

**Working Paper  
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# **Contextualising Healing Justice as a Feminist Organising Framework in Africa**

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**Jackie Shaw, Masa Amir and Tessa Lewin,  
with Jean Kemitare, Awa Diop, Olga Kithumbu,  
Danai Mupotsa and Stella Odiase**

**August 2022**

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## Summary

Healing justice is a political organising framework that aims to address the systemic causes of injustice experienced by marginalised peoples due to the harmful impacts of oppressive histories, intergenerational trauma, and structural violence. It recognises that these damaging factors generate collective trauma, which manifests in negative physical, mental–emotional, and spiritual effects in activists and in the functioning of their movements.

Healing justice integrates collective healing in political organising processes, and is contextualised as appropriate to situational needs. This provided the rationale for a research study to explore the potential of healing justice for feminist activists in Africa, and how pathways to collective healing could be supported in specific contexts. Research teams in DRC, Senegal, and South Africa conducted interviews with feminist activists and healers, in addition to supplementary interviews across sub-regions of Africa and two learning events with wider stakeholders.

This working paper presents a provisional healing justice framework grounded in relationship to various feminist activism contexts in Africa. We present insights on the everyday impacts of injustice and trauma experienced by African feminist activists and healers in the study, a range of healing and organising elements and practices that could be sequenced and layered towards collective healing aims, and how feminist organising might be enhanced through shifting the structures, dynamics, and support for feminist organisations. Overall, we suggest that it is critical to explore the roots of collective trauma and harm, and prioritise collective healing within feminist struggles towards justice and liberation.

## Keywords

Healing justice, feminist activism, collective healing, decolonising methodologies, movement building.

## Authors

This working paper was predominantly written by the lead author Jackie Shaw (Principal Investigator, IDS), with co-authors Masa Amir (UAF-Africa) and Tessa Lewin (IDS), with critical input by Jean Kemitare. This followed cross-country analysis by Jackie and Masa. However, the paper also draws on and incorporates prior analysis and written contributions by the African research teams, led by Awa Diop (Senegal), Danai Mupotsa (South Africa), Olga Kithumbu (DRC), and Stella Odiase (regional); as well as the wisdom of the WHRD, feminist activist, and healer participants in Africa.

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## Executive summary

This working paper explores what healing justice offers Womn<sup>1</sup> Human Rights Defenders (WHRDs) and feminist activists in different African contexts. It situates healing justice as a political framework. It explores how the practices of collective healing could be operationalised and supported to strengthen feminist organising and movement-building work in the continent.

Healing justice originated in the Southern USA in practices of healers and organisers of colour, and became more widely known as the organising framework used by the Black Lives Matter movement (#BLM). Broadly, it aims to address the collective harm and trauma experienced by marginalised and disadvantaged people due to the ongoing effects of living with structural violence and systemic injustice. Aiming for transformational change, healing justice incorporates a range of healing and political organising practices. Importantly, it is intended to be contextualised through responding to activists' specific priorities and incorporating relevant traditional healing approaches. This provided the rationale for a research project, which this working paper reports on.

In 2019 Urgent Action Fund-Africa (UAF-Africa), a feminist pan-African funder, launched the Feminist Republik (FR) to support Womn Human Rights Defenders (WHRDs) across Africa. Extensive discussions and a scoping study identified the potential of healing justice to guide and foster this support. In 2020, UAF-Africa commissioned a further study to explore what healing justice means to African WHRDs and feminist activists in context, and to get their perspectives on collective healing processes. The research process was collaboratively managed by the Institute of Development Studies (IDS) and UAF-Africa. Following a literature review exploring traditional healing practices and other approaches suitable to feminist contexts, research teams in DRC, Senegal, and South Africa conducted interviews with WHRDs, feminist activists, and healers (including medical doctors and psychologists). These were supplemented by further interviews across the UAF-Africa sub-regions. In total, 47 interviews were completed. Finally, two learning events were convened with participants from the Feminist Republik and with wider UAF-Africa stakeholders (including feminist

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<sup>1</sup> We are using womn as a way of reaching towards an inclusive political category, that includes LBTIA+, queer, and non-binary activists, and that is not restricted to those biologically assigned as female at birth. This is also in recognition of the fact that gender-non-conforming and queer activists often experience severe violence and exclusion, and that any effective movement to politically challenge patriarchy needs to avoid reinforcing gender binaries. UAF-Africa is deeply engaged with supporting the womn's movement in all its diversity across the continent, and the choice of this term has followed extensive UAF-Africa debate between close advisors and staff members including LBTIA+, queer, and non-binary feminist activists.

healers, academics, and activists) to deliberate on and deepen emergent insights and findings.

It is beyond the scope of this paper to cover all the insights from this ambitious research project. Here we present a provisional healing justice framework, built through iterative analysis of the evidence generated with participants in relationship to research literature. Aimed at academic, activist-scholar, programming, and funder audiences, we focus on how this framework could inform future practices and support and thus guide pathways to stronger feminist movements (see parallel research report<sup>2</sup> for further insights). In this paper, we first synthesise learning on the consequences of injustice and trauma experienced by African WHRDs, feminist activists, and healers in the study – harmful effects that they experience due to both who they are and what they do, as well as the current nature of feminist activism. We then explore how feminist organising might be enhanced through incorporating collective healing activities as movement work. This includes suggestions on sequencing, layering, and weaving together particular healing elements and practices. We also reflect on possible shifts in the structures, dynamics, support for, and financing of, feminist organisations. Overall, we propose that transforming feminist activism cultures and practices, and their organisational structures and dynamics, could create more nurturing and inclusive environments, and, ultimately, make feminist movements more sustainable and effective.

## Key aspects of our healing justice framework

There are two ‘branches’ of our healing justice framework, which guide pathways towards stronger feminist organising:

- 1. Healing justice involves understanding and addressing the systemic injustice and intergenerational harm experienced by African WHRDs and feminist activists in context.** This requires that (i) there is a feminist interrogation of how structural violence manifests in womn’s everyday realities, including an intersectional analysis of the interplay between wider histories, situational nuances, and individual differences due to identity/economic and geographical factors. Healing or addressing the consequences of structural violence also involves (ii) recognising that living with/within oppressive and unjust structures creates collective trauma, and that (iii) this results in embodied impacts on activists’ bodies (e.g. falling sick with physical symptoms or emotional and spiritual distress such as feeling constant anger, anxiety, or depression), and in the ‘social bodies’ of feminist

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<sup>2</sup> Amir, Kemitare and Bofu-Tawamba (2022), see [UAF-Africa, Healing Justice Research](#).

movements (e.g. cultures of overwork, self-exploitation, and burnout, and toxic movement dynamics).

Individualised/medicalised treatment does not heal the systemic causes and impacts of collective trauma. If these are not addressed, **feminist movements can be sites in which trauma is amplified**. We identified that WHRDs and feminist activists in our study did not have the tools or resourcing to tackle continuous traumatic stress. This emphasises **the importance of prioritising collective care and healing practices in feminist movements**, a point encompassed by the second branch of our healing justice framework.

**2. Healing justice involves changing the nature and practices of feminist organising and movement-building work.** Healing justice should elevate those aspects of activism that are energising and sustaining, but also address the consequences of oppression both for activists and within their movements. Healing justice involves **engaging differently in feminist activist work, so that it can enable collective healing**. Healing approaches are thus centred within social justice organising. Our framework suggests the importance of (i) transforming the cultures, spaces, and relations of feminist activism; (ii) transforming feminist-movement work through incorporating collective healing practices; and (iii) transforming organisational structures and support provided to movements.

## Key insights on incorporating collective healing practices as feminist political action

- Healing collective trauma requires a collective orientation that goes beyond individual healing/care in group contexts.
- Tackling historical and intergenerational trauma through collective healing processes is a critical form of political action aiming to transform systemic inequality while addressing the manifestations of trauma in collectives.
- Collective healing is a complex, multidimensional, and layered process that needs time to iteratively progress.
- Responding to the embodied nature of trauma, holistic healing needs to address body–mind–emotional–spiritual distress and disconnection, and unfold towards social healing and political healing.
- The healing needs and journeys of each feminist activist and movement is unique, and practices must be combined adaptively in response to this. However, there are some common foundational healing elements that can be drawn on and contextualised.

- Due to the nature of trauma, we recommend weaving together verbal–interactive–analytical practices (e.g. storywork and critical dialogue/political analysis) with embodied–enacted practices (e.g. collective rhythmic or physical activity and spiritual or breathing work).
- Colonialism has resulted in the systematic erasure of traditional healing practices and so rekindling them is a form of feminist resistance. However, these practices should be adapted to feminist contexts.
- Pathways to rebuilding activist communities (social healing) and transforming the body politic could involve a combination of kindling radical hope; analysing the structural sources of trauma and violence; reframing WHRDs' activist narratives; building inclusive solidarity; working for visibility and acceptance; and collective action (e.g. protest, performing influence, and practical support).
- Further research using Participatory Action Research methodologies would enable additional learning on how collective healing pathways could be supported in specific feminist African contexts.

## **Key recommendations for improving the cultures and practices of feminist organising**

- Activist cultures that value tiredness, busyness, and exhaustion need to be challenged and ultimately transformed.
- Creating feminist spaces built on political analysis of the roots of structural violence, the structures of power and injustice that perpetuate WHRDs' trauma, and the way they impact on activists and movements is crucial.
- Expanding feminist-movement work to create spaces for pausing, expressing, and processing emotions, and to allow for collective work on healing the impact of structural and transgenerational and historical violence.
- This involves support for healing spaces, enabling the facilitation of inclusive relational dynamics, and allowing time for healing processes and criticality to emerge and develop.
- Developing feminist leadership is critical to healing feminist movements and responding to the emotional, spiritual, and physical wellbeing needs of WHRDs.
- WHRDs and feminist activists in our study suggested that training in facilitation and healing skills would be useful, including how to hold emotional space, facilitate trauma and stress processing, generate and maintain inclusive dynamics, and convene critical and difficult conversations that

challenge movement structures and interrogate and shift power relationships within movement spaces.

- Transforming the structures, dynamics, and practices of feminist organising also requires investment, and this requires that the funding priorities, structures, and practices of funding institutions must radically change.

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## Acronyms

BW	Botswana
DRC	Democratic Republic of the Congo
EG	Egypt
ETH	Ethiopia
FA	feminist activism/activist
FR	Feminist Republik
GBV	gender-based violence
GH	Ghana
H	healer
IDS	Institute of Development Studies
KEN	Kenya
LBTQIA+	lesbian, bisexual, transgender, queer, intersex, asexual
LIB	Liberia
NIG	Nigeria
OHCHR	Office of the United Nations High Commissioner for Human Rights
PAR	Participatory Action Research
PTSD	post-traumatic stress disorder
SA	South Africa
SDG	Sustainable Development Goal
SEN	Senegal
UAF-Africa	Urgent Action Fund-Africa
UNCRPD	UN Convention on the Rights of Persons with Disabilities
US	United States
WHRD	Womn Human Rights Defender

# 1. Introduction

Democratic conditions globally are deteriorating, and the Covid-19 pandemic has exacerbated a shrinking of civic space (Freedom House 2020; CIVICUS 2021). Many African Womn<sup>3</sup> Human Rights Defenders (WHRDs) face high levels of exclusion and inequality with limited economic resources or institutional support. The Office of the United Nations High Commissioner for Human Rights (OHCHR 2014) stated that African governments generally fail to adequately safeguard WHRDs and their work. Most African countries have no established national protection mechanisms; and where policies exist, there is often a lack of implementation. Additionally, WHRDs face significant current pressures due to decreasing civic space, increased political and religious fundamentalism, heightened misogyny and backlash, and violent government repression of dissent (Raffo 2019; Okech *et al.* 2017; McDonald and White 2018; Karaman and Cernov 2018). Urgent Action Fund-Africa (UAF-Africa) is a feminist pan-African fund registered in Kenya, with a strategic presence in five African sub-regions. In 2019, UAF-Africa established the Feminist Republik to provide support to WHRDs across the continent.

This working paper draws on an exploratory research project which set out to understand the ways in which healing justice might or might not have relevance within African contexts. This project was intended to be the beginning of an ongoing research process seeking to iteratively explore how healing justice as a framework can better support WHRDs and feminist activists on the continent through enhancing organisational and movement-building practices. Healing justice itself is a relatively new political framework, which aims to recognise and holistically address historical and intergenerational trauma in global social-economic contexts that marginalise, disadvantage, and harm people due to extreme poverty, and the intersecting inequalities generated by, for example, gender, race, class, sexuality, and disability (see Pyles 2018: xvii–xix). The healing justice framework emerged following Hurricane Katrina in the USA and spread more widely in the context of the Black Lives Matter movement (#BLM). It resonates with other work, such as regenerative activism (Westwell and Bunting 2020) which recognises the activist project as ongoing and non-linear.

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<sup>3</sup> We are using womn as a way of reaching towards an inclusive political category, that includes LBTIA+, queer, and non-binary activists, and that is not restricted to those biologically assigned as female at birth. This is also in recognition of the fact that gender-non-conforming and queer activists often experience severe violence and exclusion, and that any effective movement to politically challenge patriarchy needs to avoid reinforcing gender binaries. UAF-Africa is deeply engaged with supporting the womn's movement in all its diversity across the continent, and the choice of this term has followed extensive UAF-Africa debate between close advisors and staff members including LBTIA+, queer, and non-binary feminist activists.

After an initial scoping study (UAF-Africa 2018) and discussions with African WHRDs, feminist activists, and practitioners, UAF-Africa identified healing justice and the connected practices of collective healing as key priorities in shaping the Feminist Republik's support work. Healing justice was seen to offer potential because it moves beyond the medicalised healing approaches that WHRDs are encouraged to use to address trauma and burnout. Medicalised interventions are not only prohibitively expensive, but, as individualised responses, they pass health responsibility to the abused or harmed activist, rather than to the pathological system underlying oppression and trauma. Additionally, these approaches are often based in biomedical and external healing paradigms, rather than the local social-cultural ecosystems within which different communities exist. In contrast, healing justice endeavours to recognise the underlying causes of WHRDs' emotional and spiritual distress in structural violence, and the failure of legal and other governance and state systems to adequately address this violence. It aims to tackle the collective trauma that arises from these ongoing injustices through approaching collective healing as a form of political action.

Healing justice is an emergent global concept, and there is currently limited evidence of its application within African contexts. Existing literature on healing justice practices emphasises that these should be tailored to local realities (Raffo 2019: 6). UAF-Africa commissioned this current research collaboration with researchers from the Institute of Development Studies (IDS) and the Feminist Republik to understand the structural violence and consequent traumas experienced by WHRDs in particular African contexts; to investigate what healing justice offers these WHRDs from their perspectives; and to explore how pathways towards stronger feminist movements could be supported through transforming the nature of feminist organising to incorporate collective healing practices as movement work. The ultimate objective was to guide future support to feminist activists and their organisations. This working paper focuses on what was learnt for academic, activist-scholar, programming, and funding audiences to inform future practices and support.<sup>4</sup>

## 1.1 Outline of the research process and the focus of the paper

There are 54 countries on the African continent, each with diverse histories and contemporary realities. Jane Bennett (2011) reminds us that it is impossible to speak of 'Africa' without an erasure of complexity and nuance. She writes:

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<sup>4</sup> There is a parallel report aimed at WHRDs, and feminist activists and organisations (Amir, Kemitare and Bofu-Tawamba 2022). See [UAF-Africa, Healing Justice Research](#).

There is no such thing as Africa, except as such a space is highlighted and debated in opposition to the discourses that stereotype the continent as undeveloped, its peoples as incapable of self-governance or poor and its cultures as primitive.  
(Bennett 2011: 80)

Nonetheless, this space 'in opposition' is an important one in the context of shared histories that position African women 'outside the most minimal recognitions of African personhood through colonial racist discourses and policies which have colluded with long-entrenched feudal African notions and practices' (McFadden 2021: 297).

Thus, this research project did not set out to essentialise Africa or suggest healing justice frameworks and practices to apply across countries and settings without contextualisation. The study was conducted primarily in three African countries – South Africa, Senegal, and the Democratic Republic of the Congo (DRC) – each with very particular histories. The DRC is a context associated with a high prevalence of sexual violence as a weapon of war (Baaz and Stern 2009). Senegal is a predominantly Muslim country and in recent years has experienced a rise in anti-queer discourse, much of this from its religious leaders (Mbaye 2021). South Africa is known both for its progressive constitution, and for its high levels of gender-based violence (Lewin, Williams and Thomas 2013). In selecting these very different country contexts, we intended to encompass some diversity in building understanding about healing justice in Africa that could be extended and nuanced further in future work.

After an indicative literature review, which sought to find evidence of African communal and ancestral healing practices, or feminist forms of healing suitable for feminist contexts in Africa, IDS led three African research teams who conducted interviews with WHRDs and healers in the case-country contexts of the DRC, Senegal, and South Africa. These were supplemented by additional interviews in Uganda, Nigeria, Ghana, Kenya, Libya, Senegal, Ethiopia, and Botswana. Finally, two learning events were convened to deliberate and build on findings, with participants from the Feminist Republik (FR) across the UAF-Africa regions, and with wider UAF-Africa stakeholders (including feminist healers, academics, and activists).

It is beyond the scope to cover all the insights from this research project in one working paper. (The parallel report aimed at WHRDs and feminist activists focuses more on structural violence and a critique of institutions that further that violence.) Our main purpose here is to present a provisional grounded healing justice framework. This embryonic framework was constructed through a preliminary analysis of African and WHRDs' perspectives on what healing justice offers as a response to their contextual circumstances, and what collective healing processes and pathways to healing justice might involve. This healing

justice framework is multilayered and comprises four conceptual pillars as its theoretical foundation and two key branches of the 'pathways to healing justice'. Each branch incorporates three 'action elements' and going deeper, 'praxis anchors' embedded within these action elements. These 'praxis anchors' are intended to guide the design (of healing justice/collective healing processes) in context. We unfold the layers of the framework through the progressive sections of the paper.

Following this brief introduction to the research and working paper, section 1 points to the macro context of structural violence faced by African WHRDs and the collective trauma this can engender. In section 2, we suggest what an African healing justice framework might comprise as a political, collective, and holistic process in relationship to four conceptual pillars. Section 3 covers the methodology we employed and introduces the participants, and then section 4 outlines the two proposed branches of our provisional healing justice framework, which are that: (1) Healing justice involves understanding the systemic causes of injustice and harm in context through feminist interrogation, and the impacts of this collective trauma on activists and their movements; and (2) it works towards collective healing by attending holistically to the impact of racialised, patriarchal, and state oppressions on activist bodies (including mind-emotions and spirit) and their social movements (Pyles 2018; Raffo 2019).

Section 5 and 6 then expand on these aspects by discussing the study findings in more depth. Section 5 comprises analysis of the problems as articulated by research participants. This illustrates how WHRDs are damaged by what they are struggling against, but, despite the benefits of solidarity, also the modes of operation of feminist movements. As stronger and more sustainable and sustaining ways of working are needed, section 6 focuses proactively on how the nature of feminist organising could be strengthened by improving the cultures, spaces, relations, structures, and practices of movement building. This is where the 'praxis anchors' for healing justice action (which are encompassed within the core elements presented in section 4) are unpacked in greater detail.

Finally, section 7 functions as a call to action by synthesising key implications and preliminary recommendations from the research. Overall, this working paper provides some tentative ideas as to how we might approach enhancing WHRD and feminist activist movement work through incorporating collective healing activities and instigating organisational change. This includes suggestions on sequencing, layering, and weaving together key practice elements. The paper also proposes shifts in the structures, movement dynamics, and financing of feminist organisations towards making them more sustainable, inclusive, and effective.

## 1.2 The macro context – the structural violence faced by African WHRDs as roots of collective trauma

The use of violence to control, or attempt to control, behaviour is not new to feminists or rights activists. With the claiming of public space and the emergence of social movements related to sexual rights and gender equality has come a backlash from those who challenge these rights (Petchesky 2005). The contemporary global WHRD context is characterised by a conservative backlash that exhibits augmented xenophobia, racism, misogyny, and homophobia (Raffo 2019) and a shrinking of civic space, catalysed in part by the success of social movements' and civil societies' exposure of human rights violations and their demands for accountability (Karaman and Cernov 2018: 31). **Womn human rights defenders are vulnerable to attacks because they defend rights, and because they are womn** (Nah *et al.* 2013); they are also at risk because of the structural and/or historical violence<sup>5</sup> inherent in the various intersections they inhabit. In other words, they are at risk both because of who they are and what they do (*ibid.*: 406).

There is a growing literature on the multiple forms of violence faced by WHRDs, some of which is framed through the emergence of the Declaration on human rights defenders, adopted by UN General Assembly Resolution 53/144, on 9 December 1998 (Frontline Defenders 2013), and more recently, the Resolution on Women Human Rights Defenders, adopted on 18 December 2013. This Resolution recognises both the role played by women in defending human rights and also the particular threats and harassment they experience (Miller, Arce and Lopez 2020). In the African context, there is also the African Charter on Human and Peoples' Rights and the African Court on Human and Peoples' Rights. However, these policy mechanisms have not been effectively implemented to protect African WHRDs to date.

Furthermore, most literature that might inform a comprehensive political economy analysis of the violence and trauma faced by African WHRDs is dispersed across multiple disciplinary silos. Writing on racial capitalism, for example, provides macro understanding of the extent to which racism and capitalism were historically mutually co-constructed (Robinson 1983). Gqola's (2010) work articulates slavery as a gendered project. Similarly, McClintock (1995) analyses the ways in which gender and race were constructed through European imperialism and imbricated in the 'theft of land, resources, and authority' (Bennett 2010: 25). As Bennett (2010: 24) notes, 'post-colonial writing

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<sup>5</sup> Structural violence refers to the ways in which social structures, both in terms of formal institutions and social norms, perpetuate inequities, often serving to extend historical exclusion and marginalisation (Lewis 2021). The term 'structural violence' is rooted in Galtung's (1969) attempt to understand the gap between people's potential and their lived reality (*ibid.*).

generally interprets colonialism as violence (epistemological, embodied, economic)'.

Writing on poverty gives an understanding of the everyday granular experience of economic oppression, although Ndung'u (2021) suggests that the links between poverty and trauma are underexplored, particularly in the sub-Saharan African context. Recent sub-Saharan feminist writing proposes that fictional writing is a particularly rich source of evidence of the everyday experiences of oppression and exploitation (Lewis and Baderoon 2021: 3), with the archives of the *Feminist Africa*<sup>6</sup> and *Agenda*<sup>7</sup> journals both providing a wealth of contextualised material on African feminist and queer realities.

Feminist writing on the gendered impacts of conflict and war exists in multiple African contexts, and again, both academic and fictional writing are useful sources. See, for example, Murray's (2009) work on Yvonne Vera (Zimbabwe) and Antjie Krog's (South Africa) engagement with violence and trauma through fictionalised testimony. In Egypt, Hafez (2014) examines various forms of violence against Egyptian women in the context of the Arab Spring. Amir (2013) writes specifically on WHRDs' experiences in 11 Egyptian governorates, which shows that the risks that WHRDs face are very different from those faced by women in Cairo. She observes that normative expectations of women's behaviour are used to shame them, often forcing them back into the private sphere and increasing their isolation (Nah *et al.* 2013: 408).

