

BECOMING BETTER HUMANS IN A WORLD THAT LACKS HUMANITY: WORKING THROUGH TRAUMA IN POST-APARTHEID SOUTH AFRICA

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ABSTRACT

This article shares the work of the Trauma Healing Project in Pietermaritzburg and its surrounding areas in KwaZulu-Natal, South Africa. In exploring how individuals and families face and work through trauma in post-apartheid South Africa, a pilot project was set up at Pietermaritzburg Agency for Christian Social Awareness (PACSA), which ran from 2009 to 2014. Despite the change from Apartheid to a democratic government, South Africa continues to experience multiple-woundedness through domestic and gender-based violence, injuries, HIV and AIDS, xenophobia and crime. These hamper true political and economic development as so many people have to live with pain. This pain prevents them from making a significant contribution to their communities. This article argues that creating safe spaces, narrating our trauma, writing life narratives and restoring social and religious support systems make significant contribution to the healing of South Africa's multiple-woundedness and empowering of traumatized individuals and communities to restore relationships, recover faith, hope, meaning and dignity. This type of healing is transformative.

Keywords: trauma, life narrative, safe spaces, healing, meaning, suffering.

INTRODUCTION AND MOTIVATION

This pilot project was linked to my PhD research and its aim was to reach a holistic understanding of the (untold) stories of trauma survivors from communities historically affected by political violence. Several objectives guided the project. The first objective was to create safe space for trauma survivors to tell 'unstoried' parts of their narratives concerning their experiences of trauma. The second objective was to facilitate the process of regaining control over the events of their lives through the search for meaning and invite them to reflect differently on their own identities and the identities of others. Stress and trauma affect the way people think about themselves. For example, in the aftermath of a criminal attack, earthquake, rape, marital abuse, et cetera, victimised

people often take on a 'victim identity' (Bartsch & Bartsch 1996: 11–12). Victims are people who have had terrible things done to them. They are victims of events. They take on a 'victim identity' when they think and feel like victims, long after the events. We lose our God-given dignity and we begin to think that we deserve abuse and sometimes we abuse others. Thus we live under the cloud of the abuse and expect it to continue. We often think we are at fault for it. Healing of 'victim identity' comes when victims recover their dignity and re-integrate into their community with rightful respect from others, for others and with self-respect. This type of healing is transformative. It transforms the way we think about ourselves and the world around us. We begin to think of ourselves as survivors of those events. Survivors are people who have been victims, but who think of themselves as able to manage their lives, hold on to their self-respect and dignity and take on meaningful roles in their families, in their work, in their churches and in their communities (Bartsch & Bartsch 1996: 11–12). The third objective, as a narrative researcher, I wanted to be part of the story development process through which different alternative, more holistic stories of trauma can be explored and re-authored. Re-authoring conversations seek to create the possibility for the generation of alternative, preferred stories of identity (Carey & Russell 2003: 68). This objective was achieved when participants published their stories as book chapters in: *Trees along the riverside: The stories of trauma facilitators in KwaZulu-Natal South Africa*. One participant said, 'At first we never believed that we would be called authors of chapters in the book, we thought publishing belonged to academia'. What a leap from victims to authors!

THE CONTEXT OF TRAUMA SURVIVORS

This study was located in Pietermaritzburg and Edendale Valley. This area was chosen because it was mostly affected by political violence in the late 1980s to early 1990s culminating in the Seven Day War in 1990 between the African National Congress and Inkatha Freedom Party. The Seven Days War is the collective name given to the events which occurred in the Greater Edendale Valley in the seven days from Sunday 25 March to 31 March 1990 (Levine 1999: 12). During the Truth and Reconciliation Commission hearings, in the month prior to the hearing, large numbers of Pietermaritzburg residents made statements to the Commission concerning the Seven Day War. From the analysis of the evidence given at the hearing, on Sunday 25th and Monday 26th there was an armed incursion from the Vulindlela area, into some lower areas of the Greater Edendale Valley by Inkatha following provocative events such as youth stoning buses carrying Inkatha members. On 27th March, about three thousand armed men, members of the Inkatha Freedom Party, attacked Caluza (a non-Inkatha area). Some counter attacks were launched by residents of affected areas. Early in the morning, on Wednesday 28th, Inkatha members from the settlements along the main road in Vulindlela began to muster. According to Levine, some marched, others were picked up by trucks and unmarked lorries. Attacks took place which saw many people shot dead, homesteads

