GUERRAND-HERMÈS FOUNDATION
FOR PEACE

COLLECTIVE HEALING: TOWARDS JUST SOCIETIES

HANDBOOK FOR FACILITATORS & CO-CREATORS

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Guerrand-Hermès Foundation for Peace 2024

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FOREWORD

The transatlantic trade of enslaved Africans and enslavement represent some of the gravest and longest-lasting crimes against humanity, spanning four hundred years from the 15th to 19th centuries, and leading to the deportation of 13 million Africans.

The multi-dimensional impacts of this history remain insufficiently acknowledged and addressed, and harms continue to be perpetuated by systemic discrimination and global inequalities. Centuries of oppression have led many Afro-descendant communities, both within and outside the African continent, to endure the interconnected consequences of structural injustice on socioeconomic, cultural, political and environmental levels. These consequences not only affect the wellbeing of individuals, but of the community as a collective, and are directly linked to enslavement's profound brutality. Indeed, scientific research has shown trauma to be passed down from one generation to the next, perpetuating cycles of ill-being for entire communities.

These histories and transgenerational harms are echoed across the globe in other examples of mass atrocity, including the violent displacement of indigenous peoples, highlighting the deep global need for collective healing for all communities. For these reasons, UNESCO, through its Routes of Enslaved Peoples programme, has been working with the Guerrand-Hermès Foundation for Peace since 2018 to develop a methodology for facilitating collective healing. Based on a desk review mapping impactful practices in the field, intergenerational dialogue workshops were co-created and led by impacted communities across four continents (Africa, Europe, North America and South America) in 2023-24. These sessions proved to be deeply transformative, uplifting impacted communities in recovering historic resources and wisdom that have sustained them throughout hardship, and enabling them to reflect on possible solutions towards systemic change.

This publication gathers the best practices developed as part of these workshops and reflects communities' suggestions in leading impactful dialogic spaces for collective healing, social justice and global wellbeing. It also provides important historic and socio-emotional material to contextualize these practices in a wider historical context, making the handbook relevant to different communities.

The wide-reaching work of the Collective Healing Initiative aligns with UNESCO's diverse efforts in promoting racial equity, gender equality, peace, justice, inclusive policymaking and non-discrimination. The annual Global Forum against Racism and Discrimination will see its Fourth Edition take place at the end of 2024 in Barcelona, Spain, bringing together thousands of decision-makers, including ministers, academics and researchers and experts from around the world to share best practices in countering racism and discrimination. Meanwhile, the ever-expanding UNESCO Network of Places of History and Memory and its twinning programme which valorizes and expands cooperation among cities and museums, continue to break the silence surrounding enslavement, encouraging deeper engagement with these tragic histories as part of our universal memory and inspiring actions towards a more just future for all.

As we celebrate the 30th anniversary of the UNESCO Routes of Enslaved Peoples Programme throughout 2024, under the theme of "Constructing Equality, Healing and Understanding", we must remember that when trauma is not addressed it is transferred. The time to act for healing and equality is more pressing than ever, and this handbook will play an important part in equipping communities to heal from the wounds of the past, transform the present, and build a better, more equal future for all.

Gabriela Ramos
UNESCO Assistant Director-General for Social and Human Sciences

August 2024

PREFACE

In 2001, when I first began accompanying grassroots organisations in their efforts to understand the impacts of transgenerational trauma, the idea of 'healing wounds' was often seen as overly ambitious, even impossible. At the community level, there were numerous sponsored spaces for discussions on poverty reduction, conflict transformation, and reconciliation, but far fewer spaces dedicated to addressing the enduring harm of brutality and the painful legacies of injustice.

Over time, people began to share with me an uncomfortable truth: historical atrocities often remain shrouded in silence. The pain is too overwhelming to express, the scars too raw to examine. Silence becomes a deliberate act of protection, particularly among older generations seeking to shield the young. But the pressing questions persist: *Can the young truly be protected from the trauma of the past? Can they forge a new path without confronting the roots of dehumanisation? What possibilities for healing and understanding could intergenerational dialogue open up? And how can grassroots processes contribute to the pursuit of structural justice and a better future for all?*

These questions laid the foundation for further inquiry. Gradually, through collaborations, transformative spaces were made available for collective healing. Partners such as the Centre for Lebanese Studies, Initiatives of Change (Lebanon), Rwanda National Reconciliation Commission, Ingoma Nshya (Rwanda), Building Bridges for Peace (UK), Fundación para la Reconciliación (Colombia), Initiatives of Change International, The Forgiveness Project (UK), Spirit of Humanity Forum, and Resources of Hope (Hungary) played an essential role in proposing and developing a collective healing methodology. Through pilots, dialogues, and shared practices, a truth became undeniable: collective healing is not just possible, it is fundamental to confronting socio-economic deprivation, exclusion, and vulnerability, and addressing trauma. It is the key to nourishing the well-being of entire communities.

Since 2018, this work has been deeply inspired by the dedication of the UNESCO Social and Human Sciences Sector, led by Ms. Gabriela Ramos, to fostering the emancipation of communities of African and Indigenous descent. UNESCO's commitment to highlighting the contributions of these communities to humanity's collective progress has resonated strongly with the voices emerging from the grassroots. This alignment of purpose gave rise to new, focused studies, a conceptual framework for understanding the wounding and healing process, and a rich repository of global practices aimed at fostering collective healing. These efforts culminated in the first draft of the *Collective Healing Circle Programme Handbook for Facilitators.*

Our circle of partners continues to grow, now joined by Initiatives of Change (USA, Uruguay, and Brazil), the Black Coalition of Change (Richmond, VA), Drums No Guns Foundation (USA), Creators of Peace International, Creators of Peace (Cameroon, Nigeria, and Kenya), WEBS Networks, First Caraïbe, Janeraka Institute (Brazil), Instituto Cultural Steve Biko (Brazil), Carceral Lives Matter (Brazil), Eduser (Colombia), and Spiritual Politics Lab (Mexico/The Netherlands). With the support of these partners and following thorough peer review, the Handbook has been refined into its current form.

The Handbook is a living, breathing guide—a companion for facilitators who wish to host spaces where intergenerational dialogue can flourish. It lays out a four-fold process: (1) acknowledging past dehumanisation and recognising the transmission of trauma across generations, (2) affirming cultural wisdom and uncovering communal resources of resilience and strength, (3) building trust and bridging divides, and (4) co-imagining structural justice and better futures for all. With practical tools and adaptable ideas, the Handbook empowers grassroots partners to tailor the programme to their unique contexts, while also inviting professional facilitators to craft their own bespoke collective healing circles.

This Handbook is a tribute to the many partners mentioned above who have contributed so richly to its development. Special gratitude is extended to Alexandra Asseily whose vision on healing the wounds of history and pioneering work planted the seed for this global movement.

I also wish to express profound thanks to Mohammad Mohammad and Sylvester Jones of the Fetzer Institute, Bruno Wang of Pureland Foundation, and the trustees of the Guerrand-Hermès Foundation for Peace whose confidence and generosity made this work possible.

To the peer reviewers—Rob Corcoran, Joe Washington, Sara Gammon, Suzanne Koepplinger, Anne de Andrade, Miranda Shaw, Lucie Seck, and many others—thank you for your thoughtful and constructive feedback.

To the researchers and contributors of various drafts, especially Alice Sommerville, Garrett Thomson, Kate Jegede, Rosie Aubrey, Toto Mars and others, the Handbook would not be possible without your creative efforts that brought this project to life.

Above all, my deepest appreciation goes to all the collective healing circle facilitators who have helped improve the Handbook by sharing their professional experiences; and to the young people who have the audacity to step into these spaces, listening to the elders, giving their voices on matters important to the local communities, and articulating their visions for a better world.

Ultimately, this work is intended to be a gift to future generations who will carry the flame of healing-justice-well-being forward, transforming our shared hopes into a brighter reality for all.

Scherto Gill
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University of Wales Trinity Saint David
Senior Fellow, Guerrand-Hermès Foundation for Peace

August 2024

PART 1:
INTRODUCTION

This Handbook is intended to support the efforts of facilitators and other professionals who are interested in hosting a Collective Healing Circle (CHC) Programme in their local community, as part of the United Nations Educational, Scientific and Cultural Organization's (UNESCO) Collective Healing Initiative.

The intellectual insights underpinning the CHC Programme proposed in this Handbook are drawn from contemporary research on historical atrocities, such as the transatlantic trade of enslaved Africans, colonialisation, and mass killing and violent displacement of Indigenous peoples, as well as the legacies of dehumanisation, such as racism and structural injustice.

The practical ideas for implementing the CHC Programme featured throughout the Handbook are inspired by existing proven approaches of similar programmes, and those which have emerged from a one-year pilot of the Programme in five countries (Kenya, Nigeria, the UK, the USA and Colombia) on four continents.

The UNESCO Collective Healing Initiative is a global initiative to address the legacies of dehumanisation and to confront contemporary racism and discrimination, supported by the Guerrand-Hermès Foundation for Peace (GHFP) since 2018. It is part of the UNESCO Routes of Enslaved Peoples programme. From the start, the initiative involved research aimed at understanding what constitutes wounding and healing in the contexts of transatlantic trade and enslavement of Africans and structural injustice. [1]

In 2021, the GHFP and the University of Wales Trinity Saint David co-established the Global Humanity for Peace Institute (the Institute). Since then, the Institute has been leading and carrying forward the strategic plans at the core of the UNESCO Collective Healing Initiative.

In 2022-2024, the Fetzer Institute joined the GHFP in co-sponsoring some elements of the Collective Healing Initiative, especially with regard to understanding and healing spiritual harm of dehumanisation.

The Initiative's strategic aims include (1) deepening our understanding of the harm of dehumanisation in its multiple dimensions; (2) exploring and integrating holistic approaches to, and practices of, resilience and collective healing with communities impacted by structural injustice; (3) nurturing women and youth changemakers to play a key part in facilitating collective healing, just societies and communal well-being; and (4) engaging stakeholders in knowledge co-creation and collaborative policy-making.

> "…slavery is opposed to work… work presupposes liberty, responsibility, and consciousness…the more intelligence you bring to your work, the more pleasure you will have in it."
>
> **--- Frantz Fanon,** *The Wretched of the Earth*

1 – In 2019-2021, the Guerrand-Hermès Foundation for Peace's research team developed a Conceptual Framework for Understanding Wounding and Healing and a UNESCO/GHFP Desk Review Report on the approaches and practices of collective healing aimed at just society and communal well-being. These may be found on the Collective Healing Initiative website https://collective-healing.org

At the core of the UNESCO Initiative is the notion of collective healing, conceived as a multi-dimensional process. Collective healing acknowledges that historical brutality, such as transatlantic trade and enslavement of African people, and the resulting contemporary racism, are dehumanising acts that have enduring damaging effects on the relevant peoples and communities. It recognises that historical dehumanisation is exacerbated by prevailing structural injustice causing ongoing trauma, which is consciously and unconsciously transmitted from one generation to another. Collective healing also brings to light that relationships between communities have been sabotaged by injustice, reinforcing a sense of victimhood and divisions between 'us and them'. Thus, collective healing must involve all, including those who have been at the receiving end of injustice and those who are privileged by systems. This means collective healing must be embedded in social transformation, through both collaborative grassroots efforts and political processes aimed at ensuring justice and well-being of all.

However, there are few attempts to develop multi-dimensional approaches to collective healing that embrace and incorporate the psychosomatic, the social-emotional and the political. Particularly rare are programmes involving socially, ethnically, demographically or otherwise diverse groups, and even more rare are those that engage young people. The UNESCO Collective Healing Initiative aims to address these deficiencies. It focuses on collective healing as a holistic process embedded in the complex webs of relations between people and institutions.

In the widespread global absence of formal (e.g. political) recognition or acknowledgement of, or apologies for, structural injustices, the UNESCO CHC Programme involves the following elements:

1. Acknowledging the historical harms of mass atrocities such as enslavement and colonialism, and recognising the legacies of systemic dehumanisation and transgenerational traumas and their effects on peoples and communities and their relationships;

2. Re-affirming a sense of dignity and the resilience and strength of peoples and communities;

3. Restoring a sense of community and enriching intercommunal relationships;

4. Co-imagining and co-constructing just, equal and restorative systems.

Based on these components, this Handbook advances a community-led CHC Programme. This programme takes a grassroots approach to human empowerment and is aimed at building a world in which humans can co-flourish with each other and with other beings in nature. It situates collective healing in our holistic well-being, which is conceived as a state of being well, living well and becoming human, together. The Programme is innovative in seeking to go beyond overcoming or healing trauma; instead it pursues collective healing - living holistic well-being as a congenial relational process. Conceived in this way, collective healing can transcend dualistic views of people and overcome binaries in the ways that we self-identify and identify others. In other words, collective healing helps transcend the apparent dichotomies between victims and perpetrators, black and white, the vulnerable and the powerful, without losing our critical engagement with these opposites.

For the Programme, a well-being-sensitive approach is preferred to what tends to be termed a trauma-focused or trauma-informed approach. This is because a trauma-focused or trauma-informed approach can inadvertently take a deficit view of people and their lived realities. In contrast, a well-being-sensitive approach supports people in their holistic potentialities and invites everyone to be more proactive in living out their healing and well-being. Similarly, well-being-sensitive perspectives help us to see that wounding, woundedness and transgenerational trauma do not encompass the totality of peoples' experiences. Our lives also consist of resilience and strengths, among much else. That is why this Handbook highlights the importance of intergenerational and intergroup dialogue and inquiry as a way to tap into traditional wisdom and practices of resistance and resilience.

There is a delicate balance to be found between trauma-informed and well-being-sensitive approaches to collective healing. The Programme finds this balance by fully acknowledging transgenerationally transmitted trauma, while at the same time regarding the communities impacted by dehumanisation as more than just traumatised; it emphasises individuals' and communities' rich strengths and cultural treasures rather than viewing them as passively awaiting a cure. Furthermore, it recognises that all can be subject to the harms of systemic injustice, albeit in different ways. We all need to understand the systemic roots of violence and to foster resilience and nurture our relational strength. This balance requires that Programme facilitators and participants co-create a safe common space for listening and sharing. It invites all to rise to the occasion, in response to a 'call to the community', welcoming all to be active contributors in restoring our sense of wholeness and re-engaging with our integrity, which has been fragmented and interrupted by the brutalities and continued injustices.

Throughout the Programme, collective healing is facilitated as a shared journey that unfolds when facilitators and participants listen to and inspire each other, thus enriching the learning, understanding and well-being of all. Having started the journey, participants will hold and be held by each other and, together, they will be held by the group, and then by their wider communities. In this way, collective healing is not therapy; though participants do sometimes experience a therapeutic effect, this is not the

direct intended result of the Programme itself. Whilst there may be some overlap between some kinds of group therapy and the approach of the CHC programme, therapy tends to diagnose patients with 'symptoms' to be treated therapeutically through the intervention of a therapist, whereas the CHC Programme is entirely based on mutual support; it builds on the group's shared resources and supports the facilitators and participants in their journeys towards greater well-being. The open-courageous-caring spaces, the incremental experiences of learning and growth, the congenial relational flow and the deeper bonds amongst the participants are simultaneously both the seed and the fruit of the Programme.

In contrast to individual psychotherapy, the CHC Programme helps participants become more aware that although the causes of mass trauma are rooted in structural conditions, the potential for collective healing is often lodged in micro sites, such as personal narrative, relational dynamics in family or at home, and in the local community. For this reason, the Programme draws participants' attention to the historical, structural and trans-generational nature of trauma, and its personal meaning for individuals. Furthermore, the Programme recognises that structural injustice, including institutionalised racism, affects everyone's well-being. To revalorise relational bonds most fruitfully, healing must involve persons from all backgrounds in the community. Hence collective healing!

More specifically, the Programme entails enrichment in people's understanding of past brutality, present lived realities and future possibilities; a broadening of a collective sense of who we are as individuals, a group and a community; and a fellowship made possible by the participants becoming each other's companions on an unfolding journey. In this way, the Programme contributes to regenerating and restoring communities of diverse peoples.

In conclusion, the CHC Programme differs from other workshops in several ways:

First, it is tailored to the specific needs of different communities by local facilitators.

Secondly, it addresses both the roots of dehumanisation and their contemporary legacies and is thereby holistic.

Thirdly, it invites participants to co-envision systemic transformation necessary for the well-being of all and to co-imagine better futures for all.

Fourthly, the Programme intentionally engages women and youth as agents of social change, and supports them in facilitating collective healing journeys, including encouraging youth to take leading roles in advocating caring and well-being-sensitive global-local systems.

Finally, it perceives each person, group and community through an appreciative lens rather than through a lens of trauma and deficiency. This appreciative perspective enables the CHC Programme to embrace cultural wisdom and traditional resources for resilience. This suggests that all can contribute to the collective healing and well-being in the community.

As a resource for the UNESCO CHC Programme, this Handbook offers an overview of the collective healing processes and provides guidelines for facilitators who wish to host community-based CHCs. It makes practical suggestions about how a community might embark on a shared journey towards collective healing and communal well-being. In addition to the broad programme outline, implementable ideas for practice, and additional materials for workshop activities, there are texts for those interested in the theoretical and research backgrounds of the CHC Programme.

Given these myriad materials, this Handbook is in effect designed for those who have already had experience in facilitating group-based transformative processes. It may also be used to support novice facilitators, but only when they are working alongside and being mentored by experienced facilitators.

Furthermore, organisations might integrate the Handbook in their professional development programmes to enhance local facilitators' awareness of transatlantic enslavement, colonialism, other forms of structural injustice and resulting harms and trauma. In this case, dedicated capacity building is required to ensure meaningful learning and practical implementation of the CHC programme.

1.1 AN INITIATIVE IN THE MAKING

UNESCO has been working towards understanding historical dehumanisation and its persisting legacies for 30 years, especially through the work of UNESCO Routes of Enslaved Peoples (REP) Project (formerly the UNESCO Slave Route Project). There have been many activities since the founding of the UNESCO REP, including research and publications of 8 volumes of 'General History of Africa', which inspired a BBC documentary series entitled 'History of Africa', and the development of 'A Resource Book for Managers of Sites and Itineraries of Memory'.

In 2021, following extended research and three international symposia on collective healing, UNESCO and its partner, the Guerrand-Hermès Foundation for Peace (GHFP) jointly published a Desk Review Report that maps global approaches to collective healing. As a result of these accumulative efforts, the UNESCO Collective Healing Initiative was launched, featuring grassroots efforts to inform policy-making on collective healing, social justice and communal well-being.

In 2022-23, young adults and community elders from 5 countries on 4 continents engaged in the UNESCO Intergenerational Dialogue & Inquiry (IDI) for collective healing, acknowledging the harms of the transatlantic trade and enslavement of African people, bringing forward narratives of individuals' and communities' resilience and strength in the face of historical and ongoing trauma. This programme culminated in community-based stakeholders' meetings, identifying possibilities and levers for structural change.

In 2024, facilitators from 14 countries took part in a Collective Healing Circle Facilitators Capacity Building, following which CHCs were held in eight countries. Feedback from these facilitators and their CHC participants contributed to revising the contents of the Handbook.

All of the above have paved the way towards a concerted effort to develop this Handbook. In this process, interdisciplinary experts, scholars and practitioners were consulted, under the overall guidance of the UNESCO Collective Healing Initiative's Advisory Board. This Handbook integrates recommendations gathered in the following phases:

A. ANALYSIS

This involved reading and in-depth analysis of case studies and community-based projects, locating these within our conceptual framework for understanding collective healing, and identifying approaches and practices that are key to collective healing, social justice and well-being.

B. SYNTHESIS

This stage involved synthesising practices and experiences and selecting meaningful approaches, especially those that can be readily integrated and implemented by communities.

C. DESIGN

Analysis and synthesis served as the basis for proposing and designing a CHC Programme, which includes engaging communities in reflecting on their needs and priorities, gathering existing resources, identifying actors to co-create bespoke place-based programmes and providing guidelines for community partners.

D. PILOT

With community partners, the next phase was a pilot of this Programme in five communities on four continents to observe how it was tailored to the community's needs, and what participants have experienced.

E. CONSOLIDATION

Learning from the pilot allowed our team to offer capacity building and mentoring for prospective CHC facilitators. The feedback from the capacity building process with highly experienced international facilitators has further enriched the materials herein.

1.2 OUTLINE OF THE HANDBOOK

This Handbook consists of nine parts:

Part 1 introduces the Handbook and the necessary building blocks of the CHC Programme, including its context, aims, values and components.

Part 2 provides an outline of the UNESCO Initiative's four healing processes, which provide a framework for understanding collective healing processes. This part is intended to deepen understanding of the complexity of collective healing and to empower communities to tailor a bespoke programme to localised needs.

Part 3 offers a general overview of the CHC Programme, including outlining its key objectives, the four interlocking CHC modules, the values and ideas which underpin the Programme, and some core features of CHCs.

Part 4 provides details pertaining to the necessary preparations for partners and facilitators who are planning to host a CHC. It outlines the need for investigative, appreciative and evaluative pre-programme inquiries in the community and presents some preparatory processes. It then looks at the kinds of spaces that are needed to contain the CHC processes. It also outlines seven practical steps which may serve to guide facilitators in designing their processes.

Part 5 unpacks and explores the four interlocking and mutually reinforcing CHC Modules that correspond to the four processes of healing identified by the UNESCO Initiative. These are specifically directed at addressing wounds and trauma as the result of mass brutalities, such as transatlantic enslavement, colonialism, institutionalised racism and other dehumanising legacies.

Part 6 looks at the types of space, activity, experience and practice that support the facilitation of the four CHC Modules, presents a sample timetable for a typical CHC, and some key questions for facilitators as they begin to plan their CHC.

Part 7 explores the arts of facilitation, especially the qualities and competencies that facilitators need to nurture, posing the question: how can we foster and hold open, caring and courageous spaces for collective healing? We highlight the practices of attentive, adaptive and empowering facilitation, and CHC facilitators' core concerns and key practices and tasks. We also discuss the important role of co-facilitation and the importance of facilitator self-care and mutual care amongst the facilitation team.

Part 8 outlines the Collective Healing Initiative's approach to programme evaluation, which is appreciative, participatory and collaborative. Practices include shared inquiry during and at the end of the Programme. A mixed-methods methodology may be applied, including surveys, one-to-one interviews and focus-group dialogues, to gauge the meaningfulness of the Programme for the participants and community.

Part 9 discusses some of the challenges that the Programme faces. For instance, there will be regional variations in the wounding that has been experienced, in the histories and grievances, and in the compositions of groups. This requires adaptation to local needs; the practices offered must be appropriate for each community. Adaptation necessitates prior investigation, planning and caring sensitivity to the particularities of the needs.

The Appendices contain further readings to support CHC facilitators' interest in exploring the theoretical underpinning of the CHC practices. This part includes an expanded account of the conceptual framework for understanding wounding and collective trauma and introduces a new holistic understanding of collective healing that is situated within the values of communal well-being. It also includes a Glossary that collects some relevant common terms and their definitions which may be helpful for facilitators to familiarise themselves with.

1.3 HOW TO USE THE HANDBOOK

This Handbook can be the basis for a stand-alone capacity building programme for prospective CHC facilitators or can be used as material to supplement professional development programmes that have an element of enabling healing and nurturing well-being. It can also support the capacity building of young community leaders.

> **"** Many people may rightly say, "I had nothing to do with how this all started. I have nothing to do with the sins of the past. My ancestors never attacked indigenous people, never owned slaves." And, yes. Not one of us was here when this house was built. Our immediate ancestors may have had nothing to do with it, but here we are, the current occupants of a property with stress cracks and bowed walls and fissures built into the foundation. We are the heirs to whatever is right or wrong with it. We did not erect the uneven pillars or joists, but they are ours to deal with now."

--- Isabel Wilkerson, *Caste: The Origins of Our Discontents*

PART 2:
COLLECTIVE HEALING: THE FOUR PROCESSES

The conception of collective healing advanced in this Handbook is inspired by a number of research projects co-ordinated by the GHFP, including a conceptual framework for understanding Collective Healing and a desk review mapping relevant approaches to and practices for collective healing globally.[1] Although these research projects tend to identify a common understanding of and recognised approaches to collective healing, it is important to note that collective traumas, such as transatlantic enslavement, colonisation and institutional racism, require localised responses suited to their different contexts.

This Part of the Handbook outlines four interlocking processes for holistic collective healing. Communities can engage in some of the processes at a grassroots level, but others require the involvement of governments and institutions. When grassroots collective healing efforts are felt by participants to be limited, the recognition of the need for structural justice and economic inclusivity will motivate and empower the community to creatively imagine and advocate practical steps towards systemic transformation.

Collective healing concerns nurturing and experiencing holistic well-being.[2] As such, it involves four essential processes or dimensions, all of which are necessary for collective healing to take place in a full sense. None of these dimensions should be treated as if they stand alone. Instead, the four processes of healing are mutually supportive.

Process One	is directed at the historical dehumanising acts per se;
Process Two	is directed at the harmful and traumatic effects of the dehumanising acts;
Process Three	is directed at relationships that dehumanising acts instantiate and express;
Process Four	is directed at the structural conditions of the socio-economic-political systems that sustain dehumanisation.

This framework emphasises that the different dimensions of wounding require different approaches to healing. Below, we unpack each of the four processes separately, however, in practice, there is rich overlap between them and they are best experienced either as a continuous flow or iteratively. In Part 3, we will present four CHC Programme Modules that correspond to each of the four healing processes outlined below.

2.1 PROCESS ONE: DIRECTED AT HISTORICAL DEHUMANISING ACTS PER SE

Process One consists in acknowledging the dehumanising acts performed by actors of all types, including persons, groups, institutions and the system as a whole. For Process One, healing typically involves actors recognising and acknowledging the intrinsic value of all persons and understanding emotionally, as well as cognitively, what it means to be wounded, the structural dynamics that cause wounding and why it is so damaging to human well-being. This paves the way towards addressing the roots of dehumanisation, forming a strong link between Processes One and Four.

Healing directed at dehumanising acts tends to involve some or all of the following three features:

(1a) Acknowledging dehumanising acts
Healing involves acknowledging two sides of the same 'coin'. On one side, it recognises the inhumane ways various actors have treated wounded groups, such as enslaved Africans, their descendants and other peoples of colour. On the other, it acknowledges how this same inhumanity has cut the actor off from the reality of the other, the oppressed.