There is a vast literature on sexuality and gender expression in African contexts, much of it linked to activism, and documenting both everyday and exceptional violence/trauma (see, for example, Tamale 2011; Holland-Muter 2013; Ekine and Abbas 2013; Judge 2018). This literature also articulates how heteropatriarchal norms dictate very rigid notions of what being a 'man' or 'woman' means, and the multiple ways in which non-conformity is policed, often with damaging and sometimes lethal effects. In more than 30 African countries, homosexuality is a crime: Algeria, Burundi, Cameroon, Comoros, Egypt, Eritrea, Ethiopia, Gambia, Ghana, Guinea, Kenya, Liberia, Libya, Malawi, Mauritania, Mauritius, Morocco, Mozambique, Namibia, Nigeria, Senegal, Sierra Leone, Somalia, South Sudan, Sudan, Swaziland, Tanzania, Togo, Tunisia, Uganda, Zambia, and Zimbabwe (Ewing *et al.* 2020: 1).

Like LGBTQIA+ women, women with disabilities face multiple intersecting inequalities. Despite global policies such as the UN Convention on the Rights of Persons with Disabilities (UNCPRD) and the Sustainable Development Goal (SDG) call for disability inclusion, the marginalisation, impoverishment, and negative attitudes experienced by people with disabilities are neglected forms of

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<sup>6</sup> **Feminist Africa.**

<sup>7</sup> **Agenda.**

structural violence. The power imbalances between people with and without disabilities are perpetuated by discriminatory political, legal, education, health, and economic systems in Africa (e.g. Muderedzi *et al.* 2017). This is a clear manifestation of structural violence (Galtung 1969; Farmer 2004). Yet the dire circumstances faced by many people with disabilities, worsened during the Covid-19 pandemic (Wickenden *et al.* 2021), has not often been conceived as such due to tacit ableism (Neille and Penn 2017), which advantages people who fit social norms about what physical, psychological, and social characteristics are valuable. Whilst disability is regarded positively in some African contexts, in many countries, ableism is compounded by negative cultural and spiritual beliefs (Rowherder 2018). For example, disability is seen as an ancestral curse (Aley 2016) or religious punishment or fate (Coe 2013). As Thabethe (2022) illustrates in rural South Africa, intersecting gender inequalities impact disproportionately on womn with disabilities, which increases exclusion and restricts the agency of WHRDs and feminist activists with disabilities.

Patriarchal ableism is worsened by neoliberal capitalism, where individualised success is rooted in competition. There is unconscious bias against people who are different, or less adept within disabling systems but the pressure to perform inhumanely affects everyone. Neoliberalism perpetuates social division, whereas collaborating on common goals may better counter the structural violence from the social fragmentation of global capitalism (Shaw *et al.* 2022; Habermas 1984). Hence, building inclusive solidarity is considered a crucial strategy for WHRDs (Zillén and Pruth 2021). This is but one example of the mutually reinforcing relationships between imperialism, capitalism, neoliberalism, and the structural violence of heteronormativity, ableism, racism, and misogyny. These oppressive systems maintain capitalism and thus are perpetuated by institutions, social norms, and inequitable power relations. Nevertheless, there is an overall knowledge gap on how different forms of structural violence intersect to compound the impacts on African WHRDs in specific contexts. This explains our first research aim (p19). Next, we explain why these injustices and harms are manifestations of collective trauma.

Broadly, **acute** trauma is a reaction to one dreadful incident, **chronic trauma** arises from regular or sustained harm such as gender-based violence or living in war/conflict, and **complex trauma** is the compounded consequence of various sequential and layered traumatic experiences that may impact on WHRDs and feminist activists. **Collective trauma** is defined as an experience shared by a group of people due to a historical event or ongoing circumstances, where there is a similarity in how impacts manifest internally in the present for many people across a context.

There is considerable literature across disciplines (e.g. Cvetkovich 2003: 17–20; Watkins and Shulman 2008: 53–108; Horn 2014; Hirschberger 2018; Kistner

2015) to support the theory that collective traumas are caused by the affective shock of living in unjust circumstances within harmful institutional and political systems. For example, from a **liberation psychology** perspective (e.g. Fanon 1967; Martín Baró 1994), oppression, inequality, discrimination, colonisation, and globalisation cause collective trauma; and this results in psychic wounds such as the lack of hope that can arise from marginalisation, poverty, racism, and neglect for instance (e.g. Watkins and Shulman 2008: 53–108). These wounds can provoke the classic trauma responses of fight, freeze, or flee (e.g. Van der Kolk 2015: 39–45; Menakem 2021: 6–21), which manifest, for example, as the embodied symptoms of unexplained pain or sadness, overwhelming anxiety or rage, or signs of stress and tension; or unconscious psychological coping strategies, such as denial and dissociation from painful awareness or numbing or spiritual deadness. There can also be internal fragmentation or colonisation of the mind, as Frantz Fanon (1967) clarified, including dislocation from indigenous cultural groundings. These impacts are what Shabad (2000 in Watkins and Shulman 2008: 54) calls **memorials to suffering**. However, these individually experienced embodied effects (physical, mind–emotion, and spiritual level) should not be medically pathologised as they are indicators of the sociocultural phenomenon of collective trauma.

Collective trauma can be seen as a ‘blow to the basic tissue of social life that damages the bond attaching people together’ (Erikson 1995: 187). The impacts described above are the consequence of collective traumas because they are not located only in individuals but are repeated and resonate in a parallel way across groups of people, communities, or whole societies. Collective traumas also have consequences in everyday social realities. They disconnect peoples from their histories, sense of communal identity, and/or belonging, and traditional sense-making mechanisms, and this leads to the lack of hope identified. This trauma is collective as there is shared experience in the way effects are **‘alive’** within individuals, groups, and the social bodies around them, including across generations of people living in specific places or situations. Collective trauma can also spread socially through being projected onto or inflicted on others (Menakem 2021: 38). This collective woundedness can lead to social fragmentation, where people feel apart from or excluded from communal life; or because the relational glue that should be nurturing becomes destructive. These impacts then play out in the everyday realities of individual WHRDs and the social and political bodies around them.

This section has summarised the bigger picture facing African WHRDs, as these are the macro-contextual constraints that must be acknowledged to build effective support. We have also explained our supposition that the multiple intersecting forms of structural violence that WHRDs experience are social and political sicknesses that generate collective traumas. Whilst African WHRDs’ circumstances are onerous, and it is unrealistic to think systemic change can

happen simply or in one linear step, the overall rationale for exploring healing justice, and collective healing within it as a form of political activism, is not to be overwhelmed by challenges, but to point to generative ways forward as a response to WHRDs' predicaments.

## 2. Healing justice background and conceptual groundings

If we are interested in arresting cycles of violence to create less violent outcomes, it is no doubt important to ask what, politically, may be made of grief besides a cry for war.

(Judith Butler, preface to *Precarious Life* 2004)

To further unfold the intentions of healing justice as a response to WHRDs' collective traumas, this next section situates healing justice contextually including its origin and background and the difference from other parallel modalities. We then theoretically ground our starting orientation to healing justice as a political and collective approach in relationship to four conceptual pillars (Table 2.1).

### 2.1 Situating healing justice as a response to African WHRD circumstances

Healing justice recognises that collective traumas, whether arising from particular events or ongoing circumstances, are rooted in oppressive histories and perpetuated by existing structures and systems (Raffo 2019). Healing justice intends to tackle the ways that collective trauma currently affects activists and their movements; both through making connections between personal experiences, organising relations, and wider socio-political and environmental influences; and through collective healing activities (Pyles 2018). The purpose is to build collective power in beneficial and sustainable ways and thus strengthen activism (Page and Raffo 2013). However, what healing justice means in practice is less clear cut, and particularly in places distant and different from the context it first emerged in, such as the diverse WHRD and feminist and queer activist settings across the African continent.

Healing justice as a concept and practice originated in southeast USA following Hurricane Katrina (2007) and is based in the work of the Kindred Healing Justice Collective (*ibid.*). Black, brown, indigenous, LGBTQ, and allied healers proposed that activist movements cannot continue to struggle and burn out. Instead, they need to build survival and resistance strategies through collective healing processes that address the traumas that activists have experienced (Raffo 2019: 10). Since then, healing justice has been taken up as a radical political organising framework: first across the US, in the Black Lives Matter movement for example (e.g. Destine 2019; BLM 2017; Ginright 2015); and later spreading to other contexts and countries (e.g. Bartholomew, Harris and Maglalang 2018).

Whilst healing justice is a relatively new concept, it resonates with prior discourse about the focus of feminist organising. For example, the *Combahee River Collective Statement* (Eisenstein 1978), written in Boston, USA, by black, lesbian, and socialist womn in the late 1970s, echoes the importance of womn's movements prioritising collective care for sustainability.

We realize that the only people who care enough about us to work consistently for our liberation are us. Our politics evolve from a healthy love for ourselves, our sisters and our community which allows us to continue our struggle and work.  
(Combahee River Collective 1977, section 2)

This statement is also an early documented expression of the need to address intersectionality within feminist organising spaces, a concept that Lewis and Baderoon (2021: 6) note was being theorised in the South African context many years before it was coined as a term by Kimberlé Crenshaw (1989). An intersectional approach is crucially pertinent to healing justice achieving its key current purpose, which is to **transform the consequences of oppression** (Raffo 2019). This also explains the prioritisation within healing justice practice of those womn most disadvantaged by racialised, patriarchal, heteronormative, and ableist political and economic systems, including black, brown, indigenous, LGBTQI+, womn with disabilities, and those who are refugees or living in poverty (e.g. Piepzna-Samarasinha 2016).

The link between notions of justice and collective healing draws on **psychology of liberation** theories and practices (e.g. Watkins and Shulman 2008), as introduced in section 1.2. However, to lay the foundations for this link, it is first necessary to distinguish healing justice from other forms of response to the structural violence experienced by WHRDs.

Although group therapy and psychosocial support are increasingly emphasised, individual therapy has traditionally tended to be the dominant medical approach to trauma treatment. Individual psychological therapy is often privatised and time-bound, which makes it financially unavailable for many. Therapy also sometimes further perpetuates anti-blackness because psychology needs decolonising (see Ratele 2017; Ratele *et al.* 2018; Kessi and Boonzaier 2018). Significantly, whilst therapy does involve working through trauma experiences verbally or somatically, it is apolitical in that it does not focus on or address the social 'sicknesses' that perpetuate distress, or the wider basis of the abuse of and harm to WHRDs in unjust systems – both central to healing justice. Like therapy, restorative justice interventions are time-bound. However, even when carried out at a local community level, they have a carceral orientation in being top down and state- or institution-bound, as an adjunct to policing, legal justice, and prosecution systems. Healing justice is envisaged as non-carceral,

collective, and a bottom-up process, instigated by activist movements. It is fundamentally political in that it seeks to address the underlying historical roots of intergenerational and current traumas. Central to our initial framing is that healing justice as a response both **politicises** and **collectivises** ongoing processes of healing, and the pathways forward to healthier lives. Next, we theorise these intentions.

## 2.2 Conceptualising the intentions of healing justice as a feminist organising framework

Building a conceptual framework involves ascertaining theoretical foundations to aid analysis. In this respect, our literature review highlighted some themes originated by African feminists that should be reflected conceptually if healing justice is to be transformational. These were **healing as a departure from and evolving** (Horn 2020), **addressing the ghosts of historical injustice** (Amadiume and An-Na'im 2000), **addressing iniquitous power relations at the centre of trauma** (Chigudu 2015), and the **linkages to broader livelihood issues** (Hunt, Bond and Ojiambo Ochieng 2015). In this section, we ground the intentions of healing justice as a political and collective feminist organising framework in relationship to these priorities, and four key theoretical foundations, which encompass associated conceptual pillars, as summarised in Table 2.1.

The process to identify our theoretical and conceptual frames was neither solely deductive nor inductive. There is evidence both within and outside of the African context as to the potential relevance of healing justice as an organising strategy for womn facing recent and intergenerational trauma. However, what healing justice pathways mean in practice is relatively underdeveloped. Like womn's empowerment, where 'strategies to foster empowerment must be locally driven' (Porter 2013: 2), we wanted the theoretical foundations of healing justice to reflect the nuanced perspectives of feminist activists working in different sub-regions (Horn 2020). We therefore prioritised the concerns of WHRDs and healer-practitioners in context during the primary cycle of analysis, to build a grounded understanding. We then returned to research literature to select concepts that resonated to sensitise the next cycles of research analysis. Following this, we iteratively built our provisional healing justice framework through the conversation generated between our deepening understanding of the data in relationship to existing literature, and the frames incorporated in the conceptual pillars.

**Table 2.1 Intentions, theoretical foundations, and conceptual pillars**

Healing justice-collective healing is			
Political	Collective	Holistic	Processual
Transformative feminism	Collective practice	Wholeness	Navigated pathways
<ul style="list-style-type: none"> <li>– Decolonising – healing as a departure from and evolving to</li> <li>– Shifting iniquitous power dynamics</li> <li>– Intersectionality</li> </ul>	<ul style="list-style-type: none"> <li>– Creating healing spaces – inclusive and liminal</li> <li>– Facilitating interactional dynamics and processes</li> </ul>	<ul style="list-style-type: none"> <li>– Traditional African health ontologies and practices</li> <li>– Three bodies – body-self, social bodies, and body politic</li> <li>– Liberation psychology practices</li> </ul>	<ul style="list-style-type: none"> <li>– Iteration and extended temporal scales</li> <li>– Negotiating inherent tensions towards transformation</li> </ul>

### 2.2.1 Transformative feminism in Africa as a foundation for the political intentions

Transformative feminism (Okoli 2021) provides an appropriate conceptual backdrop to healing justice in Africa because it provides recognition of the harm caused to WHRDs by structural violence; viewing their emotional distress and lack of wellbeing not as individual symptoms but as collective traumas rooted in, and perpetuated by, oppressive social and political systems. Furthermore, the prioritisation of structural change within recent writing on transformative African feminism's stated approach to healing (Horn 2014; Kistner 2015) reflects the anticipated political orientation to healing justice.

#### *Decolonising – healing as a departure from and evolving to*

Healing justice intends to address the insidious wounds or 'ghosts of historical injustice' (Amadiume and An-Na'im 2000: 7). It aims to tackle intergenerational trauma as manifested in the present, by learning from the past; with the idea that to understand current circumstances and generate positive progress, it is necessary to re-member and incorporate historical knowledge (Slater 2019). This resonates with Amadiume and An-Na'im's (2000) proposal that collective healing can occur when re-membering mediates the internal and external contradictions from past–present dissociation.

As has been highlighted (see Wakefield and Zimmerman 2020; Afuape 2020; Horn 2020), the body of evidence from non-African perspectives often characterises healing as a process which enables a person exposed to trauma to gradually reach their prior state of wellbeing. By contrast, the different African sub-regions where African WHRDs' work is characterised by a status quo that never was just or harmonious in the first place, and too often traumatic. In other words, many Africans over generations have been born into conflict, inequality, and human rights abuses, and this is reflected structurally in state, institutional, religious, and economic systems and cultures. As Jessica Horn (2020: 90) states: 'for people born into war, economic marginalisation, and the discriminatory norms of racism, sexism, homophobia, and xenophobia, the world itself is the stressor'.

This understanding of feminist activism strongly resonates with some of the central fault lines in the gender backlash literature. While some consider backlash as a response to activists' gains (Goetz 2020) or perceived gains (Flood, Dragiewicz and Pease 2021), others point out that those who have not experienced the privilege of improved wellbeing due to rights gains experience backlash as the 'always present and often violent policing of who belongs in the polity and in public space' (Piscopo and Walsh 2020: 266); in other words, their structural disadvantage is an ongoing, embodied daily reality.

This means that there is often no peace to get back to, and whilst retrieving subjugated knowledges is a part of healing justice's decolonising intentions, it is not about uncritically embracing traditions from idealistic or imagined but non-existent pasts. Following Fanon's self-reflexive post-coloniality (cited in Nayer 2012: 133), decolonising approaches require reflective thinking to synthesise new inclusive social possibilities, based in criticality about herstory's relationship to the present, including traditional practices, cultures, and politics: to be free of damaging colonial legacies, yet avoiding dualistic thinking about pure or essentialist African pasts and the possibilities of emancipatory humanisms (Fanon 2004: 176). From a transformative feminist perspective, which encompasses these decolonising aims (Horn 2014; Kistner 2015), healing justice pathways are intended to be a departure from, not a 'return to' – an evolving or movement towards something better (Horn 2020).

### *Transformation in practice – shifting iniquitous power dynamics with intersectional awareness*

Iniquitous power relations often determine how structural violence, systemic harm, and intergenerational trauma is manifested and perpetuated in WHRDs' lives. Based in their experiences working with WHRDs, African feminists Hope Chigudu and Ndiaye Sow (Chigudu 2015) highlight structural power issues and unequal dynamics and relations as defined by culture and traditions as roots of trauma. Feminist movements and collective WHRD groupings need critical

awareness of these intersectional hierarchies towards transforming them. However, this is not solely an analytical task. A healing justice framework for Africa needs to also address the power nexus. Meaningful transformation must involve processes that shift iniquitous power dynamics, rather than merely hold womn safely or help them cope with the impact of unequal opportunities and relationships, and this involves the focus of collective organising changing to acknowledge the importance of this and prioritising it.

These intentions also reflect the core need to shift power within healing justice pathways, but an intersectional approach is necessary. Grounding in intersectionality reflects feminism's global concerns (Guy and Arthur 2021: 94) and the orientation of transformative feminism in Africa (Okoli 2021: 128). In relationship to healing injustice and trauma, this means acknowledging the differences between each womn's issues, struggles, and strengths, and recognising the various ways they enact agency to resist oppressive systems. For example, traumatic responses can be reframed as survival and resilience strategies rather than pathologised disorders (Afuape 2011, 2020). Action might include maximising opportunities for individual WHRDs to build a sense of their inner power or **power within** their confidence and capacities to act (**power to**), or their collective influence (unity or **power with**) (Gaventa 2006; VeneKlassen and Miller 2002). Alternatively, WHRDs may have enormous internal strength but be worn down by struggling against structural power imbalances and need space and time to re-energise.

African feminists also highlight the need for livelihoods to be part of the healing justice framing in Africa due to the disempowering economic circumstances WHRDs face. In addition to underlying poverty, literature suggests that African WHRDs can be vulnerable to economic marginalisation because of the work they do (Horn 2020), with varying risks including economic discrimination and sanctions as punishment for engaging in womn's rights advocacy (AWID 2014). In discussing gender-based violence in post-conflict Liberia, Ruth Ojiambo Ochieng (Liebling-Kalifani *et al.* 2011) explains that the African womn can't heal if worried about whether her children have eaten or are able to go to school. An intersectional stance on the nuances of power, in common with the prioritisation of difference in decolonising approaches, also includes supporting womn's agency by valuing their views on what healing justice means and what is necessary for healing to occur in accord with our research aims.

The importance of shifting iniquitous power dynamics with intersectional awareness for healing justice to occur, highlights the need to think critically about the tension between building solidarity (or power with) and responding to difference with regard to the anticipated collective orientation.

## 2.2.2 The collective orientation to healing collective trauma

### *Collective practice*

Healing justice is collectively orientated, which means it is rooted in the idea of interdependence. This resonates with the concept of '*feminist ubuntu*' (Cornell and Van Marle 2015: 1), which combines the humanist African philosophy of ubuntu or 'I am because you are' (Matollino and Kwindingwi 2013) with a feminist inclusive interdependence and ethics of care. In section 2.2.1, we raised the need for healing justice to build solidarities in feminist movements with intersectional awareness so that no-one is disadvantaged or excluded. Explicitly articulating healing justice as a collective practice is useful in surfacing the tensions between autonomy and collective relational dynamics as they manifest in feminist organising, and in pointing to the practical dilemmas and contradictions inherent in seeking to build inclusive and difference-aware forms of social belonging. Consideration of the practical challenges leads to our choice of social space, including interactional dynamics, as an additional analytical foundation.

### *Healing spaces – enabling, inclusive, and liminal*

The notion of space is social in that it encompasses all the forums where people come together to interact (Lefebvre 2009), whether private or public spheres (Habermas 1989). It also incorporates the relational norms and both explicit and tacit rules of interaction in a particular space. It is these, and the underlying power dynamics, that can constrain more marginalised people in certain social environments (Shaw 2017). Safe spaces are often a prerequisite for enabling their meaningful participation, as well as intentional action to facilitate the relational conditions for inclusion. However, the paradox is that any social dynamic is likely to be perpetuated without external stimulus, and a necessary step towards social transformation is that facilitators (practitioners, healers, or supporters) intervene to destabilise or **unfreeze** the usual balance of influence, so then it can be moved and re-established more productively (see Lewin's (1947) social change theories and Maurer and Githens 2010: 270).

Some emotional discomfort within healing processes is therefore not only likely but a necessary part of transformational change. Turner's (1967) concept of **liminal** space between established states grounds the generation of spaces and processes in which transformation can happen. What is important is how group members are supported through any discomfort as healing processes progress. This is why facilitation of relational dynamics and interactional processes towards transformation is a key aspect.

### 2.2.3 Navigating healing justice pathways towards ‘wholeness’ and socio-political healing

Another key intention of collective healing is it is holistic – meaning not only addressing body–mind–emotion–spirit dissociations and distress engendered by trauma (Van der Kolk 2015: 66) but also aiming for social and political healing.

#### *Grounding ‘wholeness’ in African ontologies and traditional health knowledge*

West–East and North–South binaries are essentialist and unnuanced in understanding contemporary approaches to treating illness, not least because the pathologising of medicalised responses to social issues that manifest in individual symptoms is a global phenomenon to a greater or lesser extent (Fernando 2018). However, there is a broad distinction between so-called Western medicine, based in positivism and Descartes’ philosophies (see Scheper-Hughes and Lock 1987), which separates mind and body and underpins and perpetuates tenacious reductionist thinking in much health care today; and diverse Asian and African models that see body–mind–spirit as fundamentally interlinked and co-constituting. However, whilst balancing body–mind–spirit and harmony between individual and social bodies is the focus of many Asian and African practices (Fernando 2018), some of these practices have evolved with colonial capitalism, meaning treatments are inaccessible to poorer women who struggle, and we also question how much treatment is delivered collectively rather than individually in practice.

