BLENDED VOICES:
BUILDING an UNDERSTANDING of TORTURE, WAR TRAUMA & VIOLENCE THROUGH an AFRICAN LENS

A Webinar Series
Reflection Report 2020 - 2021

Acknowledgements

CSVR wishes to acknowledge the following contributors and contributions :

"We are not complete until we understand our wounds. Once we realise that we are wounded, then we can start that intentional process of healing. But not only individual healing, as often is the focus in the West with mental health practices. But in Africa's case, I think it is critical that we include collective and social healing as well. Our history of pain and chronic violence is collective and social and thus our healing must also undertake this."

– Angi Yoder Maina

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1. Background and Introduction

The Centre for the Study of Violence and Reconciliation (CSVR) is an independent NGO in South Africa that seeks to better understand violence in Africa and heal its effects. The organisation aims to collaborate with and learn from the diverse lived experiences of communities affected by violence and conflict. And, in so doing, aspires to foster empowerment, promote resilience, and contribute to healing through a victim-centred approach.

Between October 2020 and March 2021, **CSVR** hosted an online symposium entitled *'Blended Voices: Building an Understanding of Torture, War Trauma and Violence Through an African Lens'.* The Blended Voices symposium emerged from the extensive work being done on torture, war trauma and violence throughout the continent, and the desire to provide a platform for African voices to share their experiences and learnings related to trauma, healing and resilience.

In addition, the symposium sought to capture the diversity of the continent. This was reflected by the panellists themselves, who were of diverse African nationalities, races, genders and ages, but had all worked on the continent and were able to centre the continent and its issues.

In attempting to delve into topics as sensitive and painful as torture, war trauma and violence in Africa, it felt particularly valuable to have a panel that was both representative and able to reflect on the significance of their representivity. For example, one of the panellists reflected on how their own race, age, and gender influences how they engage with and present their work; and therefore, how important it is to consider who is presenting and the ways in which this affects what they present and how they present it.

Presenters demonstrated this reflexiveness throughout the symposium, sharing openly and honestly about their lived experiences, the lessons they had learned and their current realities, which sometimes included *'not knowing'* the answers. This created a space where all aspects of the work could be examined and explored, including who we are, what we bring, and the subjective lenses through which each of us sees the world.

The topic of the symposium, 'Blended Voices', also reflected the spirit and intention of inclusivity. Throughout the symposium, panellists made deliberate and conscious efforts to include the voices of victims of violence and trauma – voices that are too often excluded and marginalised. By bringing in their voices, the panellists made it possible for individuals and communities to be heard in a forum to which they may otherwise not have had access. In addition, bringing in their voices served to humanise the victims; and, in validating their voices, to challenge "global hierarchies of knowledge" (as framed by one of the panellists). The use of translators throughout the series of webinars also highlighted the importance of inclusivity.

This reflection report aims to capture the main themes and insights that emerged from the symposium and to offer some thoughts regarding the way forward.

2. Overview of the Symposium

The Symposium consisted of a series of Six webinars.

Each of the first five webinars focused on a distinct theme.
The sixth and final webinar provided an opportunity to reflect on and consolidate the learnings from the first five.

This section provides a short summary of each webinar in the series.

Webinar 1 : A Traumatized Africa

The first webinar provided a space to discuss the terrors that the African continent has been exposed to in an honest and transparent, yet sensitive, safe and reflective manner. This webinar left participants with a more holistic understanding of the breadth and depth of trauma and torture on the continent, but also the various ways in which these atrocities have contributed to the current state of Africa and her people (above and beyond the issue of mental health).

Webinar 2 : Repetitive Cycles

In the second webinar, the panellists provided thought-provoking presentations related to repetitive cycles of violence. This webinar offered insights and critiques into some of the conundrums and stumbling blocks often faced in this work, particularly considering the wide-ranging effects of trauma and the persistence of violence and trauma across time. This webinar highlighted how we are often left with more questions than answers around the subject of violence prevention.

Webinar 3 : Torture and Trauma Rehabilitation in Africa

The third webinar looked at the ways in which torture and trauma can be rehabilitated in Africa.
It explored the question of how African people can influence the narrative of violence on the continent in a manner that facilitates healing. In particular, this webinar provided a space to reflect on the ways in which violence and transgenerational trauma can be disrupted, and how rehabilitation strategies can be offered at multiple levels with the aim of collective healing.

[1] *Webinar 1 A traumatised Africa: https://youtu.be/XnGAuBhGigY*

[2] *Webinar 2 Repetitive cycles: https://youtu.be/1nHv05y3N-A*

[3] *Webinar 3 Torture and trauma rehabilitation : https://youtu.be/tM5U8NBJBsY*

Webinar 4 : Torture and Trauma Rehabilitation in Africa

The fourth webinar looked at ways to engage with collective trauma in post-conflict situations. The panellists presented research and findings from their various interventions and shared how they are making progress in peace building and healing across the continent (despite the various roadblocks and challenges that they encounter).

Webinar 5 : Unpacking the Concept of Mental Health in Africa

The fifth webinar looked at unpacking the concept of mental health in Africa. It involved a panel of African mental health practitioners reflecting on delivering mental health services on the continent, including how these services continue to be under-resourced yet simultaneously over-subscribed due to high demands for care. The panellists shared how healthcare practitioners, institutions and organisations attempt to fill these gaps, and offered suggestions for how research, advocacy, treatment and empowerment strategies can contribute to new ways of thinking and engaging and to co-creating a new way forward.
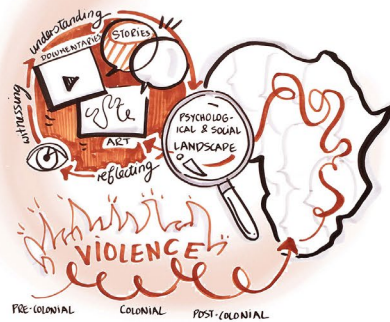
[4] *Webinar 4 In the aftermath: https://youtu.be/Cz9WsyvMlNw*

[5] *Webinar 5 Unpacking the concept of mental health in Africa: https://youtu.be/78lthV7foDk*

BLENDED VOICES:

BUILDING an UNDERSTANDING of TORTURE, WAR TRAUMA & VIOLENCE THROUGH an AFRICAN LENS

CSVR
The Centre for the Study of Violence and Reconciliation

① A TRAUMATISED AFRICA

Understanding — Documentaries — Stories — witnessing — reflecting — ART — PSYCHOLOGICAL & SOCIAL LANDSCAPE

VIOLENCE

PRE-COLONIAL   COLONIAL   POST-COLONIAL

② REPETITIVE CYCLES

"The past is always present, & calls us to repeat the past" FANON

PAST — POWER — PRESENT

BREAK CYCLE? — WHAT CAN BE DONE? — inevitable repetition & compulsion
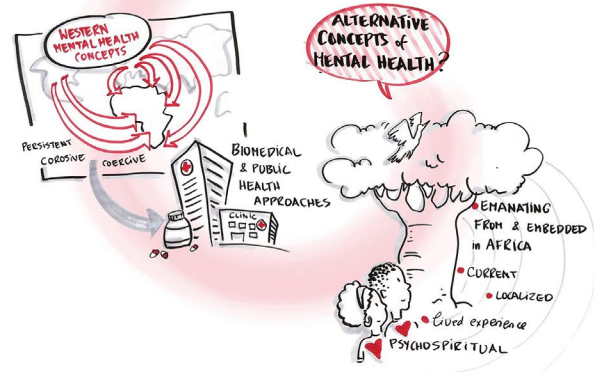
③ TORTURE & TRAUMA REHABILITATION in AFRICA

REHABILITATION STRATEGIES — INDIVIDUAL — FAMILY — GROUP

DO WESTERN PERSPECTIVES WORK in AFRICA?

Religion — Culture — Socialization — Context

What are survivors teaching us?

FRAMEWORK — THEORY — NEW THEORIES & FRAMEWORKS

④ IN THE AFTERMATH

Memorialization Sites   #MHPSS

#NEVERAGAIN

COMMEMORATION EVENTS — SEPTEMBER — GUINEA

COMMISSIONS — TRRC GAMBIA

REPARATION — JUSTICE — ACCOUNTABILITY — COMPENSATION

PLACE of PERPETRATORS in SOCIETY

WOUNDED LEADERS

⑤ UNPACKING the CONCEPT of MENTAL HEALTH in AFRICA

WESTERN MENTAL HEALTH CONCEPTS

PERSISTENT — CORROSIVE — COERCIVE

ALTERNATIVE CONCEPTS of MENTAL HEALTH?

BIOMEDICAL & PUBLIC HEALTH APPROACHES — CLINIC

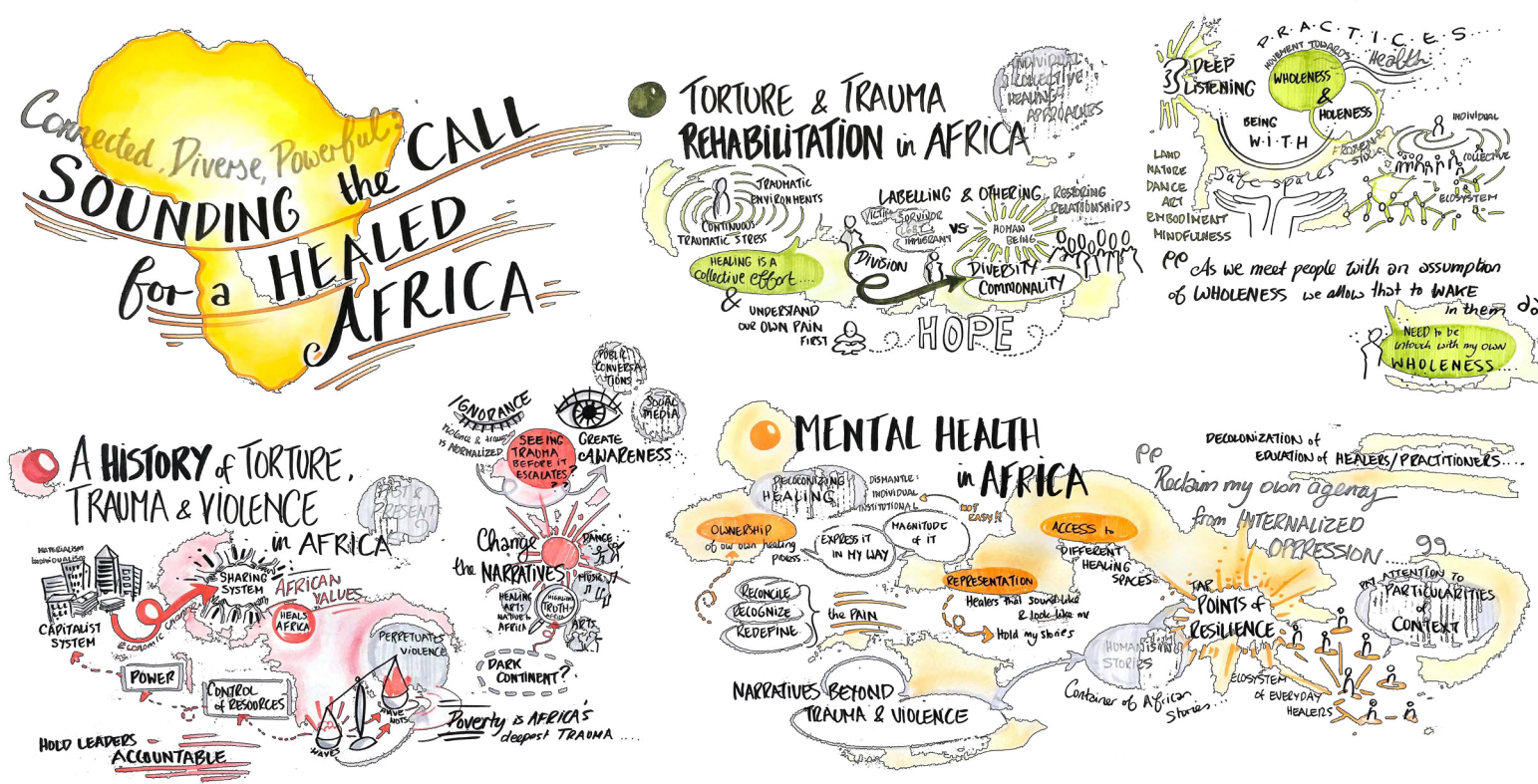EMANATING FROM & EMBEDDED in AFRICA — CURRENT — LOCALIZED — lived experience — PSYCHOSPIRITUAL