destroyed, property looted and livestock driven off. The police made no attempt to break up the groups of men or disarm the attackers (Levine 1999: 14). On Thursday 29th a concerted attack by Inkatha members on kwaNyandu took place. 'People were killed and wounded, and more houses were looted and destroyed by fire.' A large group of Inkatha supporters also attacked Mpophomeni in Howick, another community where participants in this study, came from. The evening of Thursday was riddled with attacks in Imbali Township as well. 30th March was accompanied by sporadic shooting which continued to take place. On 31 March, attacks continued in Imbali and also Mpophomeni. These attacks saw a number of people killed and wounded, and houses burned. Although calls were made to the police to intervene, the police did nothing, they even refused the army permission to deploy in these areas. The police did very little to stop the violence (Levine 1999: 14). Although many isolated incidents were happening during the time of political unrest, the Seven Days War was an event of enormous public significance. 'Over one hundred people were killed, a large number of houses were destroyed by fire and approximately twenty thousand people fled their homes as a result of the violence.' According to Levine (1999: 12) many local residents were internally displaced and became refugees in their own communities. They experienced losses, and many suffered multiple traumatic experiences. For those who were forced to flee their homes and communities, separation from spouses, children, and other family members was common. Even after the first democratic elections in 1994, some people never returned to their original homes for fear of victimisation.

Buckenham (1999: 7–8) states that the history of South Africa is a litany of violent interactions amongst groups and domination of one group over another to ensure its own survival and establish supremacy. This breeding ground for violence and trauma does not only lurk in the history, but even in recent years. South Africa continues to struggle with this brutal legacy. Buckenham (1999: 7–8) asserts that, 'South African society is a deeply traumatised community of women, men and children. Each person has a story to tell about themselves, their friends, their family.' She adds, 'In the struggle for survival and liberation, there was (and, for many, is) little energy, space or time to pay attention to these wounds. Daily survival in an increasingly difficult economic environment is frequently added to already present emotional and psychological trauma and rage.' In a review of specific clinical and epidemiological literature, Edwards (2005) and Bean (2008) demonstrate that posttraumatic stress disorder (PTSD) and its related conditions are a significant public health dilemma in South Africa and Africa at large.

Another research project conducted at a primary health care clinic in Khayelitsha by Carey, Stein, Zungu-Dirwayi, and Seedat, revealed that ninety four percent of adult respondents, ranging in age from fifteen to eighty one years, had experienced at least one severe traumatic event in their lifetime (2003). Hoffman (2003) conducted another study among Pretoria Technikon students, and the results showed a significant number of students had been exposed to traumatising events such as unwanted sexual activity (ten percent of the female students), witnessing serious injury or death (nineteen percent), being victim to violent robbery (thirteen and half percent), and physical assault

(eight percent). Of those who were exposed to trauma, a high proportion reported PTSD symptoms.