2 – Scherto Gill and Garrett Thomson (2019) *Healing Wounds: A Conceptual Understanding*, Brighton: Guerrand-Hermès Foundation for Peace; UNESCO (2020) *Healing the Wounds of Trans-Atlantic Slave Trade and Slavery: Approaches and Practices: A Desk Review*, Brighton: Guerrand-Hermès Foundation for Peace, https://ghfp.institute/collective-healing/ The conceptual framework presented in this Part draws heavily on the ideas that were articulated in these reports. 3 – For a more in-depth articulation of the conceptual framework, see Further Reading, 9.1, Theoretical Background.

Healing along the lines of Process One requires that people from privileged groups, in particular those of European descent, recognise and comprehend the dehumanising effects of mass atrocities such as transatlantic enslavement and its continued expression in forms of contemporary institutionalised racism and white privilege. Healing also includes acknowledging that injustice has continued to benefit some sectors of society and that privileged groups have usually denied their responsibility through narratives that perpetuate their privileges. Correspondingly, it means that healing involves understanding what dehumanising acts at all levels look and feel like for all concerned. It requires contextualisation through dialogue, and learning about the histories and legacies of dehumanisation. For instance, in the context of the transatlantic slave trade, the economic motivations and consequences of enslavement should be brought to light.

(1b) Recognising suffering

To recognise suffering requires that the descendants of dehumanised groups such as enslaved Africans come to terms with dehumanising histories. In doing so, individuals can become aware that painful emotions, such as anger, hatred and alienation, are associated with past and continued dehumanisation. Some people experience these painful emotions on a daily basis, without the awareness that they are the result of transgenerationally transmitted traumas. Such effects can also be felt and experienced by the descendants of the beneficiaries of atrocity, who might be unaware of or in denial regarding their own trauma. Few appreciate how the traumatic effects of dehumanising acts, such as anxiety, depression and aggression, both towards oneself and towards others, can be passed between generations through unintended social learning processes within families, as well as through ongoing structural racism.

To heal, we must identify how our lives and well-being have been impacted by these types of suffering. This requires an experiential process whereby these emotions are recognised and externalised, which can allow us to stop being

defined by painful and degenerative emotions. It can further allow individuals to recognise that their being has been fragmented and that parts of themselves have been splintered off by the trauma.

(1c) Public apology and atonement

Politically, for collective healing to occur, societies must go beyond mere acknowledgement of historical brutality and continued structural dehumanisation. This suggests that leaders of countries in Europe and the Americas, where people of European descent have benefited from atrocities such as transatlantic enslavement and colonialism, must offer formal public apologies to those they have harmed, for example to peoples of African descent. Such apologies recognise the suffering of those who have been wounded and who continue to be subjected to institutional racism and injustice due to this history. The atonement may include reparation plans.

During collective healing processes, especially when peoples of both European and African descents participate, participants of European descent may feel moved and apologise to those of African descent and ask for forgiveness. Forgiveness may arise from a deep appreciation of the equal value of all humans. As such, it is not a mere token to alleviate guilt, nor an excuse to forget the past. As an intrinsically valuable spiritual process, forgiveness can also liberate the relationship between the two groups from the victim/perpetrator dichotomy and help renew a shared sense of their common humanity, paving the way for Processes Two and Three.

2.2 PROCESS TWO: DIRECTED AT THE EFFECTS OF DEHUMANISING ACTS

Recovering from trauma consists partly in liberating communities from the accumulated suffering endured throughout centuries of dehumanising acts. This healing entails treating the wounds themselves rather than the symptoms, and shifting the psychological and cultural habits that support the continuation of wounding.

The differences between addressing symptoms and treating wounds can be subtle. When these processes are directed at wounds, they tend to have at least three components:

(2a) Re-affirming a sense of dignity

For healing to happen, it is vital that groups that have been wounded, such as people of African and Indigenous descent, re-affirm a sense of dignity. When faced with the histories of brutality and continued structural injustice, many people may feel despair about maintaining life in dignity. Healing involves enhancing our awareness that being human is intrinsically valuable and we are always already dignified. This can be achieved by bringing to the fore a community's cultural wisdom and communal resources and strengths, and by reflecting on the significant contributions of wounded groups, such as people of African and Indigenous descent, to the overall progress of humanity.

Similarly, it is imperative that people from privileged groups also accept all people as persons of equal intrinsic value and as equally dignified. This requires especially people of European descent to show willingness to overcome fears and prejudices that deny the lived realities of other people. Such denial separates people and makes racist and dehumanising attitudes possible. Thus, healing processes involve deep listening to help move beyond anger, avoidance, guilt and other similar emotions. Healing involves the development of the empathetic capacity to internalise the suffering of peoples whose communities are made vulnerable by legacies of dehumanisation and structural injustice. These can be African and Afrodiasporic, Indigenous, and other formerly colonised communities.

Furthermore, healing requires the understanding that participating in dehumanising acts is itself a denial of one's own humanity and dignity. This can bring forward an awareness that within systemic dehumanisation, all are imprisoned or chained by similar legacies. In this way, such recognition can constitute a moral ascension and liberation, and hence healing.

(2b) Re-integrating whole being

By virtue of being human, each person is already a whole person. However, being wounded tends to engender a feeling of being fragmented. This sense of fragmentation is likely to inform people's cultural identity, sense of belonging and aspirations.

Healing means transcending a disintegrated sense of identity and shattered feelings of selfhood resulting from being treated as lesser and inferior. Recognising the role of dehumanising histories in our present lived realities can help people suffering from fragmentation in self-recognition to reconnect with their innermost being. Depending on the tradition, at this level, persons may be best perceived as 'souls' or 'spirits', rather than mere individual identity markers. Through this spiritual experience of our beingness, we can reperceive ourselves as whole beings. The awareness of each person as a whole being further enhances our mutual recognition as spiritual and dignified beings.

This reconnection can foster processes of self-identification that re-integrate a sense of the wholeness in our being,

(2c) Empowering/Liberating

Dehumanising acts, especially those that cause damage to emotional self-awareness, such as learned helplessness, tend to have cumulative social effects, such as the harms resulting from ongoing systemic discrimination. The relevant element of healing involves transcending the negative programming of social stigma. It requires deep processes that can help people who have experienced the legacies of atrocities such as enslavement and colonisation to rise above the negativities of historically and socially conditioned self-awareness. These processes provide spaces for self-empowerment. When liberated and empowered, people can engage positively and proactively with their own transformation. A collective reflection on the wisdom, strength and resilience of survivors can inspire greater courage, confidence and responsibility.

Insofar as the three healing elements in Process Two function in concert, the descendants of both groups, such as the descendants of enslaved Africans and the descendants of beneficiaries of enslavement, may feel freer to break from their dehumanising chains. Healing can further overcome binary perceptions of groups, e.g., black as inferior, white as superior, black as the victim and white as the oppressor. Transcending such binaries is also a key element in Process Three.

2.3 PROCESS THREE: DIRECTED AT INTERRUPTED RELATIONSHIPS

Dehumanisation is experienced as diminished relationships, characterised by features such as indifference, mutual ignorance, polarisation and alienation. Healing directed at relationships involves understanding what right relationships might consist of, such as a mutual recognition of each other's intrinsic value as equally dignified human beings. This requires setting-up safe, courageous and caring spaces that allow people to develop trust and connect to each other in a spiritual sense. Hence, healing processes directed at relationships will involve at least three elements:

(3a) Transcending binaries

Healing disrupted relationships means going beyond dichotomies such as victim and perpetrator or black and white. When healing occurs, people of apparently opposing sides, such as those of European and African descent, are both able to see beyond the antagonistic 'us' versus 'them'. To transcend such a binary view requires fostering historical perceptions that can transcend both the anger of those of African descent ("they did this to us"), and the defensiveness and indifference of those of European descent ("this happened a long time ago and it isn't my fault" and "this is a racist society, but I have nothing to do with it").

To move beyond the binaries of us-versus-them, black-versus-white and victim-versus-perpetrator,

it is necessary that participants work through the inherent tensions at the core of such polarisations. For instance, when through experiential activities, the group "holds" the tension as an in-between-ness, and attend to each other's emotions and feelings with care, then opportunities can arise for mutual recognition, reconciliation and forgiveness.

(3b) Challenging 'normalcy'

This process of mutual recognition also demands that we identify and challenge white or Euro-centric normalcy, which has historically enabled race-based hierarchies. For instance, according to Frantz Fanon, it is not race that gives rise to racism but, rather, it is racism that requires the fabrication of race in order that people of colour could be exploited.[4] The vulnerability of these communities is a deliberate consequence of the current global economic system. In such a system, whiteness is established as the 'racial norm', protected by law, political institutions and economic structures. In this way, white normativity is not confined to merely racial prejudice and injustice, but also extends to cultural, political and epistemic norms.

In this regard, healing requires transcending negative stereotypes and offering new narratives that help diagnose systemic ills and express the aspirations of collective well-being.

(3c) Towards WE-ness

Moving beyond dehumanising relationships requires that people enrich their capacities to become close and intimate, both with their innermost selves and with others. This involves overcoming indifference, ignorance and self-absorption in ways that transcend divisiveness. It encompasses identifying one's dignity and recognising others as equally dignified human beings.

Healing includes nurturing the awareness of the importance of other people as a part of one's well-being: it is an appreciation of oneself, other people and other groups as 'we'. Healing that engenders we-ness will nourish solidarity, co-belonging and collective action.

4 – Frantz Fanon (2008) *Black Skin, White Masks*, translated by Richard Philcox, New York: Grove Press.

When these three components are integrated in the healing process, there will be better interpersonal and intercommunal relationships. Improving relationships and transforming the system are linked: through improved relationships, we hope to transform systems, which is the fourth component of the healing process, Process Four.

2.4 PROCESS FOUR: DIRECTED AT STRUCTURAL INJUSTICE AND SYSTEMIC DEHUMANISATION

Developing the structural conditions that nurture healing is complicated. There are very few examples (if any) of socio-economic-political systems that respect and care for persons equally and justly. Nevertheless, healing requires a collective awareness that certain political actions are part of healing. Recognising the significant role played by political processes can be a starting point for groups and communities to co-envision a shared future for the community and society at large. Without political processes, grassroots activism and its effects will not ensure collective healing.

(4a) Co-designing community restoration

To actively engage in political processes in the presence of structural injustice can be challenging. Therefore, healing requires that people from all backgrounds in the community come together to enrich their collective sense of mutual belongingness. This is the process of community restoration.

Co-creating spaces for intergenerational, intercultural and interfaith listening, sharing and dialogue can reinforce a sense of community. Ideally this will involve co-designing processes whereby different activism groups, grassroots projects and faith organisations can cohere joint efforts rather than compete against each other for limited resources. This can strengthen the community, which in turn can bolster the collective voices in demanding fair, just and inclusive systems.

Community restoration requires the involvement of everyone and given their historical silencing,

especially women and youth from all backgrounds. This is not only because these groups are often excluded by virtue of structural injustice, but also because women and youth as changemakers often to bring qualities that are the most desirable for community processes, such as openness, hospitality, friendship, creativity and dialogue.

(4b) Co-imagining shared futures

With a restored sense of community, people from all backgrounds may come together and reflect on and co-imagine their collective future(s). With the community's futures in mind, all stakeholders can begin to realise that no future is built in a temporal vacuum, but instead, all futures must be informed by histories. Not least, the community can publicly acknowledge that acts such as enslavement and genocide are not simply historical events with definitive endpoints, but rather that their legacies are present in ongoing dehumanising processes perpetuated by unjust political and economic systems. For example, in the provision of public services such as education, welfare and health, the outcomes for some groups are prioritised over others. Likewise, employment policies prioritise material profits and wealth over people's well-being, in particular the well-being of those of non-European descent.

Through co-imaging collective future(s), stakeholders become motivated to engage politicians, leaders and other policymakers in co-identifying strategic steps and actions needed now to bring about better futures. This might take the form of, for example, declarations of commitment to the equal worth of all persons, irrespective of skin colour and ethnicity, or proposals to make significant revisions to public education history curricula. Such proposals and expressions of commitment can be a first step in policy-level change that begins to redress structural dehumanisation and injustice and halt the perpetuation of the legacies of atrocities such as transatlantic enslavement.

A shared recognition of these political and systemic dimensions of healing can serve as a prelude to collective advocacy and collaborative action.

(4c) Co-creating shared paths

Understanding structural dehumanisation and the responsibilities of political leaders and other institutional actors needs to be succeeded by the next phase: seeking the political will to rectify the systemic malaise. For healing to happen, concerted democratic actions are required from the governments of countries that have participated in and benefited from exploitative acts such as transatlantic enslavement and colonial occupation. For instance, as a first step, collective healing processes might lead groups to demand cross-national 'Truth and Reconciliation' processes. Similarly, grassroots organisations and activism groups may work with governments to create public spaces for deep dialogue.

Governance processes can contribute to healing by embodying human-centred values. This means caring for the well-being of all people equally. Well-being sensitive values recentralise humans'

responsibilities for mutual care and care for all beings in nature. Suppose governments designed social institutions based on human-centred values rather than profit-making and protecting the interests of the powerful. This would entail structural changes towards political interventions, for example, for quality education for all, police training in non-violence, extra funding for deprived municipalities and regions, local community regeneration programmes and special university scholarships for descendants of enslaved peoples.

Understanding the actions required of governments and leaders at a policy level can empower communities to come together in solidarity. Collective healing includes systemic transformation. Furthermore, it is part of collective healing to understand how a system can be dedicated to respecting the dignity of all persons equally, as an important step towards activating change.

PART 3:
PROGRAMME OVERVIEW

This Handbook draws on the understanding of collective healing articulated through the four healing processes outlined in Part Two. Based on this, a community-rooted CHC Programme is proposed. As we shall see, the Programme presented here mirrors the four processes in the form of four corresponding CHC modules. For each module, there is a list of types of recommended activities.

The CHC Programme is designed to be carried out with a diverse group of 9 to 15 community members. It is hosted by a minimum of two facilitators, and ideally by three facilitators for larger groups. Facilitators should be experienced in group-based processes and skilled in holding experiential workshops. Where possible, it is desirable for each facilitation team to be supported by one or two young facilitators (aged 18 to 34) to provide intergenerational learning and to strengthen local capacities for facilitating continued healing and well-being.

The methodological approaches of the Programme include psycho-social, somatic, collaborative, communal and spiritual. These inform the design and facilitation of experiential workshops that involve people in the community from all backgrounds. As we shall see, for these workshops to meet the community's healing and well-being needs, there will be a series of pre-programme inquiries. As explained below, these inquiries are essential for contextualising, adapting and localising the programme.

The locally tailored programme does not have to be called 'collective healing', indeed, in some cases this may serve to discourage participation. The term 'healing' may suggest to some participants that they are being perceived as unwell, which may not reflect their lived realities. Other names can easily be found, such as 'peace circles', 'dialogue circles' or 'community well-being workshops';

what makes something a CHC is not its name but its intentions, approach and facilitation of key elements outlined below.

3.1 OBJECTIVES

The CHC Programme has the following objectives:

- To create open (non-judgemental, trusting), courageous and caring spaces where all voices, experiences, perspectives and understandings are invited, shared and respected equally.

- To engage participants in contextualising the community's experiences of historical brutality, including recognising the harms of dehumanising acts, such as enslavement, colonialism, institutional racism and other mass atrocities, and their continued legacies.

- To inspire the values and practices of empathetic curiosity, deep listening-dialogue, compassion and mutual caring towards relational enrichment and well-being.

- To forge a collective healing alliance towards community regeneration.

- To empower citizens, especially women and young people, to play a proactive part in advocating for a healing-sensitive and caring socio-economic and political system fundamentally directed towards collective well-being.

These objectives reflect that it is necessary for the community to explore its past as a way to deepen a shared understanding of how and why peoples' lived realities have become as they are in the present, and to enable groups in the community to co-imagine paths towards a better future.

> "
> Join with the Earth and each other, to bring new life to the land, to restore the waters, to refresh the air, to renew the forests, to care for the plants, to protect the creatures, to celebrate the seas, to rejoice in the sunlight, to sing the song of the stars, to recall our destiny, to renew our spirits, to reinvigorate our bodies, to recreate the human community, to promote justice and peace, to love our children and love one another, to join together as many and diverse expressions of one loving mystery, for the healing of the Earth and the renewal of all life."
>
> --- Martin Luther King, Jr.

3.2 FOUR MODULES

The CHC Programme is structured into four modules that serve as a framework to guide facilitators and participants through the four unfolding collective healing processes discussed in Part 2:

Module 1: Acknowledging shared histories of dehumanisation and recognising their enduring legacies and harms

Module 2: Restoring a sense of human wholeness and re-affirming dignity

Module 3: Strengthening relationships and deepening interconnectedness

Module 4: Envisioning structural justice and activating our responsibilities for shared future(s)

The facilitation of each module involves activities primarily dedicated to exploring the relevant theme of that process, however it is vital that facilitators understand the deeply interconnected nature of the modules and are able to support participants to navigate these processes in coherent ways. In particular, it is recommended that Modules 1 and 2 are facilitated in highly interconnected ways to ensure that participants are not immersed in traumatic histories and their ongoing legacies without the anchor and nourishment of stories of hope and resilience that emerge through Module 2.

COLLECTIVE HEALING CIRCLE PROGRAMME: FOUR MODULES AND ACTIVITIES

Module 1
Acknowledging shared histories of dehumanisation and recognising their enduring legacies and harms

Module 1's activities invite participants to investigate their local histories and reflect on and experience both symptoms and effects of transgenerational trauma and resilience.

Through processes of intergroup listening, inquiry and dialogue, Module 1 invites participants to understand and honour communities' histories and to acknowledge the harms of historical dehumanising acts. It likewise enables them to identify and bear witness to the enduring harms that the group and their communities experience as part of their lived realities, including the role played by institutional racism. Module 1 supports participants to understand the effects of dehumanising acts, their harmful legacies such as oppression, exploitation, inequality and injustice, and their effects experienced as trauma or ill-being.

Module 1 includes activities that involve:

– Acknowledging the historical nature of trauma, for example, the past dehumanising acts of enslavement and colonialism.

– Understanding the collective, intergenerational and structural nature of these traumas, their effects on all peoples and communities, their transmission from one generation to another, and trauma as a result of structural violence.

– Recognising the impacts of historical and ongoing trauma on:

  – our bodies, feelings, emotional states, mind (cognition) and spirit;

  – our attitudes, beliefs and perceptions about ourselves, individually and as a group, and others, as individuals and as groups;

  – our awareness of ourselves, others and our place in the world;

  – our cultural habits and everyday personal and communal practices.

Through an understanding of the root causes of violence, participants from different backgrounds are given opportunities to acknowledge pain and sufferings and to develop mutual recognition as persons of equal intrinsic values and dignity.

Module 2

Restoring a sense of human wholeness and re-affirming dignity

Module 2's activities interleave with those of Module 1, seeking to draw out community-rooted 'treasures' that emphasise individuals' and communities' resilience and healing in the face of atrocity and trauma. In feeling deeply, listening deeply, and attuning and attending deeply, participants offer each other mutual witnessing, empathetic companionship and compassionate presence.

Through processes of intergroup dialogue, inquiry and reflection, Module 2's activities seek to challenge narratives that perpetuate the status quo, in particular those that denigrate peoples of darker skin tone. At the same time they emphasise narratives that help restore our sense of human wholeness and re-affirm the dignity of all persons.

Module 2's activities provide spaces for

– Listening to stories that give rise to courage, resilience, strength, creativity and human ingenuity.

– Participating in experiential processes that reconsolidate a sense of wholeness, especially through traditional cultural practices and rituals.

– Becoming aware that the community already has the resources to embark on healing and well-being, thus re-affirming dignity.

– Articulating narratives of respect and mutual caring.

– Celebrating through cultural continuation.

Module 3

Strengthening relationships and deepening interconnectedness

Module 3's activities seek to reconnect us with our innermost self, once alienated from us, transcend binary identity categories and presupposed power hierarchies, and renew and enrich our relationships with each other. They encourage participants to reflect on how the legacies of brutality and structural injustice have defined the relational dynamics between peoples from different groups and sectors of society. Module Three involves activities that nurture the connections between participants and the wider community, and nurture mutual care, recognition and appreciation.

Module 3's activities engage participants in:

– Recognising individuals' fragmented self-concept, including an awareness of themselves in the past, present, future, and their intrapersonal, interpersonal and intercommunal relations.

– Cultivating self-awareness and the awareness of mutually constituted personal and collective healing and well-being.

– Re-encountering the 'other' (especially with whom one has experienced antagonism), and reconciling the relationships disturbed and damaged by collective trauma and legacies such as racism.

– Reconnecting with each other in an experience of the collective human/spiritual 'WE'.

Module 3 expands on participants' experiences of self-dignity and self-respect from Modules 1 and 2. It enables participants to recognise that there is no separation between the personal, relational and political dimensions of collective healing. This helps move the participants towards activities in Module 4.

Module 4

Envisioning structural justice and activating responsibilities for shared future(s)

Module 4's activities support participants to work together and in their communities to envision context-sensitive futures that prioritise healing, justice and well-being. They focus on imagining and initiating processes that will make structural change possible in the community.

Module 4 further develops participants' awareness of how historical and contemporary socio-economic, political and epistemic structures have enabled dehumanisation. With such a shared recognition, participants can identify the polarisation and fragmentation between groups and in communities as the result of structural conditioning. This understanding supports the group in re-imagining the social conditions and institutional practices necessary for healing and well-being.

Module 4 involves activities that support participants and communities to:

– Identify structural pillars that facilitate justice and institutional conditions for nurturing well-being.

– Imagine possible futures of co-flourishing.

– Build trust in the community.

– Propose meaningful pathways towards co-flourishing.

– Engage community stakeholders and policymakers to bring about structural change.

3.3 UNDERPINNING IDEAS AND VALUES

In this section, we highlight a few of the key ideas and values that underpin the ethos and approach of the programme.

A) SPIRITUALITY OR HIGHER CONSCIOUSNESS

The recognition of humans as spiritual beings, whose intrinsic value as persons lies precisely in our shared humanity, is foundational for the CHC Programme. Staying within our spiritual core and bringing into presence our higher consciousness from our innermost spirituality is essential to transcending internal tensions, conflict and self-sabotage. Likewise, spirituality allows us to experience right relationships and well-being with ourselves, other people and other beings in the world. It suggests that "the divine in you can recognise the divine in me". Honouring the significance of spirituality as a foundational value, the CHC Programme integrates intercultural experiences and activities such as silence, mediation, prayer and rituals.

B) RESPECT

Respect is a core value that enables us to appreciate each person as a spiritual being, to embrace true human difference, and to connect with people from all backgrounds based upon our equal capacities to value our common humanity, connect, reconcile, take responsibility and contribute to collective healing and well-being.

C) OPENNESS

Openness evokes goodwill towards difference and otherness, and responsibility for the well-being of others. Our openness to others can lead to self-awareness, which in turn expands our horizons for enriched relational processes. Openness also engenders curiosity and fascination about those who are unfamiliar and different, enabling us to transcend bias and prejudice.

D) DEEP SILENCE-LISTENING-ENCOUNTER-DIALOGUE

Healing can be found in the quietude of deep silence, the attentiveness of deep listening, the curiosity of deep encounters, and the mutual valuing of deep dialogue. Together, these interlocking processes can offer comfort to the vulnerable, appease the wounded, and help us re-experience ourselves and each other as part of 'WE', a relational reality at the core of our well-being. In such encounters, we tune into a greater source of wisdom, re-centre ourselves, enact radical hospitality and embrace the well-being of all peoples with goodwill. It is on this basis that co-belongingness is engendered.

E) TRUST

Trust is a key value. Trust opens doors to the past, which fear, anger and hate tend to close. It allows us to receive gifts from our ancestors. Through trust, we become open to the connections between personal and transgenerational traumas and to the emerging coherence of the wider societal group, which is fundamental to collective healing.

F) WHOLENESS

Trauma and wounding can fragment our sense of ourselves. Collective trauma can fracture a system by inhibiting the connections between groups and communities. Collective healing involves bringing the significance of wholeness and interconnection to the fore.

G) DECOLONIALITY

The ethics of decoloniality constitutes an important part of the value framework for any CHC Programme. It highlights our shared responsibilities in co-creating a humane world where all beings can flourish. Equally, it suggests an interconnected way of being beyond pre-imposed cultural and political boundaries, which includes all beings. Decolonialism rejects both individualism and universalism and instead

5 – Walter Mignolo (2000) *Local Histories/Global Designs*, Princeton: Princeton University Press.

advocates, in the words of Walter Mignolo, "cosmopolitan localism" which cherishes dialogue amongst all peoples.[5] This implies that diverse worldviews can co-exist as equals so long as they advance the dignity of all peoples and ecological integrity.

The above serve together as ethical pillars for the CHC Programme. Communities may identify further values rooted in their own cultures and traditions, or especially prioritise just a few from the above that are of particular relevance to their group.

3.4 SPECIAL FEATURES

The CHC Programme outlined in this Handbook differs from other similar programmes partly because it can be tailored to the healing needs of different contexts. For instance, the four-fold framework for understanding collective healing allows the CHC facilitators to offer spaces and processes for addressing multi-dimensional trauma. The following captures some of the main features of the Programme:

CONTEXTUALISED AND TAILORED

The CHC programme is:

– rooted in the local histories

– contextualised and relevant to the present lived realities

– tailorable and personalisable to the situations of the local participants

– adaptable and sensitive to the needs of local communities

HOLISTIC

The CHC programme:

– recognises the historical nature of collective trauma

– acknowledges structural injustice

– identifies the effects of dehumanisation on persons, groups, relationships and systems

– constructs our shared localised pathways towards healing, emancipation and well-being

APPRECIATIVE

The CHC programme:

– appreciates whole persons rather than regarding those affected by the historical atrocity as lacking and deficient

– emphasises on strengths and resilience beyond wounds and victimhood

– builds upon gifts and potentials of all

– embraces opportunities for relational resilience and mutual caring

ENGAGING AND INSPIRING

The CHC programme:

– engages women and youth in cocreating healing experiences.

– invites all participants to play an active part in co-envisioning communities' futures, and imagining caring and well-being sensitive system.

– focuses on a shift of consciousness concerning past-present-future

– provides greater care to those from vulnerable groups, privileging their participation and ensuring inclusivity

Communities may wish to adjust these features to suit their realities. Like the ideas and values upheld by the Programme, a simple checklist can help facilitators and participants remember the common aspirations. Once identified, these values will be maintained throughout the Programme, starting from the collective intention to journey towards healing and well-being together.