DIGNITY
DANISH INSTITUTE AGAINST TORTURE

USAID

Webinar 6 : Connected, Diverse, Powerful

The sixth and final webinar emphasised the power of the collective. It brought together previous presenters and participants, in addition to some new voices, to reflect on some of the critical questions that had emerged from the previous five webinars. In particular, this webinar provided a space for reflecting on the development of a community of practice and knowledge hub on the role of mental health and psychosocial support services (MHPSS) and indigenous healing practices in Africa; and on how to develop more reflective practices within the MHPSS field (in order to promote its growth and relevance).

3. Emerging Themes

This section reflects on the main themes that emerged during the symposium.

Understanding the Complexity of Trauma

What is Trauma ?

The psychological perspective of trauma understands it as damage or injury to the psyche, which occurs after living through an extremely frightening or distressing event and may result in challenges within a person's functioning or coping after the event. Trauma affects people in different ways and not everyone who experiences a frightening or distressing event becomes traumatized. However, for many, trauma shatters their assumptions about themselves and the world around them. This includes destroying their sense of safety, their view of self as positive, their belief that the world is a meaningful and an orderly place and that events happen for a reason, their belief that there is an end to suffering and their ability to trust that other human beings are 'good' or benign.

An Afrocentric perspective of trauma, however, does not only focus on the individual's experience of the traumatic event, and cannot be limited to internal psychological phenomena. Rather it considers the interplay between aspects of the psyche, the socio-political and the historical context of the African people. This perspective of trauma understands the significance of the individual experience, while also taking into critical consideration the shared experiences of the African people. In this regard, the traumatization of Africa does not merely speak to the woundedness of individuals, it is extended to the woundedness of institutions, communities, societies and contexts that have been disrupted and fragmented by oppressive regimes. Through this lens of collective trauma, it becomes increasingly clear how intergenerational trauma is perpetuated by 'unhealed' systems that inhibit development, appropriate education, violence prevention, peacebuilding and reconciliation.

To understand the impact of trauma and a person's response to trauma, we must look at the person, their immediate surroundings, and the interaction of the broader environment as well. American psychologist, Urie Bronfenbrenner, recognised that a person's development was affected by everything in their surrounding environment – from the immediate settings of family and school to broad cultural values, laws and customs. He organised these environmental settings into five different levels: the microsystem, the mesosystem, the exosystem, the macrosystem and the chronosystem (see the figure below). Trauma in Africa moves dialectically between these systems. This is often seen in how high levels of distrust, fragmentation and social inequality impact the individual's sense of self, as well as how traumatized individuals impact their systems, as is the case with traumatized leaders.
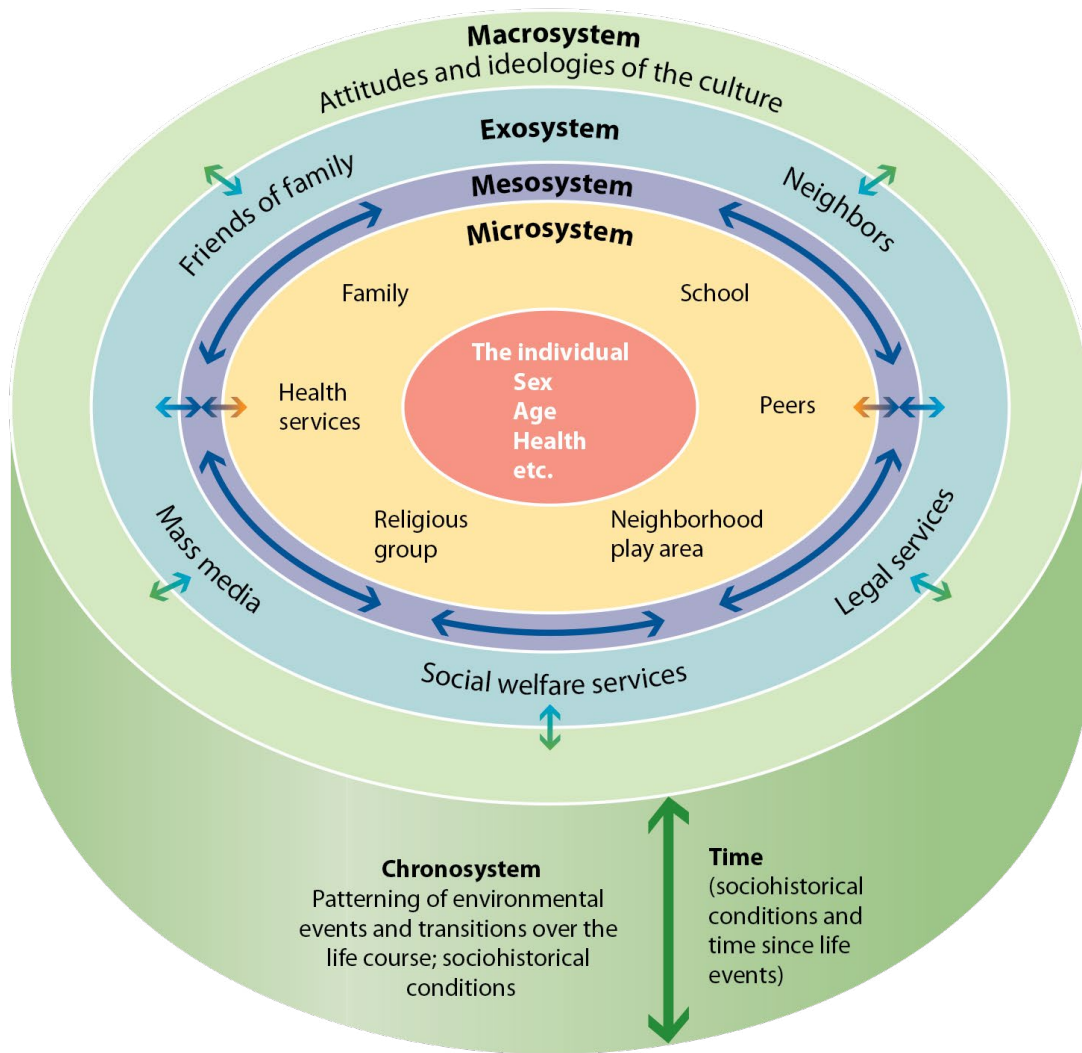
Bronfenbrenners Ecological Systems Theory (Source: Santrock, J. W. 2011. Lifespan Development, 13th edition. McGraw-Hill, New York)

One of the most significant and persistent themes of the symposium was the importance of understanding the complexity of trauma. Each webinar highlighted that trauma is not an individual battle, but rather a historical, systemic and widespread concern. By unpacking some of the various levels of trauma, as well as the multi-layered and ecological factors, it was clear that trauma impacts both individuals and the collective, and that it reaches across time (generations) and space.

It was highlighted that trauma is both epigenetically passed down over generations, and intergenerationally shared through language, storytelling, and 'works of memory'. As a result, trauma is inlaid across generations in multiple ways and reperformed generation after generation. This begins to explain why the effects of violence are so persistent – despite the significant time, effort and resources allocated towards healing them.

"The effects of trauma hold ripple effects that reach generations after the survivor has long gone. It causes family secrets, silence, unfinished tasks and psychological symptoms of anxiety, aggression, guilt and shame" – Charlotte Motsoari

Woundedness

From the outset, the symposium positioned trauma (and the effects of trauma) through the lens of 'woundedness'. One of the panellists explained that the term 'woundedness' comes from the Xhosa understanding of trauma as a 'wound of the heart'. Using this word allowed for an African and grassroots understanding of trauma.

Moreover, the concept of 'woundedness' emphasised that the effects of trauma are more than a list of prescriptive and approved symptoms. Instead, they are a marked impression (a scar) left on both the individual and their broader system. As such, trauma is not merely a side effect of violence, but rather a central way in which people and communities must be understood if healing is ever to be possible.

Through this lens of 'woundedness', the speakers emphasised that we are all wounded. While some may be more wounded than others, we are all walking around with some degree of internalised violence. Those that are 'functionally wounded' – the people, communities and countries that continue to function despite their woundedness – are often seen by the traditional biomedical model as not needing aid or treatment, as their distress levels are not considered excessive.

"Correct diagnosis! Africa is a wounded continent. Not just the Victims, the subjects, but also our leaders are Wounded. What does this mean for us as a Continent"? – Karis Moses

This encouraged further discussion about the costs related to extreme woundedness and 'functional woundedness'. As one of the panellists queried, what happens when our leaders are wounded; and how do they affect the systems in ways that serve to further wound?

This involved exploring the role of woundedness in the histories of post-colonial dictatorships in Africa, where trauma and torture have split and annihilated many African nations and their people. Panellists shared how the Gukurahundi genocide in Zimbabwe led

"There was a genocide in Matabeleland...the effects of Gukurahundiis intergenerational. They have affected so many generations. Generations that were there during Gukurahundi and generations that are being born now and generations to come." – Thandekile Moyo

to the promulgation of torture for political reasons. However, the ways in which the torture has affected its people are enormously personal. This highlighted the interconnectedness of the political and personal, and how the political and personal cannot be mutually exclusive spheres of work. As such, political redress cannot be separated from the traumatization of the people impacted.