Edwards (2005b) concludes that PTSD is a significant public health concern, based not only on the prolific occurrence of PTSD in South Africa, but also on its debilitating effects which have a marked impact on different areas of human functioning. Buckenham (1999: 7–8) states, ‘trauma wreaks its toll in the life of a person emotionally, psychologically, spiritually, in our relationships with ourselves, others and with God’. The depth of pain, damage and hurt in South Africa is so acute. The high levels of domestic violence, poverty, child abuse, HIV and AIDS, as well as the effects of the historic political violence, have left many people in KwaZulu-Natal with limited capacity and strength to engage meaningfully with their lives. They are still carrying the scars. Bartsch & Bartsch (2006: 5) adds that whether people wear out through accumulating stress or sudden traumatic events, the effects are the same. Normal patterns of living are disrupted and people feel disconnected from others, feel helpless to manage the events and often lose faith and hope. The scope of damage to the family trauma causes is often underestimated. Landau, Mittal & Wieling (2008: 194) observe that we tally the number of people killed or injured, number of homes lost, dollars [or Rands] spent on emergency aid. But seldom do we measure the more subtle costs, such as the increase in depression and anxiety, substance abuse and addiction, risky sexual behaviour, child abuse and couple violence. Rarely do we mention the impact of these factors across extended families as their neighbourhoods and urban setting suffer an increase in poverty, street and orphaned children, crime such as bank robberies, rapes, armed assaults, and car robberies. All these effects are rife in the KwaZulu-Natal as a province and South Africa as a nation.

TRAUMA INTERVENTION PROCESSES

Recruiting participants

The study began in 2009 as quantitative and involved thirty eight men and women aged between twenty and forty five. The population comprised citizens of Zimbabwe, Malawi, and the Democratic Republic of Congo who were living in Pietermaritzburg at the time and South Africans from local townships like Imbali, Howick, Mpophomeni, Edendale, kwaMpumuza, and Sobantu. These communities were greatly affected by The Seven Days War and political violence in the 1980s and 1990s. Foreign nationals were included in the project because they are not exempted from traumatic experiences in South Africa like xenophobic attacks of 2008 or were living with scars from their countries of origin due to wars, oppressive governments and other sources. They were all invited to attend a Stress and Trauma workshop at Kenosis from 30 October to 1 November 2009. During the workshop, I obtained consent from participants to volunteer to participate in a pilot study for trauma healing. The main criterion for participation was the experience of

a traumatic event or living with possible symptoms of trauma. To make sure that this criterion was met, those who gave consent completed the Harvard Trauma Questionnaire (HTQ). HTQ is designed to assess the mental health functioning of individuals who have experienced traumatic life events (Mollica 2007: 12). Thirty three of the thirty eight participants who completed and returned questionnaire experienced one or multiple traumatic events either directly or indirectly. For example, some experienced torture first-hand or witnessed the torture or killing of someone, family, friend, others were rape survivors, refugees fled war in their countries, suffered neglect, starvation, involved in car accidents, and others were living with HIV and AIDS. After the sample was obtained, the study then proceeded with qualitative methodology, utilizing the narrative approach as a way of working through trauma and to facilitate the telling of the 'unstoried' parts of the narratives of trauma survivors concerning their experiences of trauma. Towards the end of 2011, the PACSA group merged with the Diakonia group of facilitators in the story writing workshop facilitated. Although the group experienced attrition, a focus group of nine participants from PACSA and five from Diakonia continued with the writing of their narratives until the book was published in November 2013 titled: *Trees along the riverside: The stories of trauma facilitators in KwaZulu-Natal South Africa*.

Workshops and debriefing sessions (group therapy)

The second process was conducting stress and trauma healing workshops and debriefing sessions. There are many approaches to treating trauma survivors from pharmacological to narrative therapy. Our project adopted a group therapy method. Kaminer & Eagle (2010: 105) state that group therapy is usually offered to people suffering from the same kind of trauma, for example, rape, combat stress or terminal illness diagnosis. Our group was different in that participants had experienced different types of traumatic events. Another challenge with groups is that individuals may be at very different stages in the processing of their experiences. However, the benefits of this approach are that treatment is economical and has particular merits. Kaminer & Eagle argue that the main benefits lie in the support that such groups can offer (beyond that of the therapist and existing networks) and the degree to which they aid in the reduction of stigma by facilitating the sharing of common experiences and reactions (2010: 105). They add that normalisation of trauma reactions is very powerful in group therapy, since members find that they can identify with others' accounts. Another benefit in some cases is that 'relational networks are created that are sustained outside of therapy'. For example, in a group for asylum seekers traumatised by the 9/11 attacks in New York City, Kaminer & Eagle (2010: 106) state, 'participants reported that the building of social bonds with others in a similar predicament was one of the most beneficial aspects of group attendance'. Thus group therapy becomes a very effective way to heal and integrate the victim back into the community. To facilitate the process of telling stories, we used the Stress and Trauma Healing approach developed by Diakonia Council of Churches, Vuleka Trust and the Mennonite Central Committee in KwaZulu-Natal. It was developed as early as 1995 as