> We have no right to sit silently by while the inevitable seeds are sown for a harvest of disaster to our children, black and white."

--- W.E.B. Du Bois, *The Souls of Black Folk*

PART 4:
PREPARING FOR THE CHC PROGRAMME

This Handbook de-emphasises 'training', which suggests imparting techniques and skills. Instead, it stresses the importance of facilitators internalising the processes of holding spaces within which collective healing journeys can unfold. For experienced facilitators, this will mean a commitment to expanding and enriching their existing qualities. For young or novice facilitators, this will mean experiencing the workshops fully, understanding the processes thoroughly (both from inside out, and outside in), and deepening their arts of facilitation.

This Part of the Handbook contains details about preparing to host the Programme, including how to invite participants to have an enriching experience. To take responsibility for holding a CHC requires that facilitators develop a shared understanding of the nature of the spaces, and how these spaces can be held and sustained. Later in this Part, we highlight five dimensions of such spaces. Given that well-being has physical, psychological, social, ethical and spiritual dimensions, facilitators might want to explore these dimensions in their experiences of healing before hosting the circles.

Further reading about wounding, trauma, healing and well-being can enhance facilitators' appreciation of the complexity involved in these journeys. A starting point for this may be found in the materials in Part 8 of this Handbook.

4.1 PRE-PROGRAMME INQUIRIES

The CHC Programme must be rooted in the experiences of communities that have lived through the legacies of historical mass atrocities, such as transatlantic enslavement, colonisation and mass killings of Indigenous people. It is therefore necessary that local community partners interested in hosting the CHC Programme start the process by launching inquiries to contextualise their communities' needs for collective healing.

As part of the preparatory work in developing a bespoke CHC Programme for their community, local community partners and circle facilitators are encouraged to engage in three kinds of inquiry: investigative, appreciative and evaluative. The UNESCO capacity building processes support facilitators to embark on these inquiries in a structured way. We will unpack each kind of enquiry a little below.

INVESTIGATIVE INQUIRY

The investigative inquiry processes will involve local partner(s) and circle facilitators to explore the specificities of historical brutality and transgenerational traumas, collective healing needs, relational dynamics, Indigenous and pluralist cultural practices, and institutional characters. Through the investigative inquiry, the facilitators can better **contextualise** the proposed CHC design within local histories related to past and continuing woundedness, communal relational dynamics, institutionalised racism and structural injustice.

This process is sometimes called community-mapping and may also serve to help **identify** potential CHC participants. Furthermore, investigative inquiry also encourages partners and facilitators to **differentiate** amongst potential demographic and geopolitical variations within their communities, which will support them in designing a culturally relevant bespoke CHC Programme. For demographic variation, partners and facilitators will need special sensitivity to gender and age differences, as well as to physical ability, colour, ethnicity, social class, economic status, and education. For geopolitical variation, special attention must be paid to the different expressions of collective trauma, which might not be immediately recognisable as connected to the traumatic histories.[6]

APPRECIATIVE INQUIRY

The appreciative inquiry goes hand-in-hand with investigative inquiry. By identifying and appreciating local changemakers and organisations who are already actively involved in collective healing and racial justice, the team can **expand** on their capacities and resources. This is also an opportunity for the team to recognise each other's gifts, become more aware of how the facilitators can complement one another during the CHC Programme.

EVALUATIVE INQUIRY

From the grounding established through the investigative and appreciative inquiries, partners and facilitators will engage in evaluative inquiry, which will enable them to reflect on and review the ways in which a CHC Programme can support their community's processes towards well-being and co-flourishing. This involves systematically **reviewing** the CHC Programme modules and elements, and critically reflecting on how they might meet the needs and address unique challenges confronting the local communities. This will enable the **tailoring** or **adaptation** of the Programme, its activities and other materials into a provisional programme agenda. The final stage is to **pilot** the provisional programme, guiding a small community group through the adapted activities, reviewing, evaluating and finalising it into a **bespoke** CHC Programme.

4.2 PREPARATORY PROCESSES

Each facilitator/partner will plan and prepare for the CHC Programme in accordance with their own experiences. Here we suggest some commonly applied preparatory processes as a guide:

a. Community Mapping (as part of Investigative Inquiry)

Community Mapping is a well-recognised and well-rehearsed practice. It helps partners/facilitators to better understand the histories of the community, and to become more sensitised to the community's challenges and needs. Community Mapping uses questions such as:

– What healing needs of the local people are most urgent? Whose healing priorities are most pressing in the local community? Who is in a position to answer these questions?

– What has the community already done towards healing? What might be learned from these experiences?

– Where are the community assets located? How can these be accessed?

– Which organisations or groups would be the best allies?

Other questions can also be used depending on the partner/facilitators' own awareness of the community's past, present realities, people, needs, and other structurally defined situations.

b. Participant Mapping (as part of Investigative Inquiry)

Finding the right participants is an art. Selecting 9-15 persons that represent the community's diversity may take some time. Young adults' motivation and interest in listening, inquiring and learning are important, as are elders' interest and willingness to enter into dialogue with young adults, to listen, to share wisdom, and to learn. As the CHCs have intergenerational dialogue and inquiry at their core, it may be helpful to distinguish between age groups as follows:

– young adults (18-34)

– adults (35-54)

– community elders (55-95)

Other factors to consider with regard to diversity may include race, ethnicity, gender, sexual orientation, language, culture, religion, mental and physical ability, class, and immigration status.[7] It is helpful for the participants of a CHC group to be rooted in a shared locale or region, which supports their exploration of shared histories, although it is still possible to create a meaningful circle with participants brought together from diverse locations.

c. Team/Gifts Mapping (as part of Appreciative Inquiry)

Deepening our appreciation of our team and each other's gifts is important for planning and tailoring a CHC. Questions for reflection might include:

– What are our gifts as co-facilitators?

– What are our needs? How might we help meet each other's needs? How else will we nurture each other?

– Who else are our peers beyond the immediate team?

– Who are our spiritual guides?

d. Tailoring the CHC Programme (as part of Evaluative Inquiry)

An important principle of the UNESCO CHC Programme is respect for local traditions and cultural orientations. This means that the local partners/facilitators will tailor and adapt how they facilitate the four CHC modules to be responsive to the needs and traditions of the community in which they host the circle.

e. Constructing the Spaces and Planning for the Circle

The UNESCO CHC Programme features open, caring and courageous spaces, including the physical, sensory, psychological, relational, ethical, political and spiritual spaces. Such spaces are inclusive, non-judgmental, and invite good will for co-creation of experiences. These considerations are key to the planning of circles and deciding on the format and steps taken.

4.3 A CALL TO THE COMMUNITY

The local partner will invite community members from all walks of life to come together and participate in the CHC Programme. This is a **call to the community**, and may be initiated once the following preparatory steps have occurred:

- Facilitators have engaged in capacity building preparatory processes.
- The three-fold pre-Programme inquiries are complete, including facilitators having gathered place-based knowledge, wisdom and practices.
- Local partners have been identified to support the collective healing initiative.
- A bespoke CHC Programme has been designed, piloted and revised.

The **call to the community** is a call to form a learning community, to become a well-being community and to cultivate a regenerative community. It is important that the call is open to anyone and everyone, regardless of their backgrounds and positions in the society. It is built on the intentional commitment from all to advance healing, well-being and transformation. A better world is the responsibility of everyone, including those who have been privileged by the current system and those who have been made vulnerable in an unjust system. A call to the community is an invitation to come together for mutual listening, learning, caring, communing and co-acting.

4.4 DESIGNING SPACES FOR COLLECTIVE HEALING AND WELL-BEING JOURNEYS

Throughout the Handbook, we have highlighted the importance of open and caring spaces within which collective healing journeys can unfold. The creation of such spaces requires consideration of at least five different kinds of settings which we outline below. Each setting has qualities that help participants prepare for the journey together.

1 – PHYSICAL SETTING

Qualities that can foster participants' readiness for healing in the physical setting are features such as beauty (versus undignified or aesthetically displeasing space), hospitality (versus hostile environment), light (versus oppressive ambiance or dim spaces), openness (versus cautious mood), and intimacy (versus indifferent atmosphere). Fresh flowers, plants, the smell of incense, plenty of natural light and air, candles, a sharing of snacks, a circle of seats, cushions on the floor and ease of access enable such qualities. Even when workshops are hosted online, these qualities can be nurtured through the physical setting.

2 – PSYCHOLOGICAL SETTING

Qualities that can foster participants' readiness for healing in the psychological setting include presence, friendliness, silence, unhurriedness, attentiveness to people's diverse needs, and responsiveness to the group's dynamic, dignity and communing. A warm tone of voice, calm demeanour, gentle questioning, and curious follow-ups are helpful. Once again, these must accord with the local cultures.

3 – SOCIAL/RELATIONAL SETTING

Qualities that foster participants' readiness for healing through the social/relational setting include sensitivity to participants' diverse self-identifications (e.g., gender, ethnicity, race, religion, sexuality), acceptance of each person's self-selected affiliations, and care in engaging with social differentiations (e.g., intragroup and intergroup differentiations). Practices that contribute to these qualities include allowing each participant to choose how they introduce themselves, giving time for participants' self-expression, receiving what is being shared with respect, letting go of critical queries and valuing differences.

4 – ETHICAL SETTING

Qualities that can foster participants' readiness for healing in an ethical setting include non-judgement, suspending disbelief, appreciating the gifts of each person, safeguarding confidentiality, transcending binaries and a sense of hopefulness. Many practices can enrich these qualities, such as an insistence on mutual listening, holding differences with care and embracing tensions with a view to transforming conflict. Different communities might have their own take on what qualities are regarded as ethical, and may be invited to introduce these accordingly.

5 – SPIRITUAL SETTING

Qualities that can foster participants' readiness for healing in the spiritual setting encompass the presence of sacredness, an awareness of each person as a spiritual being, an appreciation of all words that refer to the divine, acceptance of mysteries, a consciousness of the interconnection between our I-ness, We-ness, and One-ness, and the integration of the interior and exterior aspects of our being. Some facilitators apply arts, music or dance to enrich these qualities; some introduce rituals, ceremonies, and contemplative practices; and others provide experiences with nature. When communities, such as Indigenous communities, have their own distinctive beliefs, the spiritual setting will be established accordingly.

Although this Handbook characterises these different kinds of setting as distinct, in practice of course they come together an interconnected whole. Facilitators are encouraged to establish practices to support their participants' readiness for the collective healing and well-being journeys, as a dance choreographed for the group.

4.5 RECOMMENDED PRACTICAL STEPS

This section presents 7 practical steps that facilitators may find helpful in shaping their CHC Programme, following the pre-programme inquiries and other preparatory processes. Further guidelines on how to integrate these steps will be discussed under the relevant modules in Part 5 of this Handbook. Details on how to implement facilitation practices to carry forward these steps are in Part 6.

It is crucial to respect each community's traditional practices of intergenerational encounter and cultural processes of deep listening. Therefore, the steps below are only recommendations for community partners and facilitators to consider as they shape their CHC Programme.

1 – INTRODUCING THE CHC PROGRAMME

Community partners/facilitators may start by outlining the aims of the CHC programme, why it is important at this time, and the core values underlying the programme, such as the ethics of respect and inclusion, the arts of inquiring, listening and dialogue. The introduction will leave ample spaces for co-creating the processes.

Introducing the CHC can be an experiential exercise, as well as an intellectual one. Facilitators may choose diverse activities, exercises, and other practices, to support participants to understanding the contexts of the programme and why it matters to engage in collective healing. This might involve conventional approaches, such as PowerPoint presentations or a lecture provided by a historian, as well as more experiential approaches, such as playing a video as a conversation starter or a guided visit to a relevant museum exhibition.

2 – RELATIONAL ENRICHMENT AND TRUSTBUILDING

It is important for the collective healing processes to start with relational enrichment and trustbuilding. Building trust is essential for identifying shared pathways to collective healing and more engaging and meaningful connections with others in the community. Trust ultimately contributes to and is constituted in communal well-being.

As the CHC Programme focuses on intergenerational processes and intergenerational learning, relational and trustbuilding practices involving both younger members of the community and community elders are culturally diverse and need to be engaged with sensitivity.

These practices can take many forms, including hospitality, such as preparing a snack together, space-design, spending time in nature, rituals and so forth. Relationship and trust form the basis for creating a congenial space for deep intergenerational encounter, listening, sharing and dialogue.

3 – ONE-TO-ONE/SMALL GROUP CONVERSATIONS

Once there is a relational foundation for encounter, listening and sharing, intergenerational pairs or small groups can begin a dialogue and inquiry processes. See section 6.3 for a list of proposed questions which may support youth in guiding the intergenerational process. Where appropriate, these conversations can be witnessed by other participants for mutual learning.

4 – FOCUS GROUP CONVERSATIONS

These are opportunities for all participants to come together and share their experiences of the intergenerational process and the insights that have emerged from the one-to-one or smaller group conversations. Facilitators may help the group to draw out traditional wisdom, healing practices, cultural resources and stories of hope and spiritual transformation. They may also guide further dialogue and reflection on such learnings. These sessions will typically start and end with rituals of mutual gratitude.

5 – CO-CREATING NEW KNOWLEDGE AND NEW NARRATIVES

Participants will work together to identify common themes and recognise important differences. They will reflect on emerging ideas and core wisdom, practices and resources, arriving at new understandings about collective trauma and collective healing, including their spiritual dimensions. They will also take the opportunity to develop new narratives of about self, community, and humanity as a whole. Through the new understandings and new narratives, participants can experience empathy and compassion towards

'the Other' and begin to transcend binaries and experience solidary across the differences.

6 – INITIATING STRUCTURAL CHANGE.

CHC groups are encouraged to bring these new narratives and understandings forward to the community through a meeting with diverse stakeholders, such as educators, social workers, activists, NGO professionals, business, religious and political leaders, and other people, to explore the ways that these shifts in consciousness can initiate conversations about social justice, and structural change. Stakeholder meetings offer a public space where everyone can consider their responsibility for supporting systemic transformation necessary for the well-being of all.

7 – EVALUATING THE HEALING PROCESSES

Throughout the CHC process, facilitators are encouraged to engage themselves and participants in critically evaluating what is working well and what could be strengthened and continuing to revise and shape the programme based on this. Following the CHC, facilitators will reflect on the experience as a whole and implement learning into the design and facilitation of their next circle.

PART 5:
FACILITATING THE FOUR CHC PROGRAMME MODULES

This Part of the Handbook provides general guidance on planning and facilitating the collective healing and well-being journeys through the framework of the four CHC modules outlined in Part 3. As emphasised, the ways that any group is guided to explore a particular dimension of collective healing should be sensitively tailored to the contexts and to the needs of the group.

It is important to note that the modules should not be treated as discrete processes but understood as interconnected and mutually informing and reinforcing aspects of participants' healing journey together.

Facilitators will be prepared to embark on hosting these modules following the practices outlined in Part 4 of the Handbook, i.e. the Pre-Programme Inquiries (4.1), the Preparatory Processes (4.2), A Call to the Community (4.3), and Designing the Spaces (4.4). Such groundwork is imperative for a meaningful and transformative CHC experience.

We hope that the preceding presentation of recommended Practical Steps (4.5) may be helpful in informing facilitators' development of their community-rooted CHC Programme. These should map easily to the four modules below.

The sections that follow unpack the four CHC Programme modules in more detail and suggest some key considerations and practices that may help facilitators to realise the intentions of the programme in their communities.

5.1 MODULE ONE: ACKNOWLEDGING SHARED HISTORIES OF DEHUMANISATION AND RECOGNISING THEIR ENDURING LEGACIES AND HARMS

Module One is dedicated both to exploring the wounds of dehumanising acts and recognising the traumatic effects of current racial injustice as in part the legacy of past atrocities.

It is important to be aware that silence can be part of the coping mechanism for survivors of mass atrocity and their descendants. In some cases, people use silence as a form of self-protection because the sharing of traumatic memories can be overwhelming. In other cases, collective 'forgetting' is the only way for the community to feel that they can move on from the past, believing that when kept quiet, subsequent generations will not suffer the same anguish and pain.

Silence is similarly common among the perpetrators of violence and their descendants, including for those whose ancestors have seemingly benefitted from the tragedies of other groups economically, socially and politically. This perpetrator silence may unintentionally extend the shame and guilt, and cause younger generations to experience inexplicable anxiety and stress.

On both 'sides', people stay silent for fear of re-traumatisation and antagonism.

To end the transmission of trauma from one generation to the next, testimonies must be given to the experiences of wounding and the effects of harm. Remembering the harrowing past can be risky for both parties – the teller and the listener because telling and hearing about the harms of dehumanisation and their damaging effects can be retraumatising. A shared understanding of the historical causes can enable participants from different backgrounds to be open to each other's suffering and to mutual recognition as persons of equal intrinsic worth.

For these reasons, facilitating Module One requires a huge amount of care. When held with sensitivity and courage, the group can begin to understand the harmful effects of historical atrocities and structural injustice, and examine how these harms affect our body, emotions, minds and spirit, as well as our day-to-day perceptions of oneself and others, and cultural practices.

A strong approach in facilitating this rich and shared understanding is to bring together participants for guided intergenerational and intergroup dialogue and inquiry. As part of these conversations, facilitators may consider the following practices:

– inviting the 'spirit' into the space to create an atmosphere of openness and serenity;

– placing personal items, artifacts and objects in the space to provide a focal point;

– introducing rituals, and other practices as a conversation starter;

– encouraging mutual listening to and mutual sharing of memories and stories of dehumanisation;

– pausing with checking-in exercises to ensure participants' well-being;

– further dialogue to explore and analyse the root causes of sufferings;

– co-inquiry to recognise transgenerational trauma and the enduring harms of dehumanisation.

Module One invites participants to reconnect to themselves as whole persons whilst embedding their awareness of personal experiences within shared histories of dehumanisation, wounding and suffering. Each person will experience this part of the 'journey' differently. Wherever Module One's activities and exercises take the participants, the facilitators will encourage all to stay within the process and commit to experiencing it as part of the group.

There are no prescribed ways that participants in the group should share or feel, nor pre-determined destinations that they must reach by the end of Module One. Some participants may feel it overwhelming to recall the effects of humanisation and trauma, to witness others' story-sharing, and to sense and recognise how their own lives and well-being have been impacted by past acts of dehumanisation and their legacies. Some might find it difficult to feel, to express, to share, to experience, to sense, or to get inside their own emotions. Others may find it profoundly transformative to be liberated from the burden of emotions, attitudes and habits that had become their identity.

Such complexity in participants' experiences means that facilitators will tailor the design of a CHC Programme that is highly adaptable. This includes offering activities and exercises that are both culturally appropriate and attuned to the participants' needs at different times, with a keen sensitivity to the risks of re-traumatisation and antagonism within the group.

When considering how to design Module One, facilitators may choose to start with Step 1 (Introduction to the Programme) and Step 2 (Trustbuilding) (see 4.5) before safely and caringly inviting participants to acknowledge the contexts and realities of historical dehumanisation. These steps are key to helping participants recognise the ways that the community's present lived realities have been defined and shaped by the continued legacies of dehumanisation. This will require facilitating Step 3 – one-to-one/small group intergenerational dialogue and inquiry – including working with young participants in preparing a list of questions for the intergenerational listening and dialogue. Some suggestions for questions may be found in section 6.3.

For instance, in the conversations, young participants may invite elders to look back at historical dehumanisation and the challenges involved living in communities impacted by dehumanising legacies. They might pose questions such as:

– What was it like to grow up in your household, neighbourhood, community and society?

– How would you describe your life as a young adult?

– What do you recall as being of the most importance to you growing up?

– Growing up, to what extent would you say you were aware of histories of violence or injustice and how these impacted you or your community?

– Would you be willing to share what you recall as the greatest challenges you personally encountered as a young adult?

– What were your experiences of discrimination, marginalisation, oppression or deprivation as a young adult, either as a victim or perpetrator of these?

– How did you understand or make sense of these personal experiences?

– What about your community? What would you say were the important challenges facing your community at that time?

– What were your community's experiences of discrimination, marginalisation, oppression or deprivation?

– How did you understand or make sense of your community's collective experiences?

Throughout Module One, facilitators will hold the spaces with great sensitivity for participants' emotional responses to these questions and to hearing stories brought forward by these questions. Equally, participants can respond with intense emotions after becoming aware of the dehumanising effects on their present life. More on the practices of hosting Module One are in Part 6 of this Handbook.

In view of this, great attention must be directed to the composition of the CHC group, and to the ways that the CHC is tailored to their respective needs. Below we outline some of the challenges and opportunities of working through the programme with demographically different groups. We provide more guidelines on facilitating mixed groups due to the challenges that facilitators might encounter.

FACILITATING 'HOMOGENOUS' GROUPS

When facilitators are holding spaces for what we might call homogenous groups (groups that are made up of individuals of similar heritage or cultural backgrounds), the programme design needs to pay attention to the practices of breaking silence.

When a circle is made up of individuals who share a common heritage and who have experienced oppression, for example when a group includes only people of African or Indigenous descent, the present legacies of enslavement, colonisation and post-coloniality invite facilitators to create space for experiential activities and exercises that enable participants to:

– feel what is hurting and how it is hurting;

– sense the harms or effects of trauma in their bodies, emotions and self-awareness;

– come to terms with how it feels (in the body, in the emotions, in one's self-awareness) to be vulnerable, to be oppressed, to be brutalised, to be subjugated;

– recognise the harms or effects of trauma in attitudes, language, narratives, beliefs, self-identification and self-awareness;

– acknowledge the gendered and transgenerational nature of trauma;

– deepen an embodied awareness of the traumatic effects, including how the emotions of pains and sufferings may have defined who they are;

– be prepared for a shift in feelings and emotions, e.g., from pain, powerlessness, or a sense of victimhood to understanding, forgiveness and responsibility for healing and well-being.

When holding a group solely with people of European descent, the present legacies of enslavement, colonisation and post-coloniality are more likely to invite experiential activities and exercises that enable participants to:

– feel how they are connected with these legacies in the body, emotions and self-awareness;

– come to terms with how it feels (in the body, in the emotions, in one's self-awareness) to be not vulnerable, to be privileged, to be in an advantageous position;

– recognise the effects of these legacies in their attitudes, language, beliefs, self-identification and self-awareness;

– deepen an embodied awareness of the effects of these legacies, including how one may be defined by them;

– be prepared for a shift in feelings and emotions, e.g., from pain, disconnect, anger, grief, as well as fear, guilt, shame and ignorance, to empathy, understanding, forgiveness and responsibility for healing and well-being.

FACILITATING A MIXED GROUP

For descendants of groups that have historically and ongoingly experienced dehumanisation and whose historical narratives have been overlooked and largely remain unheard, for example those of African descent, the topics under discussion in Module One and the associated reflections can be profoundly distressing. For descendants of 'perpetrator' groups, auditing the shared connections with the histories of, e.g., transatlantic enslavement, colonial occupation, and post-colonial oppression, can be stressful, inciting uncomfortable emotions such as anger, guilt and defensiveness. As much as possible, participants in such a mixed-group need to hold one another in a common caring space, without antagonistic emotions such as resentment and anger. The relational strengths of the group can sustain these emotional passages.

It is therefore vitally important that before participants are invited to embark on personal sharing, facilitators have engaged the group in practical steps 1 and 2 - providing a shared understanding of the aims and intentions of the CHC processes and opportunities for relational enrichment and trustbuilding. The following may also help to support mixed-group circles to navigate the potentially emotionally charged experience of sharing:

Identifying public gestures of atonement

Facilitators might wish to invite participants to refer to real-world examples of political gestures, such as public expressions of atonement, of forgiveness, of intentions to rectify and of condemnation. Even where the details of these examples are not directly relevant to the communities with whom they are working, it can help to know that there are pathways towards acknowledging the past dehumanisation as a starting point for healing.

RADICAL EMPATHY

As part of examining contemporary legacies and trauma, participants will have the opportunity to connect with their own and others' experiences of collective trauma and grief. In listening, feeling, attuning and attending deeply, participants may offer each other mutual witnessing and companionship. Radical empathy allows us to step into each other's lived realities with openness and caring. Furthermore, the strengths of the group enable the participants to connect with the effects of the collective trauma. This includes recognising trauma symptoms in oneself (in body, mind and spirit) and in the collective (culture, norms and practices). It helps one to connect, both personally and as a group, with the wounding that is perpetuated by economic and political systems today.

EXTERNALISING THE EFFECTS OF TRAUMA

Understanding harms through direct lived experiences is the best way for participants to

recognise how they have been tormented by the scars from the past. This requires exercises that help participants to acknowledge and engage with emotions that can initially feel too overwhelming to confront. By reflecting on these pains, through meta-cognition, we can externalise the traumatic effects of continued dehumanisation and ill-being. This helps in coming to terms with the past, recognising its enduring legacies, and pinpointing the associated effects, including feelings, habits of mind and self-perceptions.

MUTUAL WITNESSING

Although participants are encouraged to go deeper into their personal feelings, Module One also invites engagement with each other through mutual witnessing. During this part of healing, participants descending from different groups are likely to experience these feelings differently, for the harms suffered by different groups are too varied. For example, people of African or Indigenous descent and other minorities may experience the long-term hurts of enslavement, colonisation and racism. In contrast, people of European descent may feel and face ignorance and indifference for having benefited from this past, but also feelings of guilt for being complicit in the systems that have privileged them. These are very different kinds of harm and are likely to require distinct processes to move towards healing.

Thus, one part of the group may be working through self-alienation as 'victims and the other through self-alienation as 'perpetrators' or 'profiters'; one part of the group may need to transcend feelings of inferiority and the other, assumptions of superiority; one may experience powerlessness and the other powerfulness. Given this, the dual requirements of safety and openness may be in contradiction: for one part of the group to be open may be for the other part of the group to feel unsafe. For this reason, facilitators may find it necessary or desirable to facilitate elements of Module One in two or more separate smaller groups, allowing each group to feel safer to explore their lived experiences openly, before

coming back together to reflect on and process these sharings, as part of Module Two.

Participants may re-join each other as a whole group following these processes, to share feelings and learnings, and to experience being together once again. It may be helpful for facilitators to be aware that can be a moment when participants are more likely to externalise 'negative' emotional states. Facilitators may wish to prepare accordingly by ensuring there is space for these feelings to be heard, in particular, encouraging participants to speak 'into the space', as opposed to negativity being directed at other participants.

