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Collective Trauma and Comprehensive Healing

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ABSTRACT

Collective Trauma and Comprehensive Healing

To date, several studies on trauma healing have focused on individual healing for psychological and pathological treatment. Although the concept of social healing has emerged in recent years, it is confined to the concept of follow-up action of the collective trauma events (truth-clarification, legal punishment, reparation, commemoration etc.). In other words, there is no model for organically integrating individual healing and social healing as a way of healing collective trauma, yet.

The purpose of this study is to provide a comprehensive method to review and understand the degree of healing of individuals and society according to the passage of time after the occurrence of collective trauma in order to make the healing of collective trauma more effective and efficient will be.

When the individual healing and the social healing are organically connected and expanded and developed into a sequential and concentric structure, the most stable healing, comprehensive healing is achieved. In reality, however, the theoretical hypothesis is that the unbalanced development of comprehensive healing can occur, and thus three types of development will be largely represented.

In order to present a new theoretical concept that integrates individual and social healing, Judith Herman's theory of the *stage for recovery* that can be considered in terms of individual healing and Johanne Galtung's *Theories of peace* that can be considered in terms of social healing are analyzed. Subsequently, the two theories are assigned to the x and y-axes of the graph. It derives the essential attributes and their associate's elements in the stage by centering on the common points that each stage of each axis contains. The derived essentials become independent variables and analyze three real cases accordingly.

Given an arbitrary score (0-2 points) on the analyzed variables in the x and y-axes, the score on each axis is the coordinate value (x, y) of the comprehensive healing model. By obtaining the coordinate value according to the change of the two axes at intervals of a certain time, a graph showing the tendency of the comprehensive healing change is obtained.

Through the comprehensive healing tendency analysis of the three actual cases, the types of unbalanced development in comprehensive healing as suggested in the theoretical hypothesis is identified. There are three major types of development of comprehensive healing. The first type is when the healing of individuals and society is balanced. The second type is that social healing is a relatively rapid development of individual healing in a situation of slow development (*SS* type). The third type is that individual healing is a relatively rapid development of social healing in a situation of slow development (*IS* type). Thus, the comprehensive healing, which integrates individual and social healing, shows at a glance how the healing degree of healing of the two sides develops in relation to each other.

Through a comprehensive healing model that analyzes the theoretical concept of comprehensive healing and the developmental direction of comprehensive healing presented in this study, a new aspect of trauma healing that can track the trend of healing after trauma can be identified. This analysis is meaningful in that it is an analytical framework that shows objectively what part of society and individuals should focus on to achieve more stable comprehensive healing. It is necessary to find concrete ways to prevent the recurrence of the healing process and increase the resilience for peaceful reconstruction of individuals and society.

Keywords : collective violence, trauma, collective trauma, healing, social healing, individual healing, comprehensive healing, comprehensive healing model, independent variables, balanced type, Socially Skewed (*SS*) type, Individually Skewed (*IS*) type

I. INTRODUCTION

Research background

Today, as time and space constraints are significantly reduced, we are easily exposed to the insanity of collective violence far beyond the boundaries of ‘personal grief’. Through the news every morning, we are repeatedly witnessing the scream, pain, and death of others. Then, one day, we are relieved that the unfortunate things are not happening to me, rather than mourning, sympathizing, and sometimes angry with the suffering of others. Perhaps, it might be explained that the instinct of self-preservation acted on its own. However, prior to this self-centered tendency, human beings have primitive ability to accept the suffering of others as my pain, despite any kind of pain cannot be known exactly without experience it. Nevertheless, why do we today become increasingly insensitive to other’s suffering? The intention to reluctantly empathize with the suffering of others may be due to the ‘exhaustion of emotions’ that arise as a result of countless exposures to various kinds of pain, which are repetitively and increasingly intensified in society. In other words, it is emotionally exhausted to grieve with the pain of others every time, and the threshold value of emotion has increased which needs more stimulus to respond. In this situation, modern people may not be willing to pay too much attention to others pain and to consume their own feelings. However, this kind of helplessness and frustration is obviously another form of pain derived from the original one. In addition, the subjects of these reproduced pain are not the actual experienced the original event but the pathological phenomenon which is difficult to explain that occur in people who have no experiential relationship. Therefore, it reflects that not only the event that caused the pain but also how the subsequent social environment affects the entire society.