a tool to respond to the needs of caregivers who were being ravaged by extreme stress and 'burnout'. This approach offers safe space for people to tell their stories of being victims of traumatic and stressful events they have experienced over the years with the aim to restore faith, hope and meaning; and relationships.

The stress and trauma healing workshops are an effective tool for transforming people's lives. This Level 1 enables participants to learn about healing through their own experiences of stress and trauma.

It brings awareness of the stress and trauma people live with, helps them to express their stories and experiences of victimhood, understanding their own and other's experiences of stress and trauma through listening and sharing stories in groups (Bartsch & Bartsch 2006: 3). One significant part in this Level 1 is the trust building exercises which enable participants to come out of their shells and share even the hidden stories which have shame, guilt or fear attached. One participant says:

From 2009 I joined a group on a stress and trauma healing train not knowing the destination. Along the journey I was amazed at the pool of pain, anger and hatred inside of that pool. Through the stress and trauma healing I drained and cleaned the pool. And now I can facilitate. Before the PACSA/Diakonia Stress and Trauma Healing Workshop, I could not share my story with any person, because my story was taken as my own personal life to be kept in my heart due to lack of trust. The result of sharing my story with others brought relief to my miserable life, as I could not breathe well whenever I encountered any situation similar to one of the past events experienced before. I was very much afraid to socialise with unknown people due to my past life after being betrayed several times by my own people.

By reflecting on forgiveness and reconciliation the workshop moves participants towards rebuilding healthy relationships with their various support systems which were disconnected by traumatic experiences.

Twenty-six participants attended Level 2 in February 2010. This Level prepares participants to move on with their lives better equipped to manage their own stress. In addition, participants are motivated to provide a service to their own communities, as well as establish support groups if and when appropriate. Participants explored their own motivation for wanting to become wounded healers, understand themselves as healers and how to take care of themselves as caregivers (Bartsch & Bartsch 2006: 3). Twenty-three attended the Level 3 workshop in June 2010 when they were trained as stress and trauma facilitators. This training inspired the facilitators to start facilitating trauma awareness and Level 1 workshops in their communities. We facilitated four trauma awareness workshops for Springs of Hope, refugee community, Mpophomeni, and Howick West. All participants living with trauma attended Level 1. We ended up facilitating three Level 1 workshops to accommodate everyone.

PROCESSES THAT FACILITATE HEALING

It is important that the reader understands what I mean by the term ‘healing’. I concur with Van der Merwe & Gobodo-Madikizela (2008: viii–ix) that ‘healing’ does not imply an end to all pain and suffering, but rather facing and working through trauma, so that the tragic loss caused by trauma is balanced by a gain in meaning.

Trauma survivors do have a contradictory desire to suppress their trauma as well as to talk about it. To talk about it is the best thing and yet would mean an extremely painful reliving of the event. So in order to survive, a trauma survivor would normally suppress the memory. Yet, paradoxically, it is precisely confrontation of the suppressed memory that is needed for inner healing.

Four main processes facilitated the healing from trauma and re-authoring of narratives shattered by trauma for participants of this pilot Project. These are safe and sacred spaces, the art of storytelling, literary narratives and a sense of belonging to a new family.

Safe spaces

South Africa continues to experience multiple-woundedness through various sources of trauma. Denis, Houser & Ntsimane (2011: 2) state that the effects of this ‘multiple-woundedness, can be seen everywhere in South Africa. I concur with his argument that true political and economic development is hampered by the pain so many people have to live with. This pain prevents them from making a significant contribution to their communities. Therefore, this project sought to create a safe and sacred space where trauma survivors could share their experiences in a respectful, and non-judgment manner. The goal was to restore people’s dignity and humanity and help them to start personal journeys towards healing and reconciliation, thereby enabling them to develop attitudes and actions that support a just peaceful society (Denis *et al.* 2011: 3).