This need for separation need not be experienced as a segregation with negative connotations; rather it may be best understood through the metaphor of the different parts of an orchestra. According to Dr Joy DeGruy, for an orchestra to play together beautifully in harmony, they must first take time to practice together in their separate groups with whom they have the most in common; the string section must practice separately from the woodwind, before coming all together to play the full complexity of the music. Similarly, for the CHCs, those of African descent may need to come together to process their own stories, separately from e.g. those of Indigenous descent or those of European descent, to be able to ultimately all come together and meaningfully engage in collective healing in concert.[8]

5.2 MODULE TWO: RESTORING HUMAN WHOLENESS AND RE-AFFIRMING DIGNITY

Having experienced Module One together, participants will have developed a sense of being part of a group with shared histories. In Module Two, participants will be guided through processes of dialogue, inquiry and reflection that support them to identify cultural wisdom and existing strengths and resilience in their community that have contributed to and may further enhance individual and collective healing and well-being.

As such, the processes for bringing forward the aims of Module Two include:

REMEMBERING

Inviting older generations to remember, and listening to their stories, can help us to draw lessons from the past, and recover and restore wisdom and knowledge from previous generations. In turn, remembering the past is the basis for a community to progress into the future. We shall see that the Ghanaian concept of Sankofa literally advises turning back in order to move forward. Similarly, in Indigenous traditions, it is believed that the past, present and future are interconnected in a continuous cosmic process and movement. The past, and our learning from the past, is essential to build the strength of individuals and communities.

DISCERNING WISDOM

Participants will work together to reflect on what has been shared so far through the dialogue processes, and to identify common themes and recognise important differences across narratives and stories. They will consider emergent ideas and draw together core wisdom, practices and rituals. This exercise is important in helping the group to arrive at new understandings about the community's collective resources for resilience and healing.

GATHERING COMMUNAL 'TREASURES' AND RESOURCES OF RESILIENCE

Module Two seeks to draw out community-rooted 'treasures' that emphasise individuals' and communal practices of resilience and healing, in the face of atrocity and trauma. Through deep sharing, participants offer each other mutual witnessing, empathetic companionship, and compassionate presence, bringing forth narratives of hope and possibility in the face of hurt, trauma and atrocity.

RESTORING WHOLENESS

Module Two is key to the group's collective shift, from silently living out past pain and suffering, to remembering, listening, telling and bearing witness to scars and their causes. When remembering takes place and such a shift is made, it can mean that the deeply tragic personal and communal stories, as well as the inspirational tales of survival and triumph, are no longer dissociated from the continuity of the community's collective narrative. The felt fragmentation in oneself, one's community and the world at large can thus be transcended. Instead, participants will begin to restore the wholeness of being human.

AFFIRMING HUMAN DIGNITY

Module Two also emphasises narratives that affirm the dignity of all persons through a recognition of the inherent worth of all beings and seeks to restore participants' sense of wholeness as persons. This may involve dialogue that explores the nature of 'human dignity', what this term means to participants and what we may mean by it in the context of atrocity and injustice. This will prove an important element of the Programme when participants embark upon the relational work in Module Three.

Despite the highly challenging nature of the subject matter, in Module Two, facilitators can bring participants to recognise that the resources for healing are already embedded in the community, and to recognise their responsibility to bring those resources to the fore and to draw and act upon the cultural wisdom and communal/spiritual practices of resilience and healing.

8 – See Dr Joy DeGruy's comments on this topic during UNESCO Webinar on Collective Healing: https://www.youtube.com/watch?v=vvEOo9qlt7M.

Module Two plays a pivotal role in supporting participants to embrace possibility of healing and find the strength to commit to collective healing journeys. Thus, it is extremely important that, in practice, elements from Module Two are integrated into the work from Module One, ensuring that participants can identify narratives of hope amongst what may be highly distressing histories and ongoing legacies. Hence intergenerational dialogue and inquiry form the backbone of Modules One and Two.

Practical Step 3 (one-to-one/small group conversations) and Step 4 (focus-group conversations) outlined in Part 4 (4.5) are central to Module Two, when guided by a set of prepared questions. These questions are essential for drawing out healing practices, cultural resources, and stories of hope, spiritual transformation and wisdom. Below are some sample questions. For a full list of proposed questions, see 6.3.

Looking back: Sources of advice and support

– As a young adult, were there times when you needed advice and support? Who did you turn to at these times? Why these people? What was it about them?

– Did you go to the elders in your community for support?

– What advice do you recall being offered?

– From whom or how else did you seek/find advice and support?

– Can you recall ways in which your family or community supported you when you came across difficulties?

– How did your family or community support each other in these circumstances?

Looking back: Sustaining, enriching and spiritual practices and qualities

– Looking back, what qualities would you say were significant in sustaining you, your family, or your community in the past?

– Can you recall specific examples of how you were nourished and enriched by these qualities?

– Were there specific habits or practices (e.g., spiritual practices or rituals) that were significant in supporting you?

– Could you try to explain how these practices helped sustain you?

Your lived experiences today

– Thinking about your life now, what qualities and practices are sustaining you?

– How do they differ from those you recall in your past?

– Could you explain how these are nourishing to you?

– Are there qualities or practices that you would say have been meaningful or significant in helping you and your community overcome the effects of, for instance, racism/discrimination, injustice, poverty and marginalisation, in your day-to-day lives?

– Are there qualities and practices that you see as meaningful in helping you and your community overcome or face the effects of other crises, such as climate change, in your day-to-day lives?

Understanding and wisdom

– Within your culture, what would you say is the most important wisdom on how to best live? Where does this wisdom originate from?

– Are there stories within your culture or religion that you would like to share with young people, that may support them to flourish in the future?

– Comparing yourself and your peers with young people today, what do you feel young people today understand less well or better compared to the past?

– Looking back, with the benefit of hindsight, what might you tell your past self or peers?

'TREASURES' TO BE COLLECTED

Through intergenerational dialogue and inquiry, throughout Module Two, participants may capture 'treasures' or stories/wisdom in the following forms:

– Recorded conversations and dialogues (both one-to-one and focus group conversations) in audio-visual formats;

– Life resources and documentation (photos, artefacts, stories, practices) shared by elders

– Young adults' reflections on the intergenerational processes in formats of their choice (videos, arts, music, writing, journaling, personal blogs, podcasts, websites …)

– Cultural/indigenous/spiritual practices of resilience, resistance and regeneration for sharing in formats that are agreed upon by the community

– Other culturally appropriate items

Further details on the CHC approach to intergenerational dialogue and inquiry may be found in Part 6.

5.3 MODULE THREE: STRENGTHENING RELATIONSHIPS AND DEEPENING INTER-CONNECTEDNESS

Module Three provides opportunities for the group to reflect on how the legacies of historical dehumanisation and continued structural injustice have defined participants' self-awareness. It draws participants' attention to narratives about oneself, and others, and the relational dynamics between peoples from different backgrounds and sectors of the society. More importantly, it helps renew humans' interconnection with the world at large. In doing so, Module Three reunites participants with their innermost self, transcend binary identity categories and presupposed power hierarchies, and reconnect participants with each other and with the world in an experience of the collective

human/spiritual 'WE'. This co-creation of new understandings and new narratives is reflected in Practical Step 5 – co-creating new knowledge and new narratives (See 4.5).

Drawing closely on the explorations and experiences of Modules One and Two, in this part of the CHC Programme, participants are supported by the facilitators and by each other to explore how their own and others' personal and collective narratives are shaped by the legacies of dehumanisation and transgenerational trauma and what it may take to co-create new understandings and transcend these narratives towards collective healing and well-being.

It builds upon previous modules' focus on the personal and moves outwards into transformation at a relational dimension. Participants are particularly encouraged to delve empathically into the embodied experiences of the contrast between relational separation and relational closeness. They will feel more as a group rather than separate individuals in a workshop. This 'togetherness' is the fruit of further experiencing the associated emotions, some of which have already been experienced in Module Two. These emotional experiences, when held with sensitivity, have the potential to establish, enrich and deepen a relational closeness, laying the groundwork for collective visioning and commitment in the final module.

Module Three's activities aim to support participants to:

SHIFT PERSONAL AND COLLECTIVE NARRATIVES

Through listening to and attending to each other's accounts of pain, anger and fear, and by sharing narratives of suffering without feeling judged (a process started in Module One), participants can engage with each other emotionally and empathetically. They begin to overcome the negative emotions that tend to fuel indifference, ignorance and bias about others, and experience an openness to, understanding of and care about others' lived realities.

Sharing communal treasures and stories of resilience and resistance (a process started in Module Two) provides an opportunity for participants to re-examine those narratives they have accepted as given and begin to shift the narratives about themselves and their community, and equally about their past, present and future. It is effectively restoring community by re-storying. This involves an important shift of an awareness of the 'I', and an awareness of the 'WE'.

TRANSCEND POLARISATION

By recognising the social nature of dehumanisation, which regards violence as always what one group of people have done to another, tending to separate peoples and groups, Module Three serves to encourage participants to rise above an antagonistic us-versus-them. As participants become open to others' realities, the binaries of victim-versus-perpetrator, us-versus-them, black-versus-white, privileged-versus-disadvantaged, and so forth, can begin to blur.

DEEPEN HUMAN RELATEDNESS ACROSS DIFFERENCES

Through immersion in experiential activities and exercises that invite an openness to others' lived and often different realities, participants can develop intimate and congenial connections with each other. Module Three allows participants to move from self-exploration to relational processes of deep silence-listening-dialogue. Emotional engagement with each other further deepens mutual human recognition and mutual appreciation. Such recognition and appreciation can pave the way towards an ethical commitment to each other's healing and well-being.

In practice, Module Three poses an invitation to embark on mutual exploration. In doing so, the ways participants self-identify can change, and with it, transformed narratives about oneself, community and the world. Relational processes through exercises and activities of dialogue and communing further dispel participants' tendencies to attack, defend or withdraw. Instead, when the

polarisation is removed, the cycles of aggression and indifference are interrupted. In mixed-group settings, some participants can step up from blame and resentment; whilst others move beyond guilt and shame; some can become more proactive in addressing trauma and healing, others recognise their part in perpetuating legacies of dehumanisation, and even offer spontaneous apologies and forgiveness.

In the mutual listening, attentiveness, presencing, attuning and caring, there lies the possibility of group synergy whereby each person will be able to experience, first-hand, how their own feelings and emotions are felt and engaged with by others, and vice versa. For this reason, the more diverse the backgrounds of the participants, the richer and more transformative the group synergy. The group may even feel that participants' memories, stories, emotions and sense of identity are merging. Together participants can experience WE-ness – inclusive of everyone on the journey of collective healing and well-being.

A note of caution: Module Three, although deeply relational, is not aimed at reconciliation. The workshops facilitate deep sharing and deep listening in a spirit of openness, non-judgement and caring that should be seen as valuable in itself. These processes do not have to result in relational reconciliation, although the group dynamic tends to bear the fruit of relational enrichment, with the possibility of developing unexpected friendships, deep bonds and communing. However, the relational processes do not intend any pre-determined outcome (such as developing friendships, deepening personal bonds and communing).

5.4 MODULE FOUR: ENVISIONING STRUCTURAL JUSTICE AND ACTIVATING RESPONSIBILITIES FOR SHARED FUTURE(S)

Module Four further develops participants' awareness of how historical and contemporary socio-economic, political and epistemic structures have enabled dehumanisation. With such a realisation, participants can additionally recognise the polarisation and fragmentation between groups and communities as the result of structural conditioning. Consequently, the group will be eager to re-imagine social conditions and institutional practices necessary for collective healing and the well-being of all.

In Practical Step 6 (initiating structural change, see 4.5), having drawn together key learnings and insights from the ongoing processes, in this final module, major stakeholders in the community are invited to take part in a larger celebratory event. This 'call to (widening) the community' is an opportunity for participants, especially youth, to present the CHC processes and insights thus emerged, and share and consolidate futures-facing narratives, wisdom, ideas and practices.

It is an important occasion for stakeholders to interrogate the society's structural features that have perpetuated injustice, dehumanisation and resulting ill-being. Facilitators will invite all to consider what systemic transformation is necessary in order to sustain collective healing and communal well-being.

In practice, co-constructing a shared vision for better futures, facilitators might engage the stakeholders in exercises or activities to imagine how their community could look and feel in 10, 25 and 50 years. This may help ground the emergent futures-making vision in the realities of the community, linking past, present and future in a continuum.

Having connected with and committed to this vision, participants can then be guided through a process of developing a collective action plan, identifying key partners and pledging personal and collective commitments to transformative actions for community regeneration. Thus, the historical awareness, individual and group healing work, and relational processes involved in the earlier modules, can begin to bear tangible fruit in the final part of the formal CHC Programme's journey.

Module Four has four core elements:

(A) TO DRAW HOLISTIC INSIGHTS INTO SYSTEMIC DEHUMANISATION

By reviewing participants experiences of the CHC processes thus far, including understanding how the legacies of historical dehumanisation have harmful impacts on all peoples, not just those of African, Indigenous and ethnic minority descent, and by building upon a group synergy of 'WE'ness, Module Four investigates the power dynamics within contemporary societies and global processes. This helps stakeholders to become consciously aware of structural injustice, including institutionalised racism, and other dehumanising practices.

(B) TO IMAGINE AND PROPOSE THE STRUCTURAL CONDITIONS NECESSARY FOR WELL-BEING

By sharing idealised visions of community in the near and more distant future, participants can begin to identify the kinds of structure, culture, process and practice that are meaningful for living a dignified, flourishing life together, in harmony with other beings in nature. By positing collective healing, racial equity, social justice and co-flourishing in a continuum, participants can see that historical consciousness, human solidarity, political will, economic systems, societal structures, and institutional processes will all play a part in collective healing and communal well-being.

(C) TO FORGE A WELL-BEING ALLIANCE WITHIN LOCAL COMMUNITY

By becoming aware of individual and collective potential for healing and flourishing, and by identifying those gifts bestowed by ancestors, lands, culture and traditions, participants can recognise that collective healing and well-being are the responsibility of all. An alliance of CHC participants is the starting point to shift from a culture of antagonism towards a culture of solidarity and mutual caring, in support of communal efforts to advocate structural conditions for social transformation.

(D) TO INITIATE SYSTEMIC TRANSFORMATION

Module Four enables participants to recognise that collective healing and well-being must involve systemic transformation. The recognition that each person, and each community can always have gifts for the future is truly empowering. This awareness, and the growing communal solidarity and group coherence as a fruit of the CHC programme, presents an opportunity to understand that living in a humane culture itself constitutes collective healing and well-being.

On a practical level, this could mean empowering citizens, especially young people, to play a proactive part in advocating for a healing-sensitive and caring socio-economic-political system fundamentally directed towards well-being of all. It is imperative to involve key community stakeholders in dialogue processes to bring forward proposals for structural change. At the same time, understanding the structural conditions necessary to sustain collective healing and well-being means that participants can encourage institutions to reflect on their own processes, develop a common language of dignity and advocate structural justice. Thus, Module Four expands on participants' experiences of self-dignity and self-respect throughout the CHC Programme. It enables participants to recognise the integral nature of personal, social and political dimensions of collective healing.

The more peoples and communities are aware of systemic dehumanisation as the root cause of human suffering, the more we can collaboratively respond to the call of duty by exercising our shared democratic responsibilities. This is where youth can have an important part to play. They can give voice by encouraging institutions, governments and international organisations to commit to policies, processes and practices that focus on well-being of future generations – the only hope for humanity's tomorrow.

IN SUMMARY

As already discussed, the CHC Programme does not directly provide therapies to participants (See Part 1). Instead, it co-creates open, courageous and caring spaces within which participants offer gifts of resilience, care and relational richness to each other, and these experiences can have therapeutic effects for all. Effectively, what these workshops provide are opportunities for developing new understandings, shifting self- and other-awareness, awakening to our body, emotion, mind and spirit, transcending relational fragmentation and alienation, and opening pathways for relationally regenerative processes amongst participants, in communities and within wider societies.

Ultimately, once the group have reflected upon the past dehumanisation and present trauma of injustice and polarisation, and identified a vision for a common future, the experiences of solidarity, the commitment to each other and the sense of responsibility for collective healing and well-being may serve as the impetus for the group to co-sustain a community of empowered healing agents or agents of transformation who can positively influence others in their community through living out the values and practices advocated by the Programme.

PART 6:
SPACES, ACTIVITIES AND PRACTICES

The CHC Programme re-affirms the inherent dignity in being human. It provides the basis for transcending vulnerability and fragmentation towards strength and wholeness, transforming existing brutal and oppressive cultures into humanising and well-being-sensitive systems. It thus contributes to regenerating self, community, and natural world.

The Programme consists of large-group processes involving dialogue and storying circles, and small-group activities and personal sharing, which tend to take place in pairs or triads. The Programme requires that facilitators and participants develop partnerships for mutual engagement. This mutuality of learning is key to the CHC approach.

9 to 15 participants are invited into these spaces to engage in myriad activities and processes. The precise shape and format of each CHC will be unique but all CHCs will share the same intention and commitment to coming together to embark on collective healing and well-being journeys.

It is of vital importance that in preparation for and during the CHCs, facilitators are sensitive to their participants' readiness. When participants are not ready to engage, their experiences can either be re-traumatising due to accidental triggering, or superficial, like fact-checking, without emotional and cognitive engagement.

6.1 SPACES

There is no ready-made recipe for ensuring the emotional safety of the group. Safety derives from co-creating and co-constructing the workshop spaces, within a clear framework held by the facilitator. This Handbook uses three key adjectives to describe the spaces CHC facilitators must seek to co-create:

Open - where participants do not feel judged, discriminated against or overpowered.

Open spaces enable participants to 'come as they are', to express themselves, their beliefs and feelings, without fear of judgement or discrimination, despite the presence of significant diversity in the room.

'Open-space' also refers to an art of facilitation when facilitators give over the space entirely to participants, which can be challenging to facilitate precisely due to the inherent uncertainty entailed, but if framed and held sensitively can bring forth significant learning experiences for all. It is important to have open, co-creative spaces as part of the CHC Programme so that participants can step into the space and consider bringing forward their own ideas. To facilitate open space requires facilitators to be confident in the unfolding nature of the activity, and at the same time, to trust the participants' intention and capacity to co-create meaningful experiences with the facilitators.

Courageous - where participants can have the audacity to share their experiences and their innermost feelings, understanding that this sharing will remain confidentially held in the space.

When a strong relational foundation has been built, sometimes CHC participants need to move out of their comfort zones and confront those forces that have kept the community under the influences and effects of trauma. This means that the group can open up the wound, and let the light come in. Stepping outside the shadow of trauma and victimhood requires the confidence in the WE.

Respect is a key practice to enable courage. Respect applies to participants' ways of self-identifying as an individual person, as a part of a community, and in wider forms of belongingness. How each person shows up in the space must be respected.

Courageous space allows us to hold tension and controversy without resolving to disrespect and antagonism. Whilst individuals may not see

eye-to-eye, curiosity can ensure the congenial nature of the conversation and dialogue. For courageous space to prevail, each participant must take responsibility for their intention, attitude, language, and action aligned with the overall aims of the Programme.

The more participants feel safe and experience non-judgement, the more they can express respect for difference, and the more they can become brave in their sharing, and in embracing the transformative potentials of healing.[9]

Caring - where participants feel deeply concerned about each other's feelings and emotions and are supported and nurtured as well as nurturing and providing support to each other.

Caring space invites participants to feel respected and supported. They can be relaxed, calm and engaged. They can be mindful about other's needs. In a caring space, facilitators direct their attention to individuals' experiences as well as to the group's relational dynamics. Regular pauses for breaks, offers of water and snacks and other caring gestures are part of holding caring space.

Importantly, the kinds of open, courageous and caring spaces described above require co-construction, so that they can accommodate the complexities of diverse healing and well-being needs within each community.

6.2 ACTIVITIES AND PROCESSES

As already outlined, the CHC Programme is experiential. In what follows, we present several types of activities and processes which may enable, enrich and sustain collective healing processes when held sensitively by facilitators:

RITUALS

Rituals are inherently tied to the human experience. Part of what makes a ritual meaningful is its wholehearted intention, both personal and shared. The familiarity of shared ritual can be comforting and grounding and is a strong way of bringing a group together.

Rituals can be helpful at many points throughout a groups' collective healing journey together, including:

− To mark a transition from one state to another,

− To reinforce a positive vision,

− To enshrine a value or guiding principle,

− To ease grieving,

− To re-establish mutual empathy and to strengthen relationships,

− To mark or celebrate an occasion.

Any experience can be ritualised simply by doing it consciously and with a wholeheartedness and clear intention. Setting the intention is key to creating a sacred space that is safe and caring enough for courageous experiences, appropriate to a healing process. Words can ritualise experiences. By verbalising an intention, the group can be invited to partake in that intention, and the activities and experiences of the activity become ways to honour that intention.

Nature-based rituals can be an excellent place to start. The elements of fire, water, air and earth are fundamental to human existence and have been used for millennia. Facilitators may wish to use objects from nature in ritualistic ways to help participants to intuitively find common ground.

Rituals that centre around personal objects, for example to symbolise the important elements of an individual or group's situation or experience, can also be powerful.

Other examples of rituals practiced in collective healing workshops might include:

− circle rites, e.g., sitting, standing, walking, and moving in a circle,

− lighting a candle,

− symbols and metaphors, e.g., a talking stick,

− group-based routine,

− remembrance rituals, e.g., of ancestors,

− silence, e.g., gathered silence, silent movement,

− meditation,

− ceremony, e.g., grieving ceremony.

Opportunities for participants to share rituals from their own cultures or histories can be a powerful way of stepping into the mutual appreciation in CHC Module 2.

INTERGENERATIONAL DIALOGUE AND INQUIRY AND "MY STORY"

A key element of the CHC Programme methodology, intergenerational dialogue and inquiry may serve to support the co-creation of new narratives for communities to live by in the service of healing. It can help to restore our spiritual wholeness in the individual, family, community and society, as well as to renew the temporal continuity of our collective being. The aim is for young adults to take a key role in leading the dialogue processes. When young adults listen to elders, and elders listen to the young, stories are invited, created, (re)narrated, curated and transformed.

Listening and storytelling can engender a better understanding of the roots of dehumanisation. Through deep dialogue and inquiry, young adults, elders and witnesses can become consciously aware of the spiritual harms inflicted through acts of dehumanisation. Such an awareness can be felt as a light that permeates the layers of scars and transcends grievance and humiliation. It can give voice to the silenced pains and grievance, and draw our attention to their traumatic effects.

Intergenerational dialogue and inquiry may also serve to revive communal ancestral wisdom, traditional practices and other resources that have sustained successive generations, revealing 'treasures', hidden but now rediscovered and recollected. In naming and reclaiming these communal gems, Intergenerational dialogue and inquiry supports cultural continuation. When shared, communal gems can enable all stakeholders to reconnect with human dignity, and deepen consciousness of the equal intrinsic value of all persons − recognising that that we are all souls and beings of non-instrumental value.[10]

When undertaken with sensitivity, intergenerational dialogue and inquiry has the potential to help the community to reach a deeper understanding of the shared historical and present lived experiences of dehumanising legacies, and re-unite the community around its strengths and opportunities for healing. It can be fruitfully driven by the younger generations who often feel that they are cut off from their families' and community's histories, and who may bring a fresh voice to the conversation.

Such intergenerational processes further provide spaces for resuming narrative continuity and may draw out inspirational stories about the triumph of the human spirit. These processes have been described as **Sankofa**, a metaphor of the Akan people of Ghana, and an Akan term meaning "**to go back and fetch it**". Sankofa is often depicted by a mythical bird flying forward with its head turned backwards and a jewel in its beak. The jewel symbolises the treasure or gem, the wisdom or knowledge accumulated from the past that may benefit the present and guide the journey into the future.

A central pillar of the CHC Programme is personal sharing, using questions to gently lead into deeper sharing, frequent small group sharing, as well as sharing in larger group settings. All cultures have storytellers and stories. In modern times this has developed from the time-honoured oral, written and artistic traditions into a multitude of ways of honouring individual and collective experience(s). This can be a fundamental part of the process of grieving, mourning and healing that releases trauma. As personal sharing, the storyteller should be given the freedom to decide what to share and how much they share one-to-one, in a small group of three, or in a larger group setting. The dignity of personal experiences is respected by listening deeply and witnessing, e.g., without comments, criticism, or pity from the listener.

During the CHC Programme, sharing should always be intergenerational. Where the demographics of a group mean there is less of an intergenerational gap, participants can assume intergenerational voices, for example one participant might adopt the voice of an elder or a young person, perhaps recalling the tales of their grandparents or reflecting on their children's experiences. In this way, the intergenerational nature of the sharing and learning is sustained even within less diverse groups.

Personal sharing can be carried out in pairs, in threes, or in larger groups. Where sharing occurs in pairs, facilitators are encouraged to arrange for a 'witness' (a non-speaking member) to attend the sharing. This can help reduce the intensity of certain interpersonal tensions which may arise, as well as protecting all participants against unfounded accusations of impropriety or misconduct. The witness figure may also serve to honour the significance of the sharing.

The structure of sharing activities and their time allocation will depend on the purpose of the sharing. That is why it will require more preparation and safe and caring spaces intentionally held by both facilitators and participants. The strength of the group is needed in order for listening, witnessing, and accompanying to support the person who is sharing their most 'intimate' life, which often they have not yet told to themselves. In this case, the emotional contents can be dense and 'thick' and need of caring support. Sharing one's personal story ('My Story') can be a courageous act of journeying into one's past, which may release and externalise pains and sufferings. It can further enhance one's self-awareness and reconnect one with one's sense of wholeness.

Personal lived experiences captured in 'My Story' can take many different forms, including stories of one's ancestors, one's immediate family, group, community or society. It is often assumed that 'My Story' is an account of trauma, wounds, pain and suffering, but by no means does this have to be the case. How 'My Story' can be offered

as a gift to the group process will be decided by the nature of the group dynamics, the relational processes the participants are undergoing, and the cultural appropriateness for the community. See discussion of Module One and Module Two in Part 5 for more details.

In the next section (6.3) will be found a list of questions that support participants to invite and shape their sharing of their story. These questions are particularly key to enabling meaningful experiences of Module One and Module Two. In addition to these questions, deep personal sharing can be assisted by using creative imagery, such as colours and shapes, "drawing" experiences, collage, photographs, a visual timeline of one's life, or specific objects, such as a memorable souvenir or artifact.