Despite this, beliefs behind African health traditions provide good grounding for a wider perspective on ‘wholeness’ or holistic healing. At the individual level, body–mind–spirit are seen as connected, but additionally, harmonious relationships or disharmony between universe, environment-ecology, community, family, peers, ancestors, natural spirits, and deities are viewed as the roots of wellbeing or distress (Bojuwoye and Moletsane-Kekae 2018). This is consistent with the belief that spiritual ancestors influence current events (Gumede 1990) and the prioritisation of spiritualism in traditional healing practices (Bojuwoye 2006). It also reflects the *feminist ubuntu* collectivist philosophy that we should be responsible to each other (Cornell and Van Marle 2015: 2). As Masolo concludes, we are all different, but the central point of ‘participatory difference’ is that we are all ‘called to make a difference to the creation and sustenance’ of ethical human communities (Masolo 2004: 483–98, in Cornell and Van Marle 2015: 2). Healthy functioning ideally means all contributing to generative commonality by recreating new forms of harmony (Edwards 2000), which are appropriate to context and current time from a post-colonial perspective.

Privileging external European health-care models is, in itself, a form of generational violence as it continues the colonial devaluing of African knowledge. Therefore, incorporating ancestral and communal practices in healing justice

pathways is a radical response to state health control and the demonisation of African traditions. However, we cannot assume that these practices are appropriate to feminist contexts in the continent, as some reflect patriarchal values for instance. Therefore, there is a need both to incorporate critical thinking alongside spiritual work, and to assess what traditional African healing practices offer for WHRDs' collective healing, in a way that values the past, without fetishising it; and works towards a new, better future.

### *Psychologies of liberation practices towards individual, social, and political healing*

The intention of healing justice is to move beyond tackling individual trauma within groups, to collectively build critical awareness of the social and political systems and power behind oppression. Scheper-Hughes and Lock's (1987: 7) theory of the three bodies is useful in grounding this intention, in making connections between the **body-self**, **social bodies**, (including nature, culture, and society, whether in disharmony or not); and the **body politic**, which controls or influences individual and collective social bodies. The three-body theory highlights the perpetual interplay between the possibilities of collective agency and the constraints of systemic structure that must be navigated in work to disrupt the status quo and recreate better worlds (Connor 2011; Musolf 2003).

Practical routes towards integrating individual, social, and political healing can be conceptualised in relationship to liberation psychology (Baró 1994; Afuape and Hughes 2016), with writing on the practices (Watkins and Shulman 2008: 2–5) highlighting the importance of generating psychologically transformative collective spaces, where suppressed histories can be remembered, group identities and goals be reimagined, and new solidarities forged across difference. An example is Freire's conscientisation processes (1972), although Freire's approaches are sometimes seen as too expert-led. However, his ideas do resonate with feminist consciousness-raising<sup>8</sup> processes in the past (Brownmiller 2000; Sarachild 2000), which were generally instigated bottom up by local groups. The feminist consciousness-raising methodology (or conscientisation in women-only spaces) arose during second-wave feminism (Guy and Arthur 2021: 91). However, third-wave feminist literature (e.g. Sowards and Renegar 2004; Firth and Robinson 2016) has argued for the enduring relevance of feminist consciousness-raising as a critical political approach if conducted with intersectional awareness. This re-emphasises attention to how liminal spaces for transformation can be facilitated inclusively (see section 2.2.2).

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<sup>8</sup> Feminist consciousness-raising or awareness-raising (Sarachild 2000) was an approach to activism promoted by radical feminists in the late 1960s and 1970s. As a route to personal and political transformation, it brought (often isolated) women together in women's liberation groups to reflect on personal experiences and develop political awareness of the systemic roots of their shared circumstances.

Other politically and collectively orientated healing practices reflected in liberation psychologies literature can be seen to be broadly communicative (verbal–analytical) or more embodied (non-verbal or symbolic); the latter includes creative and performative activities or liberation arts, such as Lorde’s elevation of poetry (Lorde 2007), and the former critical dialogue and narrative reframing (Watkins and Shulman 2008: 131–265; Afuape 2011; Afuape and Hughes 2016), such as the cathartic storytelling (Amadiume and An-Na’im 2000) and sacred conversations (Petersen 2016) that are popular within African feminist spaces. These kinds of practices are based in the idea that collective trauma can become part of collective identities but that meanings are continually negotiated and reconstructed within and between groups, which opens the possibility for healing through remembering and retelling (Hirschberger 2018). Recent synthesis of transformative African feminist approaches to collective healing (Horn 2014; Kistner 2015) also reflects the knowledge that sharing experiences, building radical hope and resilient solidarity, and protesting, volunteering, or other forms of social action can be decolonising methodologies for collective healing.

Nevertheless, there is a need for criticality in developing effective and ethical processes for transforming body-selves, social bodies, and body politics (Scheper-Hughes and Lock 1987), given the balance of agency–structures in different WHRD contexts. This is because discourse about the possibilities of liberation psychology practices tends towards the idealised and celebratory, rather than facing up to the tensions of reality. Furthermore, decolonisation is becoming the latest buzzword (Cornwall 2007) to signify laudable intentions whilst functioning as empty metaphor (Tuck and Yang 2012). If healing justice is to fulfil the starting political intentions (see section 2.2), it is necessary to recognise not only that decolonising methodologies may require freshly adapting traditional healing practices to the transformative feminist aims (see section 2.1.1), but also grappling with the knowledge that there are uncertain possibilities and necessary challenges in tackling iniquitous power dynamics in contested contexts (Shaw, Howard and López Franco 2020) towards healing justice.

### *Negotiating the inherent tensions of collective healing processes towards healing justice*

Transformational social change can be seen as a goal-directed process that deliberately stimulates criticality (Kolb 1984: 8–11, 21–2), and such processes are often visualised as a spiral moving forward over time. Due to the entrenched nature of WHRDs’ circumstances, healing justice pathways are necessarily likely to have long temporal scales. This is because practices of collective healing aim to connect the past to the present to build future possibilities, which gives these processes a resistive and disruptive temporality (Motta and Bermudez 2019), and because they are anticipated to require extended, progressive, or ongoing healing activities. We therefore approach healing justice as operationalised through collective healing as a **means** rather than an **end** (whilst recognising

that positive endings are also a desirable goal). In this sense, healing justice pathways intend to progressively improve the relationships within oppressed activist communities and between activist movements, wider communities, civic organisations, and state actors.

The notion of **navigated pathways** (McLean and Gargani 2019: 173) frames the knowledge that the journey to meaningful social change does not generally happen in predictable ways. Improvement action rarely progresses in a linear fashion to the desired outcome (Howard, López Franco and Shaw 2018). Major barriers are often encountered, which require departures from the planned route, or a different perspective to move forward. Small wins can be followed by setbacks, but persevering can create small shifts, which seem relatively insignificant, but can accumulate to create a tipping point and more substantial progress (Burns and Worsley 2015; Green 2016). Processes aiming for transformational change are complex because they involve relationships between different individuals, interest groupings, communities, and the wider social ecosystem, and this always generates tensions to navigate and ongoing adaptation.

Therefore, we understand collective healing processes as iteratively unfolding pathways, with inherent tensions that must be negotiated on the journeys towards transformation that are encompassed in the healing justice framework. For example, considering healing justice for social welfare, Pyles (2018) proposed constituent elements and competences including compassion (heart)-critical inquiry (head), bodywork-mindfulness-spiritual work, stillness-action, and equanimity and effort. These point to inherent practical tensions, and whilst those involved in building collective healing processes for WHRD in Africa may be different, it is still likely that there will be practical dilemmas to negotiate between transformative possibilities and the counteracting constraints.

### 3. Research process, methodologies, and participants

As a feminist-orientated study, we focused on the lived experiences of WHRDs in particular African settings to generate situated knowledge (Haraway 1988) located within context (Rose 1993). We used qualitative methodologies as they are most appropriate for building in-depth understanding of participants' experiences, perspectives, and feelings (e.g. Tracy 2013; Braun and Clarke 2013). There were three key study phases: an indicative review of relevant literature on healing justice and communal, ancestral, and feminist forms of healing in Africa; a virtual interviewing phase; and two online learning events. Ethics approval was obtained from the IDS research ethics committee (approval no. PT/20004).

UAF-Africa collaborated with IDS to recruit research teams in DRC, Senegal, and South Africa; including an experienced researcher and a research assistant. The IDS PI designed the research processes with team input, trained the in-country researchers, and then provided regular support during data collection and analysis. Semi-structured interviews were conducted over four months, led by topic guides. Conducting virtual interviews (online or by phone) was for safety during the Covid-19 pandemic. This can work well if participants are used to the medium (see Holt 2010). Nevertheless, we perceived heightened ethical risks compared to face-to-face interviewing (Wickenden *et al.* 2021). In mitigation, there were three calls with each interviewee: one to explain the research, including consent processes, anonymisation, and the right to withdraw; the second call involved verbal consent and the actual interview; and a final call was to check interviewees' wellbeing afterwards. We encouraged the use of video platforms to help relations, and Jitsi<sup>9</sup> due to security risks.

We had two main interviewee categories: (1) WHRDs (including feminist and non-conforming gender activists); (2) Traditional/holistic healers using practices relevant to feminist contexts. The three-country focus necessarily constrained cross-Africa comparison so interviews in these contexts were supplemented by additional regional interviews, in Uganda, Nigeria, Ghana, Kenya, Liberia, Ethiopia, and Botswana. Each team selected interview participants purposively from the Feminist Republik network and local contacts using a recruitment matrix to ensure a spread of ages, gender/sexual identity, location, and areas of activism (see Table 3.1). Forty-seven interviews were conducted: ten in the DRC, 12 in Senegal, and 12 in South Africa; and 13 'regional' interviews with participants in East Africa (5), West Africa (5), Southern Africa (2), and North

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<sup>9</sup> [Jitsi](#).

Africa (1). The researchers took account of the participants' language preference, audio-recorded the interviews, and then transcribed and translated them into English (South Africa and regional interviews) or French (DRC, Senegal).

Out of 47 participants, 15 per cent were **both** WHRDs and healers, with a further 66 per cent being WHRDs and 8.5 per cent healers (including medical doctors and psychologists supporting womn's rights work, in addition to traditional healers). Another 4.3 per cent used other approaches relevant to collective healing, and 6.4 per cent were solely academics. However, many participants specified a dual role, particularly in South Africa, where four were academics in addition to their main roles. Gender-wise, approximately 96 per cent identified as women and 4 per cent as non-conforming. Approximately 40.5 per cent identified as heterosexual, 21 per cent as lesbian, 0 per cent as bisexual, and 8.5 per cent as queer – sexual orientation was unknown for 30 per cent, mainly in the DRC and the regional interviews, where it was not asked or interviewees declined to answer. The research teams aimed for a spread of different locations, but 60 per cent were from urban and 29.5 per cent peri-urban areas. In the Covid-19 context, it was challenging to reach rural areas. Interviewees recruited were also mainly middle-aged or older, with 60 per cent aged 31–50 and 21 per cent being 50 plus, which resulted in age-related gaps in understanding.

The areas of activism represented in the study are diverse, but many relate to womn's rights generally, or specifically focus on sexually diverse (LBTQI) and sex workers' rights, and legal, economic, and educational rights. A high proportion of participants worked on gender-based violence, and others were in health and wellbeing fields such as HIV/AIDS, reproductive health, and womn's empowerment. Others worked on access to decision-making bodies, female entrepreneurship, and promotion of traditional healing. In many cases, participants were involved in more than one area of activism and had been WHRDs in different areas for many years.

Our research process was iteratively phased so that insight from each phase could inform the next. A learning event is a structured and facilitated group meeting which brings together relevant stakeholders to deliberate about a topic and build new knowledge through interactive activities. Our learning events had two aims: to purposively fill in gaps in the data by involving additional WHRDs and healers in participatory dialogue, and visual and narrative research activities; and to deepen research insight by critically discussing the preliminary findings synthesised from the interviews with wider stakeholders. Due to the ongoing pandemic, the learning events were conducted virtually in two four-hour sessions. There was a trauma counsellor with considerable expertise in providing support to WHRD and feminist and queer activists on the continent in a side room if support was needed. The external event involved African WHRDs

from 11 African countries, including academics and feminist historians, activists, medical doctors, therapists, and healers already active in healing justice spaces.

Our analysis process incorporated collective approaches following Stanley and Wise's (1983) identification of the connection between feminist consciousness-raising and collective sense-making. Analysis began through two virtual team interpretation sessions. Then each team completed a preliminary thematic analysis in response to key organisational categories. Following this, Jackie and Masa conducted a cross-country analysis using Nvivo and Impact Mapper.

**Table 3.1 Interviewee participants' profiles**

	Interview type					Age band				Gender		Sexual orientation					Location			Area of activism				
	WHRD	Healer	WHRD and healer	Feminist healing	Academic	Young (18–30)	Mid (31–50)	Older (50+)	Unassigned	Womn	Non-conforming	Heterosexual	Lesbian	Bisexual	Queer	Unassigned – not discussed	Urban	Peri-urban	Rural	Gender-based violence	Sexual and sex worker rights	Womn's rights	Health rights – HIV/AIDS	Other
DRC	6	1	2	0	1	1	8	1	0	10	0	0	0	0	2	8	8	0	2	6	4	3	2	1
Senegal	8	1	0	1	2	0	8	4	0	12	0	10	2	0	0	0	6	3	3	2	4	6	2	1
South Africa	4	2	5	1	4	3	4	3	2	11	1	3	6	0	1	2	9	3	0	2	7	0	0	3
Regional	13	0	0	0	0	0	8	2	3	12	1	6	2	0	1	4	5	8	0	6	2	4	1	0
Totals out of 47 interviews	31	4	7	2	3 (4)	4	2 8	10	5	45	2	19	10	0	4	14	28	14	5	16	17	13	5	5
Per cent (% approx.)	66	8.5	15	4.3	6.4	8.5	60	21	10.5	96	4	40.5	21	0	8.5	30	60	29.5	10.5	NA	NA	NA	NA	NA

Note: (i) Regional interviews were with participants in Uganda (3), South Africa, Nigeria (2), Ghana, Kenya, Liberia, Egypt, Senegal, Ethiopia, Botswana. (ii) The category 'healer' includes medical doctors and psychologists involved in womn's rights work in addition to traditional healers. (iii) In South Africa, academics are marked in red as all are healers or activists as well. (iv) Percentages are rounded to one decimal place. (v) Areas of activism are out of 56 as some interviewees specified more than one area – percentage not given as not applicable (NA).

Source: Authors' own.

## 4. A healing justice framework – directions forward towards strengthened feminist movements in Africa

A grounded healing justice framework was intended to be synthesised bottom up from the primary data generated with African WHRDs, feminist activists, and healers in the study. And the embryonic framework presented in this working paper builds both on study participants' experiences of structural violence and collective trauma; and their perspectives of what healing justice means and should offer. However, healing justice as a concept was very new and unfamiliar in some contexts. Consequently, in exploring what it might involve from interviewees' perspectives, we found little on what structural alternatives to structural violence might be beyond reparation. There was also limited knowledge of communal and traditional collective healing practices used in, or suitable for, feminist contexts; this reflected the informality of existing healing practices. Our intention to follow the interviews with face-to-face participatory workshops with African WHRDs, feminist activists, and healers, to collaboratively build a healing justice framework, was also prevented by the Covid-19 pandemic. Whilst the online learning events contributed further insights, our provisional healing justice framework was less grounded than we had first envisioned. What we present here was built through deductive-inductive iteration between existing literature and the empirical analysis.

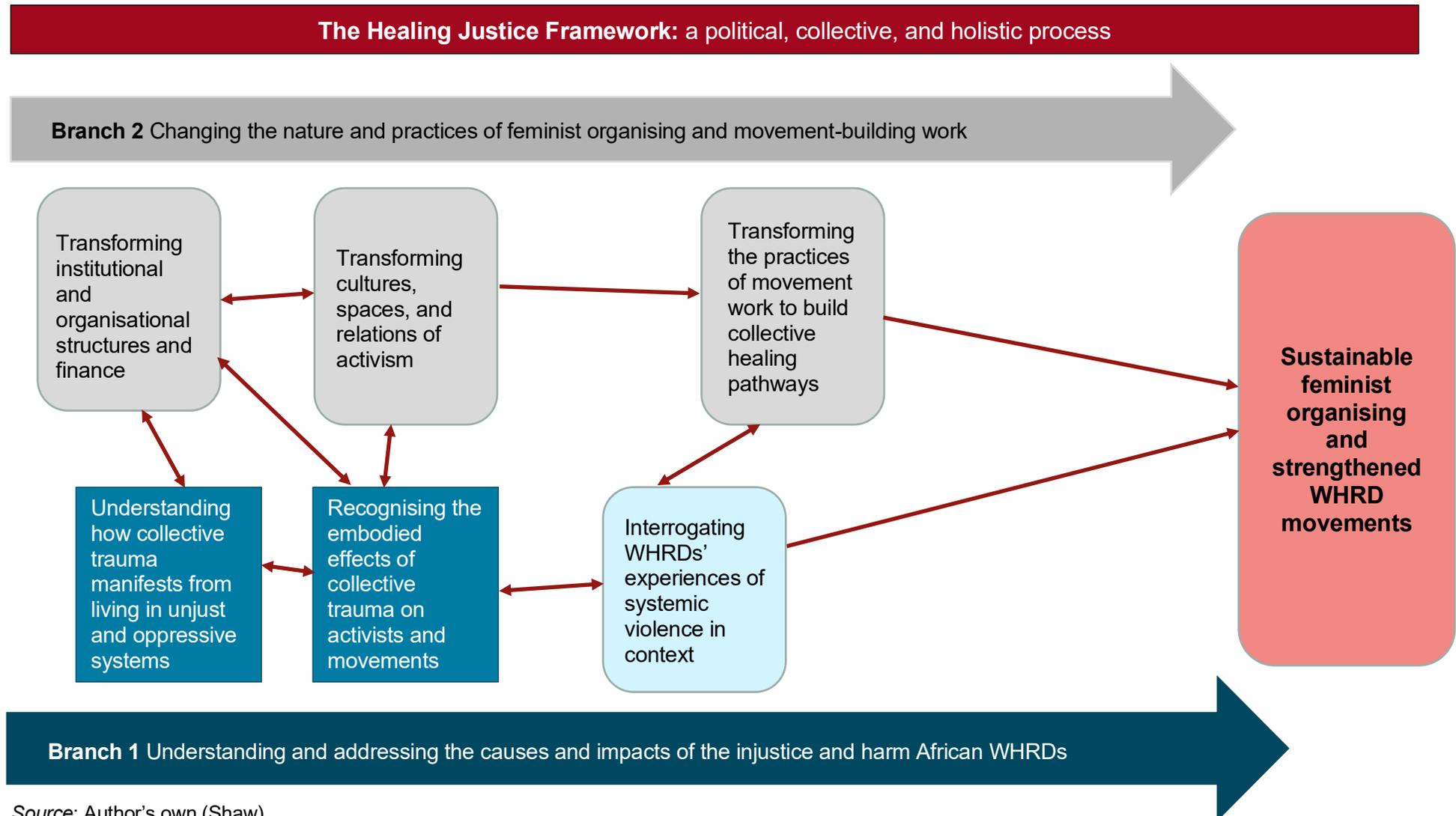
There are two broad 'branches' of the pathways to transformation that form the backbone of this proposed healing justice framework, which in turn are underpinned by the conceptual pillars outlined in section 2. This section outlines and illustrates these two branches, and the associated core action elements, to provide direction for future support pathways to WHRDs in Africa (see Figure 4.1).

The first branch or pathway incorporates the fundamental aim that healing justice should tackle the causes of WHRDs' injustice and collective harm; this branch is placed along the bottom of the healing justice figure due to its underpinning function. The second branch points forward towards changing the nature of feminist organising and movement-building work in order to achieve this. This branch conceptualises the pathways to sustainable feminist organising from **within** through generating spaces for inclusive and transformational healing practices to better nurture activists. This in turn intends to strengthen a movement's capacity and power to transform the causes of trauma and injustice (branch 1).

Each of the two branches encompasses three elements to direct action. Mindful that healing justice pathways will not actually be linear, the interplay between these elements is illustrated in Figure 4.1 through the connecting lines, which broadly progress from organisational change to the praxis responses including grounded problem-analysis, and onwards to the desired consequences. However, progress to these ends requires that organisational and institutional structures and financing is also transformed, making this the first element 'box' in the conceptualisation. The outline of the healing justice framework represented in Figure 4.1 guides our substantive discussion of the detailed thematic findings. Each action element of the two branches will be unpacked in the next two sections of this paper.

First, in section 5, we unpack the three key action elements (blue boxes) associated with branch 1 in the figure. Then in section 6, the core contribution of this working paper, we unpack the three key action elements of branch 2 (the grey boxes). Unpacking these 'boxes' also involves expanding them by introducing 'praxis anchors' generated during the analysis. These practice anchors provide guidance as to how to build pathways to sustainable and inclusive movement work, which will be elaborated on in section 6.

## Figure 4.1 Healing justice as a pathway to sustainable feminist organising and strengthened WHRD movements



Source: Author's own (Shaw).

## 5. Understanding the causes and consequences of injustice and trauma experienced by African WHRDs in context

A central feature of the global WHRD context, as reflected in Africa (Chigudu 2015), is that activists not only engage with trauma but also live in traumatic situations **with** trauma. Because of the issues they advocate for, they are exposed to trauma; and they often come from places where these same issues manifest very regularly and have directly experienced harm. The ‘trauma is part of us’ as Hope Chigudu expressed (Chigudu 2015, in Horn 2020: 94).

Healing justice is defined by its intention to holistically address historical and intergenerational trauma, and thereby heal activists, rebuild activist communities, and transform activism. In section 1.2, we summarised the intersecting aspects of structural violence that form the macro context for WHRDs, and how they generate collective trauma. To guide the intention to address this by building contextualised healing justice pathways, a deeper understanding is necessary of the multiple causes and consequences in real-world situations. In section 5, we therefore explore the roots of injustice and harm, and the manifestations of collective trauma as they manifested in WHRDs’ and healers’ everyday lives.

In this section, we unfold branch 1 of the healing justice framework by exploring what we learnt about WHRDs’ experiences of injustice and oppression and the impact of harm and trauma in their everyday lives and in their movements. This comprises the contextual problem-analysis. As presented in Figure 4.1 in section 4, there are three key elements encompassed in the problem-analysis branch (1) of the healing justice framework (e.g. the blue boxes in Figure 4.1):

- A Interrogating WHRDs’ experiences of structural violence in specific African contexts;
- B Understanding how collective trauma manifests from living in unjust and oppressive systems;
- C Recognising the embodied effects on WHRDs/feminist activists and their social movements.

A full intersectional analysis of A, B, and C is beyond the scope of this working paper due to length and time constraints. This paper focuses on exploring in greater depth the aspects of healing justice pertaining to the nature and practices of feminist activism (e.g. branch 2 of our healing justice framework). The other aspects including fuller consideration of structural violence and the way it

impacts on WHRDs and feminist activists is covered in more detail in our parallel research report (Amir, Kemitare and Bofu-Tawamba 2022). Nevertheless, in this section, we summarise the overall thrust and range of insights about branch 1 of the healing justice framework, from the diversity of study context, as the basis for understanding the potential healing justice responses, or transformational actions, or ‘change from within’ aspects, as represented in branch 2 (the grey boxes in Figure 4.1).