The experience of safe and sacred space created through the care, love and support from the research team caused participants to break the silence. The tension between silence and disclosure was palpable amongst research participants at the beginning of the project. But the creation of a safe space made them feel safe to talk about their experiences. One participant notes:

Every time I tried to talk to my family about what happened I cried. I could not tell or talk to anyone until I got an invitation by PACSA to attend a Stress and Trauma Healing Workshop held at Kenosis Retreat. I did both level one and two of stress and trauma. During session time, every participant was given a safe space to share their traumatic experiences. I was a shy person who was afraid to share my stories, even the happy ones. This was the first time in my life I shared my stories with people I did not know, and the group that I was part of really helped me because people were open and shared all their stories. Every one of my group was crying during storytelling. I felt comfortable being part of that group, and I asked myself, ‘Why not share mine?’ Although I felt pain, this helped me. I learnt that talking or sharing traumatic experiences with others is an important medicine to cure myself.

Establishing a listening community brought to an end the feeling of 'alone'. Denis *et al.* (2011: 17) state that wounded people experience loneliness and isolation. They live in confusion. They do not know if they can trust their memories. The space became a confluence in which participants found connection beyond the boundaries of their own comfort. In this, they kept reforming and informing themselves in their relationships with others (Seedat 2001: 116). Van der Merwe points out that healing happens when the crisis of our living finds safe places to occur. Voices declaring the unspeakable within, in the safety of connection, brought healing to all of us involved (Seedat 2001:108). Van der Merwe & Gobodo-Madikizela (2008: 25–27) concurs with Seedat and they point out that extreme trauma is, 'unspeakable' precisely because of the inadequacy of language to fully convey victims' experiences. This is why trauma survivors struggle with transforming their experiences into narrative. And yet despite this limitation, speech is necessary not only because of the need to recapture the traumatic event, but also to restore the victim's sense of self and to help him or her regain control over a self that has been shattered by the trauma. Under normal circumstances we know who we are and we know what capacity we have to respond to experiences, but when overwhelmed by trauma we lose this capacity to engage and to interact. Thus trauma becomes a loss of control, a loss of understanding, a loss of identity.

What the Trauma Healing Project did was to give trauma survivors a safe space to reconstruct the trauma into a narrative form hoping that they would shift their identity from a victim to a victor. Van der Merwe & Gobodo-Madikizela (2008: 27) contend that reconstructing the trauma into a narrative form is one of the most crucial processes in the journey towards healing of the victim. The reconstruction happens when we feel listened to. The significance of the empathic listener for the trauma narrative is the possibility created for the victim of trauma to externalise the traumatic event. We felt listened to and supported during the trauma project. When we came together to narrate our traumatic experiences, we invited others not only to listen to what we had to say, but to journey with us as we try to 're-find' ourselves and re-find the language that has been lost. The journey of narrating, of being in dialogue concerning our experiences, was a very important one, because we needed an audience – a person, or people, who would listen with compassion, with a desire to understand what has happened to us (Van der Merwe & Gobodo-Madikizela 2008: 27). As we narrated our traumas with each other, the process provided us with footholds, so that in the words and gestures of those who were listening, we derived encouragement to re-find not just ourselves, but also the language to talk about what has happened to us (Van der Merwe & Gobodo-Madikizela 2008: 27). This is what Van der Merwe & Gobodo-Madikizela call healing: 'When the tragic loss caused is balanced by a gain in meaning.'

The fact that everyone was given space to participate made people feel acknowledged, respected and dignified. Trauma violates the borders of self-respect, self-esteem and dignity rendering people helpless, and out of control. However, the study invited survivors from isolation to the circle, from the periphery to the centre where they participated in their own healing and liberation.