Creating spaces for intergenerational dialogue and inquiry in communities suffering historical atrocities and continued structural brutality requires caring facilitation to be in place so that the voices and stories can come to the fore, without the risk of re-silencing, and re-traumatising. The intergenerational processes also depend on the strength of the relational bonds amongst participants, the creation of open, courageous and caring dialogue spaces to encounter each other, and the sensitive holding of the spaces by the community partners and facilitators.

It is important to highlight that the significance of sharing 'My Story' applies to all – not just community elders. Mutual listening to stories of dehumanisation and stories of resilience is powerful for all members of the community. An expression of meaningful and deep sharing especially enables an enriched bond between elders and the young.

CREATIVE AND ARTISTIC ACTIVITIES

Creative and artistic activities can offer relationally enriching processes for participants to explore their innermost feelings and emotions without the struggle of finding the appropriate

words for them. In fact, non-discursive exploration of experiences can entice more reticent participants to engage whilst bringing to the fore unexpected expressions. Equally, creative activities can be integrated into the processes of discussing relevant themes and issues through creative articulation.

Starting with a creative stimulus tends to energise the sharing and conversations that follow. It also gives the group a common focus from which to explore similarities and differences in their experiences. It is often helpful to first give participants a chance to engage with the stimulus 'pre-reflectively' through direct experience and perhaps to respond creatively, before initiating a guided reflective/exploratory process.

Follow-up discussion might then be guided by some exploratory questions. Suitable stimuli could include poems, paintings, video clips, short stories, short films and pieces of music. This kind of activity also works well with photographs, especially photographs of people. Facilitators may similarly wish to make use of non-fiction media (for example through video/radio clips, newspaper articles or podcasts) to introduce ideas and themes.

Witnessing storytelling by others can also be healing and cathartic, with the added merits of safety and dignity. Listening, witnessing, engaging and reflecting on others' stories in films and videos can offer greater scope for participants to question, to critique, to inquire and to be curious about traumas and experiences, including what it might mean and feel like to live through such harrowing experiences.

Creative responses to a creative stimulus can take many forms. Below a few are suggested:

CREATIVE DRAMA

Creative Drama is improvisational and process-oriented. Participants are guided by a facilitator to imagine, enact and experience. At its foundation is the process of acting out, involving participants making an imaginative leap from their actual situations into inventive ones. The major value is that participants can act out their feelings without fear of punishment or reprimand.

The forms of Creative Drama are varied, including dramatisation, physical theatre and role-play. Likewise, the contents of Creative Drama are wide ranging, and so are the social situations it may explore. It can offer participants the freedom to say and do things they have never had the opportunity to say or do. In this way, they can probe, find out more and talk about what they are experiencing during the acting out. In the acting out, they may experience, examine and work out difficult emotions and feelings like fear, anger, hate and pain either by themselves or with others.

The facilitator, when guiding the activities of play acting, tends to focus on emotions and feelings in general to enable participants to act out and explore various responses to the stimulus provided. In responding to imaginative scenarios, personal realities might inadvertently be played out; thus while the facilitator focuses on generalised experiences, there will be an unleashing of participants' personal traumas, relief of symptoms, emotional and psychological integration, relational enrichment and personal growth.

Creative Drama is not the same as drama therapy. Healing takes place as a social and relational process. This means that from the facilitator's perspective, Creative Drama is a space for acting out, in a safe and playful way, some of the deepest human experiences. The acting and experiencing is itself meaningful.

EMBODIMENT AND MOVEMENT

Embodiment is common as a healing practice; it enables a shift in self-awareness through exercises such as dance, movement, visualisation, mindfulness, sensory awareness, muscle relaxation and so forth, to connect more fully to our body and through our body, our experiences.

Throughout the CHC Programme, embodied practices are offered. These may include:

- Beginning the session with a mindful breathing exercise to centre ourselves and help connect the mind and body.

- Integrating embodied experiences in nature, such as a barefoot walk on the grass, or climbing up a hill.

- Feeling deeply the sensations that we are experiencing.

- Integrating movements, such as stretching, bending, shaking our bodies.

- Engaging in myriad types of breathwork.

- Taking part in synchronised dance, where participants follow one another's movements.

- Embodied contemplative practices.

- Closing the session with feelings or experiencing emotion.

VISUALISATION

Visualisation, or guided imagery, focuses our imagination on desirable scenarios in our life. Visualisation invites us to use our senses, e.g., seeing, feeling, hearing, or smelling. It assumes the integration of our body, mind and spirit, and through creative imagining and self-suggesting, visualisation can shift our feelings and emotions.

Some visualisation practices use a contemplative approach, some are rooted in artistic practices, such as drawings, whilst others are rooted in story-making. Visualisation is particularly relevant to CHC Module Four whereby the group come together to visualise our shared futures.

OTHER CREATIVE AND ARTISTIC ACTIVITIES

There are many other kinds of creative and artistic activity, such as free-drawing, clay modelling, handcrafts, visual storyboard, cartoon, music making, body-sculpture and so forth. The choices of the format depend on the strengths and preferences of the group and the facilitator(s).

A key element in creative and artistic activity concerns how the participants' artistic creations are shared in and with the group. For instance, some creative and artistic expressions can be discussed by the group; others can simply be presented and appreciated by the group without the need for further discussion. Some can affirm participants' existing experiences, introducing a shared understanding, others, such as activities that involve depicting scenes from one's own or collective past, present and future lives, can raise awareness about aspects of participants' experiences that other participants weren't previously sensitive to, thus opening spaces for new discoveries.

Creative and artistic activities are ideal contexts where participants collaborate in co-creating and participating in a common experience. They are extremely meaningful as an opportunity for participants to become aware of the importance of other people in our healing and well-being, and the importance of our relationships with others as part of our well-being.

GAMES

Fun and engaging games or tasks (e.g., bingo or card games) can also be a great activity during the CHC Programme. They can provide a safe and accessible way for participants to explore relevant themes and issues and can inspire engagement and participation. In addition to kindling a relaxing and joyous atmosphere for easy engagement and conversations, games may help to energise participants as a group and bring them closer in the process of playing and feeling the delight of being together.

Usually, games are introduced either at the beginning or at the close of a session, or as a chance to 'let off steam' after an intense sharing or reflecting activity. They can be very effective in reinforcing the conviction that learning is multi-faceted, and that fun and enjoyment are very much integral to healing.

SILENCE AND CONTEMPLATIVE PRACTICES

Gathered silence with an intention to feel deeply can support the group to bond, whilst also deepening each individual's connection to their own feelings and spirituality. Facilitators may wish to encourage participants to engage in intentional gathered silence through activities such as:

- Silent meditation,

- A silent walk together, perhaps through a historically significant site,

- A silent mealtime,

- A simple moment of silence, in communion.

It is important to note that for many reasons some participants may find extended silence threatening or oppressive. Facilitators will wish to be sensitive to this possibility and ensure that all participants are aware of the voluntary nature of these (indeed all) activities involved in the CHC Programme.

Contemplative practices are well-accepted as whole-person practices that promote inner well-being, emotional flourishing, connecting self, other, the world, and the sacred. There are many examples of contemplative practice that can be integrated in the CHC Programme, depending on their participants' backgrounds and needs.

Facilitators may wish to create spaces for participants to:

- Pray

- Centre themselves

- Commune with nature

- Practice mindfulness

- Pose life-questions

- Walk through a labyrinth.

Much like intentional silence, these activities can connect participants to themselves and others and their deeper intentions and values.

PRESENTATIONS

All activities that are not experiential, dialogic or reflective are categorised as presentations. These are often pre-planned and prepared, such as a lecture, a talk, an instruction and so on. A presentation might also be given by participants who would like to offer a fuller account of, for instance, the histories of their family, or the community.

Pre-prepared presentations may include pre-recorded content such as YouTube videos, as well as pre-prepared slides. It is important that when facilitators or external speakers provide such presentations, they ensure that the 'content' therein is understood on an emotional and embodied level – it is not enough to engage participants only on an intellectual level.

6.3 SAMPLE QUESTIONS FOR INTERGENERATIONAL DIALOGUE AND INQUIRY

Through the CHC processes, participants are encouraged to engage in dialogue with others in their community who have had significantly different life experiences to their own. This could be someone from e.g. a different generation, a different culture, a different racial group, etc. They are invited to explore with them their lived realities. In the spirit of Collective Healing, participants are encouraged to engage in these intergenerational and intergroup dialogues through the lens of inviting stories of resilience, healing and hope.

The questions below are envisaged as inspiration only, not as a script. Participants are encouraged to engage fully in the dialogue, sharing their own experiences and perspectives as they feel comfortable, and to allow conversations to have a natural flow.

Some helpful open questions for initiating "My Story" dialogue might include:

- Would you share a little about what it was like for you growing up in your community?

– When challenges arose for you growing up, who or what did you rely on for support?

– What would you say are the most important qualities to nurture in young people, if we want to bring about a future of social justice and collective healing?

– Are there stories from your culture or religion that you feel are important to treasure and carry forward to sustain the next generation?

The following questions, developed in the first phase of the UNESCO IDI, may particularly support young adults as they engage community elders in dialogue. These questions can equally support younger members of the group to shape their own story sharings.

Context and background

– Please would you share a little about you?

– What motivated you to be here today?

Looking back: History and challenges

– What was it like to grow up in your household, neighbourhood, community and society?

– How would you describe your life as a young adult?

– What do you recall as being of the most importance to you growing up?

– Growing up, to what extent would you say you were aware of histories of violence or injustice and how these impacted you or your community?

– Would you be willing to share what you recall as the greatest challenges you personally encountered as a young adult?

– What were your experiences of discrimination, marginalisation, oppression or deprivation as a young adult, either as a victim or perpetrator of these?

– How did you understand or make sense of these personal experiences?

– What about your community? What would you say were the important challenges facing your community at that time? For example,

– What were your community's experiences of discrimination, marginalisation, oppression or deprivation?

– How did you understand or make sense of your community's collective experiences?

Looking back: Sources of advice and support

– As a young adult, were there times when you needed advice and support? Who did you turn to at these times? Why these people? What was it about them?

– Did you go to the elders in your community for support?

– What advice do you recall being offered?

– From whom or how else did you seek/find advice and support?

– Can you recall ways in which your family or community supported you when you came across difficulties or challenges?

– How did your family or community support each other in these circumstances?

– Looking back: Sustaining, enriching and spiritual practices and qualities

– Looking back, what qualities would you say were significant in sustaining you, your family, or your community in the past?

– Can you recall specific examples of how you were nourished or enriched by these qualities?

– Were there specific habits or practices (e.g., spiritual practices or rituals) that were significant in supporting you?

– Could you try to explain how these practices helped sustain you?

Your lived experiences today

– Thinking about your life now, what qualities and practices are sustaining you?

– How do they differ from those you recall in your past?

– Could you explain how these are nourishing to you?

– Are there qualities or practices that you would say have been meaningful or significant in helping you and your community overcome the effects of, for instance, racism/discrimination, injustice, poverty and marginalisation, in your day-to-day lives?

– Are there qualities and practices that you see as meaningful in helping you and your community overcome or face the effects of other crises, such as climate change, in your day-to-day lives?

Understanding and wisdom

– Within your culture, what would you say is the most important wisdom on how to best live? Where does this wisdom originate from?

– Are there stories within your culture or religion that you would like to share with young people, that may support them to flourish in the future?

– Comparing yourself and your peers with young people today, what do you feel young people today understand less well or better compared to the past?

– Looking back, with the benefit of hindsight, what might you tell your past self or peers?

6.4 A SAMPLE AGENDA AND INDICATIVE TIMETABLE

Below is a sample agenda and an indicative programme for how facilitators may choose to plan their time in hosting a CHC. The proposed timetable gives suggested timings for facilitating the programme over 3 full days. Depending on the context, facilitators may wish to extend or reduce this timeframe accordingly.

A THREE-DAY COLLECTIVE HEALING CIRCLE PROGRAMME AGENDA

Day One: Setting the Circle + Module 1 & Module 2

Day Two: Module 2 continued + Beginning of Module 3

Day Three: Module 3 continued + Module 4

Plus follow-up stakeholders meeting at a later date – Module 4 continued

Each day is likely to be separated into four to six 60-90 minute sessions, depending on the facilitators' design. Below is an indicative outline for how a single session might be structured.

AN INDICATIVE OUTLINE FOR A 60 TO 90 MINUTE SESSION

Below is an outline for one way to structure one session, incorporating core elements. We hope that this will provide a helpful framework within which to plan bespoke and empowering sessions. This should not be treated as a strict prescription, but rather as a sample structure for reference during planning.

BEING PRESENT (3 TO 5 MINS)

It is helpful to start and end each session with a contemplative or meditative ritual of some kind. This might be, e.g., sitting in a circle in silence, a guided meditation, a visualisation, a breathing exercise or listening to music. As already mentioned, this should be supported by the aesthetics of the space, e.g., a candle in the middle of the circle, plants, flowers or natural light, which are all expressions of loving presence and respect for human dignity. The incorporation of some form of 'well-being check-in', or evaluative/appreciative reflection on the session, such as each individual sharing a word or placing their name on a 'well-being barometer', often forms a natural transition out of this contemplative space.

INTRODUCTION (3 TO 5 MINS)

This is a presentation outlining the session's intentions, focus, activities and processes. These might be written on a board for the group to refer to throughout the session.

DIRECT EXPERIENCE (5 TO 10 MINS)

This is an experiential element, such as listening to music, reading a poem, watching a film clip, role-play or sharing a personal story. Participants are encouraged to feel their own feelings and emotions, experience their body, heart, mind and

spirit, as well as relational qualities, attitudes, beliefs and so forth. They are also invited to step into another's realities, to be moved, to experience others' feelings, emotions, relations and spirit. It may end with participants each sharing a single word that comes to them, or perhaps a brief sentence to articulate the essence of their experiences.

PERSONAL SHARING IN PAIRS OR SMALL GROUPS (10 TO 20 MINS)

This time is an opportunity for participants to bring their own stories, ideas and concerns to the group. This can be prompted by the preceding direct experience or relate more generally to an overarching theme. Such sharing can be fruitfully encouraged by the introduction of an open question relevant to the context.

DISCUSSIONS, DIALOGIC REFLECTION AND UNDERSTANDING (30 TO 45 MINS)

At this time, facilitators provide opportunities for participants to explore, discuss and dialogue about an overarching theme of the session (or the ideas raised in the previous sharing). This might be in the form of a group discussion or an integrated creative artistic activity. Where the discussions and dialogue are deemed to be rich, participants might re-form smaller groups for deeper conversations, before returning to the larger group for a final exchange of ideas.

CLOSING (5 TO 10 MINS)

It is desirable to close every session with a similar ritual to that with which it begins. In closing, the feeling of connection may be affirmed by asking each person in the circle to share 1 to 3 words to express and evaluate their experience of the session.

6.5 GETTING STARTED PLANNING A CHC

When planning a community-rooted CHC, facilitators may find it helpful to review the following simple characterisation of a UNESCO CHC, and the ensuing guiding questions, which may focus their initial planning.

A UNESCO Collective Healing Circle creates **open, caring and courageous dialogic spaces** over **approximately 3 days,** for a **diverse group** of **11-15 individuals** (including at least 2 facilitators) to work through experiencing, understanding and embedding the key elements of **the 4 CHC modules**:

1) Acknowledging our shared histories of dehumanisation and recognising their enduring legacies and harms;

2) Restoring our sense of human wholeness and re-affirming our dignity;

3) Strengthening relationships & deepening interconnectedness; and

4) Envisioning structural justice & activating our responsibilities for shared future(s).

The programme, especially Module 4, entails a future-forming focus, which may lead to **further activities** beyond the circle itself, including a **stakeholders' meeting**.

Co-facilitators may find the following guiding questions helpful to consider as a starting point:

– How will you select participants to ensure **diversity** within the group? What are the relevant diversities to consider?

– How many **participants** will you aim for? How many **facilitators?**

– How many **hours** do you anticipate working with participants and how might you **timetable** these hours (e.g. shorter sessions over more weeks or 3 full days)?

– Where do you hope to host the CHC? Which organisation(s) may support you with the practicalities of hosting?

– What approaches and methods will you use to facilitate **Module 1?**

– What approaches and methods will you use to facilitate **Module 2?**

– What approaches and methods will you use to facilitate **Module 3?**

– What approaches and methods will you use to facilitate **Module 4?**

– How will you ensure that the **spaces** are open, caring, courageous and dialogic?

– How might you ensure that your CHC has impact beyond the individuals participating towards nurturing **transformation of structures / systems?**

– How will you bring the insights from your CHC into the wider community, e.g. through a **stakeholders meeting?**

> **"** The most important capacity for the facilitator is the ability to stay present to the group's process, and this requires the ability to hold both a clear interior and exterior awareness. Full presence permits the facilitator to intuitively follow the flow of the group while maintaining a resonant container so that participants can feel trusting and connected."
>
> --- **Thomas Hübl,** *Healing Collective Trauma*

PART 7:
GENERAL GUIDANCE FOR CHC FACILITATORS

Facilitating the CHC Programme is a great responsibility. It invites and nurtures integration, intuition, intention, imagination and inspiration, which require facilitators' qualities of presence, attention, atonement, openness, sensitivity, adaptiveness, responsiveness and courage to embrace uncertainty and the unfolding.
This doesn't mean that a facilitator is all-knowing or all-powerful, nor does it mean that facilitators will take all the responsibility for the group's healing and well-being. It does mean that facilitators can skilfully practise the arts of holding the spaces for channelling energy, wisdom, insights and experiences from the place where mystery resides and where deep understanding and knowing emanates.

Facilitation involves co-creating lovingly held spaces and caringly coordinated activities, which therefore cannot be imposed nor instructed. It is out of the deep relational process that the group actively and intentionally becomes greater than the sum of the individuals. It may be helpful to think of the group's 'evolution' as the emergence of 'group' consciousness, an elegant and graceful flow of energy and togetherness.

Facilitators are part of the CHC as well as the holders and facilitators of the CHC processes. This can support participants to become aware of the necessity to empathise and engage their own and each other's lived realities as whole persons who are physically, emotionally, cognitively, energetically, and spiritually engaged, encompassing feeling, emotion, intuition, imagination, introspection, intention, inspiration and action.

Facilitation requires that the facilitators work as a team to guide the unfolding collective healing and well-being journeys. In our case, the facilitating

team will tend to comprise 2 to 3 members: an ideal arrangement might be two experienced professional facilitators and one young facilitator (aged 18-34).

Working as a team, facilitators will allocate time before, during and after the workshop for planning, adapting and debriefing. Here also lies the potential of the facilitators' own healing, learning and well-being as they are not just holding the spaces for the workshops, they can also be part of the processes of healing, learning and becoming whole.

This team of facilitators will embed themselves in a community of support, including youth organisations and youth leaders, local NGOs, community anti-racist actors, healing agents, faith and interfaith leaders and actors, institutional leaders and actors, and others. Because facilitation involves serving and giving of oneself, facilitators must be sure to incorporate self-care as part of the Programme. Equally, it is important for facilitators to reflect on the underlying desire to serve and what constitutes the greatest delight, joy and contentment in facilitating.

In this Part of the Handbook, we will revisit some of the elements of the CHC Programme from the perspective of facilitation. We will also discuss some of the key moves that facilitators tend to make to hold the spaces and the methodological steps that might enrich the group's unfolding healing journey.

Most importantly, we review some of the processes that allow facilitators to co-design and co-create the CHC Programme. These will ensure that each group's experiential journey is attuned and aligned with the local resources, practices and cultural orientations, and located within its histories, evolving relational dynamics, institutional obstacles to healing and other structural challenges.

7.1 QUALITIES AND COMPETENCES

For facilitators to be able to hold the spaces for the CHC Programme consistently and caringly, it is necessary for them to cultivate certain qualities. These qualities can enable the facilitator to practise the arts of holding open, courageous and caring spaces for deep human encounters and experiences. In such spaces, participants will become courageous and feel encouraged to embrace possibilities for healing and well-being.

These qualities include charisma, a calming demeanour, good listening, commitment to experiencing, learning and healing, and a readiness for continued personal growth, professional development and well-being. Other key qualities for all facilitators include:

– A willingness and openness to engage with one's own traumatic experiences;

– The ability to invite and initiate deep silence-listening-dialogue;

– The sensitivity to understand the group's needs and to facilitate group-based interaction accordingly;

– Dedication to a values-based, trauma-informed, healing-focused and well-being sensitive approach;

– Openness and flexibility to co-create and collaborate with co-facilitators and with participants;

– Confidence in greater transformation at personal, social and global levels.

With these qualities, during the CHC, facilitators will be able to:

– stay fully present within the group's process;

– hold both a clear interior and exterior awareness;

– intuitively follow the flow of the group;

– maintain a resonant container for participants to feel trusting and connected;

– connect to the dimension of higher consciousness;

– serve without egoistic needs.

With these qualities, facilitators and participants can explore the past, present and future of the self, group, community, society and humanity.

7.2 CORE CONCERNS OF FACILITATORS

To facilitate a group's collective healing and well-being journeys, the facilitation team must share the intentions and objectives of the Programme, be fully aware of the diversity of the group and be attentive to the personal and collective needs within it. To hold spaces for such a group requires that the facilitators are mindful of the following responsibilities:

The first is to ensure that the group is prepared to embark on challenging passages together. As already discussed, the group's readiness lies in its coherence, solidarity and strengths. This means that there must be ample time for group members to get to know each other. Bonds amongst the participants can enable the Programme to be fully rooted in the community. Such a rootedness means that the participants can share concerns, recognise common histories and identify mutual healing needs from their lived realities.

The second is to ensure respect for the equal value of all participants. This means that the facilitators must be sensitive to the differences amongst the participants. Some of the differences are not obvious, and the facilitators may need to apply both investigative observations (e.g., finding out more about each participant before the workshop) and intuitive observation (e.g., learning more about each participant during the workshop). Being attentive to different perspectives and adjusting the activities for the active engagement of all participants should be a key concern for the facilitators. The more the Programme is tuned to the participants' needs, the more it can sustain trusting, respectful and inclusive spaces for deep and transformative encounters.

The third is to ensure a shared experience of collective healing and well-being. This means that the facilitators must embrace the objectives of the workshops and enable the group to move forward together, despite the likelihood of different pathways and different paces. To accommodate the different needs, the facilitators may need to elicit participants' mutual support and mutual care.

The fourth is to ensure that each facilitator serves from the right place. Facilitators tend to become facilitators because they recognise that this is their way of serving humanity. This is the kind of work that is essential to and deepens their own well-being. Programme facilitators should have already done personal and collective healing work and should not be using the opportunity primarily for their own healing. Their motivation to serve should not be self-referential nor self-focused. When the facilitator serves from openness, responsiveness and adaptability, including a willingness to embrace the unknown, they can truly attune the facilitation to the needs of the group and empower the participants to stay in the present with the energies of the group.

The fifth and last is to ensure that facilitation is always co-facilitation and co-creation with co-facilitators and participants. This means that no one is struggling alone and no one is a lone hero. Section 6.5 addresses more about co-facilitation.

7.3 PRACTICES OF FACILITATION

Facilitation enables, encourages and empowers people to engage in experiential processes in a group setting. In our case, facilitation involves creating spaces within which participants can become open and willing to share personal feelings, experience deeply seated emotions, formulate stories and ideas, listen deeply, pose meaningful questions, reflect critically and become a witness to and companion of each other's processes.

Facilitation enables participants to feel safe and cared for and therefore to gather the courage to engage in the activities designated for healing, restoring wholeness and well-being. It encourages greater participation in the group activities, and greater responsibility for one's own engagement in healing, learning and well-being. It empowers participants to identify shared objectives and support each other in achieving them together. Through facilitation, participants come to appreciate the unfolding processes and journeys of collective healing.

Facilitation involves the arts of bringing alive many different facets of group encounters and individual experiences. To do so, there are a variety of moves, styles, approaches and practices, depending on the aim of the activity, the format of grouping involved, the time allocated, and above all, the needs of participants. For the CHC Programme, the following approaches may be particularly applicable when facilitating a group's activities:

DIRECTIVE

Providing participants with information, a description of an activity, and guidelines on how to engage. Directive or guiding but not instructive, authoritative but not authoritarian.

EXPLORATORY

Posing questions, inviting participants to listen to each other, reflect deeply, share experiences and narratives and propose ideas. Exploratory but not superficial, inquiring but not seeking one right answer.

COLLABORATIVE

Planning a session with participants, identifying common objectives and co-creating experiences. Collaborative but held, co-creative but not unstructured.

ENTRUSTING

Inviting the group to plan a session, offer and suggest activities, allocate roles to each other and take responsibility for them. Group members work together towards a defined end/goal and, at the same time, focus on how they are working together to ensure the development and support of each other within the group and throughout the process.

MODELLING

Engaging in the activities authentically and engagingly in the same way participants are invited to do, including sharing personal stories and showing vulnerability. Inherent in facilitation are the values of respect, cultural relevance, equality, inclusion, appreciation, participation, collaboration and co-creation. Facilitation of group processes requires embodiment of these values and the recognition of each person's gifts and contributions to, and responsibility for, the unfolding collective healing journey.

Ultimately, facilitators must acknowledge that collective healing occurs when participants become actively involved in identifying pathways towards inner transformation through relational transformation, systemic transformation and restoring the wholeness of their well-being.

7.4 TASKS OF FACILITATION

Facilitators help the group to embark on collective healing and well-being journeys together. They tend to do the following:

Outline the objectives of each session;

– Invite the group to arrive at some agreed values and principles for engagement;

– Hold spaces for participants' experiences and engagement;

– Provide support for participants to engage deeply in the activities;

– Remind participants of their responsibility for self-engagement and mutual support;

– Recognise and be sensitive to individual and group needs during activities;

– Suggest pathways for inquiries, questions, dialogue, reflections and explorations;

– Motivate the group to engage in challenging activities;

– Balance the objectives of activities and processes involved to achieve them.

Facilitators might consider the following moves helpful in creating an ethos of openness, non-judgement and care, with equally deep attention to holistic human well-being.

1) A SPACE OF BEAUTY AND HOSPITALITY

As discussed, the design of the physical space is as important as that of the human and spiritual space for CHC sessions. The aesthetics of the space might simply involve natural light, a tidy background, some plants or flowers, a candle and an offering of fresh drinking water or tea. Such a space is not only safe, but also conveys love, care and respect for the dignity of all who step into it.