In this context, Kleinman (1997) urged that the social nature of suffering in many ways reveals that everything happens to us is always connected to ‘society’. It is called ‘*social suffering*’. The word *social* derives from the Latin *socius*, meaning “companion” or “partner”. Hence, social aspects of life are connected to understand the character of moral conscience which think and act for good of others (Wilkinson & Kleinman, 2016). In more detail, social suffering emphasizes that “it takes in the human consequences of war, famine, depression, disease, torture – whole assemblage of human problems that result from what political economic and institutional power does to people- and also human responses to social problems as they are influenced by those forms of power.”(Kleinman, 1997). These pain is not limited to the individual's sufferer but extends to negative effects at a time on family and social networks (Kleinman, 2010).

Limitation of past research and the new idea of this study

This notion allows us to understand the cause of pain as a more multidimensional approach. Yet, in general, healing of a trauma refers to the way through an individual's psycho-psychological approach. However, as the definition of social suffering implies, the suffering experienced by the majority members of today's social groups is a by-product of the process of responding to social problems, so that the direction of healing confined to an individual's internal problem is no longer appropriate. To heal the trauma experienced by the group, a more comprehensive and stereoscopic understanding of healing must be done together in society.

These perceptions have been studied in recent as the emergence of the concept of social healing, but there is no model to integrate individual healing and social healing at once in actual cases. The explanation of social healing is also limited to the follow-up concept of the trauma event such as truth-seeking, legal punishment, reparation, commemoration, education, etc. Thus, in the healing of trauma, it is still considering the role of individual and society independently. Unless the trauma healing approach that

encompasses individuals and society is achieved, individuals and society can be seized by the "insanity of pain", which continues to expand and replicate beyond generations and generations. Since the twentieth century of brutal violence, most modern societies have mainly focused on rapid economic growth and social development, and as a result, they are facing various sociopathological problems, especially in the severe post-conflict society, that represent the breaking point of extreme sacrifice and misery. If this condition persists individuals and society eventually reach an aporia state, which no way to try or exit with an endlessly melancholic that impossible type of mourning and resistance to working through trauma (LaCapra, 2001). Therefore, it is a time to desperately need a healing model in a comprehensive approach that can heal and overcome the collective trauma induced by collective violence.

In order to do this, it is necessary to examine the individual and social aspects of healing theories, which are currently the most widely used. First, the theory related to individual healing is to examine Judith Herman's *Stage for Recovery*. Herman is a scholar who has attempted to explain the clinical aspects of individual trauma by integrating it with a relatively social aspect and focuses on the individual behavioral changes expressed in stages of recovery in the trauma healing process. In terms of social healing, Johanne Galtung's *Theories of Peace* will be examined. Although the theory is not introduced as a term of healing, it will be possible to explain social healing in a richer and more extended perspective than the follow-up concept of the traumatic event by converting peace and violence theory to social healing. Both theories are described in a phased approach. However, in the process of healing after the actual trauma event, every healing does not occur a staged development, but it can be done in various combinations depending on individual and social conditions. In other words, from the viewpoint of comprehensive healing that integrates individual healing and social healing, it is necessary to dismantle the stepwise developmental characteristics suggested by the theories and to consider the necessary components of each stage of the theory as independent variables of comprehensive healing. By assigning an arbitrary score to each variable, it is possible to

score the degree of overall individual healing and overall social healing. Based on this, the two scores can be displayed on a graph to show how the degree of individual and social healing is creating a relationship in comprehensive healing. These attempts allow the tracing of comprehensive healing over time following the onset of trauma. In addition, this represents a new form of trauma healing that has never been suggested before.