Narrating our stories

Narrating our traumas was probably the most effective way that brought us healing. Ingrid Betancourt tells of the importance of sharing your story as a process towards recovery. Betancourt is a Colombian citizen, born in Bogota but raised up in France. At the age of thirty-two, she returned to Colombia to contest for presidency in a country that was ravaged by civil war. While campaigning in 2002, Betancourt was captured at gunpoint by the FARC guerrillas and held hostage for more than six years deep in the jungle (*The Sunday Times*, 11 December 2012). When she was rescued by the army, she vowed to never recount the degradations she endured in the jungle saying ‘once they are out, I will be dirtied even more’. But then she writes in her book *Even silence has an end* that when you live through the trauma of having your most basic rights violated, the experience becomes ingrained in your genetic makeup. What you lived, and how you lived it, is your new identity. She adds that remembering is painful and telling your story involves submerging yourself deeply and intensely in your own past, bringing forth a flood of uncontrolled emotion. But sharing is also your way out because every time you tell your story, you can distance yourself from it, take a step back and you learn to remember without reliving, and begin to recover (*The Sunday Times*, 11 December 2012). She is right, as we narrated our traumas we submerged deep into our subconscious and brought out some of the most horrendous experiences. Unable to control the flood gates of tears, we cried many times. But as we did so, we began to distance ourselves from the experiences and the pain became less with each and every time we talked about them. I agree with Denis *et al.* (2011: 5) that the telling of one’s story of woundedness to a person in a safe environment who cares may open the door to a journey of healing which leads to a better life. The telling itself does not annihilate the painful experiences wounded people have gone through. However, the telling of story does enable people to domesticate their bad memories so that the past remains, but it ceases to haunt them. Emotional wounds need to heal otherwise they can be disturbing. For example, the wound can create distress, kill motivation and leave us with the impression that we are unable to control our life.

Ackermann (2006: 231) adds that storytelling is inherent in professing one’s identity, and subsequently, to finding impulses of hope. She states that one characteristic of storytelling is that it attempts to make sense. Storytelling provided relief for us and at the same time initiated a more collective healing process as participants. Telling one’s story in a face-to-face scenario helps those wounded to elaborate their stories (Denis *et al.* 2011: 11). As they speak, their narrative takes place. When somebody tells a story, the incoherent succession of events, perceptions and feelings that characterised the event is reorganised into a coherent narrative. Storytelling will contribute to healing when it is shared in the right environment and with the right people (Denis *et al.* 2011: 17). The art of narrating our trauma helped us to articulate our memories, to structure them in our minds in such a way that they could be explained. In so doing, we gained control over our painful experiences. Although the past remained and nothing could be done to

change the past, however, our engagement with our narratives changed our present and future. The past became less threatening (Denis *et al.* 2011: 16). Because each one told her or his story to an empathetic audience, we experienced relief. What mainly healed us was the fact that one's story was recognised, revered and acknowledged by a third party.

Literary narratives

The discovery of meaning, hope and faith through the development of the alternative story gave us a sense of urgency to publish literary narratives. Thus besides the art of storytelling, authoring personal life narratives played a major role in the healing process. Van der Merwe & Gobodo-Madikizela (2008: ix) assert that the healing potential of literary narratives can be seen from the point of the writer, who could find a catharsis through the indirect expression of suppressed pain, or from the viewpoint of the reader, who could find some kind of healing through discovering points of identification residing in the narrative. This was another way that brought healing to us. We identified with each other's stories and through that found comfort and confidence to move on with life and make a meaningful contribution to the world we live in.

