Healing from violence:
An action research project among survivors of *Gukurahundi,* Zimbabwe

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Between 1983 and 1987, an estimated 20 000 people from Matebeleland and parts of Midlands Province in Zimbabwe were killed by Zimbabwean government forces in an operation code named *Gukurahundi*. Since that time no official apology, justice, reparations or any form of healing process has been offered by the government which was responsible for these atrocities.

The question that this research project seeks to answer is whether the survivors of *Gukurahundi* can heal themselves? Using a participatory action research approach, the research sheds some light on what communities can do on their own to deal with the wounds of their members. It finds that through actions such as creating safe and empathetic spaces for storytelling, group-based healing workshops and other psychosocial approaches, it is possible for traumatised individuals and communities to attain a measure of relief from their emotional and psychological wounds.

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Introduction

Between 1983 and 1987, an estimated 20 000 people from Matebeleland and parts of Midlands Province in Zimbabwe were killed by state security agents, mostly from the Central Intelligence Organisation and a specially trained battalion of the Zimbabwean National Army, during an operation code named *Gukurahundi* (a Shona word meaning 'the rain which washes away the dirt'). The main purpose was to deal with dissidents associated with the Zimbabwe People's Revolutionary Army (ZPRA) and involved violence against Ndebele individuals and communities suspected of having ZPRA sympathies. The story of the violence has been documented by the Catholic Commission for Justice & Peace (2007).

Since that time no official apology or any form of healing process has been offered by the government which was responsible for these atrocities. If anything, the government has contributed to ongoing pain by on occasions actively suppressing any such attempts. As a result, individuals and communities in these areas have never been afforded opportunities to openly talk about their experiences and to seek relief for their painful memories of the past.

The question that this research seeks to answer is whether, in the absence of an apology or official healing programme, individuals and communities which were affected by *Gukurahundi* can heal themselves? The major themes are speaking about suffering, writing about suffering and hindrances to healing. It also reviews participants' views about the usefulness of the research process to them. A companion article (Ngwenya and Harris 2015) examines the consequences of an unhealed past.

A comprehensive discussion of healing after violence may be found in Ngwenya (2014, chapter 4) and only a few general points will be made here. Collective healing of memories is crucial where collective traumatisation has taken place (Bar-Tal et al 2007). 'Men, women, and children in traumatized communities must heal together, if they are to heal at all, because their lives are bound up with one another' (Pintar 2000: 64). Healing is necessary not just for the relief of wounded communities. It is also important in the prevention of future violence which might be caused by victims taking revenge.

Even in situations where it is not possible for members of victim and perpetrator groups to reconcile or forgive each other, it is still highly desirable that those who have experienced violence and suffering be given an opportunity to heal for their own sakes so they can move on with their lives (Villa-Vicencio 2004: 202).

Healing is multidimensional and multifaceted, so holistic healing processes need to address both the causes of the pain and the resultant symptoms. The socio-political context is a vital element in the recovery process and healing should utilise the various individual, political, social and cultural responses to a traumatic situation and its aftermath (Hamber 2003: 78). In addition, people need to feel safe if healing is to occur. Where their lives are still under threat and the environment around them continues to remind them of their traumatic experiences, complete healing will be difficult to attain (Staub et al 2005: 302).

Healing can come about in a number of ways, which are not mutually exclusive: some individuals manage the healing process, from their own inner resources; some receive help from family and friends; some are helped by traditional or faith-based rituals; and some benefit from face-to-face counselling. This article focusses on another option, where traumatised individuals come together in a group to seek healing.

Research methods

For this research, a participatory action research (PAR) approach was used because it provides for both knowledge production and action. PAR meant that the participants were in charge of the research process, with the first researcher acting as a facilitator. An invitation was extended through the ZPRA Veterans Trust (ZVT) for volunteers to take part in the research, which involved no monetary reward and required long term commitment. The research involved 12 ZPRA ex-combatants, three females and nine males. Ethical clearance for the research project was granted by the Durban University of Technology's ethics committee. The participants' involvement was confidential and none have been identified in all reporting of the research.