2) THE SETTING OF A CIRCLE

A circle is crucial to establishing an ethos of caring, respect and inclusion. Inherently equalising, sitting in a circle with other participants and facilitators can help shift the traditional hierarchical structure and encourage everyone to engage with each other in respectful and responsible ways.

3) A CONSISTENT RITUAL, ROUTINE OR STRUCTURE OF EACH SESSION

A routine is inviting to our human spirit, and is the way where the group can feel safe, allowing, at the same time, a degree of flexibility, openness and a willingness to be attentive to participants' needs and to adapt sessions accordingly. Collective silence, deep listening, meditation, music, poetry, quiet body movement and mutual witnessing are good examples.

4) THE USE OF A SPEAKER'S TOKEN

A token is ideal for helping to set up a routine of turn-taking in sharing and to ensure that what a participant offers to the circle will be both respected and attended to with care. Passing a speaker's token such as a 'talking stick' to one another can make all participants feel that they are given opportunities to speak and to be heard, and that what they say matters. The token also gives participants the option of deciding whether they are ready to speak or to share.

5) AN OPENNESS TO LETTING GO

It is both exciting and courageous for the facilitator to allow a free-flow atmosphere in the group by relinquishing their anticipated plans and schedule of activities. Such openness is powerful in showing the group that, as facilitators, they are prepared to ad-lib to support participants to explore the topics that emerge. This sensitivity and flexibility are at the core of the safe feeling in the space. It can enable a sense of co-creation and collaboration.

6) THE SHARING OF VALUES AND INTENTIONS

Highlighting the group's shared values and intentions helps form an informal agreement to which all participants adhere. This is a chance to articulate and make explicit the qualities required for nurturing a safe space and to provide a common point of reference for the beginning of the group work. Depending on cultures and contexts, some groups might prefer to treat these

as Ground Rules; others might want to see them as common aspirations. In either case, it tends to be most effective when values and intentions are recognised as mutual and agreed upon through a co-creative process, offering opportunities for all to contribute, and allowing plenty of time for reflection and discussion. Facilitators may wish to return to these shared values regularly, perhaps encouraging the group to build upon them together through asking questions such as "How might we connect with one another better?" and "What makes a good listener?" The group may also wish to agree on an approach to dealing with tensions and conflicts within the group, such as committing to a restorative approach.

7) FOCUSING ON THE EXPERIENTIAL

As CHC Programme sessions are intended to be primarily experiential in nature, it is essential that the time is devoted to the group's experiences of their feelings, emotions, relations and spirits in a safe environment held by the strengths of the shared intention to heal and care, in the guidance, support and coordination of facilitators (see also 9 below). However, they are not directly intended for analysing feelings and emotions, nor for dealing with or resolving difficult emotions. The focus is on feeling our feelings and emotions in our body, our mind and our spirit. The space is thus experiential and exploratory. Where appropriate, facilitators might follow procedures of 'referral' within and beyond the workshop setting if they judge that a participant may need further therapeutic or professional counselling support.[11] It is important that facilitators have a process for this in place before beginning facilitation of a circle.

8) MODELLING AND EMBODYING KEY QUALITIES

Facilitators' modelling can help encourage participants to understand, for instance, what it means to be a good listener, to empathise with others, to be open to differences and to share one's own feelings, emotions and ideas without dismissing those of others. When facilitators model these qualities, this nurtures the group,

and serves as an entry point for establishing a safe, open and non-judgemental ethos. This could mean that facilitators are willing to express their own vulnerability, while showing strength in respectfully supporting interactions amongst participants who find themselves vulnerable, troubled, disrespectful or uncaring.

9) HOLDING, GUIDING AND COORDINATING

It is necessary that facilitators do not feel the need to train, teach or instruct, and instead are aware of their part as space-holders, guides and coordinators of sharing and dialogue. Holding the space is a delicate skill, and requires presence, sensitivity and care. Guiding can be done by framing and reframing questions for the group to consider their experiences further, and it can also take the group in a different direction when participants become 'stuck' on a particular topic. Coordinating may mean that the facilitator seeks the group's feedback on the activities and creates opportunities either to deepen an experience or to move on to the next phase of the encounter.

These strategic moves and ways of holding CHC spaces and of relating are suggestions for facilitators to consider. Each group will have its local contexts and histories, relational dynamics, physical spaces, traditions, beliefs and cultures. Therefore, the ethos and co-created process require facilitators to apply sensitivity and care to the needs of their group. Although pathways might differ, the overall aims of the CHC Programme should remain consistent: to offer experiential workshops in which participants are empowered and encouraged:

– to explore historical dehumanisation, transgenerational trauma and the harms of legacies of dehumanising histories on one's self-awareness and one one's community;

– to share personal and communal experiences to restore a sense of dignity and wholeness;

– to extend goodwill and friendship to each other; and

– to co-imagine systemic conditions for collective well-being.

7.5 CO-DESIGNING CHC JOURNEYS

For the CHC Programme, facilitators will work as a team of at least two experienced professional facilitators. Where there is interest from youth to learn and to be mentored in this process, there can be one or two young facilitators supporting the processes. Co-designing the collective healing journeys starts with this combination of experienced and young facilitators. The CHC Programme insists on co-facilitation with at least two facilitators for several reasons.

First, co-facilitators can co-create and sustain spaces with care and attention in an emotionally supportive environment for participants. Responsibilities are shared rather than placed on one facilitator, inviting more resourcefulness from each facilitator. This provides a further opportunity for intergenerational learning, peer-to-peer mentoring and mutual enrichment.

Second, co-facilitation enables each facilitator to bring forth the best of their qualities, characteristics, energies or styles, and to complement each other in making the facilitation more engaging. An intergenerational facilitation team can add more colours and diversity in terms of the facilitation. Together, the team ensures an excellent combination of qualities and gifts for the interest and benefit of the group.

Third, co-facilitation means that the team can co-plan the session beforehand to maximise strengths, offer support and adjustment, respond to the group's needs and dynamics during the session, and share feedback and debrief after the session for better ongoing facilitation.

Fourth, co-facilitation allows each facilitator to hold the space and participate in ways that make participants feel confident with their own processes and experiences, knowing that the co-facilitators will provide emotional support and realistic back-up to one another. This requires good prior knowledge and relationship between the co-facilitators so that they are aware of likely or possible 'triggers' for each person, and are aware of their own readiness to step in.

Fifth, co-facilitation ensures that there are enough antennae amongst the facilitators to be sensitive to the group's needs and dynamics. Where there are two or more facilitators feeling the pulse of the group, there are more chances that the facilitators get it 'right'. Having an intergenerational team is particularly helpful in this sense as it offers additional perspectives on the group's processes and needs.

Lastly, co-facilitation can enhance the well-being of the group, particularly where participants might experience vulnerability or even become triggered. Whilst one facilitator holds the space, the other facilitator can prioritise the safety and well-being of the participants, which may include breaking into smaller groups or stepping outside the main space briefly.

Co-designing the CHC Programme amongst an intergenerational team with both experienced and novice facilitators represents co-creation. Young facilitators may introduce ideas that experienced facilitators find refreshing; likewise, young facilitators may find well-tested ideas and practices grounding and inspiring. The planning and co-creating amongst the co-facilitators features co-designing.

Furthermore, the co-designing of the CHC Programme will benefit from the three inquiries that this Handbook introduced in Part 4, especially where there is collaboration with local leaders and actors.

The co-designing of the Programme will also take place with the group, during the workshops themselves. During the workshops, co-facilitators will seek the group's preferences and interests and spontaneously adjust the workshop's activities and processes in response to the group's explicit or tacit suggestions.

7.6 FACILITATORS' SELF-CARE AND MUTUAL CARE

An essential factor of facilitators' full presence throughout the collective healing workshops is holistic nurturance. Such nurturing starts with self-care and is enriched by mutual care. The more nurture the facilitators provide for themselves and for each other, the greater depths the participants can reach through taking part in the activities they facilitate.

Self-care involves a continuous process of the facilitator's personal development. This means that the facilitator is already on a path of healing, learning and well-being. A break, a walk in nature, a reflection on a personal triggering or a dialogue with a colleague about one's own feelings and emotions before, during and after the workshop can all contribute to personal enrichment.

Self-care can also include an ongoing process of the facilitator's professional development with the aim of advancing their arts of facilitation. Engaging in ongoing dialogue about facilitation and reading, thinking and reflecting on conceptions, approaches and practices of collective healing can be particularly meaningful for a facilitator's enrichment.

Following spiritual routes is equally part of an ongoing journey for growth and nourishment. For instance, Thomas Hübl, in his book Healing Collective Trauma, encourages the facilitator to cultivate and nurture a deep connection with a higher realm of consciousness and to hold the group's process from that higher realm. A regular daily practice of deep silence and deep listening, and other spiritual exercises and rituals, can all contribute to spiritual nurturing.

During the CHC itself, self-care is equally important. To hold the spaces, facilitators draw on their personal qualities but may also lean on the strengths of their connection with higher consciousness to help ground the participants and sustain their processes of self-discovery, mutual relating and healing. This means that the facilitators not only must create time and space for self-care, they likewise must offer mutual care before, during and after the workshops.

Before the workshops, it is important that the team of facilitators spend time together developing personal connections, deepening a shared understanding of the Programme and strengthening their friendship and colleagueship. For instance, each facilitator needs to know their own and their peers' greatest gifts, as well as their vulnerabilities and areas where they are less able. Knowing each other at this level means that the team can co-create and co-design the workshops in ways that enable each facilitator to bring out their best qualities. It also means that when participants experience vulnerability and seek support, the team know how to collaborate to support them.

During the workshops, the facilitators must build in regular check-in moments, actively sensing and feeling into their own and each other's experiences, and investigating whether there might be triggers that put any of them in a place of unacceptable vulnerability. The healing process requires the team to 'dance' as one, coordinating and balancing the energy and concentration of each other. In doing so, planned coordination can help the facilitating team and the group to engage in the healing programme and activities without the risk of becoming too absorbed by, or reactive to, a certain aspect of the group's experiences.

Around the formal CHC sessions, the facilitating team must allocate time and space for self-care and mutual care. These allocations must be respected and intentionally engaged with. The time and process the team take for self and mutual care are crucial for the depth of the workshop experiences. This could mean allocating time before, during and after the day's activities for sharing personal reflection, applying practices for release and for offloading, or simply for some joyful encounters and experiences, such as a shared meal, singing or dancing. The facilitators' well-being is key to the health of the CHC Programme and activities. It is often beneficial to factor in informal experiences with participants, such as eating together, where facilitators can be free from their 'working mode' and aren't expected to be formally holding the group. Often, food is the first thing that facilitators sacrifice in the pressure of the workshop processes, e.g., spending lunchtime or teatime talking with a participant about their feelings and emotions, preparing materials, or getting the next activities ready. It is very important that the team honour facilitators' time and space for food and for solitude.

After the completion of the CHC Programme, the team may wish to come together to debrief, supported by the presence of a professional counsellor where necessary. This debrief is NOT about the Programme, activities, or how the participants have experienced learning, healing and well-being. Instead, this debrief is entirely dedicated to the facilitating team's self-care and mutual care. The focus of discussion, reflection and debriefing should be about the team and about each facilitator. Where possible, it is better for this debrief to take place in a beautiful setting, such as a garden. The team can take a little time to walk, to enjoy the view, to 'play', and to relax, before settling down in a neutral space for conversation.

The support of local partners and NGOs is vital for the facilitators. Ideally, from the beginning, the facilitating team will be supported by partner organisations who will coordinate the invitation, the organisation of the Programme, the evaluation and the follow-up, including the care of the facilitators. This circle of care and layers of holding can ensure that the CHC Programme and activities are truly aimed at the regeneration of the community and collective well-being.

7.7 INSPIRING YOUNG PEOPLE

As we've seen, the CHC Programme has an explicit emphasis on cultivating and fostering a global network of facilitators, and on inspiring youth changemakers and nurturing their transformative competencies. It highlights the importance of grassroots involvement in collective healing and global well-being. It also recognises that our human future depends on the active partnership of younger generations in supporting UNESCO's global strategies and in integrating their voices in decisions that affect them.

Thus, the CHC Programme involves intergenerational learning and multi-sectoral collaboration to identify and strengthen professional and young facilitators who will collaborate with local partners to tailor bespoke CHCs for their local communities. Through training, learning, and vocational and professional development opportunities, the CHC Programme engages youth as active co-creators of learning and as contributors to community regeneration.

> " Evaluation is creation ... Evaluating is itself the most valuable treasure of all that we value. It is only through evaluation that value exists, and without evaluation the nut of existence would be hollow."

--- Friedrich Nietzsche, *Thus Spoke Zarathustra*

PART 8:
PROGRAMME EVALUATION

As indicated in the final practical step (7), an important part of the CHC Programme is evaluation, which is carried out respectfully, inclusively, formatively and multidimensionally throughout the sessions. In this Programme, we characterise evaluation with two primary features. One is a focus on valuing and co-inquiring, where all stakeholders in the Programme engage in ongoing deliberation on the meaningfulness and values in the activities and learning experiences. The other is an emphasis on adding values and meaningfulness to participants' experiences through the Programme. In contrast to conventional monitoring and evaluation (M&E), the Programme adopts participatory and collaborative evaluative practices, which can benefit the stakeholders in numerous ways.

First, this approach respects and values the voices and perspectives of all stakeholders equally. It breaks the traditional hierarchy embedded in typical M&E processes whereby 'experts' from an external body monitor and evaluate the Programme's outcomes and impacts. Such an external body assumes a position of power, and stakeholders can feel they have little agency in the process. By contrast, in participatory and collaborative evaluation, all stakeholders of the Programme, including participants, facilitators, NGO partners and others in the community, enter into an inquiry, open dialogue and reflection to appreciate the values of the Programme itself, as well as of the participants' experiences of healing, learning and well-being. In this process, all voices and perspectives matter and will be respected equally.

Second, participatory and collaborative programme evaluation is inclusive. In co-inquiring and collaborative reflection, the evaluative processes engage participants as equal partners in the inquiry rather than as the products. Including all stakeholders in programme evaluation further enhances the congenial processes at the core of evaluation, and it enriches generative relationships as part of the processes. Both further enliven participants' experiences of healing, learning and well-being.

Third, participatory and collaborative programme evaluation is formative because it can allow the stakeholders to enter into collective meaning-making, which helps improve and enrich the Programme whilst facilitating and experiencing it. When evaluation goes beyond taking a measurement and judging the outcome or product of a programme, it invites an ongoing reflection on the design and processes of the Programme. In comparison to the conventional orientation of M&E, the participants and facilitators of the Programme are not objects being studied, measured and observed, but rather they are active contributors to their own healing, learning and well-being.

Lastly, participatory and collaborative programme evaluation is multi-dimensional because it can mix different evaluative methods when exploring the Programme's meaningfulness and impact on the participants' and community's experiences of healing and well-being. For instance, conventional quantitative questionnaire-based surveys can be used to help the group recognise where they are in terms of certain baseline indicators, such as self-awareness or resilience. Such a survey can be taken before starting the Programme, immediately after the Programme and sometime after that. Because such a survey seeks to gauge shifts in participants' self-reported attitudes or capabilities, participants can be interested in discussing the group's progress with each other and with the facilitator. The key here is not to compare participants, but to understand changes across the group.

The diverse practices of participatory and collaborative evaluation can include everything, from opening reflection to in-session comments; from informal feedback to group-based inquiry; from formal questionnaire surveys to focus groups and in-depth interviews. Quiet reflection, listening, dialogue, sharing and co-inquiring are amongst the evaluative moves in this instance.

Similarly, qualitative and in-depth evaluative methods can be applied, including focus-group conversations before and after the sessions and one-to-one in-depth conversations about the experiences of the sessions. Both allow spaces for further inquiry, including how to better facilitate the sessions, what other questions and themes might be included and how these myriad activities are both included in and contribute to participants' well-being.

By integrating evaluation into the Programme itself, participants and facilitators can learn to pose meaningful questions about their experiences and their well-being. Together the group can acquire a vocabulary of evaluation and appreciation that can be incorporated into their healing journeys beyond the Programme. Co-inquiry features here as relational practice in which mutual valuing is also prominent. This relational process can apply to many other situations where a group of people come together for a shared experience.

Below we outline some evaluative activities that facilitators may wish to engage in with participants, co-facilitators and other stakeholders. As with the rest of the Programme, the details of each workshop and their approach will evolve according to the specific contexts of the community and the needs of the group.

Due to the nature of the intentions of the CHC Programme, it is likely that integrated reflections, surveys, interviews and focus group discussions will explore and unpack primarily participants' perspectives on the processes of the Programme, including their experiences of healing and well-being as the fruit of the Programme.

8.1 BEFORE STARTING THE PROGRAMME

Many experiential workshops and programmes of healing and well-being start with a so-called baseline survey, which aims to gauge where the participants are in terms of their self-perception and self-awareness. There are many different versions of self-perception or self-awareness survey questionnaires, available for the facilitators to choose, depending on the focus of their survey. Some surveys can be used to discern the progress participants made through the Programme over time, through the lenses of their self-perception or self-awareness.

However, it is essential to note that for the CHC Programme, the purpose of the questionnaire is not to compare participants, nor to identify where each individual is in connection with their self-image, sense of self-worth or even their ideal self. The survey of participants' emotional self-concept can help the facilitators to gauge an overall starting point of the group's experience, and when doing a similar survey at the end of the Programme and after six months, facilitators can evaluate the group's progress.

Additionally, questionnaire findings can serve as a conversation starter for the group and facilitators to explore, e.g., what the questions in the survey have made them feel about themselves and their experiences in the community, and what the survey's findings say about the participants and about the group as a whole.

A sample baseline-endline questionnaire which can be used as a starting point for evaluating to what extent the CHC may influence CHC participants' perspectives, attitudes and capacities in relation to collective healing may be found in section 8.6 below.

8.2 DURING CHC PROGRAMME SESSIONS

Throughout any of the sessions that make up the CHC Programme, facilitators and participants might engage in evaluative practices. For instance,

AT THE OPENING

· Checking-in
· Informal polls / pulse-checking
· Suggestions for activities

IN-SESSION

· Immediate feedback about the activities
· Individual informal checking-in
· Observations
· Peer-to-peer evaluation

END-OF-SESSION

· Spaces for reflection and evaluation
· Formal feedback
· Informal polls / pulse-checking
· Keyword on takeaways

During each activity, both facilitators and participants can make observation(s) and ask questions about how the activity is progressing, how everyone is experiencing it, or how they might improve on it; likewise, both facilitators and participants can exchange experiences in terms of what they have enjoyed, what they would like to experience more of, and in what ways such delight and joy might be extended and expanded.

8.3 AT THE END OF THE PROGRAMME

At the end, there will be both formal and informal ways to evaluate the Programme. Here we highlight three evaluative activities:

IN-DEPTH INDIVIDUAL CONVERSATION

This is a conventional qualitative research method – one-to-one open-ended conversation about the participants' and facilitators' experiences of healing, learning and well-being as part of the Programme. One-to-one in-depth interviews/conversations can be carried out by a researcher, someone from outside the Programme, or by facilitators and even participants who are embedded in the Programme.

Such conversations can be structured (the interviewer will prepare a list of questions and use the same questions as prompts to talk to all of the participants and facilitators) or semi-structured (the interviewer will have a list of questions, and although they go through all of the questions, there is a great deal of flexibility depending on the rapport and the direction of the conversation). Other conversations can be simply free-flowing – both interlocutors can shape the conversation and pose questions.

One-to-one conversations can really help those concerned to evaluate the Programme from different angles and allow participants to fully express how their experiences and learning have been. Many personal stories and anecdotes are invited, and the methodology extends the pedagogy of the CHC Programme, especially the importance of listening, dialogue and mutual appreciation.

PEER-TO-PEER REFLECTION

Peer-to-peer reflection can place less pressure on participants when evaluating the Programme. Some groups might create spaces for peer-to-peer reflection on the values and meaningfulness of the CHC Programme. Peers might ask each other questions such as:

– "How has it been for you?"

– "What do you feel you have learned most about yourself, others and the world?"

– "Which aspects of the sessions have you enjoyed most, and why?"

– "Which aspects of the sessions did you enjoy least, and why?"

– "How has your experience shifted over time? Could you pinpoint these shifts?"

– "What, in your view, might have contributed to these shifts?"

– "Why do you think the Programme has made a big/little difference to your experience of personal healing and well-being?"

– "How aware were you of the need for healing and well-being before starting the sessions?

Have the collective healing sessions made you experience a difference in your appreciation of healing and well-being? If so, how? If not, why not?"

– "How might the Programme be improved? What part might you play in helping improve the activities?"

FOCUS-GROUPS

Focus-groups are another conventional evaluation method. To evaluate this Programme, we recommend that focus-groups are structured as a conversation with 5 to 6 participants, guided by a facilitator or a researcher from outside the Programme. Questions are pre-determined, but the facilitator can also use similar questions to those above. The key to a focus-group is creating space for open sharing without the inhibition of saying the wrong thing. Sometimes, creative and artistic methods can be adopted during focus-groups, including drawing, journaling, collective brainstorming, post-it displays and so forth.

8.4 SIX MONTHS AFTER THE PROGRAMME

Six months after the Programme, the local facilitators and the supporting NGOs might collaborate once again to bring the participants together for a further evaluation. This could start with a self-awareness survey, followed by a one-to-one in-depth conversation, and end with a focus group conversation.

In summary, programme evaluation is an integral part of the CHC Programme and pedagogical practices. It is important to engage participants in direct involvement and active collaboration as well as involve the facilitators and stakeholders of the communities in the evaluative processes. Thus, rather than a mere add-on or afterthought, the evaluation processes, like the Programme activities and participants' experiences, are all part of healing and well-being.

8.5 CHC REPORTING FRAMEWORK

Facilitators and partners may wish to use the simple framework and questions below to support their evaluation and reporting processes. These questions will guide facilitators through the process of identifying the key elements and findings of their community-rooted CHC and may help them to articulate the structure, impacts and potentials of their CHC.

CONTEXT, PARTICIPANTS AND FACILITATORS OF THE CHC

1 Where was the CHC hosted? Please briefly outline relevant historical contexts of the local community, e.g. enslavement, colonialism, etc.

2 Who was the partner organisation (if any)? What is their profile? Why are they motivated to host CHCs in their local community?

3 How many participants took part? What is the diversity of the group (e.g. age, gender, ethnic, and other socioeconomic and cultural backgrounds etc)?

4 How many facilitators hosted the CHC? Please include a brief profile of each.

STRUCTURE AND DESIGN OF THE CHC

5 Please describe the design of the CHC (e.g. what spaces, how many days, hours, over how much time?). Please attach an outline of activities that highlights:

a What were the preparatory processes?

b Modules 1&2: What were your activities, processes and practices? How did you go about engaging participants in intergenerational dialogue and inquiry? What questions did you use?

c Module 3: What were your activities, processes and practices?

d Module 4: What were your activities, processes and practices, including for a Stakeholders meeting?

EVALUATING THE CHC

6 As a facilitator,

a How was your CHC experience as a whole? What were the ups and downs?

b What was the most significant moment in your experience? And why?

c What delighted you most about hosting the CHC? And why?

d What were the challenges of hosting the CHC? How did you overcome them?

e What were the participants' experiences? How do you know?

f What will be the legacies of your CHC? E.g. in terms of experience of healing, shift in awareness, narrative transformation, recognising the need for social justice, and taking action towards structural change…

g What would you do differently next time around? And why?

h Are there other insights you would like to share?

ADDITIONAL INFORMATION

Facilitators may also like to incorporate:

– Direct quotes from participants about their experiences of the CHC

– Relevant photos of or web-links about the CHC

– Video testimonials from participants about their experiences of collective healing.

8.6 SAMPLE BASELINE-ENDLINE SURVEY FOR CHC PARTICIPANTS

The questions below may be used to support facilitators and partners as a starting point to understand to what extent the CHC may influence participants' perspectives, attitudes and capacities in relation to collective healing.

The baseline-endline questionnaire is designed to be completed at least twice – once at the very start of the CHC Programme and again directly after the final activities (e.g. after the stakeholder meeting). Facilitators may wish to invite participants to complete a third time after some time has passed, e.g. after six months to explore the influence of the CHC beyond the immediate experience of the Programme.

How old are you? (please circle)				
Under 26	26-34	35-55	56-74	75+

How would you describe your gender?	How would you describe your ethnicity?