Panellists also noted how, even in democracies like South Africa, corruption and state capture perseverate; and how this, in turn, contributes to retraumatization for many. While certain aspects of this scenario may be related to the woundedness and trauma of our leaders, panellists noted that power and capitalism also play a part. They noted the need to look at how capitalism – as an economic system that dictates, controls and stratifies all levels of community and nation – contributes to trauma and torture in Africa, and how it serves to maintain and perpetuate the woundedness.

Panellists also raised questions around the timing of therapeutic interventions for survivors of trauma. They shared how it often seems that trauma is only recognised when it has become too much to bear for the survivor – when the distress is unmanageable – and that practitioners should generally be intervening much earlier. According to the individual treatment model, the point at which symptomology presents already requires intervention.   With histories as complex and violently tumultuous as ours – and the political conflict, violence, poverty and inequality that continue to plague African societies today – we should presuppose a level of traumatization, and continuously work to prevent further fallout (rather than waiting for a level of unbearable suffering).

In addition, the (most) apparent and obvious victims are not the only ones in need of healing. While torture and violence may directly affect certain people, the collateral damage is far wider. Panellists emphasised that in order to begin to understand the breadth and depth of this damage (the woundedness) – and the potential for healing – it is imperative to understand our history.

A key message from the discussion was that, when dealing with something as complex and multi-faceted as trauma, it can never be thought of as 'just' an individual struggle or pathology; and therefore, healing cannot focus 'just' on the individual (as is often promoted by Western methodologies). Instead, it is necessary to look at trauma and woundedness – and healing – through a collective and social lens.

Moreover, panellists cautioned that if we do not face and heal the existing wounds, the cost will be greater for us all.

"I see a Divided, Hurt and Traumatized nation". – Tendai Tlou

The Role of Power

In making sense of the complexity of trauma and the complexity of working with trauma, the theme of 'power' – and the asymmetries that exist due to hierarchical power relations – emerged. Initially there seemed a hesitance to name 'power' directly. Power as an abstract, external construct that is unknowable and amorphous, yet controls all social order, is often left unnamed. Perhaps because of how difficult it is to fully explain. But perhaps also because of the gravity of the task that would lay ahead in facing such realities. However, as the symposium unfolded, this issue was tackled with increasing intensity and thoughtfulness.

One of the panellists outlined the ways in which conflict is inevitable in societies, in order for power to be maintained, overthrown and reorganised. The panellist made a useful distinction between conflict and violence, highlighting how conflict may always beinevitable, but it is specifically through violence that trauma is produced. And it is through the consistent use of violence that trauma is to be expected and is continuously reproduced.

> "Violence is often understood as a method of order. It's a continuous act of violence that brings about trauma." – Thenjiwe Mswane

Another panellist provided some interesting insights into the ways in which violence legitimises power; and in so doing, robs people of their esteem and basic ability to function in a reciprocal and collective way. This presentation suggested that the main way in which humans can emerge from trauma successfully is through processes that prioritise their well-being and strive for and re-build esteem. It was further purported that this is primarily attainable through dialogue. Dialogue is therefore needed in order for there to be reciprocal connection and healing. Through dialogue, both the self and the other are able to exist, and trauma can be bi-directionally addressed. In a capitalist world, which is centred around the value of 'what's in it for me', how do we show the value of dialogue and healing?

> *"The capitalist system in which we live today does not help to heal Africa." – Jaida Hajji*

A particular issue that emerged during this presentation was around the notion of 'hope' – and the sense that while there is a place for hope, and the importance and value of hope cannot (and should not) be dismissed or diminished, it is critical that we also grapple with the realities of systemic violence and trauma. When powerful systems have shown human life to be disposable, one has to interrogate this and sit with the realities of such a world.

Another area of focus was on the role and effectiveness of activism in engaging with these powerful systems. The discussions highlighted how activists and mental health advocates are expected to have endless positivity, hopefulness and energy. However, the reality is that the pressure and the struggles of the work often mean having to retreat and surrender from the fight, for one's own survival. The discussions also brought to the fore the finiteness of the individual's reach, particularly when faced with violence and trauma that have been carried through time and space over multiple generations.

The sobering reality of the input, coupled with the panellist's inability (and perhaps refusal) to provide answers to these questions were palpably difficult to sit with, and simultaneously refreshing. Leaving the questions open-ended highlighted what presenters called the 'central paradox' in this work: that despite the investment of time, effort and resources – and the academic enquiry, direct interventions and activism that these afford – the violence and its effects continue to persist and even escalate in Africa (and globally).

Moreover, despite the investment of resources and effort, there are no clear-cut solutions to collectively healing the trauma that stems from both historic and current-day violence.

It was interesting to see how the 'not knowing' – and the accompanying feelings of helplessness and hopelessness – landed for the audience. Many of their comments and questions reflected uncertainty around how to proceed with their work. In turn, this raised important questions around the role and the effectiveness of activism. Without negating the necessity and importance of activists and their work, this presentation bravely opened up dialogue and thinking regarding activism and where it in fact takes us (and where it leaves us).

These discussions also raised questions around how to care for activists – beyond the usual narratives of self-care. For example, who is healing the healers; how is this related to where and how collective healing takes place; and are there sufficient spaces where activists are allowed to own their hopelessness and even their fallibility.

In another presentation, the panellist shared research conducted on the traumatic experiences of a group of Somali women living in a predominantly Indian Muslim community in Johannesburg. The research sought to understand how intersectionality (the intersection of gender, race, nationality, class, religion) contributed to the women's experiences.

This presentation highlighted how power is used to dehumanise, and to perpetuate discrimination and prejudice within and between different groups. More specifically, the presenter reflected on how a marginalised, previously disadvantaged community (brown, Indian, Muslims) recreated a system of othering and upheld power asymmetries that discriminated against and disadvantaged the Somali women – "If I am the oppressor, then I am not the oppressed." This demonstrated how internalised racism, sexism and xenophobia a re used as forms of violence and serve to further entrench trauma in collectives.

"It is these Ethnic Divisions that present a constant web of Confusion interwoven in the Politics of Division and the collectivist and Individualist practices".
- Bonolo Letshufi

In looking at how victims are primed to perpetuate the cycle of oppression and victimisation, this presentation also highlighted the complexity of victimhood, voicelessness and invisibility. For instance, who are the voiceless in relation to this group of Somali women? Where would a trans-woman, or a queer member of the community, fit into this dialogue?

These presentations highlighted the complexities of power dynamics and how structural and other forms of violence get perpetrated. Audience members were left with more questions than answers, such as: what does collective healing look like in light of these insights; how do we heal together; and when will this healing start to happen.
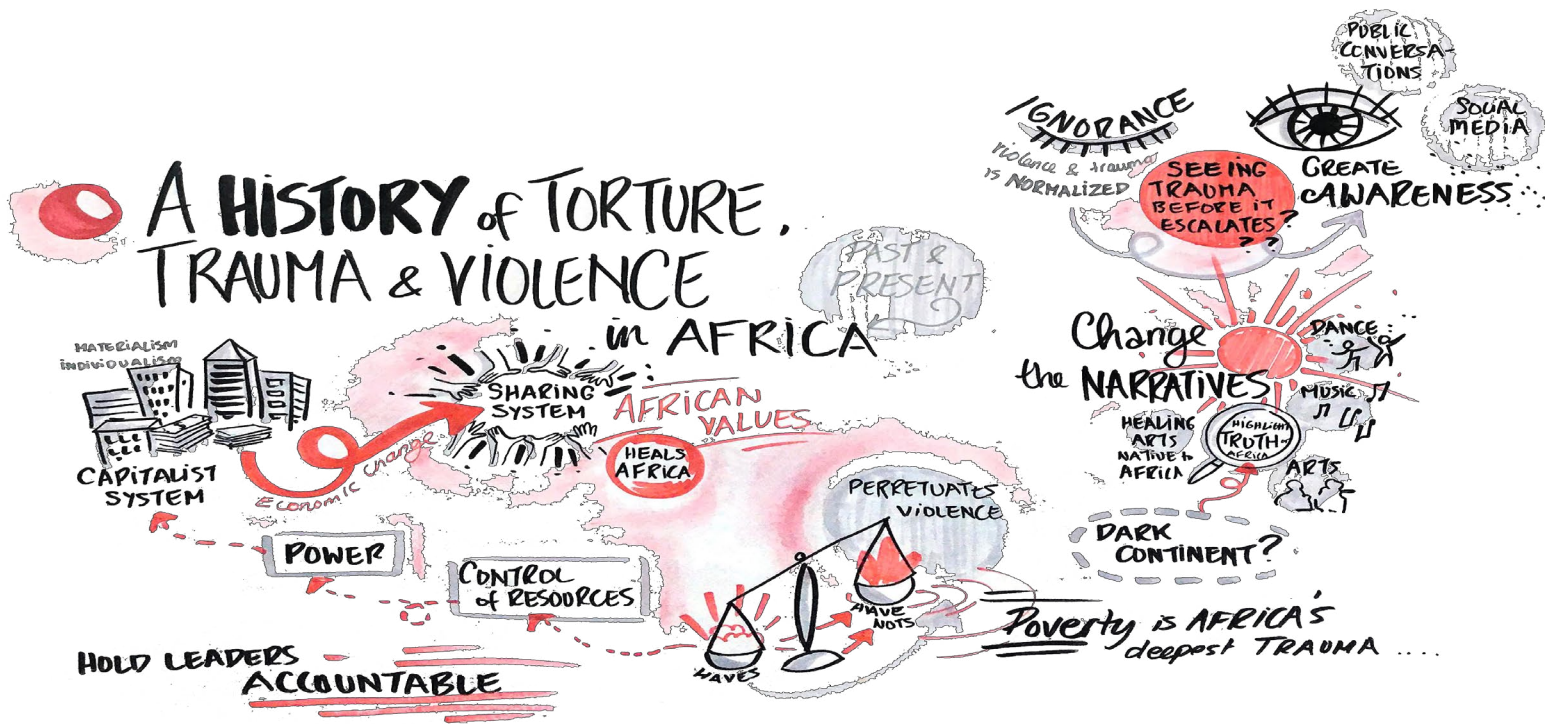
Mental Health in Context

Continuous Traumatic Stress

One of the presentations introduced Continuous Traumatic Stress (CTS), a concept developed by South African practitioners during apartheid in an attempt to understand the complexity of the trauma they were faced with at the time. The research on CTS presented during the symposium focused on the ways in which CTS affects survivors of trauma and mental health practitioners working in the field of trauma and torture across the globe.

While some of the South African-based trauma practitioners were familiar with the concept of CTS, the terminology was new for many others in the audience, and it provided them with a valuable new language to address the limitations of psychiatric diagnoses related to the more traditional Post Traumatic Stress Disorder (PTSD). Moreover, the introduction of CTS was extremely valuable as it linked the pathology associated with trauma to the deep-rooted political instability evident in Africa, and most developing nations.