Six dialogue sessions were held over an extended period, between January 2012 and May 2014. These interactive sessions, which included group discussions, argumentation and consensus meetings, were the prime tool for data collection (McTaggart 1998: 326). Dialogue typically plays a critical part in PAR because, through it, participants are able to better understand their own reality through the critical analysis of their own particular situations and problems. Participants engaged in informative, reflective and interrogative discussions concerning their experiences and actions during the sessions and were able to devise solutions or actions. The discussions were held in a mixture of *isiNdebele* and English which were recorded (with the permission of the group) and later transcribed to facilitate data analysis. One limitation of this way of capturing data is the loss of much of the nonverbal aspects of the conversations which usually add a critical dimension to the understanding. Having a transcribed record of the discussions was important because these could be shared with the participants, not only for their records and use but also for verification purposes. In addition a 'Tree of Life' workshop (see Reeler et al 2009) and a writing workshop were also held, both being actions identified by the group.

As ex-combatants, the participants were politically conscious and generally not afraid to express their views and discuss their experiences. On the whole the discussions were genuine and frank and the discussions were frequently very robust, as is evident from the many quotations reported below.

Although an inductive content analysis was used, an a priori theoretical framework and personal interests and preconceptions influenced the approach to the analysis. This carries a risk that the researcher bias might influence results and conclusions reached. In PAR, one of the ways to guard against this is to ensure that there are 'appropriate communicative structures in place throughout the research and action which allow participants to continue to associate with and identify with the work of the collective project change' (McTaggart 1998:225). In the final analysis, the extent to which participants identify and feel they truly own both the process and the final product is the crucial indicator of validity. The preliminary results of the research were brought to the group for verification and discussion and the final results incorporate a number of comments made at this stage of the research.

Results and discussion

1. Speaking about their suffering in a safe environment

The participants constantly expressed the need, not only to tell their stories, but also to know that they were being listened to. Engaging in discussions with other people was associated with positive outcomes such as 'feeling healthy', 'feeling relieved', 'getting help with handling issues' and 'finding answers. Part of this involves realising that other people have gone through similar experiences:

> … this thing still lingers and I am also part of those who need healing. At times, when we discuss like this, I always realize that … I am not the only one affected but we are many. When you find people with similar issues and you discuss, you feel relieved.

This suggests that the sharing of the story with a community of sympathetic and empathetic listeners, who acknowledge both the pain and the reality of the experience, offers validation and comfort to the storyteller. This accords with Minow's (1998: 67) view that 'Coming to know that one's suffering is not solely a private experience, best forgotten, but instead an indictment of a social cataclysm, can permit individuals to move beyond trauma, hopelessness, numbness, and preoccupation with loss and injury.' Another participant commented that

> If I can share with the group what has happened to me, myself, it lessens the severity of the problem, because a problem shared is a problem relieved, so to say. It may not go away completely, but the fact that you now all know about my problem, I feel consoled. …It has to be known how I lost my leg, and for you people to be able to feel for me. … By this act of telling to other people, it reduces the severity of the problem that I carry.

Responses such as these support the findings of those such as Schweitzer et al (2014) and Reeler et al (2014) that people in post war/conflict situations experience healing from telling their stories, although McKinney (2007) urges caution on the grounds that this approach have particular cultural and historical relevance and not be universally applicable. In African cultures, however, stories have been used to communicate various truths, lessons and history. While it is true that storytelling in the context of trauma and healing can be prone to exaggeration, romanticising and memory failure, it nevertheless holds great value for victims seeking relief, as Wieder (2004: 23) observed for South Africa's Truth and Reconciliation Commission.

A certain amount of justice and freedom is gained when the victim's story no longer belongs to that individual alone (Shriver 2003). As Farwell and Cole (2002: 32) have affirmed, 'Establishing an accurate understanding of objective conditions validates all survivors, even those whose story has not been told, through individual assertions of self-worth and guiltlessness on behalf of the entire victimised community'. It is important to note that the storytelling is happening within the context of a community, as opposed to a clinical approach where therapy takes place between a practitioner and an individual. The former aims to heal an individual and the other to heal a community through healing of individuals in a group setting (Pia 2013: 483).

As suggested by Cobham et al (2012), Mullet et al (2013) and Pia (2013), repetitive storytelling is a powerful method of facilitating healing in victims of trauma. This need to tell one's story repetitively was aptly summed up by one participant:

> I think something has got to be discussed over and over, and over and over repeatedly such that then it dawns into you to say, well I can forgo, but otherwise I think that it is very difficult that we can quickly forgo things by the first encounter, or second or third, it should be a dream, a dream eventually is like a transformation, you change completely.