## 5.1 Interrogating WHRDs’ experiences of structural violence in context

This section focuses on WHRDs’ everyday experiences of structural violence to unpack insights generated about the first action element associated with branch 1 of the healing justice pathways (A above). This shows how intransigent injustice, unequal power dynamics, and damaging social norms, based in past and present iniquities create contexts of struggle within individuals and across and between movements.

Overall, WHRDs had faced physical violence, intimidation, discrimination, and neglect from state actors such as government officials and politicians, from police and the legal/justice system, from health care and medical professionals, and from educational establishments. Similar experiences arose from militarisation and religion. We found that these systemic impacts arose in everyday lives not just because participants are WHRDs or healers, but because structures were not created for, and thus function against, womn and gender non-conforming people.

### 5.1.1 Structural violence from institutional and governance systems

Laws perpetuating explicit control over womn’s bodies was evidenced particularly in Senegal and DRC; with Senegalese WHRDs, against the backdrop of religious fundamentalism, reporting womn being imprisoned for abortion (WHRD, SEN05<sup>10</sup>), and if accused of homosexuality (WHRD, SEN06). The state’s role in criminalising womn through law was thought to institutionalise cultures of violence. For example, in Senegal, a 1969 prostitution law protects clients rather than sex workers, which enabled police to apprehend womn in the street, demand money, and mistreat or abuse them physically or emotionally (WHRD, SEN02). However, even when protective laws and policies exist, an underlying failure of systems was evidenced. For example, a South African WHRD was left completely disillusioned with university responses when she

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<sup>10</sup> Evidence and quotes from anonymised interviewees are identified by participant type (WHRD, FA, or H) and country (DRC, SEN, or SA) with an interview number associated with that country. Regional interviews are similarly identified by REG with a number, but also include the country acronym.

reported a sexual assault. Despite the positive rhetoric about campus safety, she concluded that this was a systemic issue when her action to improve protective policies through organising demonstrations failed. She perceived neglect of the issues because stakeholders were invested in the political status quo (WHRD, SA03). A Senegalese WHRD also detailed how legal actors prevent access to formal justice mechanisms, with judges being against the ideas they defended, and police officers sending women who reported domestic violence home to settle the matter 'amicably', or derailing complaints processes by phoning family members (WHRD, SEN05).

WHRDs had experienced similar failures of health-care institutions, such as discriminatory attitudes when trying to access health or psychological support services, for example, transgender women being judged, ignored, or mistreated (WHRD, SEN02). There are also institutional failures in providing appropriate health care because of the dominant health-care paradigm. In South Africa, the medical model was seen as inadequate to equip health-care providers to respond to gender-based violence (WHRD, H, GBV, SA06). This was reinforced by the undermining of and resistance to indigenous African healing practices by doctors and nurses resulting from the colonial elevation of Western models.

In the conflict and post-conflict contexts of DRC and Uganda, assisting women who have survived war rape by 'soldiers who were wearing state colours' (WHRD, GBV, Uganda, REG01) was further complicated by ongoing militarisation. For example, a Ugandan WHRD highlighted current projects for women and child survivors of abduction or sexual violence that are run by men, with soldiers doing the recruiting. She raised the messiness of expecting a woman raped by a soldier to respond to be included within such a programme (WHRD, GBV, UGN REG13).

Overall, structural violence is thus perpetuated in micro-level interactions, and this means that changing law and policies is not enough, as one Nigerian WHRD expressed:

*We may not find strict provisions in laws that discriminate, but the institutions that implement the laws, and their agents, adopt certain social norms/perceptions to interpret the law in a discriminatory way.*  
(WHRD, GBV, NGR REG12)

'How' policies are implemented by individuals and groups within systems is clearly crucial, but discriminatory attitudes are underpinned by patriarchy and heteronormativity and deeply embedded unjust systems. We next consider interviewees' perceptions of some of the systemic roots of structural violence.

### 5.1.2 Roots of political marginalisation in patriarchy and heteronormativity

The DRC researchers noted that the discrimination and marginalisation that womn had experienced was due to gender inequality and negative attitudes to womn underpinned by patriarchy. This included non-recognition, stereotyping, cultural dismissal, and under-estimation. Vengeful patriarchy as a cause was also highlighted in Botswana, Gambia, Zimbabwe, and Namibia (e.g. WHRD, LGBTQI, REGO11).

Many WHRDs raised gender expectations as a cultural phenomenon that is perpetuated in how culture is taught, roles are defined, and children raised (WHRD, DRC10). One Nigerian WHRD reflected that she had learnt how pervasive patriarchy is in political marginalisation during her activism because of leadership norms. A womn who is strong, opinionated, and decisive – which is valued in a male leader – is an aberration and seen as bossy, domineering, and controlling (WHRD, NGR, REG04). Comparably, a DRC WHRD reported that all womn activists are viewed as difficult womn (WHRD, DRC06). Activists faced negative reactions when they challenged these customs, which ranged from being accused of brainwashing women (WHRD, SEN11), to intimidation and physical assault (WHRD, DRC04).

However, the risks of physical violence and consequent trauma seemed particularly acute for those who publicly challenged heteronormativity or gender norms (WHRD, L, SEN06). In Senegal, the role of religious fundamentalism in supporting patriarchal homophobia was particularly highlighted, reflecting the anti-queer stance of Muslim institutions (Mbaye 2021). There, moral and religious actors engage in sexist and homophobic discourse and are widely listened to, with their influence supported in the media. WHRDs reported that publicly defending abortion or sexual diversity, or criticising polygamy or male adultery, are difficult fights in a context where Islam is the code of conduct. They saw this as institutionalised psychological violence that restricts activists' expressive freedom and actions (WHRD, SE06; WHRD, SEN10). This effects the visibility of radical activisms, with some WHRDs reporting living in fear of being quoted by the media, and others militating in slow motion because living with the blows of damaging social norms is mentally and physically exhausting (Senegal team research report).

Patriarchy and heteronormativity as roots of structural violence therefore have collective effects across movements, as does colonial neoliberalism.

### 5.1.3 Neoliberal economic systems perpetuating the violence of poverty

There are generational impacts on African womn from the combination of neoliberal economic systems and patriarchal-heteronormative colonialism. Research teams themed this the violence of poverty. Due to sexist attitudes,

womn are judged to be less efficient than men, with men paid and promoted more for the same work, but WHRDs considered this worse for feminists who challenge systems (WHRD, SEN05). Empirical evidence also suggested that the income insecurity experienced by many African WHRDs is amplified by their activism, with material impacts reported including restricted access to communal infrastructure (e.g. markets, health centres), land expropriation, forceful evictions from living quarters, and needing to flee due to family ostracism.

For example, a South African lesbian spoke of her impoverishment due to losing access to traditional ways of life. Her grandmother had cows, chickens, and a field to grow food, and she never shopped or was hungry growing up. Yet she reflected that 'fighting the queer war' in the city was not just about avoiding physical attack but struggling for food, water, and shelter (WHRD, SA07). Another WHRD highlighted food insecurity as 'a huge trauma' (WHRD, SA11). WHRDs' poverty was also sometimes reinforced by a paucity of funding, not just for sustainable livelihoods or advocacy but also to support the emergence of sustainable institutions that should support them. For instance, a Motswana WHRD asked how womn can maintain movement work if they don't earn enough to care for themselves and their families. (WHRD, LGBTQI, BW, REG11 (2)). Collective trauma from the violence of poverty also manifested in organisational finance (see section 7.2.2). First, we outline racialised colonialism as a further root of WHRDs' collective trauma.

#### **5.1.4 Racialised colonialism as a root of exclusion and discrimination**

The racism inherent in colonialism is a major factor in entrenched exclusion and discrimination (e.g. Feagin and McKinney 2005; Korang and Dyer 2012). Harm from racialised colonialism was also evident in interviewees' everyday realities. A learning event participant raised the insidious long-term effect of racist systems and 'the feeling of aloneness and out of placeness' it engendered (Ntlotleng,<sup>11</sup> external learning event). Another WHRD raised the differences in the way black and white student activists were treated in disciplinary hearings – her white friend was told she should have known better, and her black friend 'depicted as an angry Black Womn born volatile' (WHRD, SA03).

In Africa, the legacy of colonialism affects knowledge production causing systemic discrimination as well. In South Africa, WHRDs highlighted how what counts as valid knowledge is connected to tacit and explicit power relations; for example, the construction of 'community' and the perception of capacities is related to power dynamics in research and learning processes. This is connected to the elevation and dominance of the so-called Western knowledge generation process and medical models, and the resistance to, or demonisation of,

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<sup>11</sup> Learning event participants chose how they wanted to be referenced e.g. by first and/or second name, by a pseudonym, or to be anonymised.

indigenous African knowledge or healing practices (Kenyan activist and practitioner, external learning event). This impacts on the capacity to build collective healing models that are rooted in ancestral healing techniques and is why retrieving subjugated knowledge is incorporated in healing justice activism.

Overall, as previously stated, a comprehensive analysis of racialised colonialism, patriarchy, ableism, neoliberalism, and their consequences in Africa in criminalisation, health injustice, gender-based violence, political marginalisation, religious fundamentalism, media backlash, and the legacies of conflict, for example, is beyond the scope of this working paper (see Amir *et al.* 2022 for further details).

Nevertheless, this section has painted a picture of the way different forms of structural violence (see section 1.2), rooted in past and current injustice, manifested in study participants' realities. Healing justice aims ultimately to address the ongoing harm caused by these oppressive systems, and this is why a fuller intersectional analysis of histories, situational nuances, and differences in context is incorporated in healing justice processes (see section 6.2.1). However, in illustrating instances of intransigent systemic injustice, unequal power dynamics, and damaging social norms experienced by study participants, we provide the basis for understanding the impacts on WHRDs and their movements as collective traumas.

## 5.2 Understanding how collective trauma results from living in unjust and oppressive systems

As illustrated in section 4, the second element of branch 1 of the healing justice framework reflects the supposition that addressing the structural violence that WHRDs in Africa face involves understanding that living with and within unjust and oppressive systems generates various forms of collective trauma. This section explores how these collective traumas played out in study participants' everyday relationships and interactions.

### 5.2.1 The risks faced by WHRDs and feminist activists

In the last section, we highlighted the physical and social risks of challenging patriarchal or homophobic norms, and the economic impacts. Supporting the assertion in section 1.2 that WHRDs face risks both because of who they are and what they do, study participants confirmed that African WHRDs are subject to regular external threats due to their activism (Frontline Defenders 2013; Miller *et al.* 2020). We have shown how the nature of WHRDs' activism exposes them to harm from institutions. Furthermore, challenging organisations and powerful individuals can be extremely risky. A shocking and harrowing example was reported by a woman lawyer who had worked on a case of a sexually abused

two-year-old girl who subsequently died. The abusing man was supported by the national MP, and the girl's mother by the Governor. Politicians abused their position and started pressurising the women lawyers' association. Then she personally received death threats and had to move away for safety (DRC08). DRC activists also raised the ongoing perils of operating in heavily militarised settings, where gender-based violence is a tool of war. Planned activities were prevented due to travel security fears, and they faced continual dangers. For example, Mayi Mayi militias that operate in eastern DRC thought WHRDs were accusing them of gender-based violence when they organised collective healing sessions:

*The rebels... have eyes and ears everywhere. When they hear that we are conducting awareness campaigns throughout the villages... it is a risk for us. They warned us that one day they will rape us. They even abducted one of our members... I was traumatised.*  
(WHRD, DRC09)

Following the messages threatening rape, these WHRDs temporarily suspended activities. Risks to WHRDs can also be very individualised. For example, a Nigerian WHRD working on gender-based violence was supporting women who had experienced relational violence, including, for example, intimate partner violence and psychological trauma from physical and verbal workplace violence. She spoke of the physical threat she feared after relationship reconciliation meetings had gone badly, and the trauma she felt because she might be targeted afterwards in the street by a 'raving mad partner' (WHRD, NGR, REG12).

However, WHRDs just being themselves also provoked damaging insults, physical assault, and abuses of power not only from state, governance, and service organisations and actors but also from individuals and groups in social settings. Indeed, our analysis identified that structural violence frequently plays out, and is sometimes hardest to live with at the social level. Therefore, we next discuss how oppressive systems were perpetuated interactionally as social 'sicknesses' in WHRDs' lives.

### **5.2.2 Social and moral violence towards WHRDs as a source of collective trauma**

Social and moral violence were identified themes in participants' interview responses and that echoed strongly across the country contexts. Social and moral violence refers to the discriminatory attitudes, disapproval, intimidation, and harmful physical and verbal reactions they faced because who they are and/or what they do challenges social or cultural norms. Participants emphasised the way this kind of 'everyday' trauma was perpetuated in local communities and

families, as well as in professional and activist spaces. Following the definition in section 1.2, this is an example of collective trauma because the impacts resonated in a similar way for WHRDs in different activist contexts, and because of the way harm is spread within the wider social bodies around them. The collective trauma that WHRDs experience is also intergenerational in nature, as systemic discrimination is reinforced by entrenched social norms and negative attitudes and behaviours, and these have been aspects of lived realities for generations.

At a community level, WHRDs faced social rejection and insults if they didn't follow acceptable norms for women. For example, a Senegalese sex worker supported other sex workers by driving round distributing medicine to them. She reported that first people spread nasty gossip that because 'it's a prostitute's car... they play porn movies in it', and then her car was trashed by neighbourhood men (WHRD, SEN08). A lesbian activist faced overt threats to burn her house down when a group of vigilantes came to her home. She said 'I am not a coward... I told them that I am Senegalese... pride is part of our tradition' (WHRD, SE06). A DRC WHRD was left hurt and traumatised when a lack of respect for raped women was perpetuated by male activist peers (WHRD, SEN06). However, study participants thought the family context was particularly crucial in sustaining inequality, perpetuating negative discourses, and upholding social norms.

Most obviously, this was because women, and particularly single mothers, had constraints and battles in the private realm from gendered family and childcare roles in addition to the pressures of activism (WHRD, SA06). Being strong, powerful women activists was contrasted with having 'no voice' at home or in the in-law's home as a married woman (H, SA05). WHRDs also reported assaults such as intentional beatings from their husbands or the husbands of women they defend, and being marginalised in families due to identity factors, including in one case having to sleep in the sheep pen. There was also public denigration from wider family members (WHRD, SEN02). The family is thus often a determining space in constructing activists' damaging reputations, and legitimising negative perceptions linked to culturally frowned-upon professions or forbidden fights such as feminism. The paradox of the family as a site of both support and oppression is universal, but this is extenuated when the laws are weak and discriminatory and social protection is limited. Families also pressurise women to stop feminist activism (FA, SEN01), and this was perceived to commonly succeed (WHRD, SEN12). Another WHRD lamented that despite her work in public space helping women facing human trafficking and homophobia, challenging attitudes within family spaces remained impossible because 'we have uncles and aunts who are homophobic' (WHRD, SA07). Being publicly vocal but unable to fight the same issues within extended families was experienced as another form of trauma.

There are obviously situational differences in where the study WHRDs operate. However, the evidence discussed in this section makes it clear that the sources of women's oppression, in patriarchy, religion, and class, amongst others, are clearly complex and intertwined. This section has provided insight into the prejudice, discrimination, marginalisation, and stigmatisation underpinning the rejection, insults, public denigration, intimidation, and physical violence that the interviewees reported. Importantly, this provides a strong basis for approaching the impacts experienced by African WHRDs, feminist activists, and traditional healers as collective traumas, which cannot be addressed through individualised healing strategies. We also found evidence of unresolved historical, intergenerational trauma, racial trauma, and insidious trauma.

### **5.2.3 Historical, intergenerational trauma and insidious trauma**

Although participants spoke predominantly about their current traumatic experiences, their unresolved traumas from the legacy of historical conflict were highlighted. For example, one South African healer recalled being a child activist detained for the first time at 14 or 15 years of age during the anti-apartheid struggles. She explained that she witnessed a lot of death, but there was no space for therapy or time to debrief because it was war. However, this historical trauma emerged later in life when 'I realised that I had stored trauma when I began to struggle with other things...' (H, 50+, SA05). She described how a part of her was still in the war, with the interplay between past and present always manifest. This engendered a feeling of continuous internal struggle, and this experience contributed to her journey to becoming a Sangoma (one kind of traditional healer). Other WHRDs thought that addressing collective trauma must involve exploring the historic roots which continue to perpetuate harm because understanding family stories helps explain why the soul is so heavy (WHRD, SA10).

The work of dealing with unresolved trauma is central to current embodied affect (Henkeman 2018), but this applies not only to directly experienced trauma but also to intergenerational trauma that is passed down through families or groups of people indirectly. For example, a South African WHRD thought intergenerational trauma was the root of violence in her abusive family (WHRD, SA09). There were also reports of bitter emotions experienced by abducted Ugandan and Liberian women during conflict being transferred to their children when released. Moreover, this amplified 'cycles that continue building anger into individuals' (WHRD, UGN, REG13) because the children conceived during captivity are not accepted by their communities.

The Sangoma above further explained how the anti-apartheid generation of activists passed wounds to their children because they did not process trauma at the time, and these children in turn do not know the reason behind their mental

health struggles (H, SA05). She concluded that despite her activist companions being now 40 or 50 years old, their emotional development had been halted at about 15, leaving them too emotionally immature to know how to parent (H, SA05).

This state of ongoing trauma **within** because of **past** struggles is a clear example of collective trauma that has its roots in South Africa's particular history. A queer activist raised another form of intergenerational trauma that arose from carrying the heaviness of other queer activists who came before but passed away during the shared struggle (WHRD, SA09). This is collective trauma from being part of not only a physical movement but also a connected spiritual community due to shared purpose over time.

Contexts of racialised colonialism are sources of collective trauma because the impacts resonate beyond the lives of those directly affected. The South African Sangoma (above) also highlighted the traumatisation she regularly experiences when hearing about racist violence elsewhere. For example, when George Floyd was killed by police in the USA, although occurring so far away, the embodied feeling of being that 15-year-old child activist running away from police during long-ago protests hit her as if she was still there (H, SA05). This sense of global un-safety and fear, doubly worse for black women, has an eroding and exhausting effect.

Internal fragmentation, or split identities from colonisation of the mind (Fanon 1967), which is a manifestation of collective trauma (section 1.2) was also reflected in the data. One WHRD explained that 'a section of your identity is cut off' (FA, H, SA04) when you think of what your community or cultural grounding should be. Fragmented identities are navigating by becoming 'masters at wearing the different hats' (H, SA05). Yet becoming psychologically free of the complex influences of colonisation as Fanon (1967) suggested is not easy as they are internalised within, as another WHRD explained:

*We have split personalities by virtue of having been colonised... as much as we hate them, the colonial split is there in us, because we are products of the system... if you kick it out, you are kicking out yourself.*

(WHRD, H, SA06)

Overall, present–past circumstances (problem-analysis A and B) intersect to create ongoing states of internal and external struggle for many study WHRDs, which one called continuous traumatic stress, as distinct from post-traumatic stress disorder (PTSD), and 'critical to the healing justice discourse' (WHRD, EGY, REG03). This kind of trauma is not just triggered, it is embedded, and sustained or continuous – as much a part of WHRDs' everyday realities as it is a function of the historical contexts which constrain them. This section has

exemplified different kinds of collective trauma that manifested in the various WHRD contexts in the study. We next consider the embodied effects on activists' bodies and the bodies of their social movements.

### **5.3 'Common souls in struggle' – recognising the embodied effects of collective trauma on feminist activists and their social movements**

This section reflects on what was learnt in relationship to element C of branch 1 of the healing justice pathways, about the embodied effects of collective trauma on WHRDs and feminist movements (see beginning of section 5). First, we consider the tensions that result from continuous traumatic stress and which are held and play out in activists' bodies.

#### **5.3.1 WHRDs' bodies as sites of collective trauma**

Our analysis supported the background literature (section 1.2) that collective trauma results in individually experienced embodied effects. We found that living in the harmful and traumatising circumstances generated by structural violence translates to activists falling sick, and emotional and spiritual distress. These are the memorials to suffering, or what a Motswana WHRD called moving through the world in tension (WHRD, BW, REG11). However, bodily impacts must be interpreted holistically as biopsychosocial rather than through a binary mind–body lens. Whilst trauma may emerge as physical symptoms, or as psychological or spiritual suffering, these aspects are interconnected as mind and spirit are also embodied.

Psychological and spiritual effects were the most enduring impacts evidenced in the data. Emotions and feelings reported include anxiety, insecurity, fear, and shame. Particularly commonly experienced by WHRDs was strong and constant anger due to being unable to bring about sustained systemic change with meaningful effects (WHRD, SA02), despite fighting with heart and soul 'only to realise that we are still at square one... that we didn't find solutions' (WHRD, DRC07), which was described as a major trauma.

Some WHRDs felt rejected and abandoned by family exclusion, such as parents not speaking to them (WHRD, L, DRC; WHRD, SEN06). As well as the feeling of aloneness and not belonging previously reported from systemic racism (section 5.1.4), other WHRDs felt isolated and lonely if their harmful experiences are not believed by others (WHRD, SA03). Invisibility then led to depression in some cases. WHRDs also spoke of internalising systemic violence and the sense of shame attached to it, while for others, gender-based violence led to an erosion of dignity. There were experiences of low self-esteem, and feeling unworthy

(SA04), which resulted in self-deprecating thought patterns. All of these reflect classic collective trauma signs (e.g. Watkins and Shulman 2008).

In parallel to the pervasive emotional effects generated, collective trauma manifested physically, supporting the theory that mind and body are interlinked. WHRDs experienced bodily wounds from physical attacks and sexual assaults, and the somatised reactions of being nauseated and vomiting were reported afterwards by one woman (Senegal research report). There were also longer-term physical effects with one South African healer being diagnosed with fibromyalgia, which she realised later was a manifestation of stored trauma (H, SA05). Another reflected that 'many leaders of feminist organisations and NGOs in South Africa end up in hospital' (WHRD, H, SA06). However, these kinds of embodied effects should not be interpreted as individual pathologies. The argument that they are indicators of collective trauma is supported by the similarity of many WHRDs' experiences across contexts.

### **5.3.2 The two sides of feminist activism context-bonding through shared trauma and trauma amplification**

In all countries, the journeys towards both activism and traditional healing work did not arise from nowhere. Family culture, observing suffering, professional experience, and being inspired by other women all contributed. However, activism was driven for many by their own lived experiences of trauma; for instance, being a 'sexual violence survivor' (WHRD, DRC07), or witnessing violence towards family members or mothers (WHRD, DRC02). This highlights the inherent links between the personal and the political in African feminist organising as a South African WHRD expressed:

*A lot of us have come into this work from... experience of trauma, of violation... despite our sense of injustice more intellectually... as a political choice... a lot of us are still fuelled by a very deep wound.*  
(FA, H, SA04)

Thus, despite that, there was commonality across the study in WHRDs' underlying need to address their own trauma. They wanted to support each other but an intense yearning to heal themselves was also strongly reflected. This explains why many respondents slipped between identifying as (wounded) healers and as activists.