The presenter shared research conducted on the impact of CTS on migrants trying to start new lives in a host country following experiences of trauma in their home countries. The research explored how traumatized migrants are expected to contribute in 'healthy' ways to their new communities despite their own trauma not being treated in a relevant or comprehensive manner. This raised questions around how to better integrate traumatized people into our societies; and how to do this when power a symmetries in communities are maintained through 'othering'. Some even wondered if this was a political and social endeavour, as well as a mental health concern.

Presenters noted that one of the limitations of CTS is that, despite it being a long-standing, well-researched and clinically reliable way of understanding unabating trauma, it is not a formal diagnostic category and does not have a diagnostic code in the DSM-5 (the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association). Therefore, although there is ample evidence to support the notion of CTS, a psychiatrist cannot formally diagnose it.

Without formal recognition, it is easy to diminish the significance of CTS and delegitimise the work in this area. Moreover, it has real-life and political consequences in terms of funding, resource allocation, structural support, treatment programmes or even formalised MDT (multidisciplinary team) support. In discussing these implications, presenters and participants questioned what it means for the dignity and esteem of the continent when a form of deep-rooted systemic pathology cannot even be formally named. This led to an incredibly valuable reflection on how trauma is understood differently in the global north versus the global south; and how the ways in which different understandings of trauma get prioritised over others is linked to issues of global politics and power. Not formally recognising CTS, a diagnosis that occurs commonly in the 'global south,' is yet another way in which the West continues to 'other' and subjugate those in developing nations; and further perpetuate global power asymmetries.

There was something powerful and noteworthy about African Mental Health and Psycho-Social Support (MHPSS) practitioners refusing to minimise and diminish the relevance and severity of CTS in order to fit into the delineated diagnostic guidelines. Perhaps this is one of the ways in which Western power can be refuted and disrupted; and African knowledge and experience can be reclaimed.

"What we have also discovered about a lot of other models, especially bio-medical models of healing, is that the majority of them are not contextualised or they replicate models of care or interventions that do not meet the needs of the locals or expectations of traumatized societies. Unfortunately, these models and their approaches also blame local people for the mental health challenges they experience without considering the structural, collective and local dimensions of these challenges".
– Bonface Nyeresa-Beti

Above and beyond the reflections raised above, this presentation highlighted how context must shape treatment and intervention. And how, in a context as complex as the African continent, we need more than just psychotherapy and pharmacology. While these forms of mainstream healing have value, we need to consider them and use them in collaboration with (and integrated into) indigenous understandings of trauma and healing.

"Context influences the outcome of healing. Healing from the trauma extends beyond the counselling room". - Sumaiya Mohamed

Clinical Considerations

One of the presentations drew from principles of individual psychotherapy and psychological formulation. The area of focus was on Borderline Personality Organisation, which posits that some people may have an innate propensity toward emotional dysregulation, and maladaptive behaviour or thought processing. The presentation drew from research that explored treatment approaches for clients who were classified within the borderline spectrum of personality. This was discussed in relation to how violence and ongoing trauma impact the psyche, and how ways of understanding the psychology inform effective treatment approaches.

This presentation took a deep dive into the clinical considerations for facilitating treatment and the healing process for refugees and asylum seekers who have been accessing psychotherapeutic interventions at the CSVR trauma clinic. From the outset, the presenter emphasised that clinical practice must take context into account in order to have a holistic understanding of clients. The value of clinical practice rests in being able to identify pathology and integrate this as part of – but not all of – the client's lived experience. The presenter asserted that no person is an island, and an individual's pathology cannot be understood in a vacuum. The premise of this presentation was to explore pathology in order to understand the person experiencing it; which, in turn, allows psychotherapists to support clients as they make meaning of themselves and the events that have resulted in trauma. In essence, in order for healing and rehabilitation to take place, one must understand the person and their pathology within the context of the world in which they live and through a lens that is holistic and true to the conditions of their life.

This presentation spoke to the utility of traditional mental health methods of diagnosis and understanding. It highlighted that, in our efforts to integrate indigenous ways of knowing, we need not throw the proverbial baby out with the bathwater. In addition, this presentation provided a platform for critical discussion of psychological methods of understanding the human psyche – from the position that the psyche is an integral part of human beings that can enhance the process of holistic healing.

"The Mental health and wellbeing of an individual equates to the mental health and wellbeing of a Community. Communities are made up of individuals who need interventions to be able to Navigate their way through Society and pass on Healing" - Amina Mwaikambo

The presentation also emphasised a narrative that resurfaced throughout the symposium: the importance of understanding the individual as part of various communities at any given time. It brought to the fore that individual therapeutic processes are essential parts of societal healing, and they serve as a protective factor against intergenerational trauma being passed on in survivors' homes and communal spaces.

One of the key takeaways was that it is possible to integrate our clinical expertise into new ways, which ensure that culture, language and African ways of connecting as human beings are incorporated. And, therefore, we must be careful not to let go of or reject all current ways as 'theirs' or as 'Western'. In many ways, this presentation reaffirmed the importance of psychotherapeutic work and its continued value as an approach in helping and supporting individuals in their healing journeys.

Mental Health in Africa

Throughout the symposium, presenters emphasised how trauma is complex and broad, and cannot be understood in an insular, siloed or solely individualised way. They highlighted how traumatic experiences often take place in and across collectives; and how confining the effects of trauma to the individual realm is reductionist. Despite these assertions, there remains a persistent tendency to treat trauma and its effects within an individual treatment model and within a traditional Westernised modality of treatment approaches.

"What does mental health really mean in the African perspective? It feels like it is an area that we still need to go deeper into. From thinking of theory, from thinking of practice, from thinking of how it impacts on us" . – Tsholofelo Nakedi

Throughout the symposium, presenters emphasised how trauma is complex and broad, and cannot be understood in an insular, siloed or solely individualised way. They highlighted how traumatic experiences often take place in and across collectives; and how confining the effects of trauma to the individual realm is reductionist. Despite these assertions, there remains a persistent tendency to treat trauma and its effects within an individual treatment model and within a traditional Westernised modality of treatment approaches.

"In a time where indigenous knowledge has been neglected in much of the medical treatment measures, it has become imperative to start considering ways to expand knowledge-systems that have often confined themselves to Westernised conditions".

- Nonkululeko Kubheka

In particular, the fifth webinar highlighted the ways in which Africans (and most indigenous people) are forced to split their health care into mainstream/Western medicine versus their culturally/traditionally sanctioned approaches to wellness and healing. Presenters noted that separating these dimensions of healthcare appears to be the only way in which people are able to access both. This begs the question as to what gets lost in the separation? We know that splitting whole systems into separate (and often binary) ways of thinking and being does more damage than good; and that a 'healthy' way of making sense of ourselves and the world involves integrating different ways of knowing and being.

"Most of us, most Africans, we live in this dual world. I will go to a doctor for certain things, but I will also go to a traditional healer for other things. And we have been forced to separate the two. There is an expectation that if I'm going to a therapist, I can't go and consult people that speak to the ancestors. I can't be in both worlds. But we know that is how people exist in most African countries" . - Gugu Shabalala

As the presenters highlighted, there is good reason to be concerned about the fallout and the consequences of having two realms of healthcare that do not speak to each other. Moreover, it is worth considering what it means when there is no room for cultural norms and understandings in Western medicine; and similarly, what it means when traditional healers cannot utilise and benefit from Western science. Like the children of dysfunctional homes, it seems that African trauma survivors are left to bear the brunt of a broken system.

Furthermore, presenters highlighted how mental health and mental illness continue to be stigmatised in African countries; and continue to impact on help seeking behaviours, access to mental health services, societal acceptance and funding allocated to mental health.

" (In relation to) the stigma of mental health, you find that people with mental illness do not – or are not really ready to – go to a mental health facility or psychiatric hospital because mental health is removed from mainstream health facilities or physical health care facilities" .

– Ngaima Sesay

"Perhaps why there is limited funding is that people do not understand mental health...it is mostly understood as 'crazy' ". – Mariama Jobarteh

" We also have limited access to specialized services, so often people will go untreated and undiagnosed for a very long time " . – Susan Wyatt

"As a country, although we have a policy that calls for mental health being integrated into public health care, this has not been released at that level " . – Alex Kigoye
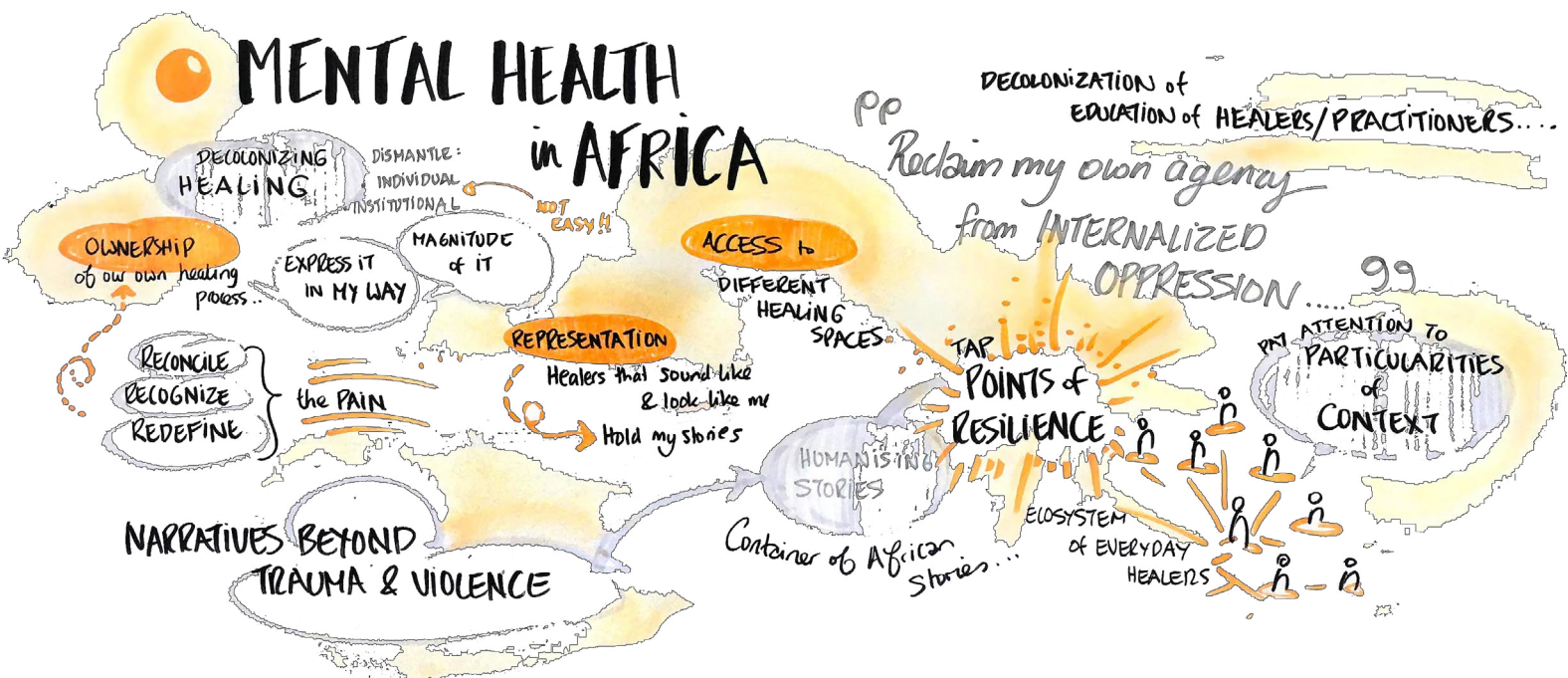
Presenters also noted how the isolation of treatment of mental illnesses to tertiary healthcare systems continues to widen the gap between what African society experiences as 'normal' and 'abnormal.' From a medical perspective, this further discourages people from accessing mental health services, even when they have identified their own difficulties. Presenters also discussed how this is exacerbated when survivors of violence experience mental illness or mental health difficulties as separate from their lived experiences-and their cultural identities.

