ADDRESSING WOUNDEDNESS, RESILIENCE AND DEVELOPMENT THROUGH NETWORKED HEALING SPACES

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Although South Africa has made some progress in building a unified post-apartheid country, the society's wounds have not been adequately confronted and healed. This deep-rooted woundedness, anger and collective trauma must be addressed if South Africa is to advance along its development path[2] and create a resilient society.

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RESILIENCE IS 'THE capacity of a society to absorb disturbance [like a shock] and reorganise while undergoing change, so as to still retain essentially the same function, structure, identity and feedbacks' (Walker et al. in Hopkins 2008: 54). Resilience is also described as 'bouncebackability' – when something knocks us off our stride, we can recover and resume our activities (Hopkins 2011: 44). Persistent and unresolved woundedness limits the capacity of individuals and communities to manage and mitigate, or 'bounce back' from a variety of shocks and risks associated with stressful events. Therefore, for a society to be able to withstand inevitable future social, economic, cultural or even naturally occurring disturbances, woundedness needs to be appropriately addressed. In other words, mechanisms that directly heal a wounded nation need to be put in place for a resilient society to emerge. Networked Healing Spaces (NHS) is one such mechanism.

The introductory sections of this paper lay the groundwork for the core argument that, while South African society has shown signs of resilience – bouncing back from decades and even centuries of oppression, it has not adequately addressed its woundedness and so is unable to achieve its full development potential. The paper begins by

contextualising how South Africa's history has contributed to the nation's woundedness, through consistent shocks over a long period of time. Many of the long-term effects of shocks, such as anger, aggression, collective trauma, historical trauma, and unresolved grief, are manifestations of woundedness and have never been truly addressed. After examining ways in which societies have confronted their collective trauma and woundedness, the concept of NHS is introduced and presented as one of the pillars on which community resilience can be built. The aim of this paper is not to detail how NHS should operate, but rather to open up the debate for establishing such spaces and motivate for more experimentation in implementing NHS.

UNDERSTANDING THE ROOTS OF THE NATION'S WOUNDS

Like many African nations, South Africa's wounds can be traced to the colonial era and the associated territorial wars, land dispossessions, slave trades, forced labour, and the disruption of families as men were sent to work in the mines or sold as slaves.[3] Apartheid followed, bringing racial segregation, forced removals, forced labour, and more disruption of families, households and livelihoods. The oppressed groups resisted and organised protest actions. For decades, the country was at war, as the oppressed groups fought to make the country ungovernable (especially in the 1970s and 1980s), while those in power fought back to suppress the dissent. Many people died in the struggle against apartheid, many disappeared without a trace, and many were physically and emotionally wounded. Despite the arrival of the first democratic government in 1994, levels of anger and woundedness remained.

A country does not generally emerge from a state of war in one year to peace and cooperation in the next year.[4] South Africa's first democratic government

understood this, and in 1995 introduced the Promotion of National Unity and Reconciliation Act (Act No. 34). This Act regulated the Truth and Reconciliation Commission (TRC) that ran between 1996 and 2000. The introduction of the TRC points to the government being conscious of the need to address trauma, as a necessary step towards healing and development.[5] However, a study by the South African Centre for the Study of Violence and Reconciliation and the Khulumani Support Group (1998) surveyed several hundred victims of human-rights abuses during the apartheid era and found that most felt that the TRC had failed to achieve reconciliation between black and white communities. Most believed that justice was a

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prerequisite for, not an alternative to, reconciliation, and that the TRC had been weighted in favour of the perpetrators of the abuse.

In South Africa, many citizens still portray signs of woundedness, anger and aggression, as evidenced by the high rates of violent crime, xenophobic attacks, violent protests and the widespread abuse against women and children. Service delivery protests are increasing, as communities are frustrated by the government's lack of delivery and feel that their frustration is not being heard (SAHRC 2006). In 2012, there were 113 violent public protests against municipalities, compared to 27 in 2008, while during the first six months of 2013, 'there were more protests against local government … than in any other year since 2004' (Newham 2013).

