day, and burning their grievances. The effectiveness of storytelling seems to depend on the activities that help people open and mend their open wounds, as much as the storytelling process itself. Though the storytelling is especially effective, it requires its entire surrounding workshop structure to carry its full effect.

Since the effectiveness of storytelling depends upon the context of a workshop weekend, it seems that the entire structure of a workshop weekend would have to be duplicated in order for it to reach additional clients. Creating more workshops would spread the Healing of Memory methodology to a larger number of people. There are two main obstacles that make it difficult for the IHOM to run more workshops than they do, however. The first would be a need for more facilitators. Each workshop requires a set of facilitators including a head facilitator, co-facilitators, and facilitators-in-training. Facilitators have difficulty participating in multiple workshops back-to-back because of the tremendous emotional strain of running workshops. They often require ample time between workshops to recover from the journey they have undergone during workshops and the stories they have heard in each one. It can also be difficult to recruit facilitators to attend workshops once they are trained. They sometimes cannot take

time away from their jobs for the weekends, especially because they only receive a small compensation for the workshops. In order to run more workshops the IHOM would need to train more facilitators so as not to overtax their preexisting facilitators.

The second main obstacle to running additional workshops would be getting enough clients to attend. Many people in South Africa who are in need of Healing of Memory workshops are struggling to make enough money for themselves and their families. They work every week and weekend day to be able to afford food for their families. Without ample money to buy food in bulk they depend on each day's salary. One staff member expressed the dilemma of people who could greatly benefit from workshops but cannot sacrifice time off from work in asking, "How do I tell my children, 'You cannot eat for three days because I am going to a workshop to heal myself'" (Staff Member G)? These people would not be able to attend workshops unless they could receive compensation for the days they miss from work. The IHOM does not provide monetary compensation for workshop attendance because they fear that with money as an incentive for attending, workshop participants would be less sincere about their healing journeys. It would also be difficult for the IHOM to obtain the funds to pay each workshop participant. Because finances do prevent some people from participating, it could be difficult to gather enough participants to fill additional workshops. If the IHOM wanted to expand its reach by expanding the HSN it could also run into similar difficulties. Expanding the HSN would require training more facilitators and recruiting more participants, which as discussed above, would not be an easy task.

Assuming that the IHOM is unable to greatly expand the HSN or workshops within their current resources, their methodology is not well-suited to be massified. It is equipped to help a set number of individuals per workshop or HSN group. These programs are not designed to

address masses of people in need of support, but rather, to provide an effective relief methodology to as many people as they can reach within their means. Because they can only reach a select number of people, the best way for the IHOM to expand their reach may be to further their partnerships with other organizations. Organizations such as the Trauma Centre for Victims of Violence and Torture, numerous HIV/AIDS counseling centers, housing authorities, and job authorities can all offer different types of relief, and can often help clients in different ways from the IHOM. These organizations together could improve their funding efforts and refer the need which they are unable to address. Furthering such partnerships may be one of the most effective ways to reach a larger audience. It would not, however, allow them to reach close to the number of people who are in need of healing from trauma in South Africa.

1. Within the Country at Large

Across South Africa there are millions of traumatized individuals – people who have endured political violence, community violence, xenophobic violence, torture, loss from HIV/AIDS, intergenerational trauma, and other painful events that continue to haunt them. As the ANC government set up the TRC victim hearings to begin addressing the massive amounts of trauma endured by South Africans in the apartheid era they heard stories from 23,000 victims, and successfully offered many of them urgent intensive care. These 23,000 victims, however, represented only a minute proportion of the masses of people in South Africa who endured trauma. The ANC government has essentially ignored the TRC’s recommendation to set up networks of trauma and counseling centers across South Africa to help the large mass of people who also need assistance. Without any government-headed initiatives to help people cope with

their trauma, the large majority of traumatized people in South remain without access to any relief.

The responsibility of helping this large mass of people has therefore fallen on the shoulders of the private sector. NGOs such as the IHOM and Trauma Centre use highly effective methodologies that often transform the lives of their clients. They are run by dedicated, talented, caring, and compassionate staff, who have provided immense relief to large numbers of clients. These organizations still face heavy resource, recruitment and funding limitations however, that prevent them from helping greater masses of people. The Durban branch of IHOM reaches approximately 200 people per year through their workshops for instance, and the Cape Town branch reaches a slightly larger number. The Trauma Centre reaches a larger number of individuals per year as well, but their reach only extends to around one third of the estimated need for trauma counseling in the area of the Trauma Centre (Staff Member 1). These numbers, though significant, are miniscule relative to the millions of people across the various provinces of South Africans who need help healing and are literally receiving no care. The work of these NGOs has a limited impact on South Africa as a whole on the basis that they do not have national funding or assistance. The care they are able to provide for clients could be considered a 'drop in the ocean' in the sea of people in South Africa who need help healing from trauma.

VIII. Conclusions:

This study sought to investigate the IHOM in context with other similar organizations that deal with trauma in South Africa. It aimed to formulate a case study of the IHOM, which included learning about its main programs and ways that people evaluate these programs. It attempted to understand what the IHOM is doing that is considered successful, and whether this methodology could be expanded to reach a larger population in South Africa.