WHRDs experienced many benefits from activism as 'common souls in struggle' (Senegal research team report). Coming together with other women to share experiences in confidence with others facing similar traumas was seen by WHRDs in all countries as a way to overcome trauma collectively (e.g. WHRD, NGR, REG012; WHRD, LIB REG07; FA, SEN09; WHRD, DRC07; WHRD, H,

DRC10). This was connected to the idea that activism provides a context for bonding through this shared trauma, which emerged across several interviews (e.g. H, SA05; FA, SEN09; SA report). Study WHRDs reported a considerable sense of purpose and strength from working in solidarity to improve circumstances for other womn similar to them (e.g. WHRD, UGN, REG08; H, SA05; FA, SEN01).

Protesting was also experienced as healing, as conveyed by a South African rape survivor. She said after her assault that she had felt lonely and ashamed for a long time. However, during womn's safety protests, she 'felt an incredible sense of community... a sense of power' (WHRD, SA3) from standing up in solidarity after being individually disregarded. These positive impacts from activism are reflected in the inclusion of collective action as part of healing justice pathways (section 6.2.2). Nevertheless, intrinsically connected are the ongoing stresses generated by activism. And whilst talking with others enables WHRDs to 'forget their worries for a while' (WHRD, SEN08), one said that these worries re-emerged on parting. Importantly, if the collective impacts of injustice are not addressed, feminist movements can be sites of trauma amplification, as summarised in Figure 5.1 (see p58).

Figure 5.1 illustrates how continuous traumatic stress arises from past–present traumas. These collective traumas are then also brought into and collectively affect the social bodies of feminist movements (WHRD, BW, REGO11), which in turn sets up vicious cycles that amplify these impacts on individual WHRDs and movements.

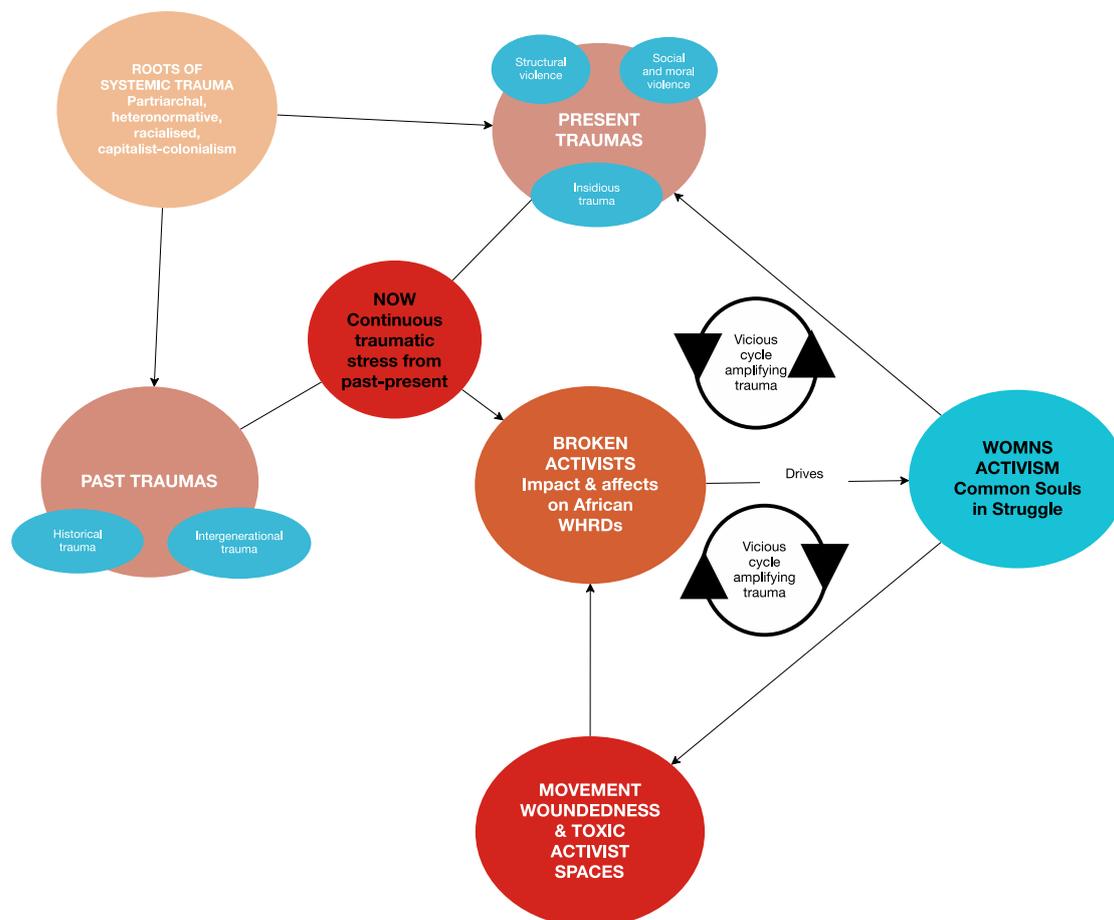
### 5.3.3 Trauma amplification leading to broken activists

Many study participants live in constant fear or feel sustained anger or grief. Some WHRDs, such as those who have survived sexual abuse, are affected by their own trauma every day (e.g. WHRD, DRC07). However, most pertinent is that WHRDs are positioned by their activism as receptacles for other womn's suffering, and they feel the weight of caring without receiving support themselves. Carrying other womn's pain can vicariously trigger their own trauma, and they don't always recognise this (WHRD, UGN REG08). This was described as absorbing other's traumas 'into your system and not having an outlet, not having anywhere to go' (WHRD, H, SA06); this can amplify WHRDs' own existing traumas (e.g. WHRD, UGN, REG01). A Nigerian WHRD emphasised that constantly reliving the experiences that womn shared with her meant that 'this survivor might just end up a victim' (WHRD, NGR, REG12).

Unsurprisingly, the physical and mental exhaustion, and particularly, the emotional effects of activism with inadequate support had broken many WHRDs. For example, one 'left, burnt out completely, not having the capacity to listen to another story of an abused womn' (WHRD, H, SA06). Overall, across countries,

this kind of extreme burnout was common. However, reaching the point of having nothing left to give is made more likely by the current norms of feminist organising.

**Figure 5.1 Vicious cycles of trauma amplification**



Source: Author's own (Shaw).

### 5.3.4 Cultures of activism as barriers to healing

Our primary data suggested that activism cultures glorify selflessness and tiredness, with exhaustion 'a positive symbol' (FA, SA04). Interviewees perceived that there was a pressure to be perfect because one is an activist, too busy to take time for oneself, and ignoring individual needs and pain for the cause (WHRD, SEN05; FA, SA04) 'because we've bought into the idea that being a martyr is good' (H, SA05). There seemed no option to rest or step back when there is so much to do (H, KEN REG06; BW, LGBTQI REG11(2)), and there is pressure to keep going, even when overwhelmed with tears of

exhaustion when being counted on (WHRD, SEN02). It is hard for WHRDs to prioritise themselves in these driven environments, which are ableist in assuming that pushing yourself to the limits through intolerable workloads is desirable rather than impossible, damaging, or unsustainable for many. Exhaustion is related not only to selflessness but how skills and expertise are defined and the requirement to multitask. Funding structures are therefore part of the violence because they use the time of 'volunteers' as activists and justify this as being 'participatory' (Danai Mupotsa). The dominant activist cultures within feminist organisations and movements thus co-opt idealism whilst reflecting the functioning of neoliberal capitalism, which needs challenging.

Some WHRDs had internalised this self-violence, with guilt and shame experienced if not coping in activist spaces (WHRD, SEN05), while for others there was an erosion of dignity and a tendency to ignore the triggering of their own trauma (WHRD, SA03). One WHRD wondered whether WHRDs' denial of their pain was connected to broader cultural expectations about the emotional resilience of womn, particularly black womn, as 'there is no social permission for Black Women to not be in service... to not be responsible for others' (FA, SA04). There was pertinent insight into the possibility of womn activists continuing with untenable pressure to avoid the fear of being alone with their own distress and emotions (WHRD, H, SA06; WHRD, DRC06). Where trauma drives activists' passion and commitment, the need to heal might be in direct contestation with the fear of losing the very thing that keeps the work going. In such cases, WHRDs require support to navigate the layers of readiness to change. We also found evidence of how collective trauma plays out in movement dynamics as discussed next.

### **5.3.5 Interrogating the dynamics that amplify movement woundedness**

As illustrated, WHRDs bring their own unaddressed distress into feminist organising spaces. This section explores further how this perpetuates collective trauma in movements. One LGBTQ activist said that the 'movement is full of a lot of broken people, and sometimes this leads to a lot of toxicity in that space' (LGBTQ, SA, REG02). The relational glue that should bond activists productively and be nurturing then becomes destructive. Toxic work environments arose. For example, a WHRD working with gender-based violence (GBV) survivors explained how there would be angry outbursts and quarrelling amongst team members after each session (WHRD, UGN, REG12) as they were all internalising the survivors' trauma after listening for hours each day. The pressure to deliver outputs to undoable project timelines in feminist organisations was also thought to create venomous workplaces that are 'barely sustainable' (WHRD, UGN, REG01). In addition, the intra-trauma of feminist organising, as evidenced by power struggles and internal divisions within movements was raised by several study participants. This was perceived to arise from bringing

individual brokenness into the movement (WHRD, H, SA06). A Senegalese WHRD spoke of the great harm she experienced due to interactions between gay men and lesbians in activist space (WHRD, SEN06). Another highlighted 'internal conflicts from men who were so challenged by safe space for womn they did everything to destroy it' (WHRD, SA10).

Unrecognised woundedness was perceived to make WHRDs think inaccurately that the problem is other activists, thus mirroring systemic dynamics. This activist reported the normalisation of finding ways to claim power over others (FA, SA04). In this respect, 'call-out culture' was specifically mentioned by several participants as a way toxicity emerges in teams or movements (H, SA05; WHRD, SA07; WHRD, SA11). There was anxiety about using the wrong language due to fear of being called out. Reflecting on painful occurrences, SA11 (WHRD) wondered how rage at homophobia and transphobia could be expressed in ways that do not result in other black people losing their jobs. SA07 (WHRD) said she had struggled because calling out an individual for human failings should be very different to calling out a consciously oppressive system.

The social bodies of feminist movements clearly need healing, but a South African WHRD felt that this tacit internal war was not being addressed due to the focus on fighting external enemies. She reflected, 'there is an enemy within that we need to start focusing on, as there is no safe space for womn who self-identify differently' (WHRD, H, SA06). Another wished for WHRDs to prioritise working on themselves because she perceived that the consequence of woundedness in social justice spaces is so destructive and exhausting (FA, SA04). For example, some activists with access to resources, technical 'expertise', and funding shape not only organisational hierarchies but create spaces and make decisions that delegitimize dialogue and disagreement. And then feminist organisations become dysfunctional because the system enables these people who either aren't that effective or need to address their own issues rather than take it out on others. This results in high employee turnovers, for instance, and also growing resistance from the communities that feminist organisations are meant to serve because people start to mistrust interventions that don't seem to respond to what matters to them (Danai Mupotsa).

In section 5.3, whilst not refuting the sustaining aspects of activism (sharing, solidarity, energy from change action, etc.), we have illustrated that the ways activism is practised can contribute to intensifying harm. For example, womn enter activism experiencing ongoing embodied effects from structural violence and if not addressed, these effects can be exacerbated by the negative impacts of activism such as vicarious trauma, frustration at lack of progress, and unsustainable activism pressures. We have also shown how these collective traumas can spread and amplify social impacts in the bodies of feminist organising spaces. This research evidence supports the view that activist

cultures need to be kinder and practices transformed to prioritise and elevate collective care and healing as part of feminist-movement-building work.

## 5.4 Prioritising collective care and healing in feminist movements

Study participants recognised the need to heal themselves because they internalise the distress of others (e.g. WHRD, GHA, REG05; WHRD, DRC10). The importance of collective care in feminist movements was emphasised, so that the 'next generation doesn't have to carry the burdens' (WHRD, H, SA06). Furthermore, there were many examples of collective care practices in the interview data, with feminist activists stressing the importance of healing and care in part because they had experienced the transformative potential. However, respondents also perceived that collective care did not happen enough in the spaces where feminists organise and work (WHRD, UGN, REG01) because activists have yet to learn how to prioritise this organisationally within their movement-building work (FA, SA04). It was also apparent from the data that WHRDs often do not know how or do not yet have the tools to heal themselves or each other (WHRD, SA07). This means that traumatised activists have had to find support outside feminist spaces (Kenyan activist and practitioner, external learning event), and some have still felt unwell despite going through healing sessions (e.g. WHRD, SA10). Mainstream individualised and medicalised treatment does not work as it lacks understanding of what wellbeing would look like for WHRD activists, and it does not address systems and the structural roots of trauma.

This section has illustrated both the solidarity, recognition, and collective agency that is generated by being common souls in struggle, and, in contrast, the way burnout and damaging dynamics arises through carrying out movement activities without attending to WHRDs' underlying pain. If feminist movements are to be more sustainable, collective care and healing clearly needs to become a priority. This provides evidence to validate our research focus in exploring what healing justice offers WHRDs in the African context and how collective healing might happen as a key aspect of operationalising it.

## 6. Changing the nature and practices of feminist organising and movement-building work

*The transformation of larger structures, institutions, and communities is directly connected to the transformation of ourselves as activists... we need to think about healing practices, alongside the wider social, political, and economic structures of oppression that impede our healing and transform our movements to remove the toxicity of oppression from inside.*

(Masa Amir, UAF-Africa)

In section 5, we presented evidence to support the argument that transforming the consequences of oppression from within activist movements is crucial to achieving the intentions of healing justice. This is because changing external conditions will not necessarily heal broken activists and damaging activist cultures. This requires that feminist movements shift their efforts to prioritise the healing of activists and rebuilding of activist communities. Therefore, **changing the nature of feminist organising and movement-building work** is the second main branch of the healing justice framework. This points to the intention to engage in the work differently by incorporating pathways to collective healing, and it guides 'how' such movement work can become a route to sustainable organising and strengthened movements. There are three action elements of this intention encompassed in this framework (the grey boxes associated with branch 2 in Figure 4.1):

- A Transforming the cultures, spaces, and relations of feminist activism (discussed in section 6.1);
- B Transforming the practices of feminist-movement work through collective healing practices (section 6.2);
- C Transforming organisational structures and practices to support A and B (section 6.3).

We perceived two potential sites of intervention towards healing justice within feminist and WHRD movements at the group level between individuals and organisation, where interactional collective healing activities might happen (A and B), and at the organisational level located between these activist groupings and the wider body politic and social ecosystems, where action to transform the nature and structure of movement work might take place (A and C).

## 6.1 Transforming the cultures, spaces, and relations of feminist activism

Our problem-analysis identified the need to transform feminist activist cultures that foster exhaustion, busyness, and having no time for oneself, which are deeply ableist and alienating for those that are excluded, such as women with certain physical, cognitive, or psychosocial impairments, for example. It is crucial to challenge these cultures and encourage activists to prioritise themselves and each other. Practically, this means changing the organisational structures through which feminist activism happens and going beyond work on the 'struggles' or 'fights' to enable healing processes. The aim is to create stronger movements by fostering spaces where there is time to pause, reflect, and transform trauma impacts, including the feelings engendered (e.g. grief, loneliness, or anger) and the fragmented social identities and toxic relational dynamics that have resulted. This is a fundamental change to how feminist-movement work is approached. It involves organisational input to open and support healing spaces, including facilitating inclusive relational dynamics, and providing enough time for emotional processing, critical development, and the emergence of sustainable and nourishing collectivities.

### 6.1.1 The collective orientation to healing justice – building collective practices within WHRD movements

Before expanding the healing justice framework further to include practice anchors, we consider how the idea of a collective practice (see conceptual foundations in section 2) resonated with study participants. As previously covered, in many cases, women enter activism due to an intense desire to heal suffering with others as common souls in struggle (section 5.3.2). Unsurprisingly, the collective orientation to healing justice was thought by many WHRDs and healers across country contexts to be a crucial part of transforming the spaces and relations of feminist activism (element A of branch 2 of the framework), particularly to address intergenerational trauma (e.g. FA, SA04). Healing was thought to happen through sharing pain in a group where women feel understood and supported (WHRD, SEN02 and WHRD, SEN06).

*Healing happened because I walked across the threshold and was met by all the ones who stepped forward to support.*

(Kenyan activist and practitioner, external learning event)

In justification, WHRDs reported still being unwell after individualised therapy. This was attributed in South Africa to the unaddressed spiritual sickness (WHRD, SA10), which cannot heal in isolation (WHRD, SA08). In South Africa, healers also identified symptoms as 'stories' or embodiments of social injustice sickness

that require collective response pathways (FA, FA, H, SA04). In the Senegalese context, where the traditional practice of *ndeup*<sup>12</sup> is maintained, healing was understood mainly as collective, with the wider village community, neighbours, and family uniting around individuals perceived as a healing enabler ‘apart from the sacrifices and mystical practices’ (FA, SEN01). In contrast, other respondents thought individualised therapy does have wider communal impact (FA, H, SA12), but the Senegalese WHRDs highlighted that a collective healing orientation was also an additional opportunity to bring other women into feminist movements.

Importantly, WHRDs thought understanding the causes of and finding solutions to collective trauma is more likely to happen through dialogue, and particularly that transformative healing needs the collaborative interplay between individual and social bodies. However, learning event participants recognised that a collective practice based in interdependence, and thus reflecting the ideals of *feminist ubuntu*, needs to be interrogated critically from a post-colonial perspective (Melissa, external learning event). For example, they questioned the romanticisation of rural living, which does not reflect reality that has occurred in uncritical discourse on *ubuntu* (e.g. McAllister 2009), and ignores the problematic rejection of difference experienced by LGBTQI women for instance (FA, L, SA12). One South African healer (H, SA01) wondered if collectivising healing erases individual differences in suffering. This highlights the tension in approaching the individual-collective as either/or rather than a non-binary both/and, which is more appropriate to a decolonial transformative feminism stance.

Nonetheless, the interplay between ‘I–we’ was identified as important to collective healing processes, with one learning event participant suggesting that the self is not necessarily disregarded in a collective (e.g. Onyinyechi, Ntlotleng, external learning event). A generative back-and-forth was perceived between supporting others and being healed, with self-healing coming from healing others raising questions of where healing agency lies:

*I heal because I know the pain. I have been there and I'm still there. I heal because people need healing, healing from many things, healing from themselves, healing from others, healing from the world... I heal because in healing others, I heal myself.*  
(Ntlotleng, external learning event)

Nevertheless, if individuals in a collective are not healed, this results in the destructive dynamics characterised earlier as movement woundedness and toxic activist space (section 5.3.1). A collective practice is defined by inclusive interdependence, solidarity across difference, ethics of care, and processes that

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<sup>12</sup> *Ndeup* is a traditional ancestral healing ceremony that is practised in Senegal by spiritual guardians to protect people from evil spirits and purify them (see Chase 2001).

transform power dynamics from within. Orientating a collective practice productively requires that the key tensions in building collective process are navigated, which are between organising around common experiences and addressing individual differences (Shaw *et al.* 2020). And this notion of collectivity needs to make room for disagreements and complex contradictions. Consequently, we next unfold the praxis anchors at the group level, which study participants thought important in creating inclusive spaces, relations, and group dynamics for collective healing activism, as encompassed in the conceptual pillars (section 2) which necessitates encompassing a plurality of different perspectives.

### 6.1.2 Group-level contexts – generating enabling and inclusive relations for collective healing activism

The first action element of branch 2 of the healing justice pathways is transforming the cultures, spaces, and relations of feminist activism (A above). Analysis of the primary data, generated through interactive methods with WHRDs and healers, highlighted three praxis anchors to guide the creation of conducive group-level contexts:

#### *Radical love and kindness*

External and internal learning event participants thought the relational context for collective healing activism should be based in **love and kindness** (e.g. Ntlotleng, Onyinyechi, learning events), beginning with self-love, then love for group members, and then for wider communities and environment (Melissa, Wanelisa Xaba, external learning events). Working out how to collectively heal in a group through compassion for self and others was considered radical as an alternative to the individualistic, capitalistic stance of self-care in isolation and a challenge to prevalent movement cultures that glorify ‘strong’ individual womn. Surrender of ego and unconditional love for self–group as a step to collective consciousness was perceived to be important for many oppressed people, but especially for black womn, who may always be giving to others whilst just surviving themselves (Nombuso, external learning event). This was envisaged as being gentle and kind to bodies (individual and group) and learning to trust again (WHRD, H, SA02). Enacting this as an embodied process integrating mind–body–spirit rather than intellectually was seen as a foundation for collective healing (Nakashwa, Ntlotleng, external learning event). However, broad terms like love and kindness are contested; for example, some men believe beating their womn partners is an expression of love. These terms would need to be worked up practically as appropriate to particular contexts so that they don’t become meaningless signifiers in-between the cultural nuances (Wanelisa Xaba, feedback).

### *Collective accountability and responsibility*

Internal and external learning event participants also thought that radical love must be combined with collective accountability and responsibility (e.g. Nombuso, Wanelisa Xaba, Ndana), and a conscious choice to enact the ethical principle of doing no harm in collective feminist spaces to address movement toxicity (Melissa, Wanelisa Xaba, external learning event discussion group), which was reflected in some interviews (e.g. WHRD, SA11; FA, SA12). These responses from study participants suggested that rather than sending those who are hurting within movements away with some self-care tools, making space for and resourcing care and healing should be a collective responsibility (e.g. H, DRC01). This echoes the practical question of how to recognise difference **within** a collective that was raised previously.

### *Navigating diversity in unity*

Changing effectively from within also requires that power dynamics are addressed as they play out in micro-level interactions in the spaces of WHRDs' activism. Unity in diversity or walking together is the ideal of a collective practice. However, as discussed, how to generate it is one of the biggest challenges, given the destructiveness that can arise in wounded movements. This needs the commitment to doing no harm encompassed by collective accountability (as above), and the understanding that walking together doesn't have to mean walking 'in step' (FA, SA04), or being the same. Healing collectively across difference needs space where womn can be themselves as one WHRD expressed:

*Part of this is recognising and accepting that we all come into spaces with a lot of different parts of ourselves and there needs to be space for people to come as they are.*

(Nombuso, external learning event)

There is thus a need for feminist activist spaces where womm can bring their whole selves, including their different identities and past–present struggles. This requires relational contexts that are non-judgemental and which tolerate diversity and difference as underscored by many, including all regional interviewees. This is a substantial current challenge – difficult not least because the spaces where feminists and non-conforming gender activists organise are typically microcosms of the broader societal contexts around them. Within different African settings, this implies that varying political ideologies, ethnicities, literacy levels, religious persuasions, belief systems, and other divisions, which reflect the complexities across the many countries and contexts in Africa, often feature in these spaces in unhelpful ways.