"We need practices that legitimize and understand the diversity of world views, underlining our own and their own ways of being and making sense in the world and calling for a more pluralistic and complimentary configuration of mental health care and services, which do not privilege one paradigm over the other." – Kathrin Maeir

One of the outcomes of these discussions was the recognition of the need for practitioners to reflect on practice together – for a more in-depth understanding of healing and to better understand how approaches can work together to facilitate holistic and systematic healing across Africa. There was agreement that thinking together is necessary for encouraging shared learnings and experiences – and therefore for the continued development of this work.

Moreover, these discussions called for a conscientisation of the roles that practitioners play in the healing process for survivors of violence. For example, for practitioners to guide survivors through their healing journeys in a meaningful way, they should be open to hearing from survivors as experts in their own lived experiences. In fact, the research presented during the symposium reflected a form of collective dialogue and healing for practitioners and trauma survivors alike.

"We need more spaces where practitioners can reflect on practice." – Sufiya Bray

MENTAL HEALTH in AFRICA

DECOLONIZING HEALING
DISMANTLE: INDIVIDUAL INSTITUTIONAL
NOT EASY!!
OWNERSHIP of our own healing process..
EXPRESS it IN MY WAY
MAGNITUDE of IT
RECONCILE RECOGNIZE REDEFINE the PAIN
REPRESENTATION
Healers that sound like & look like me
Hold my stories
ACCESS to DIFFERENT HEALING SPACES
NARRATIVES BEYOND TRAUMA & VIOLENCE
HUMANISING STORIES
Container of African Stories...
TAP POINTS of RESILIENCE
ECOSYSTEM of EVERYDAY HEALERS
DECOLONIZATION of EDUCATION of HEALERS/PRACTITIONERS....
Reclaim my own agency from INTERNALIZED OPPRESSION....
PAY ATTENTION TO PARTICULARITIES of CONTEXT

The Power of Storytelling

Traditionally Western psychotherapy is known as 'the Talking Cure'. Moreover, psychotherapy is understood to be a method of verbally sharing, exploring and meaning-making in order to develop healthier thoughts, feelings, behaviours and ways of being.

One of the panellists highlighted how storytelling, an important tradition in many African and indigenous communities, becomes a way of sharing and connecting; and just in the process of 'talking without expectation' communities create spaces for healing to occur. This tradition of storytelling predates any Western, formalised rituals of psychotherapy. And even though it has never been credited as such, it has many of the same elements and achieves many of the same goals as psychotherapy or even supportive Rogerian therapy.

"The issue of storytelling, which is really at the core of our culture, has now been borrowed by psychology. The importance of being able to tell stories; this is very much rooted in our culture. How do we use that to shape our work" ?– Nomfundo Mogapi

One of the panellists quoted Maryam Hasnaa who said, "a healer is someone that holds space for you while you awaken your inner healer, so that you may heal yourself." Again, this is what most psychotherapists would attest to as the work of psychotherapy – a space in which a client can develop their own insights and understandings through a safe, supportive and reflective process. Within the therapeutic setting, the opportunity for healing arises from individuals having the space to verbally explore their internal worlds, , including identifying, evaluating and modifying the thoughts and beliefs that perpetuate their psychological challenges and resilience. Allowing a space for reframing and reconfiguring to the stories we tell ourselves and share with others.

Panellists highlighted how the aims of psychotherapy are similarly reflected in existing indigenous forms of the 'the talking cure' – the practice of storytelling. Stories reflect past experiences of generations and speak to a sense of identity. This, in turn, speaks to the unconscious processes that impact on how one shows up in the world. As intergenerational learnings and the process of socialisation shape, to some degree, the internal world and influence our thoughts and beliefs which impact on the external world in which we exist.

In relation to this, presenters queried why mental health care is only provided in the ways specifically recognised and mandated by Western medicine. It was noted that if communities already have the skills and rituals for talking and listening, we should be incorporating and integrating these into our work, rather than replacing them. Presenters also highlighted the value of talking (and healing) in one's own language – including both the literal mother-tongue language and the rituals and ways of understanding that are common within a community.

One of the panellists spoke to the ways in which governments have traditionally used power to control the messages to its people. For example, preventing the spread of messages of hope and inspiration by curtailing the use of creative means such as art and storytelling. The panellist highlighted how, in the African context, individuals are not autonomous and distinct entities, but rather interconnected parts of a larger whole made up of the narratives and stories around us. They then raised the important question around what it means for Africa if the predominant stories are stories of suffering, poverty, warfare and trauma; and how do we begin to recreate the stories that we produce and share.

The panellist highlighted how the "control of stories is central in governance, oppression or liberation" – not only in Africa but globally. Daily we see the impact of 'Fake News' and the ways in which narratives are created (and hijacked) and used to feed political agendas and sow division among people. As the panellist noted, this has been the method and means through which Colonial and Western systems have prevailed for centuries. The panellist shared Ben Okri's quote, "people are as healthy and as confident as the stories they tell themselves". So, what does it mean when the only stories we know are white and Western? How do we change these stories? How do we tell different stories? And how do we promote healing stories?

We use creativity as a part of our higher order psychological defence. The ability to sublimate into art and storytelling is a sophisticated way in which humans make meaning from and survive trauma. The panellist encouraged us to think about how we might use creativity, including art and storytelling, to "pass on the message but not the pain". To consider how we can continue to share without retraumatizing; and how we can use our existing methods to bring healing rather than anguish.

> **"We have to reclaim and amplify stories that heal and break the cycles of violence."**
> **– Dr. Babu Ayindo**

Body Work (Multisensory Experiences)

Holding in mind the need for an African way of healing, the presentation by Gateway Zimbabwe team took the audience through what was described as a 'multisensory experience'. Their goal was to present the ways in which the Gateway Zimbabwe collective has been working with alternate ways of thinking, knowing, connecting and healing. This presentation/experience was a highlight of the symposium.

The Gateway Zimbabwe team created an authentic sense of connectivity, which transcended space and time (and technology); and left one with a strong sense of internal groundedness and an awareness of the ways in which trauma infiltrates and settles inside one's body, past all the intellectual and psychic defences. Going through this experience with the Gateway Zimbabwe team provided one with a glimpse into alternative ways of healing, which may not be journaled and documented in conventional and traditionally Western ways, but are real nonetheless, and have a place both in Africa and in the world. The experience left the audience deeply affected.

It also left one with questions around how to replicate the experience for others and how to teach others to reproduce such a powerful experience. Gateway Zimbabwe's presentation also demonstrated that there is no single solution, but rather a multitude of approaches to be considered. Despite the lack of clarity and the 'not knowing', steps are being taken, conversations are being had and shifts are being seen. This left us with some hope; and reminded us that healing is not a place or destination, but rather a process that is constantly unravelling.

So my sense of our work is it is growing out of a trust in process and in deepening and in practice." – Maaianne Knuth
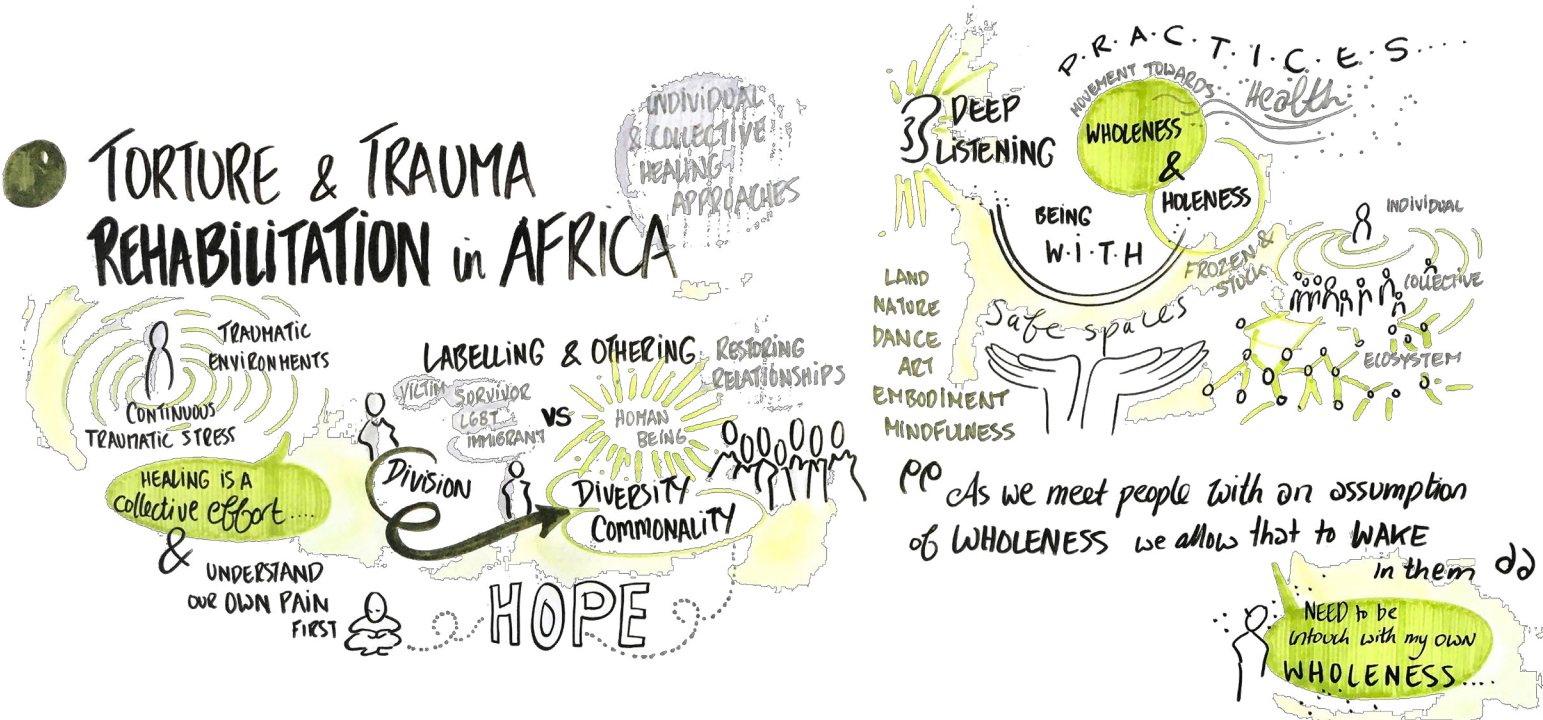
Accountability

As discussions focused on trauma rehabilitation and intervention strategies for healing, panelists also emphasised the importance of redress, acknowledgement and accountability as part and parcel of the healing process. Many questions emerged around where and how accountability features in approaches that focus on dialogue; and how to ensure that survivors of violence are heard by governments and systems that are sophisticated,organised, resourced, and armed. Based on their research on a new healing-centred approach in Mozambique, one of the panelists highlighted how politics and governments avoid accountability and stunt healing. For example, blanket amnesty agreements signed by governments have made it impossible to attain accountability. Communities requiring redress and hoping for justice are retraumatized by such political gestures.