On a scale of 1-10, where 1 = "I do not agree at all" and 10 = 'I completely agree", please rate the following statements:

	1	2	3	4	5	6	7	8	9	10
I know a lot about the history of my community and how it relates to the way things are today										
I believe that all communities need to understand their histories in order to heal, restore and move towards better futures together										
I believe that my community and culture carry 'treasures' (wisdom, practices and resources for healing and well-being) that can bring about hope, resilience and healing										
I feel that given the history of my community, everyone should take part in healing										
I know and trust people in my community who are different to me										
I can help change my community for the better										
I can influence decision makers in my community										
I am hopeful that one day people in my community will be able to flourish together										

Thank you for your help!
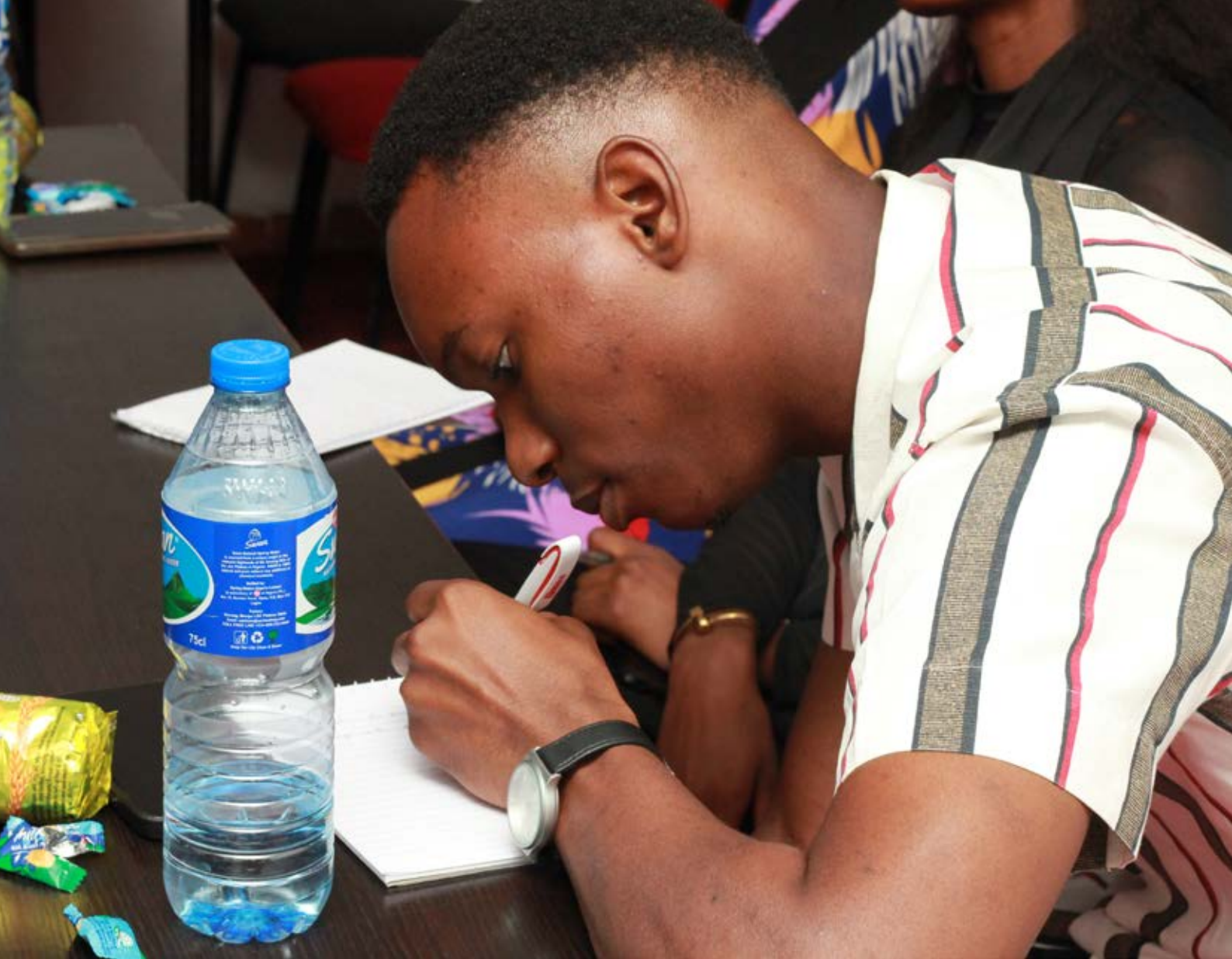
> "Love heals. Heals and liberates. I use the word love, not meaning sentimentality, but a condition so strong that it may be that which holds the stars in their heavenly positions and that which causes the blood to flow orderly in our veins."
>
> --- Maya Angelou, *Mom & Me & Mom*

PART 9:
ANTICIPATING CHALLENGES

Hosting and facilitating a CHC Programme in communities is not always straightforward. Many challenges may confront local partners and organisations who are interested in taking this initiative forward. Here we reflect on some of these challenges.

9.1 REGIONAL VARIATIONS

One of the greatest challenges confronting collective healing is the historical and contextual variations in the different regions and countries impacted most seriously by the legacies of dehumanising histories. It poses a great challenge because the variations determine the communities' healing needs and so priorities must be differentiated to implement the CHC Programme.

To ensure the relevance of the CHC Programme, in section 3.1, we outlined a set of pre-programme inquiries that facilitators must embark on as part of enriching their abilities to provide a relevant, contextualised CHC Programme in their communities.

However, there is a wider context nationally, regionally and even globally, that the CHC Programme ought to be situated within. As the four-fold collective healing framework outlined in Part 2 suggests, the historical and structural dimensions of wounding must be addressed for our programme to count towards and contribute to collective healing. Therefore, some understanding of the national, regional and global contexts is necessary for the facilitators.

In addition to the three inquiries, (1) investigative, (2) appreciative and (3) evaluative, the following may be a helpful way to describe a continuous pathway for contextualisation and for adapting the programme for regional variations:

a Surveying people's narratives of well-being locally, nationally and regionally through questionnaires, interviews and focus-groups;

b Exploring the findings to identify factors that contribute to and factors that obstruct people's experiences of well-being;

c Conducting systems analyses to discern both historical and structural causes of communities' experiences, including poverty, inequalities, social injustice, racism, etc.;

d Co-creating and imagining with communities' ways to address local, national and regional challenges;

e Proposing policy priorities and suggesting practices and other opportunities to empower systemic transformation and to develop institutions that are caring, healing and well-being sensitive;

f Identifying specific strategies and resources to address the localised needs of communities through educational transformation;

g Piloting educational policies with youth leaders in higher education and conducting race equity and social justice impact evaluation on proposed changes;

h Continuously evaluating the Programme's effectiveness and adapting strategies.

9.2 LONG HISTORICAL GRIEVANCES

Many communities have suffered from long historical grievances. For some, the grievances have become so ingrained in the community's narratives, self-concept and cultural practices that it is increasingly difficult to separate their sense of themselves from their wounds, pains and sufferings. This phenomenon is often visibly pronounced in the world's Indigenous communities.

Communities of Afro-descent and Indigenous communities have survived historical, psychosomatic, relational, cultural and spiritual traumas, which include displacement from their spiritual homes, large-scale enslavement and genocide, incarceration, racist regimes, being deprived of access to public resources and support systems, and being cut off from their traditional, cultural and spiritual ways of being. To a certain extent, unhealed trauma and unheard grievances have become a part of these groups' identity, by which they self-identify and are identified by others.

Collective healing in such a situation will require deep remembering, deconstructing the present identities and reconnecting with the community's humanness and self-awareness. It will also require identifying the root causes of the community's pain, the structural and institutional processes that have perpetuated their feelings, emotions and experiences of being under-valued, objectified, instrumentalised and exploited. Recognising the systemic trappings of identities is an important step towards spiritual emancipation.

Likewise, reconnecting to indigenous philosophies and spiritual teachings, as some communities have started to do in Africa and Latin America, may support the journey of emancipation from ideological imprisonment and colonisation. Traditional, cultural and spiritual ways of being are also strengthened by indigenous epistemic approaches, which are not often fully aligned with contemporary Western ways of knowing. Through deep dialogue and sharing, we can begin to learn to be human together and how to live out our humanity together.

9.3 DEEP POLARISATION, COMMUNAL DIVIDES AND POWER DIFFERENTIALS

Some communities suffer deep polarisation, especially through socio-economic, cultural and political walls that separate one group from another. These partite situations can be found in many contemporary Western societies, but also in countries in Africa, the Caribbean and Latin America.

One common error is to blame the vulnerable communities:

– "They are lazy."

– "They do not work as hard as we do."

– "They have a lot of problems, such as drug abuse and gang culture, and are threats to our security."

– "They do not integrate and prefer to stay in their own bubbles."

Deep polarisation and divisions have separated societies into clear 'us' and 'them'. Often communities that suffer from the legacies of enslavement and colonisation continue to suffer poverty, lack of education, physical, psychological and mental ill-health, low level of employment, low-paid work and so forth.

One approach to collective healing is to enable both sides of such polarisation to become aware of the historical route to the society's materialistic prosperity, including capitalist exploitation, enslavement, colonisation and continuous 'looting' of natural resources from formerly colonised countries and communities in the name of trade.

For Afro-descendant communities, this might involve demonstrating this 'route' through museums, personal accounts of memories and remembering, and other forms of documentation. For people of European descent and the descendants of the ruling class (who might include people of colour and from mixed racial and multi-ethnic backgrounds), this requires engagement

with scholarship and historical accounts, as well as values-based analysis of the route to their own material prosperity and relative well-being.

9.4 THE NEED FOR LOCAL PARTNERS

This Programme intentionally brings together actors including NGOs, grassroots intercultural and interfaith dialogue organisations, scholars, academics and experts, healing professionals and practitioners, civil society organisations, women's groups and universities. The Programme features North-South, South-South, and North-South-South collaboration, maximising programme participants' and youth leaders' diversity and inclusion.

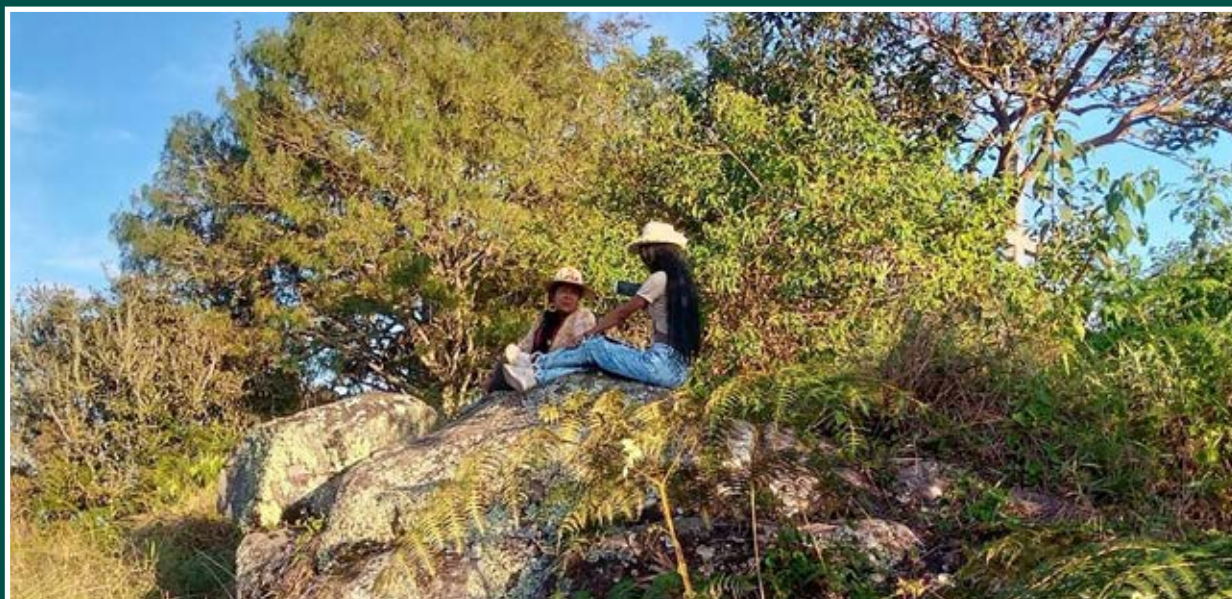CHC Programmes cannot be implemented in communities without local partners. For groups

and individuals who are interested in becoming facilitators and introducing such a programme to their local communities, the first step is to seek local NGOs, UNESCO offices, faith-based organisations, and other partners.

> "If we don't take seriously the ways in which racism is embedded in structures of institutions, if we assume that there must be an identifiable racist who is the perpetrator, then we won't ever succeed in eradicating racism."

--- Angela Y. Davis, *Freedom is a Constant Struggle*

APPENDICES: FURTHER READING

This Part of the Handbook explores some of the underpinning ideas and relevant historical contexts in which the Collective Healing Initiative is rooted. It may provide a helpful starting point for facilitators who wish to become more informed about the histories and legacies of dehumanisation.

To heal collective trauma, it is necessary to begin by tracing the historical roots of dehumanisation to a mentality preoccupied exclusively with economic gain and recognising it as part of the formative process of capitalist expansion. At the same time, collective healing should involve acknowledging and dismantling the cultural discourses that have promulgated the myths of race, colour, white superiority and black inferiority. It is likewise important to identify contemporary racism as the continued legacy of industrialised enslavement, including inequalities, antagonism, oppression and marginalisation, sustained by the capitalist economic system.

Although enslavement has occurred throughout human history, the scale and atrocity of the transatlantic trade of enslaved persons was unprecedented. The transatlantic trade involved the transportation of enslaved African people, predominantly to the Americas. The majority of those who were enslaved were people from West and Central Africa, who had been sold to Western European slave traders to support the production of cotton, sugarcane, tobacco and other commodities in the South Atlantic and Caribbean. It is estimated that over 12 million Africans were transported across the Atlantic from the 16th and 19th century.[12]

The trade of the enslaved people was an intentional process of commodification, subjugating enslaved Africans and subjecting them to dehumanising conditions for labour exploitation that resulted in the vast loss of life and the destruction of cultures. The trade of enslaved persons was motivated by accumulation of profit and capitalist expansion and enslavement played a fundamental role in the economic prosperity and political dominance of Europe and the Americas. Despite immense hardship, enslaved people showed great strength and determination in fighting for abolition and developed a strong resistance culture, keeping African traditions alive through words, music and beliefs.

Key to the trade of enslaved Africans was a deliberate fabrication of the concept of 'race' and racialised differences that implicitly and explicitly sought to establish white superiority and black inferiority by rendering whiteness as civilized and blackness as barbaric. To this end, racialised discourse was strategically applied to allow Europeans to treat Africans as commodities to be sold, enslaved and (ab)used. Despite the abolition of enslavement on both sides of the Atlantic in the 1800s, European global colonisation continued to exploit colonies for trade, power and profit and the legacies of racialised discourse remain with us to this day. The economic consequences are obvious, with the most developed countries in the West, largely those whose economic progress is rooted in the transatlantic trade of enslaved persons. In contrast, the victims of enslavement on the African continent and abroad are collectively those communities who experience economic hardship in all its forms. This socio-economic and political legacy of discrimination, by which white communities enjoy structural advantages and rights that the global majority (other racial and ethnic groups) do not, has become known by the term white privilege.

The COVID-19 pandemic has brought to the forefront these profound inequalities. The pandemic has had a disproportionately severe impact on people of African descent in the United States and Europe as a result of inherent inequalities within these systems, themselves deepened by the crisis. Furthermore, black people are up to nine times more likely to be subject to stop-and-search by the police on both sides of the Atlantic. The fatal police shootings in the United States and resurgence of Black Lives Matter and similar movements have played a significant part in expanding awareness of the role of race and injustice in society. They have also increased concern about Western countries' colonial history and legacies of enslavement, and how they relate to privilege, identity, trauma and whiteness.

12 – Patrick Manning (1992) "The Slave Trade: The Formal Demographics of a Global System", in Joseph E. Inikori and Stanley L. Engerman (eds), *The Atlantic Slave Trade: Effects on Economies, Societies and Peoples in Africa, the Americas, and Europe*, Durham: Duke University Press, pp. 117–44.

APPENDIX 1: THEORETICAL BACKGROUND

The true cost of the transatlantic trade of enslaved persons remains unknown both in terms of loss of human lives, power, resources and economic loss for Africa, and in terms of the historical collective trauma. The CHC Programme understands that the collective harm caused by the trade of enslaved Africans and the inhuman treatment of enslaved communities can be seen in its deep impact on human well-being.

WELL-BEING

How might we understand well-being? Why are harms to human well-being particularly pernicious? Briefly, we argue that human life is comprised in the non-instrumentally valuable nature of our being, expressed as living well with dignity. There are at least four dimensions of dignified life that are essential for well-being; a lack of any one or more of these dimensions constitutes serious harm.[13]

First, for a person to live well, their life ought to be comprised of processes, activities and experiences suited to their basic interests, given the relevant socio-cultural contexts. To be deprived of such activities and processes would be profoundly damaging to the person.

Second, for a person to live well, they should appreciate their life's contents as intrinsically or non-instrumentally valuable, i.e. as valuable in themselves, rather than as a means to another end. When life is being instrumentalised, people tend to experience pain, anxiety, anger and sadness which constitute forms of harm or ill-being along this dimension of awareness.

Third, a good life will contain meaningful relationships with other people and with society, and for these to constitute well-being, a person must recognise these relationships as integral to their good life, and engage in them as such. Discrimination, polarisation and marginalisation make congenial relations impossible and hence count towards harm for a person.

Fourth, well-being requires appropriate kinds of evaluative self-awareness. This suggests that a person can self-identify as a being of intrinsic value and dignity and is consciously aware that their life is lived as a being of intrinsic value and dignity. Enslavement, exploitation and brutality impede on one's dignity, a form of profound harm.

In summary, being treated as less than human constitutes a special form of ill-being along each of these dimensions, which is typically experienced as a trauma. Trauma can be defined as the experiential and psycho-physical symptoms or manifestations of these harms inflicted by being treated as less than human. The term refers to the negative ways in which the various harms of dehumanising acts are experienced as *such* by a person.

UNDERSTANDING COLLECTIVE HEALING

Connecting the harm of enslavement with the structure of human well-being brings forward a compelling understanding of and an integral framework for collective healing. The framework proposes that collective healing comprises four interrelated processes, directed respectively at the following:

- the dehumanising acts of enslavement;
- the harmful legacies of enslavement on peoples and communities;
- the separation and antagonisms between groups;
- the structural violence that sustains these.

This framework suggests that an approach to collective healing must integrate processes of acknowledging the historical nature of collective trauma, addressing the effects of transgenerational trauma as experienced by the descendants of both the formerly enslaved and the enslavers, restoring and reconciling the disrupted relationships, and demanding and working towards fair, just restorative systems.

Guided by this conceptual framework, the UNESCO Routes of Enslaved Peoples (formerly Slave Route Project) and the Guerrand-Hermès Foundation for Peace (GHFP) launched a Desk Review aimed at capturing, analysing and mapping approaches to and practices of collective healing relevant to the wounds of the trade of enslaved Africans. According to the Desk Review, there are causal relations connecting the transatlantic trade of enslaved persons to contemporary racism and institutional injustice. Equally, wounds stemming from the violent atrocities of enslavement are not limited to the damage inflicted on the descendants of the enslaved, but also include the harmful effects on the direct and indirect beneficiaries of the trade, such as traders and plantation owners and their descendants, as well as the relevant societies more broadly.

Thus, the UNESCO Routes of Enslaved Peoples Project and the GHFP researchers conclude that collective healing requires concerted commitments from global leaders to truly engage in political dialogue about our shared past, acknowledge the dehumanising acts of enslavement and recognise their psycho-social, economic and political consequences on peoples of both African and European descents. Collective healing depends on meaningful political processes that explore fair atonement and just reparation of continued harms. Equally, it urges us to co-create systemic conditions essential for breaking the cycles of violence and for collective healing.

Above all, the UNESCO Routes of Enslaved Peoples Project and partners believe that the imperative of collective healing must also be embedded in grassroots endeavours and community-based processes as humanity's common response to addressing the legacies of mass historical trauma. Communal and collaborative grassroots efforts will in turn empower citizens to take initiative and embark on joint actions to end structural dehumanisation and the trans-generational transmission of trauma. Only by combining political and communal processes of collective healing can we contribute towards rebuilding

a caring, humanising system and re-instilling structural justice.

However, attempts that focus on holistic approaches to collective healing are scarce. This is especially true when considering those that involve diverse groups of community members, particularly young people, who are more willing to take risks and enter into experiential and relational processes with one another. These processes invite participants to feel and explore sites of trauma in the body, emotions, beliefs, attitudes, values and even spirit, as well as those materialising in the complex webs of relatedness between people.

HEALING WOUNDS

To support an experience-based CHC Programme, it is necessary to begin with a brief theoretical analysis and identify a conceptual compass relevant to addressing the wounds, trauma and legacy resulting from the transatlantic trade of enslaved African people, to guide our practice of healing. This ought to be a normative inquiry. It aims to enable us to understand better what constitutes 'healing wounds'. To do so, it must allow us to discern the different meanings that the concept 'healing wounds' might have in various cultures and disciplines. This section will articulate the conceptual framework for understanding of healing (wounds) in all its dimensions.

To articulate this understanding, we first outline some preliminaries around the notion of healing wounds. Next, we connect being wounded to the idea that some actor or agent has performed acts that are dehumanising. Then we illustrate why dehumanisation of persons is pernicious by characterising what it is and by showing how it can cause different kinds of harm and constitute different kinds of ill-being in those who have been subject to the damage of dehumanising acts. Last, we point out that these harms (and their legacies) include various forms of trauma.

13 – This theoretical framework was developed as part of a research study to understand the impact of harm as a result of the transatlantic trade of enslaved people. See UNESCO (2020) *Healing the Wounds of Trans-Atlantic Slave Trade and Slavery: Approaches and Practices: A Desk Review.*

All of these steps prepare us to propose healing processes that are key to healing the wounds of transatlantic trade of enslaved Africans. We include, as part of the healing processes, the necessary conditions within which healing might take place, especially in the light of structural racism and injustice.

Conventionally, healing wounds is a medical term, referring to the complex processes in which our body, such as our skin and the tissues under it, repairs itself following physical injury. However, the concept of healing wounds that we are discussing here concerns healing general kinds of harm or wounds of persons, including the physical, psychological, social-political and spiritual. Thus, the concept of healing wounds has high-level abstract features, and our understanding of healing starts from an in-depth exploration of each of four such features.

First, the word wounding contains a subtle three-way distinction: (1) the causes, in the case of transatlantic trade and enslavement of African people, the racist ideology underlying the brutal exploitation and manipulation of black peoples; (2) the constituents, the myriad dehumanising acts and (3) the symptoms, such as trauma and traumatic experiences. This distinction allows us to understand the phenomena of wound and wounding, without entangling them with their causes and manifestations or symptoms.

Second, the notion 'healing' derives from the notion of 'wounding'. That is to say, it is only meaningful to talk about healing with reference to some forms of wounding, woundedness and wounds. Given the three-way distinction, it is important to understand that healing must be directed at these different aspects of wounding in order to be complete.

Third, the metaphor, healing 'wounds', tends to highlight the physical, material, social-emotional, as well as political and spiritual dimensions of the harms from the transatlantic trade of enslaved African people, and their enduring legacies. This is particularly helpful when addressing the

resulting trauma. However, the metaphor can also obscure the systemic nature of the harm: systemic wounding or dehumanisation does not resemble the damage of a single act committed by an individual, such as being stabbed.

Fourth, 'healing wounds' has allied concepts such as recovery, repair, cure, restoration and remedy, which aren't quite the same. Perhaps the most important distinction here is between wounds that must be healed and diseases that need to be cured. Whereas psycho-social experiences of suffering are like wounds that need to be healed, structural subjugation, institutionalised racism, and socio-economic and political dispossession are more like diseases that require a cure. In other words, it is due to the structural conditions of our societies that people continue to be wounded.

Overall, the wounds inflicted by the dehumanising acts of the transatlantic trade and enslavement of Africans have continued until today despite enslavement being long abolished. Current wounds appear in different social garbs such as racism, racial inequality, white privilege and the systematic subjugation of black and Indigenous peoples and communities. Together with material, social and political deprivation and oppression, these wounds or harms are part of structural consequences of systemic injustice, both historically and in the present.

Hence all four features suggest that whilst healing wounds must focus on the processes of addressing the harrowing symptoms of being wounded, such as physical, psycho-social and spiritual harms endured by generations of peoples of African descent, it should not lose sight of the imperative to examine structural dehumanisation and to propose important pathways to systemic transformation towards a humane world.

APPENDIX 2: UNDERSTANDING WOUNDING, HARMS, TRAUMA AND HEALING

This section examines the nature of wounds, wounding, harm, trauma and healing. This is a point of departure from conventional perspectives on traumatic stress and trauma treatments. In addition to defining wounding as dehumanising, it locates the wounds within relevant cultural practices (such as religious teachings). It is attentive to the collective aspects of the wounds and their current perpetuation through structural racism.

(A) BEING WOUNDED AND WOUNDING

Being wounded in the relevant sense means that a person has been treated by some agent or actor as less than fully or equally human. Being subject to such an aggressive, ruthless or violent act constitutes being robbed of one's dignity. Such an act is often termed a dehumanising act. Although an act is dehumanising because it normally results in material, psychological, socio-political and spiritual harms, the dehumanising act needs to be understood independently of these harms as something pernicious in itself. This way of understanding being wounded assumes that persons have a special kind of non-instrumental value, and that, to live well, a person must recognise and appreciate their self and their life as having this kind of primary value. This recognition comprises a fundamental form of self-respect, which does not depend on what one does or has done. This recognition also suggests that healing must involve people's reclaiming this important awareness of self-dignity and self-respect.

In the contexts of the transatlantic trade and enslavement of enslaved African people, we have established that the act of wounding is dehumanising. Being dehumanised is something that others do to one (and is also something that one may do to oneself). As such, the actor of wounding can be a person, a group, a community, an institution and/or a whole system.

Wounding itself is more than an individual act. For instance, insofar as an economic system is based on the maximisation of monetary profit for its own sake, there will be an inherent tendency towards instrumentalising people, their work and consumption, and such a system is deemed to be dehumanising. In fact, the transatlantic trade and enslavement of African people involved such a systemic dehumanisation. The same applies to the racism inherent in the socio-economic-political system as currently experienced by the descendants of enslaved Africans in contemporary Western societies.

(B) DEHUMANISATION

So we need to understand the concept of wounds from the angle of wounding, which is fundamentally a dehumanising act inflicted by an actor that treats a person as less than fully or equally human. A dehumanising act involves four components:

– A dehumanising act itself is performed by an actor (an individual, a group of individuals, a community, an institution, a whole system);

– The reception of the dehumanising act by persons who were violated, including their harrowing experiences and the traumatic effects that dehumanising act has had on them;

– The abusive relationships that the dehumanising act has instantiated and expressed, such as deep divides between groups of people and communities, and polarisation;

– The structural and institutional conditions that enable such acts.

This four-fold distinction can allow us to develop a framework for understanding collective healing, and separate the four kinds of processes at which healing is directed. Because each of the components of being wounded and wounding concern all persons, including people from both sides of the dehumanising act, i.e., the actor and the recipient, we can see how both groups can be invited to engage in the collective healing process.

(C) ILL-BEING

Being wounded and wounding entail serious harm or ill-being. There are harms, such as being harmed during a car accident or a family suffering great losses during flooding in the basement, that need not necessarily constitute damage to our intrinsic and non-instrumental value as human beings. Being wounded is in part ill-being because it violates our primary value as persons and makes it impossible for us to live a dignified human life or with well-being. We will refer to the conception of well-being in the previous section as the basis to discuss ill-being.

For a person to live well, their life is firstly comprised of processes, activities and experiences suited to their basic interests and nature, given the relevant socio-economic and political contexts. To be deprived of life's meaningful contents constitutes one dimension of harm or ill-being.

Secondly, for a person to live well, they must be able to perceive the contents of their life, e.g., the above activities and experiences, as non-instrumentally valuable. Trauma and suffering give rise to pain, anxiety, anger and sadness, which are included in forms of ill-being along this dimension of awareness.