This increase in violence, it is suggested, is an indication of the woundedness felt by many of

South Africa's citizens. This woundedness is 'the malaise which is holding South Africa back' (Hoffman 2013). Apartheid 'left many in the nation with what psychologists might call "an inferiority complex" (self-disrespect or even self-hate) and those guilty of oppressing with a "superiority complex" engendered by a false belief in the veracity of their own humiliating propaganda' (Hoffman 2013). The implication is that a sustainable future is almost impossible unless a space is created to help facilitate some kind of healing or coming to terms with this woundedness and collective trauma.

DEALING WITH COLLECTIVE TRAUMA: SOME EXAMPLES

Collective trauma is 'trauma that happens to large groups of individuals' and may be transmitted across generations and across communities. Collective trauma can be the result of 'war, genocide, slavery, terrorism, and natural disasters', and symptoms include 'rage, depression, denial, survivor guilt and internalised oppression, as well as physiological changes in brain and body which can bring on chronic disease'.[6] Throughout history and the world, different approaches have been used to address this trauma.

In Europe, after World War II, the Allied Forces established a series of military tribunals in Germany: the Nuremberg Trials tried those accused of war crimes who were predominantly senior political leaders. While these trials differ in intent and methodology to the South African TRC, many consider them to be the forerunner of the TRC-type approaches that emerged at the end of the twentieth century (Clapham 2003).

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In the United States of America, the Wabanaki Child Welfare Truth and Reconciliation Commission was established in 2010 by five senior chiefs of the Maine tribes. The commission documents the experiences of Native American (Indian) children who were forcibly removed from their parents and placed with white foster families or in boarding schools where the government believed they would experience 'civilisation'. The commission created a space for healing, the sharing of experiences and the collective sharing of trauma.[7]

As a culture of pardon, rather than punishment, slowly takes hold on the African continent, many countries have also established reconciliation commissions. These reconciliation mechanisms aim to achieve national healing as a first priority and assume that personal healing will occur during the process. In Rwanda, a traditional method of conflict resolution (*gacaca*) was resurrected in 2001 to deal with the 1994 crisis, when Hutus massacred 800 000 Tutsis in an effort to thwart the political power-sharing. The primary intent of *gacaca* was to restore social order, and so the punishments dispensed sought to restore harmony between the community and those responsible for discord (Graybill and Lanegran 2004). Another example is the Sierra Leone Truth Commission, which was established in 2002 to create an impartial record of human rights violations committed during the 1991–1999 war. President Tejan Kabbah reportedly gave the commission the mandate to reconcile the population (Graybill and Lanegran 2004).

As mentioned earlier, the South African TRC process of the mid-1990s went some way towards reconciling a divided nation and was an example emulated by other countries. However, the TRC failed to achieve national healing and, years later, no other mechanism has been put in place to address South Africa's national healing.

NETWORKED HEALING SPACES: A MECHANISM FOR HEALING

This paper proposes that developing an understanding of, and dealing with, woundedness, anger and collective trauma is a necessary step in South Africa's development path and for the creation of a resilient society. The concept of NHS is presented as one possible mechanism through which this healing can be achieved.

Afesis-corplan first conceptualised NHS as part of unpublished research conducted for the Eastern Cape Planning Commission. This research highlighted the deep-seated woundedness found in people living in the Eastern Cape, which Afesis-corplan regards to be a barrier to the province's development (Afesis-corplan 2013).