South African WHRDs explained how negotiating towards unity is emotionally demanding and exhausting work (FA, SA04) that may involve confronting some

difficult issues such as facing up to the wounds caused to others (WHRD, H, GBV, SA06). There is also a need to transform the call-out culture that has normalised brutal intra-identity and interest relations (e.g WHRD, SA7). Particularly in the regional interviews, participants confirmed that addressing these power dynamics requires an intersectional approach if inclusive healing spaces are to be created. We concluded that achieving collectivism means applying the lessons of intersectionality and attending to the margins with a focus most on diversity and plurality above false unity.

The three relational aspects of practice or praxis anchors suggest approaches to shifting the social norms of activism. However, building enabling and inclusive relational contexts for collective healing activism within groups, which involves navigating diversity in unity, is dependent on how relation dynamics and interactions within healing spaces are facilitated. This identified facilitation as a vital element for successful practice, as is expanded on in section 6.3. First, we focus on transforming the practice of movement work through exploring the elements of progressive healing processes.

## 6.2 Transforming the practices of feminist-movement work – the elements of collective healing processes

The second action element of branch 2 of the healing justice framework is transforming the practices of feminist-movement work (B above). In all case countries, our analysis showed that collective trauma affected women physically, mentally, emotionally, and spiritually (section 5.3.1). Interviewees' responses also backed up the anticipated need for collective healing processes to be holistic or to aim for '**wholeness**' by connecting body–mind–spirit to address the bodily dissociation and numbing induced by trauma (see conceptual pillars in section 2.2) and the needs identified in section 5 to address internal fragmentation or identity splits that arise from living in patriarchal, racist, heteronormative, ableist, and colonial systems (e.g Wanelisa Xaba, external learning event). This was not seen as holistic healing as in the individualised wholeness industry (FA, H, SA04), with learning event discussions highlighting the efficacy dangers in mainstreaming and instrumentalising practices that are profoundly personal, or spiritual and religious (external learning event, group 1 discussion).

Collective healing is clearly a complex, multidimensional, and layered concept, and importantly a process not an event:

*I've learnt that healing is fluid, it is like water, like a river that flows...  
It has a beginning, but then the end is difficult to define... Words are*

*not enough to describe a healing process, there are unspoken things, unnamed things, that significantly contribute... I have learnt that what we are wanting to achieve through healing is actually something we do not necessarily know... the magic is not in the end product, but... in the process.*

(Ntlotleng, external learning event)

Reflecting the intended political orientation of healing justice, as framed in relationship to the concept of transformative feminism in section 2.2.1, WHRDs and healers at the learning events saw an interconnected need to heal from personal, family, and community pain (e.g. WHRD, SA07), in addition to the harm generated by current cultures of feminist organising. To 'see and experience freedom, justice, liberation, and actually be present to it' (FA, SA04), healing justice must involve processing and reconciling past experiences, and also go beyond tackling individual trauma and relational dynamics collectively in groups, to build critical awareness of the trauma-inducing social and political systems behind oppression. They interpreted this as both 'healing and dealing' (FA, SA04) with 'dealing' meaning transforming the current effects of harmful experiences.

This conclusion resonates with the understanding outlined in section 2.2.1 that 'at the centre of trauma are issues of power... as is exercised over women... and as defined by cultures, contexts and traditions' (Chigudu 2015 in Horn 2020: 94). Transformative African feminist approaches involve reflecting on and unpicking the vertical and horizontal relationships that reinforce inequality in economic, institutional, and social contexts (Clements and Sweetman 2020), and by extension, fuel trauma in the first place (Mpumi 2014). However, feminist movements have been struggling to shift systemic power at the governance and institutional level for generations without sufficient influence, which is demoralising and exhausting. Shifting power involves 'recognising what your own disempowerment looks like' (FA, healer, SA04) and the source of this, and then building power in more sustaining ways. Some WHRDs in the study perceived the systemic roots of their trauma. Others had not made connections between their painful and difficult experiences and the collective nature and structural roots of trauma. For example,

*We are trying to fix what has been broken together but it's very hard when you can't see beyond yourself... most times we don't see those connections. We don't see where our oppressions kind of intersect.*

(WHRD, SA07)

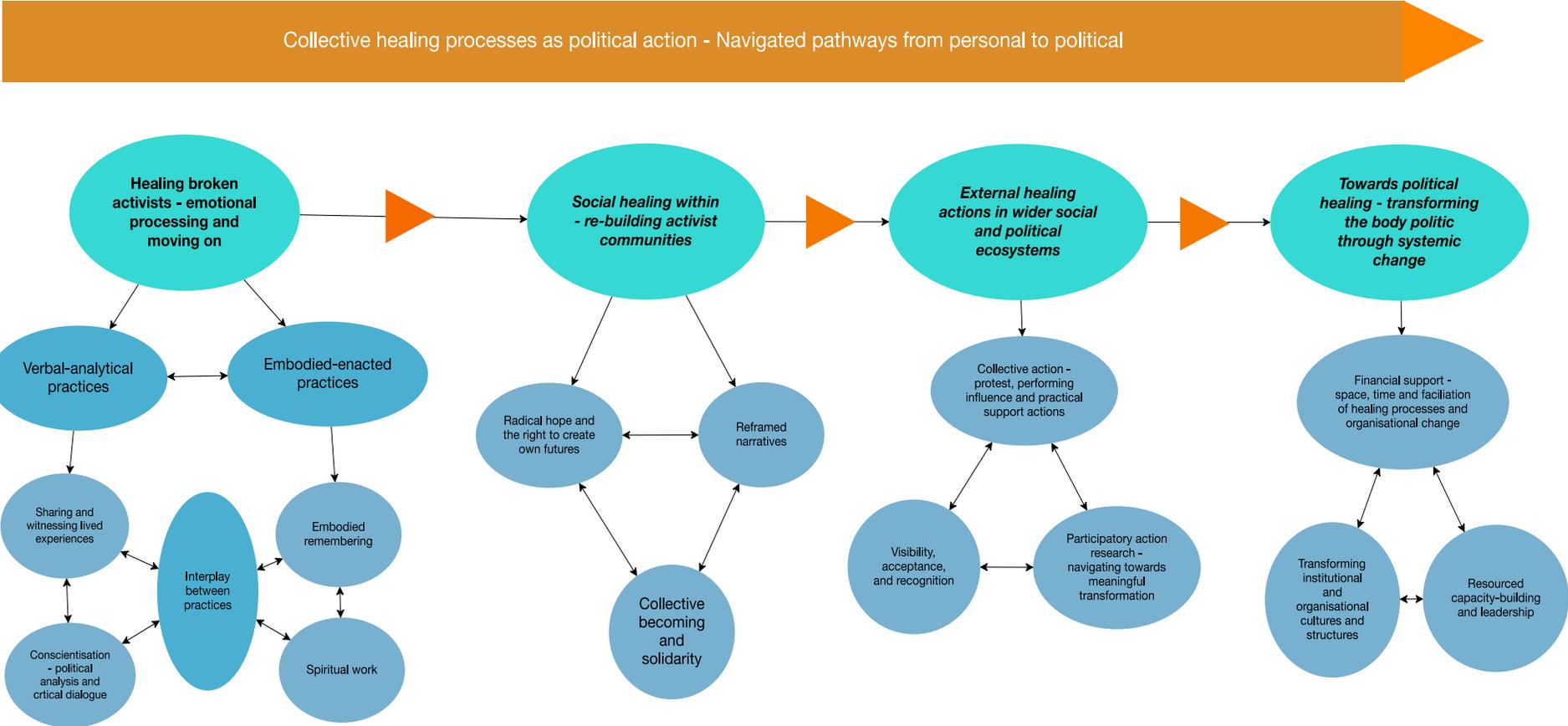
These WHRDs thought the lack of awareness of how and why pain resonates across movements must be addressed. As anticipated, collective healing needs

to go beyond individual healing in group contexts to include how processes can unfold towards social and political healing. Operationalising collective healing pathways therefore needs to build processes that progress from individual healing practices in groups to collectively recognising and addressing injustice.

Implicit is that time is needed. There are also multiple possible approaches, and everyone's healing pathway will be unique rather than one-size-fits-all (Onyinyechi, learning event). Yet the insight from the data was that there are some common aspects of collective healing practices that can later be adapted to particular contexts. In the next sub-sections (6.2.1 and 6.2.2), we therefore synthesise key practice anchors from study participants' perspectives to further unpack the transforming feminist practices 'box' of branch 2 of the healing justice framework (B above). This in turn provides guidance to inform future decisions on how to transform feminist-movement work.

These 'praxis anchors' at the progressive stages of collective healing processes are summarised in Figure 6.1. These anchors are underpinned by the conceptual pillars identified in section 2; for example, the feminist intersectional lens on past and current practices, the collective orientation, and the holistic orientation to healing processes. Most importantly, Figure 6.1 further extends the concept of navigating the pathways from personal to political healing. These illustrated practice anchors are discussed in the remaining sub-sections of section 6.

### Figure 6.1 Praxis anchors for collective healing processes



Source: Author's own (Shaw).

### 6.2.1 Healing broken activists – creating spaces for emotional processing in collective contexts

Creating spaces to work towards what some WHRDs termed emotional justice, or freedom from the emotional effects of past hurt was a strongly expressed desire from healing justice. In terms of what might happen **within** groups, there were two activity strands (practice anchors). Reflecting the practice conceptualisations in section 2.2.3, one strand incorporates practices that are broadly verbal with interactive and analytical elements, and the other strand embodied practices, involving symbolic, spiritual, or enacted elements. These embodied activities are appropriate in response to the knowledge that collective trauma manifests in bodies, and thus embodied processes can also be sites of trauma healing. In this section, we outline the main verbal and non-verbal practices at the emotional processing stage in order, whilst considering and emphasising how they are anticipated to be weaved together for effectiveness.

#### *Verbal–interactive–analytical practices 1 – sharing and processing traumatic lived experiences*

Exchanging experiences with others, and generating solidarity through this trauma bonding, were repeatedly highlighted as beneficial across country contexts. Firstly, this was connected to having the right and space to speak up to express hurt from the injustices faced (Ntlotleng, external learning event). Therefore, sharing painful lived realities, or individual stories within a group, emerged as a key praxis element of collective healing. This could happen, for example, through womn taking turns to freely speak in non-judgemental womn's circles (Thato, external learning event). Storytelling practices like this are essentially relational, as each group member is 'seen' and valued by the others. Furthermore, group storywork was seen as more than self-expression. Womn reported feeling 'much better in the chest' afterwards, reflecting the embodied emotional shift that can occur. Vocalising the truth, especially breaking 'unbearable silence' about taboos such as sexual violence, was also thought crucial to fostering inner power and moving on towards emotional freedom (WHRD, SA03; WHRD, DRC07, Ms Fierce, external learning event). This was contrasted with womn historically having been silent about hidden experiences that challenged social norms – another form of generational trauma that affected 'our mothers and our ancestors' (WHRD, H, SA02).

There is an acknowledged risk of triggering trauma in sharing pain. However, respondents perceived that realising you are traumatised and being heard begins the healing journey towards understanding and accepting what happened (WHRD, DRC04). One South African Sangoma healer explained how intentionally enabling black women to be witnessed also means **space is co-held** (H, SA05) – a manifestation of collective responsibility. However, being heard is a stage in the journey, and emotional processing is necessary to move

onward. This also requires careful facilitation (see sections 6.1.2 and 6.3). For example, activities may involve supporting womn to express strong emotions in healthy and safe ways. But anger can be interpreted as hurt turned outward in contrast to its inward manifestations, and one healer explained that unprocessed anger can come out in unproductive ways that 'slice others too' (FA, Healer, SA04) and be hard to witness.

Becoming vulnerable was also identified as an expressive barrier. There was self-shame perceived in being sick or needing healing (WHRD, SA07), given the dominant cultures of feminist organising. There was also fear that any expressed weakness could be used 'as a weapon against you' (Ntlotleng, external learning event). Enabling this kind of collaborative inner work therefore requires that feminist cultures that value overwork and exhaustion are collectively transformed, and relational contexts are established and maintained that not only commit to doing no harm but ensure that the processes are ethically supported, including by other group members. Furthermore, moving on emotionally requires not only that strong feelings are expressed but also transformed (WHRD, DRC04; WHRD, NGR, REG12). Longer-term facilitative support is needed in feminist spaces for trauma processing to happen. It can also be hard to move past the shame and pain (WHRD, SA02), to not forget but to accept what cannot be changed and not dwell but be 'able to smile again and... get on with life' (WHRD, NGR, REG12). This needs sufficient time.

Enabling womn to progressively look **within** to witness themselves and name emotions counters trauma numbness (FA, H, SA04). However, this may be challenging for traumatised womn as bodily dissociation is a survival response. A Ugandan WHRD spoke of periodic meetings with womn who had experienced gender-based violence, in which they verbalised traumatic experiences using third-party narratives for anonymity. This adapted storytelling approach enabled them to 'discuss long hidden experiences, which they had been carrying around in shame and as burdens for years' (WHRD, UGN, GBV, REG01). However, as predicted, collective healing towards healing justice for many womn will be an ongoing process, not a short-term event. Depending on the group, iteratively progressing engagement over a protracted time frame may be necessary. For example, study WHRDs who work with womn survivors of conflict violence in Liberia and Sierra Leone observed that these womn could only speak in third-party narratives for the first three project years. It was only by year four or five that they became comfortable enough to openly identify with their stories (WHRD, UGN, REG01).

Nevertheless, whatever the time frame of a project, reading across the study data from our research project, a potential practice progression was evident from sharing lived experience – including engaged listening, being witnessed, naming and processing emotions – to acceptance and moving on emotionally. Hence

storytelling approaches such as cathartic storytelling (Amadiume and An-Na'im 2000; and narrative therapy, Morgan 2000) are suggested constituents of collective healing processes in Africa. This is not 'traumatic truth-telling' such as happened in Sierra Leone during the Truth and Reconciliation Commissions (Millar 2015), where victims and perpetrators told their respective truths in the same space, sometimes at the same time, even if this helped some to see their perpetrator as human rather than a huge devil to fear. Instead, it is about surfacing and understanding painful events within 'safe and contained spaces' (Colvin 2000: 7), in order to build resilience, 'survival strategies' (Hernandez, Gangsei and Engstrom 2007), and collective power through group exchange and trauma bonding. However, to achieve the political intentions of healing justice, these verbal processes are anticipated to progress to include collective sense-making – or a political analysis – of the stories shared.

### *Verbal–interactive–analytical practices 2 – conscientisation through political analysis and critical dialogue*

Drawing on liberation psychology (Martín Baró 1994), **conscientisation** (Freire 1972), or critical problem-posing and reflective dialogue, is included as a practice anchor in the unfolded healing justice framework in response to the relative lack of political analysis about shared pain that interviewees reported in current feminist healing spaces. In explanation, exchanging group experiences was identified as a turning point by study participants, not only because expressing pain was individually transformative but because of the realisation that the impact of their traumatic experiences resonated with others as expressed by one South African WHRD:

*During the activism I saw so... much of myself in many people's stories. I realised this thing is systemic, this thing is pervasive, this thing is everywhere.*

(WHRD, SA02)

WHRDs' precise circumstances may be different, 'but it's the same pain that we are feeling', thus a manifestation of collective trauma. We have already covered how trauma bonding can tackle loneliness and build solidarity as a basis for activism. However, what makes collective healing processes potentially transformative is that they go beyond solely doing 'heart' work, to cognitively understand intergenerational trauma, or the **ghosts of historical injustice** (Amadiume and An-Na'im 2000) manifested in the present.

Conscientisation is an example of operationalising **healing as a departure from and evolving to** (see section 2.2.1) through critical thinking together about past and current historical and political influences, including a collective analysis of power. This incorporates the first branch of the healing justice framework within group collective healing practices (see section 4). Practically, this can involve, for

example, group members identifying parallels in their stories and then asking, 'So what?' (WHRD SA11) and critically interrogating social and political systems to make sense of how and why things are this way (FA, healer, SA04). One South African concluded that becoming aware through constructing a shared analysis is transformative in itself, an idea that resonates with feminist consciousness-raising methods.

However, like the emotional work discussed above, these processes might mean difficult conversations requiring skilful facilitation. They can also be approached iteratively over time either by starting with 'informal activities together' (H, SA01) to build trust and openness, followed by exploring using a decolonial lens including traditional practices (WHRD, H, SA06). Embodied activities are suggested alongside these verbal activities due to the embodied nature of trauma, or the way collective trauma manifests in bodies as follows.

### *Embodied, symbolic, and enacted processes 1 – spiritual work*

As said, the spiritual realm is a fundamental ontological aspect in diverse African contexts (Bojuwoye 2006), which is reflected in the prevalence of spiritual work in many indigenous healing traditions (Bojuwoye and Moletsane-Kekae 2018). It is unsurprising therefore that spiritual work either through organised religion or ritual practices was seen as an important element of collective healing pathways by study WHRDs and healers. However, this was not tied to one religion or kind of practice but varied across contexts.

**Religious and ritual practices:** prayer rooms, and regular prayer sessions or listening to religious songs was mentioned in DRC and Senegal as ways to sooth wounds through spiritual connection (WHRD, DRC09; WHRD, FA, SEN11), but these practices seemed to offer general rather than focused relief, which was also individualised. However, the traditional *ndeup* healing rituals were highlighted by Senegalese healers and activists as having potential for collective healing (H, SEN04; WHRD, SEN09). For, example *ndeup* possession rituals aim to exorcise evil spirits, gain the protection of good ones, and reconcile with the ancestors (Mundis Maris n.d.); and *ndeup* rituals are also used to treat depression. Led by spiritual custodians, community healing rituals can incorporate, for example, dirge, chanting or song, music or drumming, trances or meditation, and massage or herbs (FA, SEN01; WHRD, SEN, REG09), which reflect the rhythmic communal activity in the section on 'embodied, symbolic, and enacted processes 2' that follows. Collective grieving was also mentioned as a way to cleanse or process emotions as a group towards closure (H, SA05).

**Working with spirits and ancestors:** notably, South African study participants framed the healing of generational trauma as a spiritual task, as the impacts of patriarchy and racism were seen to be inherited and deeply embedded in the spiritual world (WHRD, H, SA02). Ancestral memory and intergenerational trauma were seen as playing out in the body. For DM05, this manifested

through fibromyalgia, which is consistent with the belief that spiritual ancestors influence current events (Gumede 1990). Working with the ancestors was also a means to address trauma impacts that are difficult to reconcile in individual and collective bodies. For example, a South African healer saw individuals as a collective of ancestors and spirits, especially when working emotionally in relationship to fragmented families. She explained that if someone fixes thing with their ancestors, the whole family will be OK and called this practice focus 'the ancestral turn' (H, SA01). Similarly, learning event participants saw spiritual self-healing to remove blockages as a form of generational healing because it stops the trauma being passed on:

*When I heal myself... it also heals people in my bloodline, my ancestors... Doing the work, so that the kids don't have to battle with the same trauma.*

(Wanelisa Xaba, external learning event)

Spiritual work like this clearly gave womn strength to carry on through adversity, and using traditional practices disrupts the privileging of Eurocentric healing approaches. However, a critical orientation that also prioritises the views of African womn is crucial both in theory building (Okome 2003) and in assessing the suitability of traditional, or newly developed, spiritual practices to feminist contexts. For example, some indigenous healing traditions are patriarchal or have men as gatekeepers, and, whilst not wanting to de-value approaches that WHRDs and healers have found helpful, some interviewees reported practices incorporated patriarchal symbolisms, such as healing the mother wound through womb cleansing (H, SA05; WHRD, H, SA02).

**Feminist interrogation and decolonial approach to spiritual practices:** whilst there is a recognised need for healing justice pathways to be contextualised through incorporating local practices, the suitability of rituals such as *ndeup* for feminist space would need careful thought and likely need to be adapted to the WHRD context: (WHRD, SEN REG09). For example, one participant explained after the session that her *xhosa*<sup>13</sup> healing practice relies on hierarchies and unequal power, which would need to be addressed to be productive. However, she asked 'How do you shift without removing/adding things that would cause spiritual/ancestral misalignment, which could be retraumatising?' (Wanelisa Xaba, feedback). Similarly, another WHRD acknowledged the harm that religions can do, but also pointed to examples of religious institutions and religious leaders that have created 'safe spaces for queer folk... agitated for LGBTQI rights' (WHRD, BW, REG11). She emphasised the need to engage with religious

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<sup>13</sup> The **Xhosa people** are of Nguni ethnicity, a sub-group of the Bantu, and originate from the Eastern Cape of South Africa.

texts with a feminist eye to avoid perpetuating oppression (WHRD, UGN REG13).

As anticipated, building decolonising or post-colonial approaches (Fanon in Nayer 2012) is not about unreflexively incorporating traditional practices, but drawing on past wisdom that may have been suppressed, to generate something new and relevant to the current situation as a learning event participant agreed:

*When we think about decolonisation, it's not a backward exercise but it's more a forward exercise... decolonisation has to have a different outcome or output or outlook than anything that has happened before.*

(Ntlotleng, external learning event)

Building forward-looking practices grounded in the past but relevant to the present is therefore only a form **transformation** if there are positive shifts in understanding and power dynamics, but most of the spiritual practices mentioned in South Africa were individual rather than collective.

### *Embodied, symbolic, and enacted processes 2 – connecting and re-membering*

**Embodied connections:** group bonding can occur through exchanging stories, but also in embodied ways. This could be through relaxing or 'doing nothing' together. For example, a South African interviewee highlighted the therapeutic value at a residential retreat of walking and talking, swimming, eating, and sitting together without talking (FA, H, SA04). In Senegal, WHRDs reported taking turns having parties, which involved song and dance as informal therapy. These parties also provided a context for the womn to organise shared savings systems. In DRC, spending time in nature together or doing physical work side-by-side were all mentioned as ways of gently initiating collective healing.

*We have a farm in Mwenga District... It is a large space where... our members carry out community activities. We give them tillage tools and seeds.*

(WHRD, DRC10)

After doing physical work together, the womn were thought to feel better, which was compared at the internal learning event to the way womn traditionally discussed issues whilst rhythmically tilling the land side-by-side (Melissa, internal learning event). This supports the idea of womn being involved in physical work at a planned UAF-Africa healing farm.

**Engaging in self-care together** was also reported in the study, as an example of an embodied group bonding activity. For example, in DRC, relaxotherapy exercises helped release tight muscles and joints (WHRD, DRC04), and the approaches discussed in this sub-section so far exemplify how to create the safe

relational healing context with no requirement to speak if not ready. However, as follows, other practices offer collective healing that goes beyond individual healing within a group.