Based on their research on a new healing-centred approach in Mozambique, one of the panelists highlighted how politics and governments avoid accountability and stunt healing. For example, blanket amnesty agreements signed by governments have made it impossible to attain accountability. Communities requiring redress and hoping for justice are retraumatized by such political gestures.

"None of the responses have included any form of acknowledgement, any form of accountability or any form of willingness in particular on the government's part to uncover the truth of the past." – Adam Kochanski

Another presentation shared how the South African legal system supports and legitimizes claims for justice for torture survivors. The presentation explored the legislative mechanisms historically and currently in place to criminalize torture, which on the ground stands in direct contention with actual justice for survivors. Despite the law being on their side, we continue to see a lack of justice and accountability for survivors of torture. This is yet another way in which the system continues to traumatize survivors.

A number of questions emerged from this presentation. Some of these included: is accountability a requirement for healing; if there is no justice and no accountability, can there be healing; and can we simultaneously hold space for healing from violence and hold perpetrators accountable for the violence.

Panelists noted that justice and accountability are important aspects of the healing process. While solutions to achieve these remain elusive, panellists noted certain values/practices that are necessary for any form of effective healing: incorporating Mental Health and Psychosocial Support in peacebuilding processes; ensuring sufficient respect and consideration for context (context matters); recognizing that no singular solution exists and no one solution can provide a blanket approach; ensuring that the process is inclusive (including multi-disciplinary and multisectoral inclusion); and acknowledging that the more people working together, the better (for a wider range of expertise and greater diversity of lived experience).

"Cultural and traditional norms of each context must be at the forefront of integration. MHPSS is still very stigmatised on the African context. We have to develop a collaborative, normative framework but beyond that it has to be adapted to a particular context because there is so much richness in each context that we need to integrate, build on and understand." – Fredericke Bubenzer

Panellists emphasised a need to shift from traumatized to trauma-informed: if we know what is happening, we can move towards healing. To this end, they noted the need to use existing local, grassroots and indigenous methodologies and to incorporate all relevant actors – from lobbying to advocacy and awareness raising to research. They emphasised that all entities have a role to play, particularly in terms of having knowledge to share and contribute; and, in allowing space for multiple ways of thinking, the emerging solutions will be multidimensional and will allow for dialogue, research and evaluation.

Panellists also highlighted that as long as there are insiders and outsiders to this work, healing will not be possible. Working in isolation will not contribute to solving this problem. Moreover, divisions and exclusions will only detract from processes aimed at inclusive healing. As such, while there may be diverse professional perspectives, there is a need for spaces where there are no competing agendas and all actors, stakeholders and systems are able to collaborate, share, co-learn and co-create in service of mental well-being and healing. As one panellist noted: *"networking and referral systems are not collaborations."* This reflects how networking and referral systems are often the main ways in which organisations interact and engage with each other. However, it need not be the only ways in which they engage.

Context Matters

Throughout the symposium, panellists consistently highlighted the importance of context – both for understanding trauma and its effects and for applying different approaches and tools for healing. One panellist specifically noted that there is "no way to find a singular normative and generalised way of being but [we] could perhaps think towards a framework that could be customised for context." This highlights how context should shape interventions. Moreover, it emphasises how, in order for healing and rehabilitation, one needs to understand people and their pathology within the world in which they exist, and through a lens that is holistic and true to the conditions of their lives. In Africa, this may be an amalgamation of Western and Indigenous ways of healing.

> "Pay attention to the particularities of different contexts...(and) think about healing and interventions specific to the context in which we work." - Peace Kiguwa

Using an Afrocentric lens was pivotal to the aim of the symposium, and from the outset, the symposium prioritised ways of knowing, learning and healing from an African perspective. One could not walk away from this symposium without a keen sense that, in order for healing to take place, respect must be granted to grass-roots interventions and to indigenous and African ways of knowing. As one panellist highlighted, "Africa, and the communities that make up and occupy her, has always had access to knowledge on healing and restoration; and it has only been through the quest to promote indigenous knowledge systems that we are able to tap into these learnings and insights."

Precisely because context matters, it was necessary for all those involved to be both reflective and reflexive on the ways in which they came to be at the symposium and how they engaged with the content. More specifically, it was critical for presenters and participants to come in with a sense of collaboration and sharing, and dialoguing and exploring, as opposed to coming in as objective, neutral researchers (as advocated by Western methodologies), which would have actually nullified the importance of their contexts. As such, even in presenting information it was necessary to consider context.

In this spirit of sharing and exploring, one of the panellists reflected during their presentation on the ways in which their specific clinical training, whilst necessary in understanding trauma at an individual level, may have left them ill-equipped to manage and treat trauma at the multiple levels at which it exists in the world. This incredibly honest and open reflection raised important questions around how we are taught to think about, manage and treat trauma; and the lack of training around being able to translate clinical training and practice into social realities, like xenophobia, which is multi-faceted and does not lead solely to individual, subjective distress.

Another presenter made the disclaimer that they come from a particular background, and they cannot therefore presume to know or have exclusivity of the material presented. While most social scientists may hold this view, by stating it explicitly, the presenter created space for others to also think about issues of ownership (of knowledge and theory) and of power dynamics more broadly. It was refreshing that a presenter could reflexively explore their limitations and open up space for exploration and dialogue, and even potential critique.

Who Needs to be Listening ?

" Who sees trauma? For those who are making important political decisions, developing policies...those in power...do they see trauma? Or is it us, people involved in mental health, is that what we see? So, I think it might be important for us to ask what do they see when there is this fall out, when things seem to be chaotic, there's a lot of stress happening in a country. What do those in power see? And maybe how do we shift that? For me, part of trying to change the narrative about what people see is linked to trying to raise awareness, like we are doing here, by taking these conversations into more public spaces... (and) using social media more effectively" – Steven Rebello

As mentioned above there was widespread agreement among panellists that the severity, pervasiveness and long history of violence have had profound traumatic effects on Africa and its people. And that despite the investment of significant time, resources and effort, the violence persists, and we have yet to find concrete solutions to healing the trauma – the *'central paradox'*. Panellists noted that awareness about the problem is not the issue; and that perhaps the focus should be on looking at who does not yet appreciate the nature, extent and depth of the trauma.

The people attending this symposium were predominantly professionals committed to 'this type' of work on the continent and globally – mental health professionals, activists and advocates committed to trauma-work, healing, peacebuilding and transitional justice. These were the people doing the work. But where were the people that are not doing the work?

Where were the people responsible for shifting the narrative from think-pieces to necessary and possible policy changes required for retributive justice and reparative action – the politicians, law-makers, policy-writers, law-enforcers and the police? These are the people who are yet to fully grasp how pervasive and dangerous the trauma is, and who need to hear this the most.

The people who still ascribe to the idea that trauma can be treated solely in a therapy room, and the people who are yet to see the link between violent dictatorships and broken families (or who choose to ignore it). This left us with further questions around how information gets disseminated to the 'right' people and the 'right' places.

Throughout the presentation, it was refreshing to see efforts to speak the same language, despite the different schools of thought and lenses from which the panellists and participants came. An important question related to this was why it appears so hard for practitioners to hold the political and structural (most trainings for practitioners neglect this completely); and, at the same time, why it appears impossible for those outside this work to hold the personal and subjective. We are not trained to hear them, and they are not trained to hear us. In exploring this question, we wondered whether the concept of 'woundedness' could become a way of unifying our understanding, despite our differing trainings, languages and lenses; a starting block of sorts for us all, despite from where we hail.

The Answers Have Always Been with Us

As noted above, Africa and the communities that make up and occupy her have always had access to knowledge on healing and restoration. One panellist shared their own subjective healing process, providing 'evidence' that there is indeed a place for African methodologies, African treatments, and African ways of healing.

Interestingly, this presentation instinctively brought to mind critiques that centred on a lack of research and empirical evidence. And with these thoughts, one realised the need to interrogate one's assumptions around legitimacy and how something is often only deemed legitimate when it is derived from traditional means of knowledge and its reproduction. Why can a subjectively successful treatment feel inadequate? Their method of treatment helped the panellist to remedy and alleviate their distress; why is there such a persistent need to have objective facts to make what is real, seem real?

"Decolonising the healing means also allowing Africans to actually say what the hurt is like, the magnitude of the hurt to them so it can be healed on their own terms". – Lulama Nkosi

This also highlighted the need for increased research and enquiry into African knowledge systems and methods of treatment. As one panellist noted, there is a need to "develop indigenous theories". We were reminded that in managing systems of power and inequity that control the narratives on treatment and healing, this work needs to be documented and disseminated, so that it too can become part of mainstream awareness.

TIME AND SPACE

The Gateway Zimbabwe team highlighted how we need to give particular consideration to the concept of Time. Western methodologies have had time to 'know', develop, and become established as mainstream ways of thinking and knowing. In contrast, African ways of knowing and indigenous contributions have been marginalised, dismissed, diminished and even disparaged and disputed. As such, we must appreciate the 'newness' and give time and space to allow these ways to emerge.

"To be or not to be with?
Is that even a question?
When all the acronyms fade away and the journey moves from the periphery.
All that remains true are the strengths we call community.
Decades of debate and the research of the factors that enable communities to act.
And what do we know?
Exactly what we repeatedly forget.
Community is the centre of transformative process and social change.
Why do we shy away from the only truth that withstood the only test of time?
Something to do with time.
It takes time to sit with community as it meets itself and remember it.
It takes time to allow for the messiness to play out.
It takes time to follow the unpredictability of finding a rhythm.
It takes time to get to a place of authenticity with self and with other.
It takes time to walk along community in reclaiming dignity.
It takes time to fail forward and backward with no avail.
It takes time to track with what may seem like bushwhacking across surfaces for collective wellbeing.
It takes time to discern how to transform your reconcilable.
It takes time to learn the dance song which brings community alive.
It takes time to discern the parts and see the whole.
No matter how you wrote it. The enquiry remains the same.
Do we have the time? Do we give the time? Are we ready for time to pass?
Are we prepared for all it entails to be with?