Thirdly, a good life will contain enriching and generative relationships with other people, groups, communities and the society. For these to constitute well-being, one must recognise them and engage in them as such. When a person experiences racism, discrimination, polarisation and segregation, these degenerative relationships comprise in part their ill-being.

Lastly, well-being requires appropriate kinds of evaluative self-awareness in that a person is aware of themselves as a being of intrinsic value or dignity. When such awareness is made impossible, and when a person evaluates their life as having no intrinsic value or dignity, they experience profound ill-being.

This four-fold account of ill-being characterises harm without reducing it to mere unpleasant feelings, which are the most obvious experiences of ill-being. Being treated as less than fully human constitutes a special form of ill-being along each of these dimensions. Wounding is damaging when it entails a person or system that imposes upon another person or other people a limited life, deprived of meaningful processes, activities and experiences that are suited to their interests and nature. For instance, a person is wounded when the quality of their educational experiences, the enjoyable aspects of life, and decent and meaningful work are all impacted. When the contents of a person's life are limited to such an extent that they feel less than fully human, such wounding is experienced as deep ill-being.

(D) HARM

Of course, being marginalised and treated as inferior can cause harm, but the issue here is that they constitute a kind of harm integral to wounding. The most visible harm of being wounded is physiological, such as bodily injury. These can lead to psychological harm, such as the emotional, which may include feelings of anger, bitterness, sadness and fear, and which can be inflicted without the physical. Negative emotions can plague a person's consciousness and reduce their capacity to enjoy the valuable activities of life. Sadness, fear and anger blight their living in the present moment. Wounding and its accompanying feelings of helplessness, alienation and humiliation constitute emotional harm. When these negative emotions dominate one's life, they form part of an unwitting construction of a phenomenal world stained by self-reinforcing feelings of negativity.

The symptoms of physical and psychological harm are often connected, as in Post-Traumatic Stress Disorder (PTSD), where the physical suffering from headaches and sickness is intertwined with psychological suffering such as nightmares, phobias and flashbacks. The damage can also affect a person's sense of their self, including their capacity to feel self-worth, and to connect their present appropriately with their past and future. For example, it can include detrimental effects on their self-narratives and self-identifications. The harm may include the negative impact on one's spiritual relationship with the divine or the sacred.

Wounding is also a significant harm to one's relationships, including the capacity for intimate or close relationships, and one's feeling of belonging to a society. As discussed earlier, all persons are equally non-derivatively valuable, and as we all live in societies, it is a deep harm to be treated as less than full members of society. The same harm also applies to intergroup relationships. While it causes serious damage to a person's capacities to trust and to have close congenial relationships with peoples from other groups and communities, wounding is itself a harm to the relationships between the groups, because it implies that they are degraded. This degradation manifests as mistrust, stereotyping and discrimination. The degradation is iterative; it concerns not only how one experiences the discriminative attitudes towards oneself and one's group, and vice versa, but also one's beliefs about how others perceive one, one's group, and so on.

The harm is especially grave concerning one's relationship to oneself. Well-being requires that a person emotionally appreciate oneself as having non-derivative value. This recognition is a fundamental form of self-respect that does not depend on what one does or has done. In the worlds of money and commodities, materialistic values are only derivative from the valuable nature of human life, and our well-being is partly constituted by our awareness of this. This evaluative self-perception defines a person's relationship with one's self, and harm to it may be expressed as feelings of insecurity, a sense of inferiority, an over-willingness to please others and a feeling of powerlessness. It will also manifest in their relationships with past and future, such as the erosion of a sense of agency, and through basic self-identifications as a member of a victimised group.

How could people in the oppressor group acting in dehumanising ways be harmed? Such groups may tend to consciously or unconsciously fabricate and believe in their superiority around historical narratives (e.g., black inferiority, and blackness representing less-than-human) that apparently justify their privilege and their exploitation of others, and this attitude and this brutality constitute a form of denying one's humanity and relinquishing one's dignity as a human being. Hence, wounding others can equally be a harm.

(E) TRAUMA

Being wounded and treated as less than fully human is traumatic, and additionally it has harrowing effects on those who are brutalised. To discuss the relevant traumas and their effects, we need to make various assumptions.

First, as we have seen, the transatlantic trade of enslaved African people has had traumatic effects on many people, communities and societies. The impact has been on peoples of both sides of the dehumanising acts – those who perpetrated, and those who profited from the dehumanising acts and their descendants, and those who were brutalised, abused and murdered, and their descendants. From this, we can assume that its effects aren't purely individualistic. In fact, they involve cultural trauma and transgenerational trauma; both of these must be conceived as collective trauma.

Second, we can assume that among its effects is racism in a broad sense of the term. This means that there is a set of causal relations linking the transatlantic trade and enslavement of African people to contemporary racism, including institutional racism.

Third, as already indicated, we shall assume that these harmful results are not limited to the harms on the descendants of the enslaved people, but also include the harmful effects on the direct and indirect beneficiaries (and their descendants) of the transatlantic trade and enslavement of African people and its legacies.

We also need to distinguish between traumas associated with a specific horrific event (such as a beating or a rape) from those caused by a continuous historical process (such as enslavement), and from those caused by social-economic and political oppression (such as

14 – Volkan, V.D. (2021). 'Trauma, Prejudice, Large-Group Identity and Psychoanalysis', *American Journal Psychoanalysis*, 81, 137–154

structural racism). The latter is collective, e.g., caused by systemic long-term maltreatment of a group, the healing of which must be so conceived.

In this case, we may identify at least three types of trauma:

– direct trauma which includes material, physical, psychological and spiritual harms directly inflicted on persons and communities, such as broken bodies and the loss of families to the trade and enslavement of African people or dispossession due to continuous racist repression;

– secondary trauma which consists of physical and emotional pains, as well as psychological and spiritual damage as the result of hearing about direct traumatic experiences, such as witnessing or reading about the violent atrocities and persecutions endured by the enslaved, including one's own ancestors; and

– inherited trauma which is the unhealed trauma experienced by one's ancestors that is trans-generationally transmitted and becomes one's own.

The individual experiences of trauma may at times hinder us from recognising trauma as collective. In effect, at a collective level, the harms following mass atrocities are withstood by large groups of people. The wounding can damage large groups in ways that resemble the ways individuals experience such hurts. The large group referred to here can be a nation, an ethnic group, a religious community or an Indigenous people, as long as the members share a persistent sense of sameness with each other. The sameness is what Vamik Volkan calls 'large group identity'.[14] When there is collective trauma, the more anxiety and stress the members of the large group are going through, the more they hang on to and unite under the large group identity, and the more they share the psychological traits and markers that result from the trauma. These traits and markers can further separate one group from another into 'us' and 'them'.

One kind of collective trauma occurs when a group of people find themselves experiencing continued structural violence, including social deprivations, exclusions, political alienation, disempowerment, unfairness and injustice. Although these are symptoms of structural dehumanisation, on a practical level, each of these harms will tend to serve as a reminder of people's internalised large group identity and reinforce the idea that "it is because of our identity that we are suffering so collectively". In this sense, identity-based collective grievances can lead to hostile relationships between large groups, an antagonistic us-versus-them.

Underlying these symptoms of trauma lies the possibility of human aggressions on a large group scale, perpetuating cycles of violence. Indeed, violence breeds violence – from intrapersonal violence (aggression to oneself) to interpersonal violence, intercommunal violence and structural violence. Cycles of violence involve never-ending dehumanisation, be it on a small, large or a systemic scale. Violence can be both a symptom of trauma and a cause of further trauma.

Take the capitalist economy as an example. Capitalism's instrumental tendencies can be perceived as a symptom of a collective trauma rooted in the structural dehumanisation that has impacted all peoples in all regions of the planet. These dehumanising acts were most brutal starting in the transatlantic trade and enslavement of African people in the 15th century. For Africa, the loss of the healthiest and strongest represented a deep trauma to the continent, the wounds of which were further exacerbated during colonial invasion, exploitation and depletion, and post-colonial oppression. For people of African descent and other African diasporic peoples in Europe, the Americas and other parts of the world, their sufferings have continued despite the legal abolition of enslavement in the 19th century. Being people of African descent carries with it not only transgenerational trauma from the violence of enslavement, but also conscious and unconscious prejudices, discrimination, polarisation and alienation that our global system

has built in itself, which are in part legacies of transatlantic enslavement.

(F) UNDERSTANDING HEALING

The English word 'healing' comes from an Old English word 'haelan' meaning 'whole'. A typical interpretation of this etymology takes healing to be a process of restoring wholeness to a person, as if wounds could divide or fragment a person. However, as a person is always already a whole, this fragmentation or division must be understood in terms of fragmented emotional self-relations and self-awareness. When a person is wounded by dehumanising acts, they may feel disconnected from the self, and perhaps a splintering in the past. Healing helps a person to feel that they are reconnected to the wholeness of being, and that they can transcend the psychological and social obstacles to self-consciously identify themselves as whole persons.

Although acts of wounding are experienced as dehumanising, healing is not the opposite. Healing is not humanising as such; one cannot humanise, nor can there be processes of humanising the person. We are all already persons of equal intrinsic worthwhileness, or human beings of non-derivative value, and we cannot be made more so. Instead, healing makes it possible to fully recognise that value, and to feel and act in accordance with this recognition. One cannot humanise the human; one cannot give back to or restore a person their dignity because they have had it all along. Rather, healing involves acknowledging the fact that wounding has happened and has inflicted indescribable trauma, pain and suffering on generations of peoples. It equally involves addressing the effects of the legacies of dehumanisation, transcending our self- and other-identification and recognition, and overcoming the kinds of ignorance, including egoism and indifference, that continue to chain us to inhuman relationships with each other. Furthermore, healing demands systemic transformation so that structural and institutional practices will cease to perpetuate wounding.

(G) PROCESSES OF HEALING

Clearly, healing processes must be directed at the four components of wounding, namely the act of wounding, the effects of the wounding, the dehumanised relationships that such acts express and the social structures that enable such acts. In addition, healing processes usually involve a preparatory contextualisation. For example, it may be necessary to discuss specific events of wounding and the historical contexts within which they occurred. Such preparatory processes may be required for participants to acknowledge the acts of wounding, to discern the structures that enabled them and to understand the harms they still cause today.

Ultimately, healing involves remedying dehumanisation, and it will include a mutual recognition of the structural violence and of the conditions necessary to cure the relevant systemic malaises. As we have seen, such processes comprise cognitive, emotional and spiritual engagements in which people directly experience each other's humanity.

One question that arises: can healing take place at all whilst systemic racial injustice is prevalent?

Social structures refer to the ways relevant institutions are systematically organised in relation to each other, defined by a set of principles. This means that characterising a social structure as violent or racist isn't the same as describing the human relationships that occur within that structure. For instance, it should involve a recognition of how white privilege and perception of white superiority is (and was) formed from the benefits of economic exploitation. In this case, values are placed on materialistic wealth, not human dignity. Hence structures cannot be reducible to relationships between individual persons. Dehumanising acts have been possible due to the relevant structural principles and how these shape the institutions, such as the nation state, corporations, the police force and schools, in the way they can be violent and unjust.

14 – Vamik D. Volkan (2021). 'Trauma, Prejudice, Large-Group Identity and Psychoanalysis', *American Journal Psychoanalysis*, 81, 137–154

Globally, the wealth-accumulating capitalist economic system is self-destructive at a human level, societal level and environmental level. Healing involves reimagining socio-economic and political systems. In this sense, healing goes beyond processes to improve human relations within the existing system; it must also involve efforts to transform the system itself. The latter opportunities tend to be limited because only the relevant actors can stop the acts of wounding. If an institution is treating people of African descent as not fully human, then only it, the institution itself, can halt its actions. In other words, social injustice must be prevented and resisted through political and systemic transformation.

Racial inequities in policy areas such as education, public healthcare, work opportunities and other human rights concerns, are linked to the historic, political, economic and institutional origins of this transgenerational trauma, thus inadvertently perpetuating cycles of violence. Global systems further reproduce themselves through states and large corporations, and function to ensure the reproduction of status quo, including the domination of certain groups and subordination of others. As such, these systems ensure that the legacies of transatlantic enslavement endure.

Without collective healing at all four levels, these legacies will prolong structural dehumanisation and institutionalised racism, making enduring systemic transformation impossible. Systemic transformation has been one of the greatest challenges to racial equity, human fraternity, and to healing our broken world and making humanity and our ecosystem whole.

In sum, the theory of change underpinning the UNESCO Collective Healing Initiative recognises the integral and mutually constitutive nature of personal, communal, collective and structural transformation, and affirms the part that each person can play in making humanity and our planet whole.

The framework we have outlined through which we understand wounding as ill-being, is innovative and meaningful in the following ways. It explains wounding or the dehumanising act as a harm in itself, in addition to the effects of wounding and the impact from legacies of such harm. Likewise, it perceives harm as damage to human well-being from a multi-dimensional perspective. In doing so, we can see the transatlantic trade and enslavement of African people, colonisation, and other forms of brutality as a non-reducible variety of different harms. The greatest advantage of this understanding is that it can enable us to address these different aspects of wounding in ostensibly separate processes without losing the recognition of their interconnectedness.

APPENDIX 3: GLOSSARY OF TERMS

In this section, we outline some of the key concepts and notions that are highly relevant to understanding the wounds of the transatlantic trade and enslavement of African people, its enduring legacies, and the expressions of power dynamics and structural injustice that result from systemic dehumanisation. Such awareness and understanding will enable us to be truly sensitive to how the wounds and trauma of being enslaved, traded as commodities and being continuously brutalised, are experienced and manifested in different parts of the world, including Western Europe, North America, the Caribbean, South America, and Africa. A deeper comprehension of these notions and terms can enable the facilitators of the CHC Programme to select and choose the appropriate words and encourage the participants to use humanising language that serves healing.

TRANSATLANTIC TRADE OF ENSLAVED AFRICAN PEOPLE

In this Handbook, we try to avoid the term 'slavery' as it is more appropriate and more accurate to refer to "the trade of enslaved people". The people who were enslaved, sold and purchased were African people. Although some African people themselves were involved in the kidnapping, capture, trade and exchange of enslaved people, the dehumanising act, including the violent subjugation, brutality, exploitation and oppression, was carried out strategically and systematically by Europeans who were traders, owners, enslavers and profiters of the enslaved African people.

MAAFA

Maafa is a Kiswahili (east African language) word, which means great disaster, or great tragedy, referring to the specific forms of brutality, pain, loss and devastation suffered by African people and their descendants as the result of the trade of enslaved African people, colonisation, and the continuous legacies of injustice and discrimination, including socio-economic exploitation and deprivation, political oppression, and destruction of Indigenous African cultures, traditions, languages and religions.

POST TRAUMATIC SLAVE SYNDROME (PTSS)

Developed by Dr DeGruy, PTSS is a theory that explains the aetiology of many of the adaptive survival behaviours in African American communities throughout the United States and the diaspora. It is a condition that exists as a consequence of multigenerational oppression of Africans and their descendants resulting from centuries of enslavement of Africans, that was predicated on the belief that people of African descent were inherently/genetically inferior to white people. This was then followed by institutionalised racism, which continues to perpetuate injury.

COLONISATION

Colonisation has been defined as invasion, dispossession and subjugation of a people. The invasion can be carried out by military force, economic and trading infiltration, geographical intrusion in the form of agricultural, urban or industrial encroachments and other forms of incursion. Invasion leads to the Indigenous people's or original inhabitants' dispossession and displacement. Colonisation is often legalised by the colonisers after the act, such as Europeans' colonisation of Africa, the Americas and the Caribbean. The legacies of colonisation and dispossession include subjecting people to dehumanising acts, injustice, and institutionalised inequality. Whilst the colonisers and their descendants continue to benefit and profit from colonisation, the trauma of being colonised tends to have harrowing impacts on the colonised, physically, psychologically and spiritually, but also socially, economically and politically. The colonisers and their descendants and the colonised and their descendants are locked in an antagonistic relationship.

HISTORICAL TRAUMA

Historical trauma refers to the cumulative physical, emotional, psychological and spiritual wounds as a result of historical dehumanising acts experienced and shared by communities across generations. These dehumanising acts include the trade and enslavement of African people, colonisation, forced displacement from homeland and the destruction of cultural and spiritual practices.

TRANSGENERATIONAL TRAUMA

Transgenerational trauma is typically understood as the transmission of specific painful and stressful elements of historical events within large groups of individuals from one generation to another. As a profound collective trauma, enslavement had a tormenting impact on enslaved Africans physically, mentally, emotionally, spiritually and relationally. Such unhealed trauma can be passed on through parenting processes and the behaviour patterns of communities and societies. Equally, wounds can be transmitted through continued injuries from the economic-political systems, psycho-social processes and institutional practices. It can further prevail across generations through epigenetic mechanisms.

Descendants from both sides of mass atrocity, including victims/survivors, perpetrators and even bystanders, may share common responses to pain and stress, for instance through avoidance, numbness, denial and silence, as ways to cope with profound, indescribable traumatic experiences. The trauma, although not directly undergone by the descendants of those traumatised, may have effects on successive generations through inherited trauma reactivity being triggered in similar stressful situations.

Symptoms of transgenerational trauma commonly found in people of African descent can be both self- and other-directed. Low primary self-esteem, distorted self-concept, learned helplessness, hopelessness, depression, destructive and risk-taking behaviours, and self-violence are amongst self-directed trauma symptoms; whereas doubt, distrust, suspicion, anger, aggression, and antipathy toward and violence against one's own family, friends or community are illustrative of other-directed symptoms. These behaviours and emotional states adopted by peoples of African descent are both inherited from their enslaved ancestors, and triggered by systemic oppression and structural violence.

CULTURAL TRAUMA

Like transgenerational trauma, cultural trauma occurs when members of a large group have been subject to horrifying experiences that have profoundly impacted the shared consciousness amongst the group members, scarred their memories and shaped their future identity in irrevocable ways. Hostile encounters, such as enslavement, colonisation and segregation, underlie the psycho-social ramifications of cultural pains, which are transmitted down the generations, affecting descendants of the enslaved collectively.

Symptoms of cultural trauma can involve both normalised practices and processes of identity-formation. In the case of normalised practices, it has been noted, for instance, that contemporary African American parents often strictly discipline their children, including the use of beating, and seldom praise their children but denigrate them instead, especially in front of strangers. The origin of such practices was enslavement, during which the enslaved had to shield children from the masters' attention, which might result in harsher punishment of children by the enslavers, such as being removed from their parents, sold or killed. These protective measures applied by the enslaved were normalised within the African American community, passed on, and have become a symptom of cultural trauma.

In terms of identify-formation, cultural trauma can be experienced as a dramatic loss of self-identity, coherence and meaningfulness. Often the formation of a large group identity requires the centrality of collective memory, interpretation and representation of the past in the process of developing self-concept, bonding with the large group, and a sense of belonging. An example is the process whereby collective memory of enslavement and brutality has served to shape the identity of many people of African descent, especially through their perceptions of black inferiority and white superiority.

In this way, cultural trauma occurs and accrues, distorting societal perceptions and resulting in misapprehensions and misperceptions of colour and race, and in harmful stereotypes and beliefs. Unconscious values and language built into the society's memory and remembrance can become cultural norms and can further extend and prolong the historical trauma.

INTERNALISED RACISM

Internalised racism refers to the application of racist attitudes, beliefs or ideologies within an actor's worldview, often manifested in two forms – internalised dominance and internalised oppression. Internalised dominance describes and explains the experiences, attitudes and privileges of people belonging to powerful identity groups. It is a socially superior status, accepted, experienced and profited from, consciously and unconsciously, by people of European descent as normalised and deserved. By contrast, internalised oppression describes and explains the experience of those who are members of subordinated, marginalised minority groups who are powerless and often victimised, both intentionally and unintentionally, by members of the 'dominant' groups, and who have adopted the 'dominant' groups' beliefs, attitudes and ideology about themselves and have thereby accepted their subordinate status as deserved, normal and inevitable.

INTERPERSONAL RACISM

Like internalised racism, interpersonal racism can have agonising impacts on intercommunal, intergroup, international and even global relationships. Interpersonal and intergroup relationships thus shaped by racist structural and institutional conditions can have traumatic effects on people physically, psychologically, social-relationally and spiritually. Such harms are perpetuated through the "normal" processes of people's daily lives, including the ways they self-identify, the experiences of wearing their skin colour, their encounters with racialised attitudes, and, above all, the relationships within which they are born, grow and become themselves. Therefore, race-based self-identification and its harmful effects on intergroup and intercommunal relationships must be equally understood as historically, socio-economically and politically defined processes.

INSTITUTIONAL RACISM

This term describes societal patterns and structures that impose oppressive or negative conditions on identifiable groups on the basis of 'race' or ethnicity. Oppression may come from business, the government, the health care system, the schooling system, the police, or the court, among other institutions. This phenomenon may also be referred to as societal racism, institutionalised racism, or cultural racism. In this case, racism is often normalised as part of the 'norm' or normal practice within an organisation or society. Discrimination is most felt in areas such as criminal justice, employment, housing, health care, politics and education.

SYSTEMIC RACISM

Racism is not only defined in relational terms within socio-economic and political spaces, it also reflects systemic, cultural and symbolic negotiations of power. Systemic racism configures the workings and mechanisms of institutions, at a micro-sociological level, and is built into people's lived realities through everyday routines and practices. For example, the endemic poverty in black communities in contemporary Western societies is obviously owing to, amongst other factors, an unjust educational system. This includes uneven educational finance, lack of sensitivity to racial prejudices, 'colour blindness' amongst teachers, and the systematic exclusion of black and Indigenous children and young people from quality public education.

WHITE PRIVILEGE

White privilege includes historical and present advantages, benefits, entitlements, choices and accesses, in the context of material resources, social-economic opportunities, political participation and the power to shape the norms and values of society that are awarded and received by people of European descent, unconsciously and consciously, by virtue of their skin colour in a contemporary Western society. White privilege is not always visible or recognised by those who benefit from it.

STRUCTURAL WHITE PRIVILEGE

A system of white domination that creates and maintains belief systems that make current racial advantages and disadvantages seem normal. The system includes powerful incentives for maintaining white privilege and its consequences, and powerful negative consequences for trying to interrupt white privilege or reduce its consequences in meaningful ways. The system includes internal and external manifestations at the individual, interpersonal, cultural and institutional levels.

INTERPERSONAL WHITE PRIVILEGE

Interpersonal White Privilege implies behaviour between people that consciously or unconsciously reflects white superiority or entitlement.

CULTURAL WHITE PRIVILEGE

A set of dominant cultural assumptions about what is good, normal or appropriate that reflects Western European, white world views and dismisses or demonises other world views.

INSTITUTIONAL WHITE PRIVILEGE

Policies, practices and behaviours of institutions, such as schools, banks, non-profits or the Supreme Court, that have the effect of maintaining or increasing accumulated advantages for groups currently defined as white, and maintaining or increasing disadvantages for those racial or ethnic groups not defined as white. This includes the ability of institutions to survive and thrive even when their policies, practices and behaviours maintain, expand or fail to redress accumulated disadvantages and/or inequitable outcomes for people of colour.

EQUITY AND EQUALITY

Equity is defined as "the state, quality or ideal of being just, impartial and fair"[15]. The concept of equity is synonymous with fairness and justice. It is helpful to think of equity as not simply a desired state of affairs or a lofty value. Equity involves trying to understand and give people what they need to enjoy full, healthy lives.

Equality, in contrast, aims to ensure that everyone gets the same things in order to enjoy full, healthy lives. Like equity, equality aims to promote fairness and justice, but it can only work if everyone starts from the same place and needs the same things.

Systemic equity is a complex combination of interrelated elements consciously designed to create, support and sustain social justice. It is a dynamic process that reinforces and replicates equitable ideas, power, resources, strategies, conditions, habits and outcomes.

ANTI-RACIST

People who are anti-racist actively advance their consciousness about race, racial discrimination, and racist behaviours and attitudes, and take action when they see racial power inequities in everyday life. An anti-racist recognises that racism cannot be overcome without transforming systems, organisational structures, policies and practices, and attitudes, to balance power in an equitable manner.

Being an anti-racist is different from being non-racist. The latter can have beliefs against racism, but not necessarily actively engage in anti-racist actions. Only by combining an intentional non-racist mindset with proactive commitments to action, e.g., "We must do something about racism", can one be anti-racist. Being anti-racist can be a different experience for a white person than for a person of colour.[16]

DECOLONIALITY

Decoloniality is "a way to re-learn the knowledge that has been pushed aside, forgotten, buried or discredited" by the "logic, metaphysics, ontology and matrix of power" of coloniality. Decoloniality is a paradigm and method that seeks to disrupt colonial ideology and structures, towards restoration and reparation. As a method, it "aspires to restore, elevate, renew, rediscover, acknowledge and validate the multiplicity of lives, lived-experiences, culture and knowledge of Indigenous people, people of colour and colonised people, as well as to de-centre hetero/cis-normativity, gender hierarchies and racial privilege."[17]

15 – By the Annie E Casey Foundation, https://www.aecf.org/blog/racial-justice-definitions
16 – Cf. ibid
17 – https://www.wm.edu/sites/dhp/decoloniality/index.php

NOTES

Collective Healing: Towards Just Societies   Handbook for Facilitators & Co-Creators

"As we celebrate the 30th anniversary of the UNESCO Routes of Enslaved Peoples Programme, we must remember that when trauma is not addressed it is transferred. The time to act for healing and equality is more pressing than ever and this handbook will play an important part in equipping communities to heal from the wounds of the past, transform the present, and build a better, more equal future for all."

--- Gabriela Ramos, UNESCO ADG for Social and Human Sciences

Collective Healing
Social Justice
Global Well-Being

The UNESCO Collective Healing Initiative fosters healing, just society, and the well-being of all, in regions affected by historical atrocities and the legacies of these histories, including transgenerational trauma.

The UNESCO Collective Healing Circle (CHC) programme supports communities to see connections between historical wounding and ongoing dehumanisation, to recognise the imperatives for reaffirming human dignity and strengthening our interconnections and relationships, and to propose systemic transformation towards collective healing, social justice and global well-being.

CHCs provide an opportunity to involve the whole community in collective healing processes, including through intergenerational dialogue and inquiry, and engagement with diverse community stakeholders.

This Handbook is a holistic resource for facilitators of community-rooted CHCs or anyone who wishes to better understand the deep need for collective healing across global communities.

For further information about the Collective Healing Initiative and to get in touch, visit www.collective-healing.org.