**Collective rhythmic activity** is well evidenced as being collectively therapeutic (Van der Kolk 2015: 330–33), with a key example being dancing and making music together. Communal dancing, drumming, and song are determinants of social, cultural, physical, and mental health (Sheppard and Broughton 2020; Horn 2020) because the rhythms bring people back into their bodies, and this can help heal the bodily dissociation or self-absence effects of trauma (see section 2.2). Horn (2020) suggests that collective music, song, and dance are culturally familiar in many contexts across Africa. For example, during worship or spiritual ritual, and when protesting or partying. Dance and song can provide hope and belonging through moments of positive physical expression, collective voicing, and social and spiritual connection. Communal dance can simply be a cathartic act of merriment that symbolises cultural pride, such as the Guinea Dance (Monteiro and Wall 2011). However, rituals involving dance are also an important element of traditional practices to relieve distress and the impact of psychological trauma (Monteiro and Wall 2011) (see below).

Becoming embodied increases agency because the capacity for verbal expression is connected to the extent we are in step with our bodily rhythms (Van der Kolk 2015: 330). Rhythmic movement has power to heal because it re-embodies, and this is what can engender a neurological shift as one learning event participant reflected:

*Dance has got an impact neurologically speaking... Our grandparents may not have been to school but there is something that they know.*

(Mmatshilo, external learning event)

Dance can thus assist in becoming embodied through connection with feelings that have been numbed by trauma, or alternatively be stuck, hyper-present, and overwhelmingly strong. This kind of traditional knowledge is important to incorporate as a processual route towards emotional freedom (WHRD, H, SA02).

**Space to breathe** was highlighted as alternative path to re-embodiment or remembering, in contrast to expressive rhythmic approaches. One South African healer explained that because WHRDs don't have silence or stillness, she would recommend going several times a year to a place away from family and collective responsibilities to listen to their bodies and themselves (WHRD, H, SA06). However, a potential practice tension was raised between creating space for silence-stillness and expression-action in the WHRD context, where activists may be busy exactly to avoid themselves or the fear of being alone (WHRD, H, SA06).

Overall, it is well evidenced (e.g. Van der Kolk 2015) that fostering awareness of internal sensations or embodied knowledge is important to healing body–mind–emotion–spirit dissociation because it enables bodily grounding or womn to reinhabit their traumatised bodies. As discussed, this might happen through communal dancing or spiritual singing (H, SA01), through connecting with nature (H, SA05), or through grounding together at particular sacred sites (H, SA01). However, our analysis in relationship to healing literature suggests that it may be the back-and-forth between various embodied and verbal practices that provides the potential for transforming collective trauma rather than merely ‘**holding**’ and helping womn cope with unbearable circumstances. A DRC WHRD had experienced a ritual ceremony that had been combined with a storytelling circle. This combined prayers with uninterrupted turns sharing experiences, followed by cleansing practices, which aimed to balance mind, emotions, and the soul (WHRD, DRC09). Nevertheless, a lot of the embodied and spiritual practices that study participants were aware of focused on individual healing in a group context. Whilst the I–we interplay of a collective practice is not binary, to emphasise once more, re-memembering may be more collectively transformative if it is linked with collaborative political analysis or critically reflective sense-making as encompassed in the healing justice framework.

*Generating transformative interplay between embodied and verbal–analytical practices*

Combining the strengths of various embodied and verbal–interactive–cognitive practices, such as interweaving re-memembering activities with critical dialogue was also identified by study WHRDs as a promising strategy for building a transformative healing process.

A South African healer suggested a meditation-like scanning as a focused way of listening to the body, before asking ‘If your body could speak to you right now what would it tell you?’ (WHRD, H, SA06). Another used objects from nature to work symbolically or metaphorically to access knowledge that is hard to express verbally. Free-flow journaling or writing, and visual and creative approaches can be other ways to surface embodied knowledge because they bypass the rational mind. Emotions such as anxiety, fear, love, and aggression may be incorporated or symbolised in song and dance but then purposively explored and transformed (Hanna 1987) through critical political thinking together. One learning event participant had applied this in a two-hour themed dance healing workshop with trans refugees in Kenya by ‘combining self-reflection, improvisational movement to a curated playlist meditation, and small-group sharing and discussion’ (activist and practitioner, Kenta, external learning event preparatory input). These kinds of awareness-raising exercises could be an embodied precursor to a verbal ‘naming what is going on inside’ (FA, SA04), and then to fulfil the political intentions of healing justice, critical dialogue could be prompted afterwards.

Body mapping (like hand mapping) is a well-evidenced practice that can make this connection. Each participant creates a body map, which visibilises tacit embodied knowledge on hidden experiences or painful issues and this can be individually therapeutic (De Jager *et al.* 2016; Cornwall 2002; Black, Liedeman and Ryklief 2020). However, after creating their own body map, each person speaks about what is shown, and, if facilitated with intention, this can prompt discussion of learnings in relationship to history, politics, and power. Developed substantially in South Africa, body mapping is also rooted in social justice activism, because like other visual and performative methods, there is also a natural progression from internally focused work to external communication action.

There is a tacit interplay revealed in these examples between individual internal approaches based in stillness and internal focus, and group-based expressive action or interaction, which indicates how the embodied and communicative strands of healing practices can be interlaced. However, progression from these activities towards social and political healing is not likely to be a linear process due to the contested contexts WHRDs operate in, and the competing affectual influences, and different individual circumstances.

### **6.2.2 Pathways towards social and political healing**

In this section, we discuss the key practice anchors for the pathways to social and political healing, which were synthesised from analysing what social and political healing meant to WHRDs and healers in the study (see Figure 6.1).

#### *Radical hope and WHRDs' right to recreate their own social worlds*

Lack of hope is a recognised barrier to the collective agency necessary to energise movements. Conversely, hope is key to healing and transformation (White 2004). We have already emphasised the importance to WHRDs in the study and building collective belonging and solidarity through acting together in different ways (section 5.3.2). However, WHRDs also expressed being worn down by struggling and by continuously defending their oppressed narratives. To rebuild nourishing and sustaining activist communities that counter the hopelessness arising from entrenched injustice, it is necessary to kindle the belief that radical change is possible, whilst recognising the barriers (Weingarten 2010). In this respect, healing justice pathways include having the right and space to dream and imagine better future possibilities. For example, one learning event participant cited Octavia Butler's<sup>14</sup> assertion that people need to be able to create and manifest their own worlds 'because the most violent thing about oppression is that people are not able to decide which side of the bed they wake up in the morning, or which direction to go in' (Nombuso, external learning

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<sup>14</sup> Octavia Butler is a black American science fiction writer.

event). This aspect of a potential healing justice pathway again reflects a productive collective practice through the idea of WHRDs generating their own revitalised communities. There are many future visioning activities that can be used (e.g. utopic imagining, Watkins and Shulman 2008: 196). The other strategy is to build sustaining narratives together.

### *Reframed narratives towards solidarity and collective becoming*

Marginalised and stigmatised groups can be defined by or internalise damaging or constraining external social representations/s such as victim-blaming or fatalistic narratives. Social healing can therefore involve reframing identities and narratives together. Some of the practices already outlined can progress towards this end. For example, after sharing individual stories and critically reflecting through dialogue, Freire's (1974) conscientisation process anticipates the construction of less damaging collective narratives. This reflects Amadiume and An-Na'im's (2000) proposal that healing justice occurs when collective trauma is remembered to find shared historical resonance and then re-inscribed more generatively through interaction.

Transformative storytelling is a methodology applied by activist-scholars in violent and conflicted contexts with this purpose (Wheeler *et al.* 2019). For example, after an extended period of trust building, residents from the South African Delft township shared stories of gender-based violence and police brutality (Howard *et al.* 2018; Black *et al.* 2020). Next, they undertook a power analysis to investigate the systemic roots, and then constructed new narratives of resilience and agency. Comparable to narrative therapy (Morgan 200; Crocket 2012; Afuape and Hughes 2016), these kinds of practices work towards **collective becoming** – a journey towards building sustaining collective identities, and in turn solidarity increases collective influence as a necessary precursor to leveraging meaningful institutional responses. This makes fostering collective becoming another key element of socio-political healing, through practices that open up the possibility of feminist movements imagining and narrating their own futures, which then directs collective action. In response to the tension between building collectivism and incorporating difference, as one learning event participant said, 'We need to embrace each other's stories so that we can have a bigger story collectively... An organising that is decolonised – that also integrates dignity' (Thato, external learning event).

To build an inclusive collective practice, this could mean encompassing a greater plurality of narratives, for example, from womn with disabilities, those living in poverty; and/or those who are queer. And this might require working separately to begin with before bringing diverse narratives into conversation side-by-side without trying to de-nuance and combine them. However, to avoid undermining unity, this would require coming together later in a process in spaces that welcome plurality and dialogue across difference.

### *Social visibility, recognition, and acceptance*

In Senegal and DRC, WHRDs thought a key route to achieving social healing was through acceptance or being recognised by their wider communities for who they are and what they do. Due to patriarchal and homophobic social and religious norms, visibility and acceptance was particularly important for the LGBTQ and sex worker activists in Senegal (WHRD, SEN08; FA, SEN12). One explained that societal recognition of their struggles brings humanisation, which is healing. In response, another Senegalese WHRD explained her long-practised strategy of tackling the **violence of invisibility** (WHRD, SEN05), by public celebration of the critical contribution of women's activists including inviting their families. In Senegal, recognition also included the acceptance, rather than demonisation, by state and religion, of traditional healing practices such as *ndeup* (see section 6.1.1) (FA, SEN01). External learning event participants also reflected the theme of acceptance within movements, when they asked for their traumas to be recognised without being cancelled out by current movement cultures. This was framed as being able to express their authentic selves without fear (e.g. WHRD, SA06, Ms Fierce, external learning event).

In DRC, where war rape is common, recognition included women not being socially stigmatised after sexual violation. They wanted to not be judged by the wider community so that moving on is possible (WHRD, DRC10). DRC WHRDs also thought society should grant rape survivors' struggles legitimacy, so they can heal psychological torment and rebuild their social positioning. However, some emphasised that for them, in addition to social healing through acceptance, achieving justice requires patriarchal systems to be reformed. This needs political and administrative action in support (WHRD, DRC02), which was echoed by WHRDs in other contexts who stated that healing cannot be disconnected from work to shift cultural norms around gender and sexuality – to transform families into accepting families, or from the need for legal and policy reforms. This illustrates the interlinked nature of social and political healing, and also points to how pathways from the personal to the political can evolve through these diverse and combined practices.

### *Collective action as collective healing*

As another stage of the conscientisation process (Freire 1972), social action can be a transformative therapeutic approach, which is highlighted as being suitable for healing intergenerational trauma collectively by various authors (e.g. French *et al.* 2020; Kagen *et al.* 2020; Watkins and Shulman 2008). As exemplified in section 5.3.2, protest can amplify WHRDs' sense of belonging and power. For example, the WHRD involved in campus safety action in South Africa said she had learnt that everyone has different capacities to contribute to a protest, whether organising meals and water, or being on the front line, and these synergies mean that people acting together rather than individually are more powerful. She also said laughing together and seeing other raped women happy

and strong during the protests kindled her own hope of future happiness (WHRD, SA03).

Narrative, visual, and performative storytelling methodologies, as forms of collective action, also offer the possibility of progressing to visibility and recognition through public expression (Lewin and Shaw 2021). Practices we have already covered can evolve from embodied learning and 'speaking up' to mediate the collective activism of 'speaking out'. For example, womn with HIV/AIDS used body mapping to raise stigma awareness and act politically to highlight service deficiencies (MacGregor 2009; MacGregor and Mills 2011). Similarly, in South Africa, Delft township residents used the collaborative film stories produced in their transformative storytelling process (see the South African Delft township example in the reframed narratives section in section 6.2.2) to challenge Cape Town duty bearers (Howard *et al.* 2018). Other practices such as photovoice, participatory video, and participatory theatre can progress to connect personal to political through stages of group exploration, dialogue, building new solidarities and mutual purpose, and constructing new narratives (e.g. Abah 2021; Kessi 2013; Shaw 2021).

These processes can then lead naturally outwards to mediate external communication or public performance compellingly, such as in the use of poetry as process and performance mentioned in South Africa (FA, H, SA04). In a comparable way, embodied practices could lead to participants creating their own rituals, dance productions, or art exhibitions. It is in this sense that these practices contribute to collective becoming and can be catalysts for activism (H, SA01); and are political as they can increase collective agency and leveraging power, which in turn strengthens movements from within.

However, there are also tensions between being heard and seen and risky exposure or backlash for vulnerable womn that must be navigated ethically, which is often a case of time, process, and context (see Shaw 2020). For example, the extension of social bodies towards visibility through new media has reshaped the forms of 'body politics' as well as the kinds of coalitions that can emerge (McLean 2013; Pinheiro and Harvey 2019). But there are important critiques of visibility as a protest mode. For example, people sharing experience through digital platforms can lead to new solidarities, but also re-traumatisation (Chengeta 2019), or the reinforcing of contestations between generations. Ossome (2013) additionally notes that emphasising or demanding visibility can distract from addressing other exclusions, such as that of class, as noted in South Africa (WHRD, SA03; WHRD, H, SA06; WHRD, SA07; WHRD, SA09; WHRD, SA10; and WHRD, SA11). The power dynamics of some womn being hypervisible can lead to movement idols, resentment, and erasure. This means tackling power through convening inclusive spaces is important in both virtual and non-virtual spaces.

WHRDs at the learning events highlighted that formal and informal feminist organising, including volunteering or activism around social and material needs can also lead to self-healing (e.g. Joyce Christine, external learning event) and the collective responsibility imagined by a collective practice. However, there is a link here to the woman's livelihood issues that were proposed crucial in many African feminist contexts. The frameworks that funding impose on activism, community work, and volunteering reproduce class issues, for example, in problematic ways. Several South African WHRDs spoke of the discomfort of knowing that you are going home via safe transport when others do not have this or food and shelter. However, if a WHRD is employed with a car, and volunteers have no transport, then ethically they may well drive them home before finishing, so overwork is not simply self-sabotage, but a structural issue in terms of what is expected (Danai Mupotsa). SA11 (WHRD) spoke of an incident where a volunteer distributing food packages to community members had been found also taking packages for herself. Organisationally, this was seen as corruption. Yet her shame about her own and her family's hunger made her invisible and ineligible within the organisational structure. Doing activism revealed these inequalities, but the nature of feminist organising should surely be to tackle them.

The intention of these exemplars of collective action is to bring positive change in the wider contextual body politic and social ecosystem. However, they have also raised some tensions in attempting to influence the body politic and bring about structural change. Overall, the longer-term collective healing action that is envisaged as a progressive pathway from, for instance, exchanging and analysing experiences within a group, to externally focused activism or community work, requires institutional resourcing and support to avoid superficial and unsustainable effect. Only then would there be both 'justice' and 'healing'. This necessitates institutional change, and the first step towards this is transforming the organisational structures of feminist activism.

### **6.3 Transforming organisational structures and practices towards political healing**

The third action element of branch 2 of the healing justice pathways is transforming organisational structures and practices towards political healing (see introduction to section 6). Change clearly needs to happen at an organisational level if feminist movements are going to prioritise space and time for collective healing processes and build healing justice pathways. One WHRD explained that 'the work is exhausting and that... causes a lot of internalised trauma, deep anger, a lot of toxicity and that pattern is just cyclic' (Melissa, external learning event). Local group efforts can mitigate distress temporarily but are not sufficient to generate maintainable progress (WHRD, SEN08). Prioritising activists themselves within a collective-care paradigm, rather than focusing on

issue work (WHRD, LGBTQI, RG01), is pivotal to the sustainability of feminist activism. Yet this represents a large shift in organisational focus. This section synthesises the practice anchors that were identified during analysis in relationship to this action element of the healing justice framework.

### 6.3.1 Institutional cultures and structures

There was a call by study WHRDs and healers for collective healing curricula to be part of overall programming (e.g. WHRD, UGN, REG08), and in some contexts there were moves in that direction. For instance, in a DRC hospital, some had set up counselling and sharing sessions themselves, and these were supported by psychologists, psychotherapists, and an art therapist. This instigated a collective-care ethos and helped daily work pressures (WHRD, DRC10). However, in other organisations WHRDs had found it a real struggle to motivate institutional commitment to internal healing (WHRD, SA10). Some attributed this to systemic influences playing out even within justice work (WHRD, SA09) – burnout is seen as inevitable and everyone replaceable in organisations working in capitalist structures linked to labour (WHRD, SA08), especially those organisations that are small and unfunded.

Another related concern was ‘NGO-isation’, or proliferation of NGOs, which was thought to derail transformative aims. One learning event respondent thought it was important to recognise that these ways of feminist organising have evolved to become institutionalised and ‘with that comes the soul being sucked out of how we organise’. She suggested being silent about this or ‘gaslighting ourselves... we become complicit’ (Melissa, external learning event). She thought feminist organisations can end up **working for everyone except themselves**. The question she raised is how space and time for reflection and transformation can be created, and changing the nature of feminist leadership seemed key.

### 6.3.2 Leadership

As one Motswana WHRD expressed, leadership styles can set the organisational tone; for example, ‘if you have a leader that is obsessed with power, that immediately trickles down to the rest of the staff and creates a very harmful environment’ (NGGA, LGBTQI, BW, REG11). She thought this occurred frequently even in feminist movements, and such leaders may not want to be held accountable. Alternatively, in current activism cultures, feminist leaders don’t prioritise their own healing, or have the support structure to stop them burning out (WHRD, NGR, REG12). Study WHRDs identified that nurturing a different kind of organisational leadership was crucial – leaders who are not worried about making a living in the ‘rat race’ (WHRD, SA08); and fostering collective leadership with a generational renewal strategy – ‘I am tempted to say

the trauma will be shared (laughter)' (WHRD, NGR, REG12). As previously raised, the importance of training facilitators of collective healing processes was also highlighted.

### **6.3.3 Organisational support for inclusive and liminal healing spaces**

The need to create spaces that enable collective healing processes was predominant across all contexts. Themes included spaces where women can be their whole selves and **breathe** (H, SA05), that encourage healthy sharing of experiences and expression of emotions, that allow black women to witness self and each other, that respect diverse identities (e.g. LBTQI), and that progress beyond individuals' pains to interrogate the social systems that cause collective trauma. Study WHRDs and healers mentioned a range of skills necessary to facilitate these spaces in safe, enabling, ethical, inclusive, and productive ways. Predominantly relational or 'soft skills', these included a respectful, non-judgemental, affirming, nurturing, and encouraging approach; generating trust, active listening, naming feelings, helping expression of difficult or unspoken experiences; witnessing or holding space without being overwhelmed, assisting connections between mind–body–spirit and nature, and building women's agency. It also included facilitating the challenging conversations between interests and intervening in damaging within-group power dynamics to prevent group members practising power over others in damaging ways. In other words, to maintain the praxis anchors of radical love and kindness, collective accountability and responsibility, and diversity and unity through difficult processes. There is potentially a lot to navigate, with two facilitators recommended (healer, SA01).

One interviewee noted that safe spaces are not automatically healing spaces (WHRD, LGBTQI/SR, BW, REG11); others highlighted the barriers to safe space functioning as a healing space, such as oversharing, and enabling competitiveness evolving or a 'my trauma is worse than yours' syndrome. The crucial insight is that different kinds of spaces are needed at progressive process stages. For example, at the beginning of a process, safe spaces are needed for sharing and bonding, but if healing spaces are to be liminal/transformational and enable a moving forward as intended, there are necessary discomforts and risks. Key points are first that transformational healing space needs to emerge through iterative processes and this is a question of time; and second, these processes need experienced accompaniment or facilitation.

### **6.3.4 Resourcing and supporting the transformation of the nature, structures, and practices of feminist activism**

All of the organisational changes considered in this section so far to support space, time, and capacities to work differently have resourcing implications if the cultures, spaces, and relations of feminist organising are to be meaningfully

transformed. In addition to resourcing the transformation of the nature of feminist organisations, and a change in leadership approaches, many study respondents highlighted that they wanted capacity building in facilitation skills and methods, such as training and support in applying approaches to handle stress, and to unpick and promote diversity within movements (for example, intersectional and power analysis methods); and training/support in how to navigate power dynamics productively and convene challenging conversations. WHRDs also suggested that space to nurture healers and adapt practices to various feminist contexts needed financing, and thought spaces and time for promoting wellbeing and longer-term collective healing practices should be institutionally resourced, to avoid them becoming another 'set of activities that are as demanding as the work which triggered the trauma in the first place' (WHRD, NGR, REG04). They wanted institutional practices for collective care to be established, such as promoting work–life balance and healthy eating habits. For example, one WHRD said wellbeing practices, such as walk breaks to avoid being remaining hunched over the computer all day, have been integrated into daily work cultures (WHRD, UGN, REG01). However, more fundamentally, they thought that economic support and shelter needed resourcing for WHRDs in need because collective healing is not separate from livelihood issues, and needs 'to be tailored for the specific conditions that people are facing' (Nombuso, external event). Whilst WHRDs identified that this needs to be balanced with realism about the limitations, they thought safeguarding referral pathways was a necessary part of taking collective responsibility for each other.

Transforming feminist organising and movement work in these ways has implications for funding structures as we discuss in the next section.

## 7. Conclusion synthesis and discussions – contextualising healing justice and collective healing processes

Our research project aimed to develop understanding of the relevance of healing justice and the integrated practices of collective healing to feminist activist contexts in Africa. The assumption was that strengthening WHRD, queer, and feminist movements could increase their collective power to challenge, influence, and transform damaging systems. We reasoned that this must include change from **within** feminist organisations due to the pervasive effects of structural violence and the resultant collective trauma on individual and social bodies. Our overall intention was thus to build knowledge to support feminist activist movements to be more nurturing and harmonious, and ultimately, more sustainable and effective. To achieve this, the working paper focused on two key questions:

- What does healing justice mean to African WHRDs and feminist activists in context?
- How can pathways to stronger feminist movements evolve and be supported through collective healing processes and transformed ways of organising?

In this paper, we have presented key insights from our analysis of the primary data generated through interactive methods with WHRDs, feminist activists, and healers in a range of African contexts.

### Contribution 1 – our healing justice framework

The main contribution to address the questions posed is the construction of our provisional healing justice framework grounded in African WHRDs' views and meanings. We outlined the conceptual foundations underpinning this framework in section 2, and the two broad branches of the healing justice pathways incorporated within it in section 4:

1. Healing justice involves understanding the causes and addressing the impacts of the systemic injustice and harm African WHRDs face in context.
2. Healing justice involves changing the nature and practices of feminist organising and movement-building work (to support branch 1).

Within these branches, we proposed some main elements of possible healing justice action. Enacting branch 1 would require that there is: (i) political

interrogation of structural violence as experienced by WHRD and feminist activists in their everyday lives in context; and, to prepare adequately to address their circumstances, this would involve an intersectional feminist analysis of the interplay between wider histories/social contexts, situational nuances, and individual differences due to identity, economic, and geographical factors. Branch 1 also proposes that: (ii) the way living within these structures creates collective trauma is recognised, including the specific manifestations of systemic injustice and harm in activists' bodies and the social bodies of their movements in particular settings.