– Tendisai Chigwedere Gateway Zimbabwe

Conclusion

During the symposium, presenters used the analogy of a cracked cup. Despite the cup looking intact, there are deep-rooted cracks, which have been caused by violence and are further aggravated by the wide range of systemic issues. Trauma, in and of itself, does not cause the cracks. Rather, trauma is what prevents the cracks from being repaired. And because of these cracks, the cup cannot be an effective and useful vessel; it cannot be a generative and productive entity. As a result, one might be tempted to just discard the cracked cup. However, through the work presented in this symposium, and the ideas that emerged from the discussions, we began to see ways in which the cracks can be repaired – and the potential for the cup to become valuable and useful again.

Throughout the symposium, as our appreciation for the complexities of trauma and our understanding of the legacy of trauma on the African continent increased, the number of questions that we were grappling with also grew. This initially created a sense of hopelessness as we more fully appreciated the overwhelming gravity of the situation. It also created significant discomfort and dis-ease as we were forced to acknowledge that we do not have all the answers. Perhaps part of honouring the complexity of it all included being able to accept and hold our own limitations.

Despite the many unanswered questions and painful limitations (or perhaps because of them), it was abundantly clear that the work continues – in many different ways, shapes and forms and in many places. Therefore, we also need to be asking how to support and promote this work and how to hold those doing the work. Moreover, perhaps being in dialogue with each other is not necessarily about 'fixing' things, but about acknowledging the realities as they exist, and providing a space for untangling and making our way through the complexities. And perhaps in the process of untangling and making our way through together, there is a refuelling, a reenergising, a redirecting.

In essence, this is what the symposium provided. A space to untangle and grapple together. And in that space lies healing – inside us, between us and around us.

Adam Kochanski
McGill University, Canada

Adam is a Postdoctoral Fellow at McGill University's Centre for International Peace and Security Studies. His research focuses on transitional justice, post-conflict peacebuilding, and international norms. His book project, Framing Atrocity: The Politics of Local Transitional Justice, explores the effects of domestic politics and local-national power dynamics on accountability, memory, and reconciliation in communities recovering from armed conflict in Cambodia and Mozambique. He has published on local transitional justice processes, truth commissions, and reparations, and his articles have appeared in International Journal of Transitional Justice, International Studies Review, Peacebuilding and Human Rights Review. Numerous fellowships and grants have supported his research, including from the Social Sciences and Humanities Research Council of Canada and International Development Research Centre. He holds a PhD in political science from the University of Ottawa (Canada) and is a research fellow at Stanford University's Center for Human Rights and International Justice. He was previously a research affiliate at the Promise Institute for Human Rights at UCLA School of Law.

Alex Kigoye
African Centre for Treatment and Rehabilitation of Torture Victims, Uganda

Program Manager at the African Centre for Treatment and Rehabilitation of Torture Victims (ACTV) a Non-Government Organization that Advocates against Torture and provides Holistic Rehabilitation services to survivor in Uganda. For over 10 years, I have been working with survivors of torture and other violence building on their resilience to ensure that they live a life of courage and hope. I am very passionate about causing change in lives of the most marginalized persons especially survivors of torture.

Amina Mwaikambo
The Centre for the Study of Violence and Reconciliation, South Africa

Amina Mwaikambo holds a Master's degree in Community-based Counselling Psychology and is currently pursuing a PhD in Psychology at the University of the Witwatersrand. She has spent the past three years working at the CSVR Trauma Clinic providing therapeutic interventions to survivors of torture and violence-related trauma. This has prompted her to explore the impacts that ongoing violence and human rights violations have on the human psyche. She has a particular interest in research around the intersections of power, identity and violence. Amina has previously worked as a youth program manager, developing wellness programs for adolescents.

Angi Yoder-Maina
Green String Network, Kenya

Angi Yoder-Maina, Green String Network Executive Director and a Ph.D. candidate at the Centre for Conflict Studies, Cambodia in Applied Conflict Transformation Studies in Siem Reap, Cambodia. Her dissertation title is: **"Wellbeing and Resilience: A Grounded Theory using a Trauma-Informed Lens for a Healing-Centred Peacebuilding Approach"**. She holds a B.A. in Peace Studies and Political Science from Manchester University, N. Manchester, IN, USA and an M.A. in Public and Social Policy with a Conflict Resolution Concentration from Duquesne University, Pittsburgh, PA USA. She is a peacebuilding practitioner of over 25 years having worked and lived the last 17 years in Sub-Saharan Africa.

Bonface Njeresa Beti

Greenstrings Network, Kenya

Bonface is a Kenyan multidisciplinary practitioner working at the intersection between the arts, trauma-healing and peacebuilding. He's working with the Green String Network (GSN) as a senior program manager. GSN's work is currently being implemented in Kenya and South Sudan. Bonface Njeresa Beti holds, BA in communication from Daystar University in Kenya, and MA degree in Peace and Conflict Studies from University of Manitoba in Canada. He's the co-author of Journal article: Forum Theatre for Conflict Transformation in East Africa: The Domain of the Possible(Indiana University Press, 2015)..

Bonolo Letshufi

Counselling Psychologist, South Africa

Bonolo Letshufi is a registered Counselling Psychologist who graduated from the University of Witwatersrand. She holds a 2nd Masters Degree in the Social Sciences also from the University of Witwatersrand. Her research interests include issues of identity, identity politics, race and class. Her research paper presented at this symposium is particularly focused on the racial and cultural experiences of Somali Muslim women residing in Mayfair, Johannesburg.

Charlotte Nonkululeko Motsoari

The Centre for the Study of Violence and Reconciliation, South Africa

Charlotte is a qualified and registered Social Worker who graduated with from the University of the Witwatersrand, in South Africa in 2017. She is currently working as a Senior Mental Health and Psychosocial Support Practitioner within the MHPSS programme at the CSVR, working with clients who are survivors of war trauma and torture, SGBV as well as victims of other human rights violations. She provides psychosocial support and therapeutic services to clients as well as advocates for clients' access to social and legal services with the aim of promoting wellbeing. Part of her work includes providing capacity building for organisations on trauma-informed practice. Her professional interests are focused on providing trauma-informed mental health and psychosocial services to individuals, group and communities as well as the integration of contextually relevant MHPSS interventions within processes of rehabilitation from human rights violations. She furthermore has interests in child and youth trauma-informed interventions that seek to address issues of ransgenerational transmissions of trauma.

Dr. Babu Ayindo

Storyteller, educator, researcher, artist-peacebuilder, Kenya

Babu Ayindo is a storyteller, educator, researcher and artist-peacebuilder. In the past, he has served as Artistic Director of Chelepe Arts (Nairobi, Kenya), founding Artistic Director of Amani People's Theatre (Nairobi, Kenya), instructor at the Nairobi Theatre Academy, Senior Lecturer and Coordinator at the Dag Hammarskjöld Peace Centre (Mindolo, Zambia) and Senior Program Advisor for the Peace in East and Central African program (Peace II). As founding Artistic Director of Amani People's Theatre in the 90s, he led community based creative, dialogical and trauma-informed peacebuilding processes that drew from African Indigenous arts, Theatre of the Oppressed and Playback Theatre. Some of his publications include: When You Are the Peacebuilder (with Jan Jenner and Sam G. Doe), Mpatanishi and, In Search of Healers. Babu holds a B.Ed (Kenyatta University) and M.A in Peace and Conflict Studies (Eastern Mennonite University, USA). His doctoral research at the University of Otago (Aotearoa/New Zealand) was entitled Arts, Peacebuilding and Decolonization: A Comparative Study of Parihaka, Mindanao and Nairobi.

Friederike Bubenzer

Institute for Justice and Reconciliation, South Africa

Friederike is Senior Project Leader in the Peacebuilding Interventions Programme at the Institute for Justice and Reconciliation. In this capacity she contributes to peacebuilding, social cohesion and reconciliation processes with policy makers and civil society leaders across the continent. Since 2015 Ms. Bubenzer leads IJRs international research on the interconnectedness between mental health and psycho-social support (MHPSS) and peace building. She is the co-editor of two books: 'These are the things that sit with us' with Pumla Gobodo Madikizela and Marietjie Oelofsen (Jacana 2019) and 'Hope, Pain and Patience: The Lives of Women in South Sudan' with Orly Stern (Jacana, 2011). She is passionate about using inclusive dialogue and courageous conversations to address social justice issues in conflict-affected societies. Ms. Bubenzer holds an MPhil in Development Studies and Social Transformation from the University of Cape Town and undergraduate degrees in International Relations from the University of Stellenbosch. She is a fellow of Columbia University's Institute for the Study of Human Rights' Association for Historical Dialogue and Accountability

Gateway Zimbabwe

We would like to offer the following words instead of a bio of presenters - as our contribution is meant to be conversational and communal. Se we are six people in the conversation circle, using the 40min you have offered us to take you on a journey into our work as Gateway Zimbabwe. The image attached is the image we would like to have instead of presenters - showing a moment in the Gateway. Kufunda, ORAP and Trust Africa organisations in Zimbabwe came together and created Gateway Zimbabwe.

Gugu Lorraine Shabalala

The Centre for the Study of Violence and Reconciliation, South Africa

Gugu Lorraine Shabalala is trained social worker and mental health and psychosocial professional with 13 years working in the mental health sector with a focus on rehabilitation and redress for those who are impacted by human rights violations such as wars, conflict, torture and other gross human rights violations and the resulting impacts of such on the overall mental wellbeing of individuals, families groups and communities.

Jaida Hajji

University of the Witwatersrand, South Africa

Jaïda HAJJI is an international Masters student in Psychology at the University of the Witwatersrand. She is French and Moroccan, and she previously studied a BPsych at the University of Paris 13 Sorbonne, a BEd Hons and a MEd in Inclusive Education at the University of the Witwatersrand. Her interests are on critical perspectives, decolonisation studies, identity construction, and social justice. Her ambition is to make a difference toward social justice through the mind and the body in terms of praxis. Indeed, in parallel with her studies and research, she tutors children who may struggle at school. She also previously participated in an international conference on disability (in 2018) organised by WiCDS (Wits Centre for Diversity Studies) and supported South African orphans through a teaching program.