His sentiment resonates with an important aspect of Zimbabwean black culture: when a person dies, each person who visits the bereaved person(s) usually asks about the circumstances leading to the death. For each person who comes, the bereaved person will have to narrate what, how and when it happened. The person will keep on narrating the same story as long as there are people asking. This process, it seems, helps the bereaved individual to make the transition from denial to acceptance, and thus contributes to recovery. It also seems that, after retelling the story several times, most individuals are soon able to do so with less emotion and more clarity.

2. Writing or recording the suffering for the next generation

The use of writing for therapeutic purposes with various types of individuals and groups has been extensively discussed. These studies attest to the transformational qualities of what Van der Oord et al (2010) call 'cognitive behavioural writing therapy' and, although the traumatic experiences may differ, the outcome of any traumatic experience is similar.

Our participants mentioned several times throughout the dialogues the need to write down their stories and those of their communities as a way of preserving history. They wished to correct what they perceived as the distorted history of the facts about the *Gukurahundi* era and their role during the struggle, as it is currently explained by government. This resulted in the group deciding to write their life stories as a project. They felt that getting their stories out could contribute to their healing, as their voices would no longer be silent but would become public knowledge. One participant pointed to such stories as a legacy 'As it is, it is now 10:45 for us. We will die. Those left behind have to know that such things once happened'.

One participant envisaged a three-phase process:

> At least if a person talks about their pain, they will be able to slowly release the pain. This should be on three levels …. First of all, our team here should be able to record … our own personal stories and tell them to the public. … Then, on the other level, I know somebody who was a victim … we go out to them, we record [their experiences] … the third layer would be community engagement. Let's suppose we identify one community, may be that place where the eight teachers were killed … We go into that community we ask those people to re-live what they saw that time and then tell the world how they felt at that time and how they feel now and how they want other people to feel in the next or future generations.

Another focus was the need for the next generation to know the truth:

> … Last time I was talking to some young people here in Bulawayo. They picked me up from ZAPU [Zimbabwe African People's Union] offices, and when they asked me, 'So old man, tell us, is it true that twenty thousand people died?' No they can't believe it; the young guys cannot believe it. It doesn't make sense now that people were killed, for what? The new generation is now at hand. The older generations are getting fewer, and the majority generation now they don't accept that. They don't want to accept it.

In written or recorded form, their stories would permanently be in the public domain, in spite of the authorities' efforts to stifle their truth. Their private stories would no longer be hidden but would be accessible to the greater public. Participants also thought that such information could be used in the future to prosecute the perpetrators, referring to the experience of other countries. Answering a question on what the end result of the process should be, one participant offered this explanation:

> … our generation maybe will not see this through [but] if … these facts could be written down, or somebody publishes a big book, …[t]his would help the next generation. Some [perpetrators] will still be alive, even if they are 90 years old. For instance, a week ago I saw this other Nazi dragged from Argentina. So if you observe this thing it doesn't end. Just imagine that World War II ended in 1945, but they are still hunting them down. … [So] people should write books so that this crime doesn't disappear …

These sentiments seem to be tied to the desire for justice. While perhaps some of the outcomes suggested by participants may be far-fetched, the writing of the stories had a positive effect on the five participants who undertook it. As has been explained by Farwell and Cole (2002), this process allows private pain to be transformed into political dignity, as well as alleviating the human tendency to internalise blame. Furthermore, 'establishing an accurate understanding of objective conditions validates all survivors, even those whose story has not been told, through individual assertions of self-worth and guiltlessness on behalf of the entire victimised community' (Farwell & Cole 2002: 32).

3. Hindrances to healing

While participants acknowledged the benefits of the research in terms of setting them on the road to recovery, they also identified obstacles that made it difficult to attain a fuller healing.

Repression of the truth

The most difficult thing for the participants to accept was not being allowed by the government to talk publicly about their experiences and about *Gukurahundi* in general. They spoke of an 'internalised pressure', 'fear factor' and a 'powerful police system' as some of the explanations of this 'conspiracy of silence'. Fear seemed to be a major factor and, indeed was mentioned over 20 times during the six dialogue sessions. One participant pointed out that

> Of course what we discover is that people are afraid of going out and talk about *Gukurahundi* because we have been publicly threatened that [it] is a closed chapter. But within our families we keep on asking ourselves questions and get asked questions—'But Dad, what happened?'