Research found that the IHOM operates in a setting of group healing, but that it allows individuals within the group to be rendered aware of their own healing journeys. The presence of group members serves to support people as they tell their stories, yet an absence of family members and friends in small groups allows people to tell their stories from their own individual perspectives. This methodology places the IHOM between one-on-one counseling and group counseling techniques utilized by the Trauma Centre. Researching the IHOM workshops allowed me to gain detailed insights about their Healing of Memory workshops, which inflict the most powerful transformation for its clients. These workshops are considered extremely successful by facilitators and workshop participants alike. Approximately half the workshop participants in 2010 and 2011 reported feeling ‘much less pain’ at the end of workshops compared to at the beginning, and one quarter reported feeling ‘somewhat less pain’. Even out of the quarter of participants who reported experiencing more pain at the end of workshops, many remarked that the workshop was an important start to their healing journeys. Such participants usually are referred to further counseling after the workshops. The IHOM’s practice of beginning people’s healing journeys with group workshops and then continuing them via referrals further counseling differs from the approach of the Trauma Centre, where clients begin

with individual counseling and then can progress toward group sessions. Both these organizations' differing methods have had demonstrated success with their clients.

The Healing of Memory Workshops render extreme success in helping IHOM clients deal with their pain and trauma. Staff members cite small-group storytelling as the most critical and emotionally moving aspect of a three day workshop experience. Telling their story allows workshop participants to feel they are released of many of their burdens, especially those associated with carrying around stories they had not been able to talk about previously. The storytelling portion of workshops cannot necessarily be isolated and exported, however. It is constructive in the context of a workshop because there are multiple associated activities that help people begin healing the wounds that storytelling has opened. Exporting the entire workshop would be difficult as well because it would pose a greater demand for facilitators and participants. Similar difficulties prevent the HSN from expanding.

The IHOM methodologies are not ones that can be easily expanded to reach a much larger population. It seems that the best way to expand their reach would therefore be by expanding partnerships with related organizations. The value of such partnerships is visible in the Durban IHOM's attempt to partner with the voluntary HIV/AIDS testing and counseling center that tried to prevent them from moving into their new office in Durban. Even if the IHOM were to create many more partnerships with other organizations and refer the majority of clients back and forth with other organizations for further care, these organizations would be still be limited by resources and funding. The mass of traumatized people in South Africa would continue to be too large to be significantly reached, unless the government were to follow through with the TRC's recommendation to create networks of government-funded trauma centers across South Africa. This aim may also be accomplished by an international wave of

assistance, similar to the one that established the sociotherapy program in Rwanda. Without such assistance, however, it is unlikely for NGOs addressing trauma to be able to reach a substantial mass of the people who assistance.

Without these larger foundations of support, however, it is in some ways even more significant that organizations such as the IHOM and Trauma Centre have developed and been so widely successful with the clients they can reach. Even if they do not reach the masses, they transform the lives of clients who come to their doors. Further studies could research the connections among various trauma organizations in depth and explore the possibility for further connections and funding. They could also explore these organizations' relationships with the South African government, and whether there is still a possibility for a national network of trauma centers to be established.

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*All former and present employees at the Trauma Centre and IHOM, including managers, facilitators and logistics coordinators are referred to as 'Staff Members' to maintain confidentiality

³ Location not disclosed to protect confidentiality

⁴ Location not disclosed to protect confidentiality

X.Appendix A: Interview Questions

Interview Questions for the Institute for Healing of Memories:

How did you personally get involved with the IHOM?

What different programs does the IHOM offer?

How often do each of these occur?

How do you recruit clients?

How do clients generally progress through these programs?

Where do you see each program in terms of the healing process? A first step or a comprehensive journey?

How do you follow up with clients after they 'graduate' from your programs?

Which programs do you find to be most effective?

Is it most important for participants to be able to tell their stories, be listened to, experience certain facilitation techniques, etc.?

What is the three-day workshop experience like? Which techniques do you generally find to be most influential?

What is your favorite part of workshops? Most challenging?

How many people do you reach through your workshops?

How do participants evaluate their workshop experiences?

What percentage of participants feel relieved afterwards, versus experiencing more pain?

What is done to help participants who experience more pain?

Where do you see the IHOM in the spectrum of individual versus group healing?

How are people recruited to be facilitators?

What is the facilitation training process like?

Does it operate via the 'ripple effect', helping individuals and hoping the effect carries?

Do you think there is a way your methodology could be expanded to reach a larger population?

What are the major critiques offered of the IHOM?

Do you refer people to other organizations?

What benefits and drawbacks do you see to the individual and group nature of workshops?

Interview Questions for the Trauma Centre for Victims of Violence and Torture:

How was the Trauma Centre formed?

What role did it play in the Mental Health Response after the TRC victim hearings?

What programs do you offer?

What programs are seen to be influential for clients?

How much is the Trauma Centre's approach individual versus community-healing oriented?

How are clients referred to the Trauma Centre?

What progression do clients typically follow from first entering the Trauma Centre to 'graduating'?

How much of the need for trauma counseling in the Trauma Centre's area do you think it is able to address?