In other words, our embryonic framework encompasses the need for analytical contextualisation, with branch 1 representing the problem-analysis of macro-structural constraints, and micro-level systemic consequences, which is a fundamental prerequisite for developing appropriate and effective action towards transformation. This underpinning function is why we positioned branch 1 along the bottom of the healing justice figure (see Figure 4.1), and why the constituents (i and ii above) are also incorporated as practice anchors within the synthesis of collective healing processes (section 7.1).

In section 5, to exemplify this first branch of the healing justice framework, we summarised study participants' perspectives on the manifestations of structural violence they experience from criminalisation, political marginalisation, authoritarianism, militarisation, homophobia, fundamentalism, colonialism, and poverty. We also illustrated the everyday risks of activism they face, the perpetuation of discrimination through social norms, and how insidious intergenerational and historical trauma results in physical, emotional, and spiritual sickness and distress in their lives. Whilst recognising the benefits women gain from activism, we also covered the ways that participants' thought feminist movements amplified trauma – through the normalisation of overwork and burnout, for instance. This provides a rationale for both **elevating** those aspects of activism that are energising and sustaining, and **prioritising** collective healing within future feminist-movement work.

Transformational social change cannot be achieved in one simple linear step – the problems are entrenched and complex or 'wicked' (Conklin 2005), and generations of feminist activists have become worn down by struggling. In this paper, we have thus argued that transforming the consequences of oppression from within is crucial to healing justice delivering its promise in practice. Branch 2 of our provisional healing justice framework – changing the nature and practices of feminist organising and movement-building work – therefore represents the call to action that emerged from this study. In other words, it encompasses the knowledge that was synthesised that could proactively guide more achievable steps forward.

## 7.1 Pathways to reimagining and rebuilding WHRD and feminist activist communities – emotional freedom, radical hope, and collective becoming

Unsurprisingly, what transformative healing meant varied across country contexts – as the specific circumstances faced necessarily shaped WHRDs and feminist activists' perspectives. For example, many study participants who work on gender-based violence highlighted the need for space to share traumas. In Senegal, collective healing was proposed to happen through valuing and re-orientating traditional rituals (see section 2.1), and for Senegalese and DRC WHRDs, being socially accepted as sex workers, LGBTQ+ women, and rape survivors was perceived to underpin social and political healing. The importance of belonging and solidarity was common across countries. For those in South Africa, making connections with ancestral history through spiritual work was a priority knowing 'that traumas are not just mine, but [it] has traces of my forefathers, foremothers and all those that came from me' (Thato, external learning event). In this country context, there was also more discussion of the collective healing possibilities (and tensions) of various forms of collective action. However, in DRC, possibly because WHRDs were less familiar with current healing justice discourse, they imagined healing justice required institutional responses, with transformative healing meaning reparative justice through material benefits for traumatised women, as well as the provision of trauma counselling. Nevertheless, the need to change institutional, organisational, and funding structures and resourcing to support healing practices was clear across-country.

Many feminist activists in our study stressed that 'there is not only one type of moving on – every healing journey is different' (WHRD, NGR, REG12). The different perspectives expressed on desired outcomes above also emphasise again the need to tailor collective healing activities to what particular women want to tackle, given their circumstances and settings. And this raises the likelihood of practical challenges and tensions between individuals and groups that would require navigation in developing collective responses. However, in considering practice, we found relatively limited knowledge on the application of collective rather than individualised approaches, and the approaches suggested were somewhat partially explained, or would require decolonising and feminist adaptation to be appropriate.

## **Contribution 2 – suggested praxis conceptualisations and practice anchors from the personal to the political**

Nevertheless, the second main study outcome was our provisional synthesis of key elements of collective healing pathways through interpretation across the study data in reference to relevant literature. In section 6, we then unfolded and expanded upon the broad healing justice framework to identify central praxis anchors within each element. These practice ‘anchors’ could inform the design of appropriately contextualised processes for WHRDs in the future.

First, resonating with our starting focus, the importance of a collective orientation to healing was strongly reflected in the evidence from WHRD, feminist activist, and healer participants, as well as the feminist necessity for an intersectional approach in transforming iniquitous power dynamics. Thus, the need for inclusive and liminal spaces and how the dynamics and processes within them are facilitated were also central concerns. Building towards a collective practice of radical love and kindness; collective accountability and responsibility; and navigating diversity in unity were identified as **anchors to guide ethical and productive organisational and group relations**, alongside the understanding that to be practically useful, these aspects would need to be further nuanced in context.

Second, we identified practice anchors that could guide the design of collective healing pathways within groups from the individual level towards wider social and political healing. These were:

- 1. At the group/intersubjective (I–we) level:** enabling, inclusive, and liminal spaces for healing WHRD activists – through collective work to transform emotions (towards emotional freedom/justice), and to make connections holistically (towards wholeness). A weave of practices was indicated as most effective through our analysis of participant experiences in reference to relevant literature. This included: sharing and processing trauma, political analysis and critical dialogue (feminist consciousness-raising), spiritual work, and embodied holistic connecting and re-membling practices. This list could support operationalisation of the key conceptual intentions of healing justice (section 2.2). The feminist interrogation of experience in context, expected by branch 1 of the healing justice framework would be built in to practice. The decolonial adaptation of traditional African practices is intended. The intersectional approach to building inclusive collectivities is anticipated to be addressed in the way practices are facilitated or convened. Also practically incorporated would be the starting aim to work towards wholeness, not only by healing body–mind–spirit dissociations but also those between peers, ancestors/deities, and nature. Wider connections outwards to family–community–environment could be incorporated at the social healing stage.

- 2. Onwards to healing social bodies and the body politic:** study participants highlighted the need to tackle the emotional injustice that prevents women moving on (see section 6.2.1), but also the need for politically orientated holistic healing, which connects the personal and political through addressing the way social sicknesses, from structural violence for example, are reproduced in social bodies. This stage of our proposed process anticipates pathways towards transformation through rebuilding women activists and their communities. Key praxis anchors identified during analysis of participants' views towards 'healthier' collective becoming were radical hope, reframed narratives, decolonised rituals, and inclusive solidarity. Key practice anchors towards wider social healing were social visibility and acceptance, and the transformative healing possibilities of collective action. Practical and sustaining routes to influencing the body politic included protest, narrative, visual, creative and performative methodologies, and volunteering and activism on material needs.

Like the working paper authors and many WHRDs, feminist activists, and healers in our study, various healers' and therapists globally (e.g Afuape 2011; Menakem 2021) have raised the need to tackle the social sicknesses that cause intergenerational trauma. The practice elements synthesised above also resonate with other frameworks. For example, French *et al.* (2020) proposed a radical healing framework that moves beyond individualised approaches to tackle racial trauma. This has clear parallels with our synthesis as it includes the conceptual anchors of collectivism, critical consciousness, radical hope, strength and resilience, and cultural authenticity and self-knowledge. However, our current research builds on this knowledge by pointing to how the elements could be sequenced and layered to create processes, instigated and driven bottom up, towards social and political healing, that respond to the call to move forward in radically evolved ways (Horn 2020).

## 7.2 Navigating towards healing justice through collective healing in practice

### Contribution 3 – visualising progressive collective healing processes

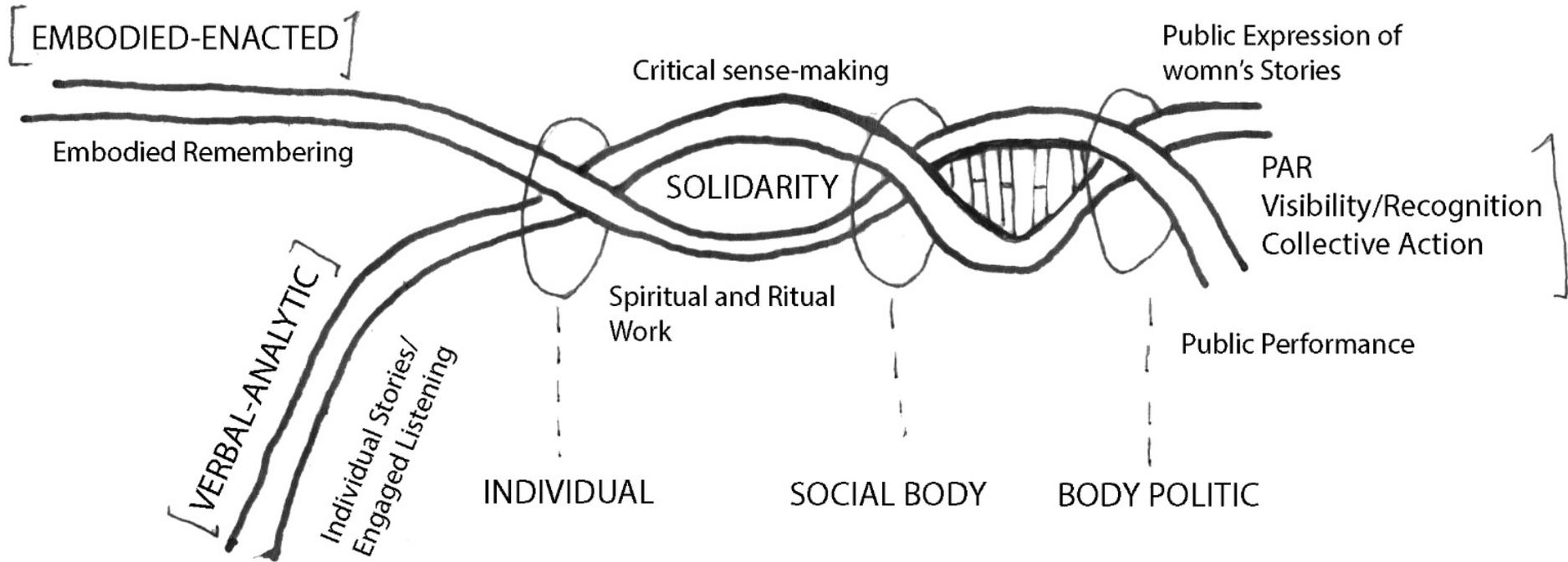
There were two types of collective healing practice apparent from our interpretation of our primary data in relationship to literature: broadly verbal–interactive–cognitive ones, and those that are embodied–spiritual–enacted. We suggest that a weave of these practice types would be most effective. Talking therapy alone is evidenced as being inadequate for trauma healing, not least because trauma is embodied and hard to narrate (Van der Kolk 2015). However, verbal interaction is also needed to generate solidarity, mediate feminist consciousness-raising and enact collective agency to influence change. In this

working paper, we have proposed that it is the progressive interplay between verbal–cognitive and embodied–enacted approaches that is the key to generating meaningfully transformative processes. This is represented in Figure 7.1.

The first key strand of Figure 7.1 depicts a communicative–cognitive pathway developing from speaking up to speaking out, including verbal expression, group exchange, reflective thinking, analytical activities, and critical dialogue. The second strand depicts **embodied–enacted practices that aim to surface embodied experiences and heal bodily dissociation including social fragmentation and toxic social glue**. The way processes might evolve from internally focused group activities to external collective action towards ‘three-body’ healing, for example, the individual, social, and body politic (Scheper-Hughes and Lock 1987) is illustrated. **We would not intend that the two strands would be separate in application**. The interplay between them is represented by the twisting of the helix strands, with the links or vertical bars joining the two stands, symbolising the facilitation input that we propose is crucial to creating and maintaining ‘healthy’ or inclusive relational contexts.

This double-stranded visualisation is far more linear than application would be, where the sequencing and layering of different activities could be anticipated to evolve progressively and responsively depending on the context. An individual woman, for example, might begin their journey with protesting or public performance, and later take part in group healing activities. However, following Kolb (1984), the progression of collective healing processes is anticipated to be iterative. Thus, we could redraw Figure 7.1 by repeating the double-helix in cyclical form spiralling onwards over time. Nevertheless, this simplified depiction is offered to function as an analytical device to capture possible practice elements, and in turn, this offers clarity to guide the integration of the different elements in context.

Figure 7.1 Interweaved collective healing processes



Source: Authors' own (Lewin and Shaw).

### **7.2.1 Implications for designing and developing iterative collective healing processes for the WHRD context in Africa**

There is clearly not one 'ideal' healing justice pathway. Therefore, designing a collective healing process would not mean fixed practice combinations, with set activities to be run in the same sequence and timescale regardless of country, setting, or group type. Instead, we suggest that what happens should and would respond to the circumstances and preferences/priorities of those directly involved. Any process design that applies these tentative ideas will necessarily be emergent and evolve iteratively over time through the sequencing and layering of different forms and combinations of collective healing activities. Nevertheless, our study participants clearly articulated a need for guidance on how to create processes that can be applied.

We have emphasised in this working paper that relational approaches would be fundamental, and we propose that there are key facilitation aspects that could be replicated adaptively, such as the attitudes and soft skills needed to create enabling, safe, and liminal spaces, for example, openness, warmth, responsiveness, flexibility, and reflexivity. We have laid foundations that could aid process design choices by identifying some practice anchors to guide situational tailoring. We have also visualised how a collective healing process might unfold from a personal to a social-political focus as a transformed route to feminist-movement building. Whether designing a concentrated week-long healing retreat or regular sessions over a protracted time, we have suggested a weave of embodied–enacted and verbal–analytical approaches that could be a route to meaningful transformation. For example, at the social healing stage, developing collective narratives might be combined with group-generated embodied ritual or creative outputs. The next phase of design preparation would be to assemble a 'basket' of activities, including adapted traditional healing practices, that fulfil the purpose of each practice element and stage. These could then be drawn on as appropriate.

To prepare for the practical realities of building healing justice pathways, we have also identified key tensions to be aware of in collective healing process design. However, we suggest some basic recommendations: negotiating inherent challenges is anticipated to be a case of ongoing reflection and adaptation, as well as ensuring time for progressive or iterative processes. For example, if healing spaces are to be liminal/transformational as intended, there are necessary discomforts and risks in moving forward, but we consider fostering enabling and safe space is being crucial to begin with. This is to build trust and capacities and establish inclusive dynamics. Without sufficient time for group sharing and bonding, this is unlikely to be ethical or effective. Furthermore, as one WHRD emphasised (WHRD, NGR REG04), healing justice should not be a

demanding framework that adds to stress. Whilst the visualised process diagram (Figure 7.1) is fairly all encompassing as a metaphorical flag to head for, we suggest WHRDs and feminist activists obviously need space to retreat, re-energise, and engage in collective care and wellbeing activities first. In this regard, because trauma is embodied, and often manifests emotionally or through visual, tactile, olfactory, or aural senses (Van der Kolk 2015: 44–45), group healing processes might begin with the surfacing of embodied or felt knowledge through non-verbal activities before progressing to critical interrogation work. Related to group formation, our interpretation implied that a relatively homogenous group who broadly share experiences might make it easier to generate inclusivity and collective purpose, leaving interaction in more plural spaces for later iterations.

### **7.3 Next steps – developing the healing justice framework and collective healing practices**

The predominant study limitation arose from the need to avoid face-to-face interaction for safety during the Covid-19 pandemic. The virtual engagement platforms also prevented trialling of various healing practices through experience and constructing the healing justice framework in collaboration with participants as originally intended. Another key limitation is the time and budget constraints which means that the insights synthesised in this working paper are a beginning, but, as the publication format implies, are also tentative reflections following the research that we hope to progress in necessary ways. To interactively evolve and nuance our healing justice framework and to take practice knowledge about collective healing practice forward, we would suggest further steps are needed.

In terms of this working paper, there are caveats to temper reading of our initial contributions. We were able to learn from study participants' practical wisdom and identify resonances between literature and their perspectives to infer and thus build our provisional healing justice framework. However, in reading across data generated from very different country contexts with diverse participants, there was an inevitable flattening of the nuances we were aiming to understand. Despite extensive narrative interviewing and deep learning event discussion, the scope of the research endeavour, the sheer scale of evidence to consider, and the need to encapsulate overall findings meant that depth and diversity of the participants' narratives was substantially lost in this paper. We suggest the first step to remedy this is to produce further outputs that incorporate the richness of the qualitative materials generated and the extent of and nuanced difference across settings and within the participants' insights. To achieve this, we hope to collaboratively produce a range of country-focused papers on healing justice in African contexts.

As a second step, we suggest that Participatory Action Research (PAR) could provide an appropriate methodology to further explore how to operationalise collective healing processes in diverse real-world feminist activist contexts in Africa. PAR has the potential to not only build knowledge on what is but also how transformative social change can happen in context (Reason and Bradbury 2001). This is through both intervening towards improvement and then learning 'in-action' about how to navigate the enablers and barriers to progress from **within** a situation (Shotter 2006) through cycles of trial-and-error learning.

There is already a rich stream of PAR in Africa to tackle injustice that draws on feminist ways of thinking and doing (e.g. Maguire 2003). For example, during a multi-country research programme exploring pathways from understanding inequalities to building inclusion and accountable relations in highly inequitable contexts (Shaw 2020; Howard *et al.* 2018), Ghanaian women previously silenced by patriarchal norms, who were losing salt-winning livelihoods due to commercial development of the Songor lagoon, used PAR methodologies including drama, traditional dance, and radio to support each other, build collective agency, develop their voice, learn and act together, and resist the developments (Langdon, Larweh and Cameron 2014). As already covered, visual and performative methodologies naturally lend themselves to progressive PAR processes (Shaw 2020) because they can mediate inclusive relational dynamics; then internal (confidential) exploration, sharing stories and dialogue; and then later, the reframing of collective narratives and the performance of influence in the wider public sphere. These contributions also reflect the key practice anchors we identified for social and political healing. Whilst there are inherent tensions connected with these approaches, considerable knowledge has already been built on how to navigate them ethically, which could be drawn on (e.g. Shaw 2021).

Furthermore, from a liberation psychology perspective, critical PAR is a recommended collective healing practice (Watkins and Shulman 2008: 266). This discussion suggests how pathways towards feminist-movement building, incorporating collective healing processes, might be built through PAR processes. We therefore might suggest a further research project on healing justice in Africa, which would involve PAR processes on collective healing with feminist activists in a number (e.g. three or four) of specific contexts for comparison. The PAR processes could in themselves be an element of the collective healing pathways in these contexts. However, these recommendations have time, space, and resourcing implications that lead to the overall implications of what we learnt about transforming institutional and organisational structures and finance to support healing justice pathways.

## 7.4 Pathways towards healthier and sustainable feminist organising

Operationalising a healing justice framework would require that feminist movements shift their efforts to prioritise the collective healing of activists alongside the rebuilding of activist communities, rather than solely focusing on what they do. This working paper has illustrated why and broadly how this might happen. This would be a major shift in how feminist-movement-building work is conducted as a context for transformation. However, supporting collective healing processes has time and resourcing implications in the WHRD context if it is to genuinely strengthen movements.

### 7.4.1 The function of decolonising times and disrupted temporalities

Sara Motta and Norma Bermudez (2019) productively stress the lack of attention to time compared to spatial aspects within radical feminism's political imaginings, movements, spaces, and practices. They thus encourage a refocus on the healing and emancipatory possibilities of insurgent temporalities for black and indigenous feminists as part of anti-capitalist and decolonising praxis. In applying 'healing as a departure from and evolving to' to bring past-current times, or history and future horizons, into conversation as a 'force of liberation' (*ibid.*: 424) for feminist activists in Africa, healing justice counters the subjugation of traditional knowledges and the exclusion and invisibility of those not privileged by patriarchal capitalist-coloniality. We have tentatively suggested that feminist-movement work is changed to involve the fostering liminal spaces where there is time to pause and reflect, and, importantly, transform the complex impacts of WHRDs' and feminist activists' collective trauma including feelings such as grief, loneliness, or anger.

In this working paper, we have suggested praxis anchors to create the necessary relational conditions for this, but crucially emphasised that this is a process that needs time. Motta and Bermudez (2019: 424–9) also propose exploring the potential of stillness in-between words, embodied knowledge practices, ancestral connections, out-of-time tempos, and unplanned moments as ways of feminising the revolutionary path. The progressive weaving together of embodied and verbal practices as pointed towards in this research provides a provisional route map for this endeavour.

However, as one South African participant said, 'a lot of our interventions are informed by colonial theoretical paradigms' (WHRD, H, SA06), whereas a decolonising journey is one not to a known 'end' but to 'elsewhere' (Tuck and Yang 2012: 2). Our intervention assumptions can easily reproduce limited notions of and limitations of time, whereas building plurality inclusive of difference requires 'embedding and recognising: multiple "timescapes", multiple

rhythms of knowledge creation needed to foster diverse political subjectivities, and expanded/multiple temporal horizons of political possibility' (Motta and Bermudez 2019: 426). We have already emphasised the importance of contextualisation, and it is anticipated that the healing justice framework and collective healing process we have synthesised will be further nuanced, contested, disrupted, rearticulated, or reimagined in other places and spaces over time.

Healing justice also involves tackling the fragmented social identities and toxic dynamics identified as 'social sicknesses' within WHRDs' movements – through transforming the cultures of feminist activism; through critical analysis of past–current circumstances, and reimagining and fostering nourishing and inclusive relationships and interactions. These collective and political healing justice processes have the potential to open pathways to more generative collective becomings based in radical hope, and directed by re-energised collective narratives, which is anticipated to mediate progression to wider social and political healing. Transforming practices in this way also involves organisational input to create and maintain collective healing spaces and processes, including facilitating relational dynamics inclusively, and providing enough time for emotional processing, critical development, and the emergence of plural, sustainable, and strengthened collectivities. Our analysis identified the need for changed forms of leadership, capacity building, and training for healers and facilitators to support this 'out-of-time' approach. We have highlighted the anticipated iterative and long-term nature of processes. However, this cannot happen without resourcing, and this is not about one-off input. Considerable space and time is needed to reorientate and rebuild the structures of feminist activism and for this, organisational and institutional structures must change.

#### **7.4.2 Implications for institutional structures and recommendations for transformed funding structures and resourcing policies and practices**

The stark socioeconomic circumstances for many WHRDs in the continent (e.g. the violence of poverty rooted in neoliberalism) demands that economic justice is part of healing justice in Africa (section 2.2). Unsurprisingly, the view that there must be institutional change to support WHRDs economically came across strongly in the data – not only reparations to victims but resourcing healing that would otherwise be inaccessible. This reflects the shortcomings and informality of existing healing practices.

*There is just so much to do... so just stepping back is unimaginable and such a struggle.*

(WHRD, NGR, REGO4)

Womn's activism is also a source of income they cannot do without. This emphasises a final aspect of shifting the body politic that was highlighted by study participants and justifies the combined use of the words **healing** and **justice**. This is not only that the processes of collective healing and organisational transformation should be resourced, but that 'the state has a role to play' (Nombuso, external event) – in going beyond core service delivery. Feminist organisations and activist movements need funds to enact healing justice pathways, in order to become stronger and more sustainable. If decolonisation is to move beyond metaphor (Tuck and Yang 2012) and radically transform the circumstances of WHRDs in Africa, it requires investment; funding priorities, structures, and practices must change.

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