He also spoke about 'the threat outside that makes us not to talk'. Another participant added that 'The state does not want us to talk about it. The state says let's not open old wounds now.' These were references to newspaper articles where ZANU PF politicians have been quoted as uttering such statements (e.g. *The Zimbabwe Chronicle* 19 July 2011 and 22 June 2011). Such utterances, while they might not be overt threats or prohibitions, nevertheless communicate that message in no uncertain terms. Participants surmised that the reason for this suppression was that the government hoped that with the death of the primary victims, *Gukurahundi* would be forgotten. As Adam and Adam (2000:6) assert, 'All nations depend on forgetting: on forging myths of unity and identity that allow a society to forget its founding crimes, its hidden injuries and divisions, its unhealed wounds.'

This inability to talk about their experiences is counterproductive for victim communities because, as we have discussed, being able to talk about such experiences in public and in an accepting and empathetic environment plays a major role in the healing process. Participants agreed that 'instead of people forgetting about *Gukurahundi,* they are thinking even more about it' and some of the pain and hurts had already been passed to the next generation (see Ngwenya and Harris 2015). As one participant pointed out,

> There are certain documents, for instance, the Dumbuchena Commission and Chihambagwe Commission reports, which were commissioned by the government to study into the disturbances in Matabeleland. … [but these] documents are under lock and key. Obviously there is information in those documents that is incriminating … They think, if it [becomes] known to the public, it will make them worry - just to know that they did something. [In fact] … this makes it difficult for people to forget. We will not forget because you refuse with the truth, if you came out clean and explained it was going to be better.

Related to the inability to talk was a great desire to know the reason why these things were done to them. Participants felt strongly that knowing why, would assist in the healing process. The desire to know involved both the planning and implementation stages of *Gukurahundi*.

I think we need to establish … the reason why they launched that operation. And if we know … why they launched this operation, did they achieve their aim … or part of their aim? Because if somebody apologises, he will [need to] give us a bit of why they did it.

Hayner (2001: 157) asserts that victims are often not ready to engage in a reconciliation process unless they know more about what happened. While they might be ready to forgive, they need to know who to forgive and what it is they are forgiving them for.

From the participants' statements, there appeared to be a desire to humanise the perpetrator, to find a redeeming trait in them that could perhaps make it easier for the victim to forgive. This focuses on individualising the guilt, not in order to excuse, but to understand. According to Botcharova (2001: 289), when victims seek to re-humanise the perpetrator by asking 'Why them?, it is possible that victims might 'recognise their own fears, shame, and hopelessness in the perpetrators, and understand that the perpetrators' aggressions were driven by feelings and concerns as unbearable as their own.' Perhaps participants might find it easier to deal with their 'ball of anger' and move on if they felt the perpetrators killed or tortured under duress, although discerning perpetrators' motives and intentions is very difficult.

Another aspect of knowing had to do with the intentions of the whole operation. That is to say, what really were the aims of *Gukurahundi* and were they accomplished?

The perpetrator did not come out in the open to say why they did this. If only the perpetrator had come out in the open to explain the reason for their plan of action. Because the root cause of *Gukurahundi*... we can't just say they killed people without finding out the reason why *Gukurahundi* was formed.

There was a strong fear among the participants that if its aims had not been fully accomplished, then the perpetrator could use other means to fulfil their objectives. This sentiment was prevalent throughout the dialogues - the participants frequently referred to incidents – like local alcohol-fuelled fights between Shona and Ndebele - which they saw as indications that the perpetrators were still working towards their aims. All of the participants agreed on this understanding. One noted that 'When there is violence, the parents at home feel angry and they would say, "This was done before and it's continuing." … *Gukurahundi* is still continuing so the hatred is still there.'

In short, participants believe that *Gukurahundi* continues in other forms and that, generally, all incidents of violence perpetrated by state security organs are interpreted within the context of a continued pogrom. This view is encouraged by documents such as *The Grand Plan*, an alleged Shona plan to dominate the Ndebele people (see Ngwenya 2014: chapter 8 and Appendix A). All this inevitably contributes to continuing feelings of fear and insecurity.