This study is meaningful in that it enables to know objectively what kind of efforts should be made for healing by individuals and society in the future. It is also hoped that the present study will stimulate more systematic research in this area. In this context, the detailed purpose of this study is constructed as follows.

1. To provide a comprehensive way of understanding the healing of trauma
2. To provide a guide to know what kind of specific efforts will be made in the future by making it possible to know objectively how much the healing of individual and society has been accomplished with the passage of time

II. LITERATURE REVIEW ON TRAUMA AND HEALING

2.1. Trauma

2.1.1. The Concept of Trauma and its Paradigm Shift

The Concept of Trauma

The word *trauma* was originally used as a surgical concept indicating a breaking point of body issue, and later it became to use for a biopsychosocial phenomenon which a breaking point in the lives of people (Kellermann, 2007). Nowadays, the word ‘trauma’ becomes the everyday language to mean an experiencing negative event outside the range of ordinary human experience. A traumatic event or situation creates extreme stress that overwhelms a person’s ability to cope and even leaves that person fearing death, annihilation, mutilation or psychosis (Giller, 1999). Thus, trauma refers to the emotional response caused by psychologically overwhelming for an individual. It can damage every aspect of an individual including physical, mental, behavioral, and emotional elements of one’s identity (SAMHSA, 2014). However, this impact can be differentiated in each person with many personal and pre-disposing factors. Some people may not be aware of their trauma symptoms at all, but some others are so severe that they have more difficulty moving on with their lives. The more experienced tremendous loss of life, physical injuries, or property damage by massive in scale and the severe event might influence on individuals more negatively.

Generally, experiencing a sudden and tragic event that seriously disrupts the function of a community or a society called a *disaster* (UNISDR, 2009). Mental health research has classified ‘disaster’ into two categories: natural and human-made (Butler, Panzer, & Goldfrank, 2003). A natural disaster includes earthquakes, hurricanes, floods, tsunamis, volcanic eruptions, landslides and etc. These types of experiences are mostly occurred by

the blind force of nature which can be unexpected and devastating. Human-made disaster includes war and other violent conflicts, political violence, terrorism, torture, sexual abuse, domestic violence and family and stranger violence. These types of experiences leaves violently inflicted wounds dealt by a person or groups. Traumatic events can be divided again by degrees of exposure as continuous or repeated versus one-time event.

Thus, the traumatic event does not only occur in an individual but also entire populations or cultures can experience collectively that will impact them in much the same or even worse way as individual traumatic experiences. As can be seen from the definition of disaster, the impact of disaster extends beyond individual units to close relatives and friends, as well as to the community. Therefore, a shared memory on the body and mind by exposed to extreme circumstances of traumatization for the majority of people experienced called *collective trauma*. Mostly, it is caused by experiencing as members of a group against another group or set of individuals for achieving political, economic, or social objectives, called as *collective violence*. That is to say, any type of violence committed by groups of individuals or by states. Various forms of collective violence have been recognized such as war (in all its forms), organized terrorism, and state-perpetrated violence against particular target groups, genocide, and gang warfare fall under this definition (WHO, 2002).

Collective trauma destroys one's life with breaking the bond between the people and the structure of a community. It also can even traumatize those members of a community, society or group who were absent when the traumatization took place (Suárez-Orozco & Robben, 2000). From this perspective, possibly, more importantly, collective trauma needs social approach not only because of a number of people affected but also people suffering from 'social wounds' (Richters 2010). Also, since collective trauma disrupts social norms, values, and system of meaning, there is a limit to only focusing on effects at the individual level (Krieg, 2009). Luszczynska, Benight, & Cieslak (2009) urged that collective trauma may involve higher mobilization of social support, social sharing, social participation, and rituals reinforcing social cohesion compared to the individual. In the

same vein, Hoffman and Kruczek (2011) urged that the recovery of disaster damage requires a multidimensional approach that considers the micro(e.g.family, peers, work, religious groups), exo (e.g. school system, neighborhood & community system, mass media), and macro(e.g. societal norms, cultural, governmental systems, environmental factors) systems as well as individual dimensions as the victim. Consequently, the various systems affected by the disaster are influenced each other by an organic relevance. So, a cooperative resource-sharing system between systems becomes important for the psychosocial recovery from disaster. Moreover, Norris et al.(2005) insisted that the severity of exposure to a particular disaster predicted declines in social relations and increases conflicts with family members. From this perspective, a possible societal dilemma can be expected to occur when mass populations are affected by a large-scale trauma.