NHS refer to different healing spaces that relate to independent but interlinked healing spaces, which are controlled by participants. NHS are conceptualised as platforms where people can, in a safe environment, confront, understand, release, and transcend woundedness,[8] by providing them with an opportunity to talk and express themselves (Leveton 2010). This expression can take the form of storytelling, art, and drama because people often struggle to put into words their deep-seated anger, woundedness and aggression. Many people find it easier to express themselves by acting out the experience or drawing pictures (Leveton 2010). The sharing of stories is also important because '(w)hen people are hit by car on the street, they don't just get up, brush off the gravel, go on to work and forget about it. The very least they will do is to tell others about what happened, get it off their chest, tend their wounds' (Ramphele 2012: 178).

A useful framework to draw on for structuring conversations within NHS is the concept of hosting dialogue, as promoted by Peter Block (2009) and implemented by, among others, the Democracy Development Programme (DDP).[9] To help groups (and society) shift their focus from problems to opportunities, the hosting dialogue uses five conversations: 'possibility', 'ownership', 'dissent', 'commitment' and 'gift'.

When people feel aggrieved and hurt by injustices done to them by others in the past, both parties must have an opportunity to speak and listen.[10] A NHS is a space where people who experience trauma can vent their frustrations. It also provides an opportunity for those responsible for causing the trauma and woundedness to confront their potential guilt. To move from dealing with the past to planning for the future, a transition phase may be necessary. To assist people to make this transition, various rituals could be considered, such as prayer, meditation, forgiveness sessions, fasts and the handing over of symbolic artefacts.

Those involved in the NHS process may also need to work through the difficult issue of compensation to redress past trauma. Compensation can be viewed on a continuum that runs from 'no compensation' to 'full compensation'. At 'no compensation', a person simply has an opportunity to talk and get their grievance and anger off their chest. The next step towards 'full compensation' is when the person also feels that those who are listening to their story have truly heard what he/she is saying. This is followed by the perpetrator apologising to the victim involved in the trauma. Some form of token compensation could also be offered, meaning that the apology is more than just words. 'Full compensation' will involve, for example, giving back land, or

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providing significant court-determined fair financial or material compensation, or even disciplining and bringing to justice the wrongdoer.

NHS can be contrasted to hierarchical decision-making structures or spaces (White n.d.). In hierarchies, decisions flow from the top to the bottom or from the bottom to the top, whereas a network does not have a hierarchy or top and bottom; everyone in the network has equal decision-making power (White n.d.).

Various stakeholders have their roles to play within NHS, whether from government, community-based organisations, non-governmental organisations, the private sector, media, academics or the international community. It is suggested that organised civil society[11] is best placed to initiate and oversee the operations of NHS. It is further suggested that NHS should ideally be decentralised down to the local or regional level.

An example of a NHS is the Letsema Circle[12] in the Eastern Cape. The Letsema Circle considers South Africa to be a 'wounded nation', which needs to 'deal with the woundedness and replace it with dignity' before any real progress can be made. Therefore, healing is at the heart of the organisation's work. The Letsema approach 'encourages individuals and communities to confront their lack of self-confidence and self-respect and support one another in the healing process'. This is because the potential for community wellness will be unlocked only once social pain has been addressed and self-esteem built.

HOW NETWORKED HEALING SPACES CAN SUPPORT DEVELOPMENT

A resilient society is a healed society that is able to confront, transcend and bounce back from future shocks stresses and trauma. Therefore, resilience can only come about after dealing with the collective wounds of the community or society.

This paper argues that NHS are one of the pillars on which a resilient society is built. Another pillar is a clear, broadly understood and agreed-upon development vision and path. The National Development Plan (NDP) provides such a vision and plan for the country, but it does not address the need to come to terms with a difficult, traumatic, and often violent, past. While the NDP recognises that future development needs the active involvement of all its citizens (National Planning Commission 2012: 1), it fails to incorporate a mechanism for the country to deal with woundedness, anger and aggression from past trauma or from inevitable future shocks (be they economic, social or environmental).

NHS can provide such a mechanism and could be incorporated into the broader development process through the NDP. NHS would be the 'backwards-looking' structures or spaces that complement the more 'forward-looking' planning committees and forums, such as the integrated development planning (IDP) forums and ward committees being promoted by government. NHS would become a permanent feature of South Africa's socio-political landscape, responding to needs and requirements at each particular point in time and location.