As the journey of healing continued, it became apparent that there were moments and experiences in our lives we wanted to capture, not on camera but on paper. Ernst van Alphen, (quoted in van der Merwe & Gobodo-Madikizela 2008: ix) asserts that trauma is 'characterized by a loss of plot, the traumatic experience cannot be immediately "translated" into the narrative structures of our mental memory; therefore, trauma signifies a "failed experience"'. When this happens, Van der Merwe & Gobodo-Madikizela (2008: ix) see the necessity of writing down the narratives to unearth or surface the lost plots. They argue, 'Literary narratives can help us to confront our traumas, to bring to light what has been suppressed; it also imagines new possibilities of living meaningfully in a changed world.' They add that literary writing invents new narratives through which the traumatic memory readers can be vicariously expressed, so that they can experience a catharsis. Thus participants were trained to document their own stories which were later published. This in a way has benefited research participants to confront their traumas, to bring to light what van der Merwe & Gobodo-Madikizela (2008: ix) say has been suppressed and imagine new possibilities of living meaningfully in a changed world.

Writing about our traumas enabled us to express things which were impossible with words. They were parts of our narratives that were shrouded with shame, guilt and fear and we could not find expression even in the safest space. Like Ingrid Betancourt who vowed to never recount her experiences of degradations while a hostage in the jungle, we also had things to hide until we began to write. That which was suppressed came to the surface. Thus writing became for us a way to tell our loved ones what we could not articulate by word of mouth. Even Betancourt herself found expression of what she feared to tell her children in writing. Although she vowed never to recount the details,

but then she had to tell her two children what had happened to their mother all those years she was held hostage. She told Porter in an interview in Toronto, Canada (*The Sunday Times*, 11 December 2012) that, ‘There were things they [her two children – Melanie and Lorenzo] wanted to ask but didn’t know how to do it, I needed to tell them many things, but face-to-face, it was impossible.’ So she expressed them in writing and published a memoir: *Even silence has an end*. In this volume she details her experiences for her children and the world to read. Thus literary narrative has become for her a conduit for healing as she put on paper what was suppressed in her memories. In other words, the incoherent succession of events, perceptions and feelings that characterised the event is reorganised into a coherent narrative (Denis *et al.* 2011: 13). This, what Denis calls ‘reorganise’, is what I call ‘re-authoring’ a narrative. Literary narratives helped Betancourt and us to confront our traumas, to bring to light what had been suppressed. We shared Betancourt’s experience of catharsis as we documented our experiences.

The fourteen narratives published in the book: *Trees along the riverside* are true examples of reorganised or re-authored, and coherent narratives. The research team moved from a story of problems to a story of hope. Before the intervention, research participants saw themselves as victims, overpowered by pain, confusion and guilt. Now they have begun re-constructing another storyline of their lives and are symbols of the pain, resilience and endurance of many more survivors of abuse, human rights violations, injuries and injustices of the past, stressful and traumatic experiences, and suffering caused by HIV/AIDS throughout South Africa and the African continent. From their immeasurable loss, suffering, multiple-woundedness, ‘a beautiful, human fortitude has emerged’ (Betancourt quoted in *The Sunday Times*, 11 December 2012). They consented to share their narratives in this project because they felt there is no better way to heal the individual and collective wounds than for them to receive the recognition of equals: to have their neighbours, their employers, their friends, and their families understand what happened. By publishing our stories to be disseminated to a wider community of scholars and those working in the field of trauma and healing, we were not begging for economic support or looking for a hand-out (Betancourt quoted in *The Sunday Times*, 11 December 2012). Instead, we were seeking to transform our ordeal into social wisdom. Thus we offer the intimacy of our pain to enrich our readers’ lives and to make us reflect on it. The men and women who tell their narratives in this book are helping us to become what Betancourt (*The Sunday Times*, 11 December 2012) calls, ‘better humans in a world that lacks humanity’. They stand as tall as monuments of survival, perseverance and courage and should be admired and respected. They are the true heroes and heroines of our time and this book offers them the recognition they need and deserve.

Emergency of ‘a new family’

As a narrative researcher, my great curiosity was the development of quality relationships between myself and the other research participants (Bell 2003: 100). I agree with

Paul Hart (2002: 150) who argues that the ‘way in which we know’ is tied up in our relationships with our research participants. I wanted not only to develop an insider’s perspective on healing trauma survivors, but also to work towards the sort of research relationship described by Connelly & Clandinin (1990: 4) where participants ‘feel cared for and have a voice with which to tell their stories’. This worked for me because by the end of the study, participants and I had, together, come up with complete narratives that were life-giving in the context of caring and supportive relationships.