In these days, the phenomenon of collective trauma is much growth in the entire world with rising involvement of societies in wars, terrorism, salience, and increased risk of natural disasters from climate changes. However, even psychological effect on an entire society where collective experience of traumatic events exists is necessarily to be studied, much less research has been done on the overall effect to entire populations than the individual (Lifton, 2005; Luszcznska, Benight and Cieslak, 2009; Updegraff, Silver and Holman, 2008).

Changes in the concept of Trauma

The history of trauma is a quite long. More than 3,000 years human beings had interested in trauma and stress related psychological disorders in the aftermath of traumatic events. Many characteristics in some of the earliest known literatures (e.g., *Epic of Gilgamesh*, Lucretius's *De Natura Rerum*, Homer's *Iliad*, William Shakespeare's *Henry IV*, Charles Dickens' *A Tale of Two Cities*) were described the psychopathological consequences of trauma such as fear, impairment, anxiety, and pain (Birmes, Hatton,

Brunet, & Schmitt, 2003). Hence, the core concept of a trauma having negative psychological consequences has remained constant over the long period (Benedek & Wynn, 2010).

Since the late nineteenth century, there were several transformations in the concept of trauma centering around European scholars, from ‘hysteria’ to ‘posttraumatic stress disorder’. In earlier, the disorder called ‘hysteria’ was a major focus of serious inquiry. Herman stated that hysteria had been considered a strange disease with incoherent and incomprehensible symptoms which proper to only women and originating in the uterus. With this, hysterical women had been thought of as malingerers (Herman, 2015:10). Later, the new emerge to the trauma psychiatry was opened by French neurologist Jean-Martin Charcot. At that time, the first civilian human-made disasters have begun to occur by the Industrial Revolution and the introduction of steam-driven machinery. Charcot, who originally studied hysteria, took great interest in the psychological symptoms displayed by survivors from railway disaster. In the earlier, its symptoms were attributed to micro lesions of the spinal or brain (Crocq & Crocq, 2000). Later on, Charcot used the term “traumatic hysteria” to describe a form of hysteria which had been induced in mentally defective individuals. In his view, patients suffered not from the physical effects of the traumatic accident but from the idea they had formed of it (Pitman, 2013). Around the same time, German neurologist Hermann Oppenheim(1889) urged different idea from Charcot based upon his clinical observations of railway, factory, and construction accident victims, that emotional shock was capable of causing traumatic neurosis even in the absence of physical impact, as well-known name “trauma neurosis”(Pitman, 2013). Thus, the scope of the research has shifted from a mysterious disease confined to women to a neurological problem. Afterward, a psychic etiology was introduced into theories of trauma by Freud and Janet, who were among Charcot’s followers. The two scholars made similar claims that hysteria was a condition caused by psychological trauma. It was the first approach that insufferable emotional reactions to traumatic events can affect to an altered state of consciousness, which in turn induced the hysterical symptoms (Herman,

2015; Brown, MacMillan, Meares, & van der Hart, 1996). After them, an awareness of the study of traumatic origin of emotional distress as a contributory factors in psychological trauma was increased and actively started.