NHS can help to overcome the tensions and shocks that can lead to divisions in society as a result of, for example, future migratory movements and unemployment. The displacement of many people is one of the impacts of climate change. As these people move from areas affected by desertification, greater water scarcity, floods and other climate change-related phenomena into new areas, tensions and conflicts with existing inhabitants can arise over scarce land, water and other resources (Eastern Cape 2011: 7; Wakeford 2008; Hopkins 2008). The increase in economic

inequalities, as South Africans struggle to find and maintain employment, could also lead to conflict between those with and those without income opportunities (Dietz and O'Neill 2013, Korten 2010). NHS could play an important role, by allowing people to come together to confront and transcend such stressful periods, then to support each other, as partners, in IDP, ward and other structures, in implementing mutually agreed development plans.

CONCLUSION

South Africa is running a development race with wounds that have largely been ignored. Unless collective mechanisms are in place that allow citizens and communities to address past (and future) traumas, the country will not be able to achieve its potential and provide a quality of life for all. Without such mechanisms, violence and social unrest – and other manifestations of woundedness – will continue. Attention and resources will continue to be diverted from future planning processes towards interventions that deal with the impact of our inability to confront these wounds.

Healing wounds is a prerequisite for a resilient society, able to bounce back from past shocks and trauma and able to move into and respond to whatever shocks the future brings. NHS is just one mechanism that can be used to address the nation's woundedness.

More research will help in understanding how the concept of NHS can help South Africa address and heal the wounds of the past and move towards a brighter future. More importantly, experimentation is needed of running NHS in different contexts: from informal settlements trying to come to terms with xenophobic violence, to rural communities with a history of land dispossession and violence, to municipalities trying to bring previously disjointed communities together to develop a common plan. Different stakeholders need to follow different approaches for establishing and operationalising NHS. Such research and practices will produce better ways of facilitating such spaces, confronting our past, healing our nation and building a more resilient population, and, overall, improving the quality of life of all citizens.

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NOTES

1. The significant contributions of Nontando Ngamlana, Musa Sebugwawo, and Sibulele Poswayo of Afesis-corplan in conceptualising, writing and editing this paper is acknowledged and greatly appreciated.

2. Development is a contested term but can generally be understood as a process of moving from an existing, less desirable situation to a desired future situation. Development is essentially about empowering people to become the best they can be. It is about looking at what obstacles people need to overcome to build on the assets they already have and open their eyes to their own possibilities. It is about implementing actions in the present, and building and responding to what has happened in the past in a way that works towards a desired future (Coady International Institute. *About ABCD*, http://www.coady.stfx.ca/themes/abcd/).

3. This section draws from generally available knowledge of South African history, including www.sahistory.org.za; www.history.com; Platzky and Walker (1985); Foster et al. (1987); and Hendricks et al. (2013).

4. From the "Marshall Plan" speech at Harvard University, 5 June 1947, accessible at www.oecd.org/general/themarshalplanspeechathavarduniversity.html

5. *Welcome to the Truth and Reconciliation Commission*. http://www.justice.gov.za/trc/

6. *What is collective trauma?* http://www.healingcollectivetrauma.com/.

7. *Background*. http://www.mainewabanakitrc.org/about/background/

8. http://www.healingcollectivetrauma.com/.

9. Andani and Naidu (2013) provides more detail on DDP's implementation of the Block hosting dialogue methodology.

10. http://www.healingcollectivetrauma.com/.

11. Civil society in this context is understood to mean 'the arena, outside of the family, the state and the market, which is created by individual and collective actions, organisations and institutions to advance shared interests' (Civicus 2013).

12. Letsema Circle is a pioneer path-finder programme that facilitates community-centered interventions in the primary health care system through the walking together approach http://www.letsemacircle.co.za.