Feelings of insecurity

Two types of insecurity were identified by the participants: the fear of what the state's repressive machinery might do currently and the fear of what did not happen during *Gukurahundi*. Participants pointed out that current repression was preventing most people from engaging in activities or rituals that might heal them, even in the relative comfort of their communities. The fear

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of a 'powerful police system' or 'monitoring system' is so pervasive that it has become self-perpetuating, and the fear of the unknown now hangs over the heads of the people. For example:

> In the communities…, [it is often known where those who were killed are buried but] they are not allowed to tamper with these places… Someone might know where their uncle is buried, but they can't even go there and perform rituals, it's difficult. [There are practical implications as well]. For a person to get a birth certificate, he or she is supposed to have a death certificate [of the parents] but these people do not have death certificates [for those killed during *Gukurahundi*] because it is not said that these people died. …. So for the communities, as long such is not addressed, hurt is still there.

This inability to attend to their loved ones means that there is no closure and no moving on and no healing. Just as the sharing of stories validates the victims, being prevented from talking (actively or otherwise) means that the victims' reality is being denied and treated as if it never happened, thereby stunting the healing process.

The second element of insecurity—the fear of what did not happen—has to do with the psychological state of the individual. Our participants, as ex-ZPRA combatants, were among the primary targets of *Gukurahundi a*nd were fortunate not to have been killed:

> Suppose you were at home that time when the others were being killed, you would also have died …. this keeps wounds open and forgiveness can't be there, because you would then begin to imagine that I would have died if I was there.

The thought of what might have been induced a sense of incredulity, terror and outrage within the participants. According to Isserman (2009: 25), there are two types of threats that feed into this insecurity: the socio-tropic threat which is 'a generalized anxiety and sense of threat to society, the country as a whole or the regions where one lives, … to one's community, group, or way of life', and the egocentric threat which is a 'threat to oneself or one's family'. This 'terrifying existential crisis' faced by the participants is as a result of the realisation of the magnitude of the intentions of the state to 'obliterate' not just them but everything that makes for their very existence (Zorbas 2004: 30). When these two threats combine, as with the research group, it created deep suspicions and high levels of mistrust that made it very difficult for some participants to view the perpetrators in any positive light, and to address the issue of healing in their own lives. Staub and Pearlman's (2001: 196) comment about the necessity of security in healing is very pertinent here. According to them, 'Traumatised people require at least a rudimentary feeling of security for healing to begin. When there is continued threat from the other, depending on circumstances, healing may be difficult or even impossible.'

Impunity

What exasperated the participants was the fact that some of the architects of *Gukurahundi* known to them seemed to be 'living large' while they struggled through life. Participants felt that status disparity was a major stumbling block in their healing process. First, they complained that when they were incorporated into the Zimbabwe National Army, there was a ceiling on promotions for ex-ZPRAs and such general ill-treatment that they had been forced to retire from the army prematurely. Second, there was the fact that it seemed that the perpetrators had been rewarded for their part in *Gukurahundi*. One participant pointed out that the problem was that the real perpetrators were still alive and enjoying life:

The people who could have killed me are these ones and they are still eating *sadza* (pap) today. Yet there is nothing that has been done to them today. Thirty years on, let's say 28 years on, these people have been promoted in their ranks. I know for instance that D was promoted major general only last month...But [I was there when he ordered the brutal killing of a civilian (ex-ZPRA) nurse] and … and today it's still a log piercing in me.

These statements reveal a person struggling with the issue of impunity, which evidently was preventing his recovery. Participants wanted the perpetrators to be brought to justice one way or another because 'We know these people and we see them and they are driving cars. They are enjoying their lives whilst we are hurting, we have scars inside us. Every day we see these people enjoying their lives whilst we are hurting.'

Participants also felt that another obstacle to healing was the fact that their lives are still dominated by the perpetrators

This life is not normal—living with my perpetrator, my perpetrator in charge of almost all of my life. The perpetrator is in charge and I am an underdog. It's like a person steps on you and you say, 'Please may I remove my foot from under yours [laughter from others]?' … it cannot continue like this... It's not fair.... At the end of the day there must be a cut off, come to an end. It's a fake life I am living. I am living a fake life. It's not me.

The participants' sentiments and experience accords with Pintar's (2000) assertion that, as long as perpetrators continue to prosper or retain power as a result of their crimes, the prospects for healing are diminished, for individuals and communities.