According to Fassin and Rechtman (2016), large numbers of soldiers exposed to extreme fear in day-to-day life being far isolated from the world while in the aftermath of the First World War. They had symptoms as violent tremors, unexplained deafness, blindness, or paralysis, panic, sleep problems, and emotional shock among others. It led to an epidemic of post-trauma illness, termed '*Shell Shock*'. It is illustrated by Charles Myres in 1915 who had first thought to be it a reaction to the explosion of artillery shells with the result of hidden damage to the brain. At the same time, interestingly, those who suffered from it were treated as dishonorable as being a malingerer and a coward rather than as a patient who should receive medical treatment. However, in the end of the WWI, since when more soldiers who had not been near explosions showed similar symptoms, the awareness of psychological aspects of the traumatic experience began to increase. But these changes have been active only after the end of WWII, and have led to eliminating the stigma misplaced on veterans suffering from trauma symptoms. It was indeed no longer dishonorable conditions that brought shame to anyone suffering from them. Furthermore, unlike previous wars, war neurosis was treated as a serious issue which shifted theoretical focus from individual predisposition toward broadly influential environmental factors supported among many psychiatrist and social scientists (Pols & Oak, 2007). Beginning with Abram Kardiner, a military psychiatrist, many psychiatric studies began to research soldiers suffering from traumatic neuroses as a result of World War II (Fassin and Rechtman, 2016). New term was emerged as "battle fatigue" that soldiers became battle weary and exhausted with long surges common in war, instead of the Shell Shock diagnosis. There has been a major change in the perception that it can happen to anyone. By the end of the World War, there had come a time to agree for developing a standardized manual of diagnostics and treatment (Andreasen, 2010).

In 1952, the American Psychiatric Association (APA) published the first edition of

Diagnostic and Statistics Manual of Mental Disorders(DSM), commonly known as the *DSM-I* for providing a codification and classification of mental disorders. The *DSM-I* contained one of the psychiatric categories “gross stress reaction” resulting from exposure to “severe physical demands or emotional stress” including combat. However, after the Vietnam War, no accepted diagnosis was available for those who had psychiatric symptoms among returned veterans, *DSM-II* was not enough to, and new alternatives with adequate treatment were required for them. Due to this, *DSM-III* adopted a new diagnosis under the heading ‘*Post-Traumatic Stress Disorder*’ (PTSD) which encompassed a much broader set of conditions than war trauma in 1980 (Hagopian, 2009). After several revisions to PTSD diagnostic criteria, the *DSM-IV* (1994) was published as the edition of completed PTSD with six criteria. One of the biggest changes in DSM is *DSM-V*. As the latest revision, it was recently released in 2013 with both important conceptual and clinical implications. It relocated PTSD in a new category from Anxiety Disorder to Trauma-and Stressor-Related Disorders in which more focused on the onset of every disorder has been preceded by exposure to a traumatic or otherwise adverse environmental event (Friedman, 2016). Also, it included much broaden diagnostic criteria for PTSD, the addition of depressive symptoms. However, the DSM-V is heavily criticized. Allen Frances, chair of the DSM-IV Task Force, has warned that DSM as a new diagnostic system can lead to unpredictable overdiagnosis. Then, he has pointed out that the DSM-V ignored this risk and introduced several high-prevalence diagnoses at the fuzzy boundary with normality (Frances, 2013).

Accordingly, like many criticisms of DSM, it does not yet satisfy everyone as a suitable tool for treating psychological suffering. However, with DSM getting more advanced, it has corrected several major ambiguities and errors of the former editions by struggling of the researchers and clinicians for creating the best scientific diagnostic system for individual suffering.