Another conduit of healing for the research team was the emergence of ‘a new family’. In Abraham Maslow’s Hierarchy of Needs, a sense of belonging is a level three human need. You have to meet the physiological and safety needs first before reaching the need for belonging.

Retief (2004: 48) argues that traumatic experiences affect the way the satisfaction of your needs is structured. When trauma strikes, it shatters the bonds of human connections. As a result the wounded person experiences loneliness and isolation (Denis *et al.* 2011: 17). Bernice Meintjies (n.d.: 12) asserts that the impact of trauma extends beyond the individual who was directly involved in the event. When something bad happens, our family, friends, neighbourhoods, communities and even society at large may be affected. This strains relationships and severs the bonds of love, affection and a sense of belonging. These feelings of isolation and loneliness were prevalent at the beginning of the Trauma Project too. For example, Nokwazi the author of *On my strong shoulders* (Chiya 2013: 107–118) abandoned her church community, because her fiancé died. She believed God did not love her anymore. Manda, a Malawian citizen and author of *Fixing my potholes* (Manda 2013: 155–184), says that although he had lived peacefully with South Africans for more than ten years, xenophobic attacks in May 2008 severed his relationships with South Africans. Although he had felt a sense of belonging to the South African society, xenophobia isolated him. He recalls how difficult it was for him to trust and share his story at a Healing of Memories Workshop, and later in the Stress and Trauma Healing workshop, with South Africans present. However, one of the by-products of this project has been the creation of what other authors call a ‘new family’. Those who were lonely and isolated found a family where they feel belonging. For example John, a foreign national from the Democratic Republic of Congo and author of *Why does the sun rise black?* (Kitengie 2013: 140–154) says:

The good news from the workshop on stress and trauma is that all the participants became my family members with whom my life experiences are shared openly and with encouragement. I am not alone in the jungle or the only one having these kinds of situations in life. These workshops opened ways through sharing of my personal life experiences with them and broke barriers of separation and distinction of otherness.

Bonie, a South African and author of *Learning to tell my Story* adds:

One of the tasks we had to do was to draw our traumatic stories on a flip chart using crayons. I divided mine into four periods: my childhood, adolescence, young adulthood and adulthood.

This task brought back memories, and the things that I thought were over came back as if they happened yesterday. I thought the past was over but I was lying to myself... These workshops helped me to find a new family where we heal each other through the grace of God. I moved away from being a victim to wounded healer (Madondo 2013).

All fourteen authors of the book *Trees along the riverside* have something to say about feeling a sense of belonging to the team. Those who were cast out to the margins by trauma have been restored to the centre through the Trauma Healing Project. They felt loved, respected, supported and this gave them a sense of belonging and dignity. Thus although trauma had cast us down from level three of Maslow's Hierarchy of Needs, through the love, care and support we climbed back up to level three again.

CONCLUSION

Let me conclude with another voice from the margins, Bongekile Motaung the poet and author of *My Journey is Longer* (Motaung 2013: 78–96) who captures the impact of the Trauma Healing Pilot Project:

MY FAMILY

I felt it, I experienced it.
I saw you, I was not sure
whether should I trust you
How could I not trust
after being prepared to trust ?
I had a burden I wanted to flush away

Today I thank myself for trusting you
You laid a foundation in my life
You walked with me. You carried me through
You never forced me to forget while I could not
You never imposed advice,
We worked it through together.

The love you have shown me grew. It's endless.
Today I call you family and indeed you are my family
Through the sessions we engaged in,
I have learnt from you my brothers and sisters.
Through the process I have learnt
that forgiving is not about forgetting.
Forgiving is the process of letting it go and moving on

Letting it go doesn't mean that you are a coward
it simply means moving on.
Today I know a wound has healed
I can touch it without feeling pain.
But scars remain
I love you my family

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