Lack of apology

While it was perfectly clear to the participants that no apology was ever likely to come from the perpetrators of *Gukurahundi,* they nevertheless indicated their desire for it. This was actually a central theme of this research—how to find alternative approaches to healing in the absence of an official apology from the perpetrator. In a conflict an apology is always desirable as it enhances the possibility of the offended party's healing and restoration of the broken relationship. As Lazare (2004: 1) has postulated, 'Apologies have the power to heal humiliations and grudges, remove the desire for vengeance, and generate forgiveness on the part of the offended parties'. The following conversation between two participants supports this contention:

A: Are you suggesting that they should show a sign of contrition?

B: Yah, that little sign.

A: It will soften people's hearts?

B: Maybe, but [not the] hard core [of victims], not all. We can say a percentage, let's say 45 percent.

In their opinion, had there been an apology, this would have addressed the needs of a significant number of victims. Other representative statements included 'We can't forgive them without their apology,' and 'People can forgive their hurts but without official apology it is going to be difficult to talk about this lightly.'

They were however also keenly aware of what Tatt (2014) calls an 'apology with impunity'. This is an insincere apology extracted under pressure while the perpetrator continues unrepentant.

In desiring an apology, they were not under any illusion about the sort of apology that could come from the perpetrators:

> … I really don't see what kind of an apology it would be. You come and stand in front of me and say, 'I apologise, really for what I did, bla, bla.' Then it's over— life goes on … Then the next thing, the following day you are abusing other people, but you say you have just come from apologising elsewhere.

Tatt (2014: 1013) sees an apology as an integral aspect of reconciliation, which, if performed authentically, can induce forgiveness and reconciliation between an injured party and the offender. The key is how genuine and sincere the apology is perceived to be by the injured party. Feeling as they did, participants would have been sceptical of any apology that would have been offered at this point.

An important ingredient in an apology is that a perpetrator needs to assume the blame for the offense committed. According to Newman and Kraynak (2013), an apology can elicit empathy from the victim if the transgressor acknowledges personal responsibility for the wrong done and includes the thoughts and feelings that led to the transgression. For instance, saying, 'I was under pressure,' is quite different from saying, 'I was thoughtless and irresponsible.' One deflects blame to circumstances and the other reflects the assumption of responsibility and acknowledges guilt or remorse. The latter is more likely to elicit the type of response referred to by Tatt. Participants identified this as one of the things that may have redeemed President Mugabe had he been bold enough to accept responsibility for *Gukurahundi*:

> … there was at one stage a record in the newspapers where the head of state admitted that 'It was a moment of madness.' He just fell short of accepting the entire blame because, as the head of state, he would have signed into action all these activities. The deployment of the army could not go out without his consent. After all he is the key author of *The Year of the People's Storm* [a book written in 1979 setting out the envisaged plan of action for the Zimbabwe African National Union-Patriotic Front (ZANU-PF)] in 1979. He should have come out clearly to say. 'I was responsible for a moment of madness.' If he had come out like that people would think that, 'He is a gentleman,' because he admits. If he refuses, [so will] all the young men who did some dirty work in the field.

The strong desire for an apology and the realisation that none would be forthcoming is a dilemma for the participants. In the end, they grudgingly accepted that they had to 'continue living normally without an apology'. It was difficult to say whether this was resigned acceptance of their fate or a positive pragmatism—a determination to make the best of the situation.

4. Did healing take place?

In the words of four of the participants,

> I think I feel healthy when we discuss about *Gukurahundi.* I feel healed discussing these things about *Gukurahundi*. If I am here comfortable, I feel I am with comrades who talk like me and have problems like me and I am happy.

> If I think of these things, there are a lot of things that come to my mind and when I am here I think I am in the right place because a problem shared is a problem half solved in a way. So in this group, I believe there is a common ground and all of us have got the same problem that

we are sharing and we are trying to help each other to recover from it... I think that as I am also participating in this programme, maybe my mind will change and I will think differently.

I believe that it will help me to develop some ideas on how we can come up with solutions individually to cope with *Gukurahundi.*

I am happy that we are discussing such issues because I still believe that I will find a way that will help me to forgive as we keep talking together.

During the last dialogue session, when the overall impact of the research was being evaluated, participants reiterated their belief that they had benefitted from the process, although they found certain aspects of the research more beneficial than others. Participants also indicated that they felt they had been fully involved in the process and felt their opinions had been respected. And, of course, the reason they had kept attending was because they felt the process had been useful to them.