Karis Moses Oteba

DefendDefenders, Uganda

Karis Moses is DefendDefenders' Protection Officer and Well-being Lead, promoting self-care and effective stress management amongst human rights defenders (HRDs). He is highly skilled and experienced in the use of expressive arts in stress and trauma therapy. Karis is taking lead in integrating artistic therapy in the protection of HRDs, which gives a more holistic approach to HRD security and protection. An articulate and diplomatic communicator, he has excellently delivered over 100 tailor-made trainings and sessions in self-care and stress management for individual HRDs and organisations across Africa over the past 3 years. Together with colleagues, he published a contextualized and integrated security manual for African HRDs entitled "STAND UP", along with several other short publications and tools. Karis is presently working on a self-care and stress management handbook for HRDs. *Twitter: @OtebaKMo. Facebook: Moshe K. Oteba*

Kathrin Maier

University of the Witwatersrand, South Africa

After her Bachelor in International Social Work and Development (2018), Kathrin continued with a Masters degree in Peace and Conflict Studies (2020). On a theoretical level her interests have focused on the role of Racism in Development Theory and Practice (Development Cooperation), Social Movements (also #MustFall), Reconciliation and Local Peacebuilding (e.g. Kenya). Within her practical experience she has worked for the Caritas in Germany and Austria, as well as in Uppsala, Sweden, as a research assistant on communal conflicts. She sees it as her responsibility to critically engage with and support the growing sphere of decolonial organizations and debates in Germany and beyond. She is currently doing her MA in Critical Diversity Studies at WITS University in Johannesburg with a research focus on South African (Gauteng) social worker´s experiences of shared trauma under COVID-19.

Lulama Nkosi

Author, South Africa

Lulama is the author of a book called **"Awkward"** which details her journey of living with an autoimmune disease, mental health difficulties and the subsequent tensions she experienced in her Christian walk. She is currently a third year student majoring in Economics and Mathematics and is also passionate about promoting education and healthy environments for learning.

Mariama Jobarteh

Fantanka, Gambia

Mariama is the CEO of an organization called Fantanka, in The Gambia. She has an MSc in Sexual & Reproductive Health (SRH) studies, which included gender relations and research; As part of her BSc in Public Health, she has also studied psychology and sociology. Mariama also has expertise in Sexual and Gender-Based Violence (SGBV) awareness as well as years of experience providing mental health and psychosocial support to victims/survivors of trauma. As part of her work at Fantanka, Mariama supports and guides Mental Health and Psychosocial support initiatives and training for the organization. She also works at the Truth Reconciliation and Reparations Commission.

Nomfundo Mogapi

Centre for Mental Wellness and Leadership, South Africa

Nomfundo Mogapi is the CEO and founder of the Centre for Mental Wellness and Leadership. She chairs the board of the Mental Wellness Initiative and also serves on the Board of DIGNITY. She previously worked as the Executive Director at the Centre for the Study of Violence and Reconciliation (CSVR). She has over 16 years experience in senior leadership and management. Previously, she worked as the Head of Psychosocial interventions at CSVR and as the Director for the South African Institute for Traumatic Stress (SAITS). She was also employed as a Clinical Psychologist and Community Liaison Officer at the Trauma Clinic where she offered psychosocial support including: counseling, group therapy andcommunity intervention to the survivors of political and violent crime. Her areas of expertise include integrating psychosocial expertise within policy and programming on a range of issues such as leadership, human rights, peacebuiding, governance, democracy and transitional justice. She has a passion for providing and understanding the psychosocial healing of individuals, institutions and collectives. She has used this to contribute in shaping regional policies like the African Union Transitional Justice Policy (AUTJP), The African Commission on Human and People's Rights (ACPHR) General Comment on Redress for Victims of Torture and to provide capacity building to a range of groups including leaders and managers within the health and education sector.

Nonkululeko Kubheka

University of South Africa, South Africa

Nonkululeko is an Honours student at the University of South Africa, majoring in African Politics. My interests are on the conditions of knowledge-sharing within S.A. and the African continent. I am a creative writer who is passionate about research, especially on African indigenous practices. My current focus is on advancing African spirituality within academia and society at large.

Ngaima Sesay

Organisation for Psychosocial Innovation, Gambia

Ngaima Sesay is a mental health professional. She has worked as a psychosocial support officer at the Truth, Reconciliation, and Reparation Commission (TRRC) in The Gambia and is the founder of Organization for Psychosocial Innovation (OPI), a mental health organization focused on improving access to mental health and psychosocial support services by task-shifting and training social workers to provide basic short-term counselling. She was a psychology lecturer at the University of The Gambia and SOS Regional Mothers and Adult Training Centre, and is currently doing a graduate degree in Applied Clinical Psychology.With a BSc in Psychology, an MSc in International Health and an ongoing degree in Applied Clinical Psychology, she has a growing portfolio of skills in understanding the causes and consequences of trauma and providing support to trauma survivors. She also has interests in working to change, influence and challenge systems that negatively impact mental health in Africa and challenging structural and systemic barriers to mental health care inAfrica. Her areas of research interests include developmental psychopathology, developmental trauma, and therapeutic outcomes in relation to trauma.

Peace Kiguwa

University of the Witwatersrand, South Africa

Peace is a Associate Professor in Psychology at the University of the Witwatersrand. Her research interests include gender and sexuality, critical race theory, critical social psychology and teaching and learning. She is the current Chair of the Sexuality and Gender Division of the Psychology Society of South Africa (PSYSSA).

Steven Rebello
The Centre for the Study of Violence and Reconciliation, South Africa

Steven Rebello is a senior researcher at the Centre for the Study of Violence and Reconciliation (CSVR) as well as a counselling psychologist based in Johannesburg. He has contributed to the development of CSVR's integrated model for working with communities as well as guidelines for clinical work with migrant African families affected by complex and continuous traumas. Steven's research interests include ecological and critical approaches to understanding challenges such as economic inequality, youth exclusion and violence.

Sufiya Bray
African Governance Architecture Support Project, South Africa

Sufiya Bray is the Project Manager and Technical Advisor of the African Governance Architecture Support Project located at the African Peer Review Mechanism (APRM), an organ of the African Union Commission. She previously served as the Advocacy Project Manager at the Centre for the Study of Violence and Reconciliation. Bray's work focuses on the development and implementation of national and continental policy and institutional reforms on conflict transformation, peacebuilding, transitional justice and torture. Her experience includes advocacy, research, training, capacity building, policy analysis, policy development and project management in the peace, security, reconciliation, justice, gender mainstreaming, and sexual and gender-based violence fields. She has worked extensively with continental and national policymakers, civil society actors and academics in post-conflict and transitional countries in Africa and the Middle East. Prior to CSVR, Bray worked at Activists Networking against Child Labour in the Child justice and protection sector specifically focusing on advocating for the eradication of Child labour and trafficking of children in Southern Africa.

Sumaiya Mohamed
The Centre for the Study of Violence and Reconciliation, South Africa

Sumaiya Mohamed is a Mental Health and Psychosocial Support Specialist at the Centre for the Study of Violence and Reconciliation (CSVR), providing psychotherapeutic and psychosocial support to victims of war trauma, torture and violence, as well as capacitating frontline workers in conflict countries to provide victims with support. She has worked in the field of mental health with a specific focus on understanding violence, trauma and healing. An advocate for mental health and psychosocial wellbeing, she has worked both in psychotherapeutic interventions and in research on understanding and engaging with the systemic impact of trauma and understanding expressions of mental health and rehabilitation in relation to social contexts.

Susan Wyatt
Tana Consulting, Zimbabwe

Occupational Therapist Susan Wyatt is an expert in transcultural mental health and community-based trauma healing, with an international career spanning Australia, the Great Lakes Region in Africa, and Zimbabwe. She has contributed to the nexus between clinical mental health and peace building, with recent publications for the Zimbabwe Human Rights NGO Forum, and the Trauma Research Foundation. Susan is due to complete her Masters in Anthropology and Development in 2022, focusing on conflict and development. Her career includes over 12 years of practice in specialist services such as the Torture and Trauma forum and in International Portfolio development for NGO's. She's also worked as a senior clinician in government developing national level multicultural mental health frameworks and policies. Susan is now based in Zimbabwe working as an independent Psychotherapist trainer and development consultant with local and international groups, providing strategic navigation, capacity building and technical backstopping.

Tendaishe Tlou
Zimbabwe Lawyers for Human Rights, Zimbabwe

Tendaishe Tlou is a human rights and Transitional Justice practitioner based in Harare, Zimbabwe. He holds post-graduate certificates in Historical Dialogue and Accountability, African Youth for Transitional Justice, Inclusive Gender in Transitional Justice, Applied Conflict Transformation and the International Citizen Service from Columbia University (New York), African Union, the Refugee Law Project (Uganda); Tearfund (the UK). He also has a BSc (Hons) degree in Peace and Governance from Bindura University (Zimbabwe) and a Masters in Human Rights, Peace and Development from Africa University (Zimbabwe). Tendaishe has written and published over 30 articles.

Thandekile Moyo
Human Rights Defender, Zimbabwe

Thandekile is a writer and human rights defender from Zimbabwe. She has been using print, digital and social media *(Twitter: @mamoxn)* to expose human rights abuses, bad governance and corruption. Moyo holds an Honours degree in Geography and Environmental Studies from the Midlands State University in Zimbabwe.

Thenjiwe Mswane
Society, work and politics institute, South Africa

Thenjiwe is a PhD Candidate with SWOP. She is a retired back radical queer activist. And a researcher interested in gender, violence, sexuality, decolonial thought.

Tsholofelo Nakedi
The Centre for the Study of Violence and Reconciliation, South Africa

Tsholofelo Nakedi is currently the Community Advocacy Specialist at the Centre for the Study of Violence and Reconciliation, with 14 years' experience working with communities; I am very passionate about working withgrass roots in violence prevention and peacebuilding interventions. The scope of my work includes working with individuals and groups affected by violence and conflict such as victims and survivors of torture and other forms of trauma, victims of conflict, organised violence, youth and school violence, domestic and gender based violence, working with internally displaced people, forced migrants and military veterans. With a strong focus on reconciliation in societies divided by conflict and violence. As a human rights and peace building practitioner, a large component of my daily work is dedicated to understanding the root causes and various manifestations of collective and urban violence and designing interventions to address these within communities. I hold a BA degree in psychological counselling from Common-Wealth Open University. I am also an International Visitors Leadership Program (IVLP) alumni from the US state department and NOREC alumni from Norway.

Yvonne Sliep

University of Kwa-Zulu Natal, South Africa

Yvonne is a critical community health specialist and social scientist. She holds an honorary position as Associate Professor of Psychology at UKZN and is an internationally recognised scholar. She has done extensive work in facilitating collective recovery in countries that have experienced war. Narrative Theatre, which is a strategy and method used to strengthen social fabric, was conceptualised and developed by Yvonne and has been incorporated by many local and international programmes. She works as a consultant on different projects and currently focuses on work that explores the nexus between mental health and psycho-social support (MHPSS) and peace building. In the education sector her teaching and research is based on the narrative paradigm and working with life stories and how the personal influences the professional. Yvonne has more than 40 publications to her name including books, chapters, peer-reviewed articles and training manuals.