Participants also viewed the process as something that would positively influence the ways they carried out their own peacebuilding activities in the communities they work with. One thought that the research 'can equip us also to have the ideas and strategies of resolving the conflicts that exist among the people and particularly on healing the trauma that we find interned in people's feelings right now within the communities.' Another commented:

What I like and what makes me part of this discussion is that, as part of our work, we as ZVT, is that when we go out and try to talk to people on the issue of reconciliation, you can't go far before people start talking about *Gukurahundi* and asking, 'How can you come and tell us about forgiveness when we were killed so much?' ... I hope that I will get help during these discussions that will help me and give me answers to give to people.

The participants quickly became their own little community, an outcome assisted by their membership of ZVT:

It's ground breaking now in the sense that, we are now a community and, collectively and individually, we have had our own experiences of *Gukurahundi*, directly and indirectly. It is quite a benefit to our community here, and of course those we represent externally, to come up with reasoned approaches to these discussions … they will equip and arm ourselves of the general understanding of issues of *Gukurahundi*, particularly where there is an absence of an official apology.

Another way to assess the validity of the research is to evaluate the extent to which it has been able to bring about meaningful change to the participants and their communities. In doing so, it is prudent to bear in mind the advice of Koch and Kralik's (2006) that change processes can occur slowly; hence, the impact of engaging with a process can resonate long after a researcher has left the field.

As mentioned earlier, the six dialogue sessions were supplemented with a Tree of Life workshop which for most participants, resulted in significant personal transformation. Change in attitudes, from a desire for vengeance and clinging to a victimhood mentality towards a positive engagement with their hurts in an effort to 'move on' with their lives, were reported.

In terms of recording history, while the participants' stated desires in wanting to write their stories were to 'record what really transpired' and to pass it on to the next generation, the potential therapeutic benefits of this act cannot be ignored, since recovery requires an examination of the

truth. What this exercise did was to break the state-imposed silence and bring dignity to the experiences of the participants. Not much in-depth analysis of the writing process was done, due to the fact that the stories had not been finalised at the close of the research but putting their experiences on paper was in itself a liberating experience and a source of comfort and pride. Two participants commented as follows:

> You know that writing workshop? It encouraged me a lot, but there is one thing that I learnt from Phathisa [the facilitator]: we are all mortal. … he is as mortal as other people, but he is not going to die like us because he will remain forever, because he has got something written about him. It taught and encouraged me that at least I also need to write something …

> I believe the whole research process was healing to me and the writing exercise added to it. Since I wrote this thing, I had to write it twice because the young lady I asked to type it for me lost all the five exercise books I had written, so I had to rewrite another five books. For me, if I offload something from my mind, I think I get healed because all of it is removed from my mind and I feel as if the heavy burden I was carrying is gone.

The value of writing as a method to promote healing and wellbeing has been accepted by most helping professionals e.g. Connolly et al (2004) and Lengelle and Meijers (2009). One participant also mentioned the interest the writing exercise had aroused in his children who were now keen to read about their parent's experiences. However, as with speaking, the correct procedure and environment are essential if the writing exercise is to be cathartic.

5. Conclusion

This article has reported a participatory action research project aimed at helping people heal from violence in the absence of apology or justice. The main finding is that speaking and writing about experiences of violence in an appropriate environment did help participants in their journey of healing. The research also identified hindrances to healing, some of which lie outside the power of individuals and communities to change.

The research sheds light on what communities can do on their own to deal with their hurts. It also identifies conditions that would make such healing sustainable and hindrances which prevent it taking place. It finds that, through a broadly-based array of actions, including creating safe and empathetic spaces for storytelling and writing, group-based healing workshops and other psychosocial approaches, it is possible for traumatised communities to attain a measure of relief from their emotional and psychological wounds.

Gukurahundi, it should be noted, is only one example of the violence which has wracked the country since its independence in 1980. Other notable examples include *Operation Murambastvina* ('Drive out the rubbish'), under which hundreds of thousands of people were forcibly removed from slum areas and re-located; the eviction of some 5000 white farmers and tens of thousands of their workers from their farms; and election violence in 2002 and 2008 involving ZANU-PF and Movement for Democratic Change supporters and their communities. There is, accordingly, a great need for the healing of Zimbabweans at the individual and community levels.

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