2.1.2. Paradigm Shift of Trauma

As Herman stated in her book, 「*Trauma and Recovery*」 (2015), a particular form of psychological trauma has surfaced into public consciousness in many times over the past century. In addition, it has represented that a paradigm was shifted gradually in the conceptualization of psychological trauma which has reflected the situation and peculiarity of the times in affiliation with a political and social movement. The 20th century was a time of amazing social progress with historical and social changes in both positive and negative ways. The massive incidents shared by collective experiences have been diversified as compared with the past. In consequence, the situations of various conflicts in the 20th century were divergent in collective violence which caused collective trauma. Even worse that it was a tragic period with a significantly higher mortality rate (about 5% of all deaths) than in 17th, 18th, and 19th centuries (about 2% of all deaths) (Garfield, Morales & Dresde, 2003). However, most societies had a social climate that regarding the problem of people suffered from collective trauma as an individual's psychopathological problem. In light of Michel Foucault (1967) argument, the ruling structure of power in the 20th century was sufficient to hold a dichotomous way of thinking about dividing into the normal and abnormal and, in further, violence against abnormalities was easy to justify. A group called 'normal' seeks to separate 'abnormal' others or a group from themselves. And making 'abnormal' as a sacred scapegoat with focusing on social anger and violence against them that most of the 'normal' of society are saved from self-destruction (Girard, 2000). To sum up, it is interesting to note that the awareness of psychological trauma in the 20th century has been developed as a sort of stigma as being an abnormality that has been passed on to a group of social vulnerability. Representative examples are as follows. The first emerge as a scapegoat was in women. Before women's movement has grown and got female suffrage, women were generally the weakest and the socially disenfranchised one. This phenomenon was occurred in not only limited to a certain country but in most common societies until the early twentieth

century. Hysteria, the archetypal psychological disorder of women, is a simple example that supports this. The second to emerge was the traumatic neuroses of wars that is treated as a phenomenon predominantly in weak and timid or suffered from exhaustion soldiers. In fact, most young soldiers could not escape the fear of injury and death in an endless war situation. But since each one of them was a very important military force on the battlefield, even the soldiers suffering from PTSD were urged to return to the battlefield as soon as possible. It is not an exaggeration to say that there have been sacrifices of millions of people to shake off the stigma that was gained simply because they were a woman or a soldier, the social vulnerable who were easily become a scapegoat.

Since the development of the diagnosis of PTSD along with advanced medical technology and research, the concept of PTSD has gradually expanded, resulting in a change in social awareness of trauma. It is generalized that psychological trauma can occur in anyone who has experienced unusual exposure, not the symptom that a specific person or group represents. Especially, the aftermath of the September 11th attacks in the United States in 2001, several studies were published following the attacks with a wide range of mental and physical health outcomes. The incident had a different characteristic from the past. Over this incident, the vast majority of people across the country showed PTSD symptoms even who did not suffer direct and tangible loss (Seery et al., 2008). Due to this, societies began to give attention to the eroded boundaries between direct and indirect exposure. This change has affected the social atmosphere more that freely to talk about 'collective trauma' when it comes to describing the aftermath of incidents or many kinds of collective violence.

So, in sum, the social awareness of trauma has been gradually expanded into the wide range, from 'someone' to 'anyone' to 'everyone who belongs to certain traumatized society'. In accordance with this paradigm shift of trauma, the recent to emerge is that the psychological impact on the collective people by the environment of the society that caused or caused the traumatic event. Ultimately, society has changed to accept the concept that being diagnosed with PTSD is not the dimension that arises from the

boundaries of individual lives or the inner problems of individuals but the external factors given to the whole social and political mechanism that leads to psychological problems of people and causes many psychopathological phenomena. Even though not all persons who are exposed to trauma develop PTSD (Perkonig, Kessler, Storz, & Wittchen, 2000), it is important to consider a correlation between pre-existing risk factors in individual and effects of an environmental exposure in a manner. Meanwhile, Young (2007) has worried that this phenomenon could lead to overdiagnosis of PTSD, called “popularization of PTSD”, which not only a psychiatric classification but also a cultural template and shapes expectations about how normal people do respond to events. However, advanced technology in these days has been approached to an epigenetic modification for explaining how environmental impacts affect to the individual for causing trauma. It refers to a change in the DNA produced by an environmental perturbation that alters the function, but not the structure of a gene (Yehuda & Bierer, 2009).

Therefore, the paradigm shift of trauma have changed from pole to pole. Not only treating trauma as a root of individual’s trait or psychopathological cause but also accessing as socio-environmental factors that bring about a traumatic event is taking place. In consequence, the society must concentrate on the tremendous destructive power of the trauma, which continues to inherit the unexperienced person of the event beyond generations to the next generation. Because it has a high potential to be extremized into a socially pathological phenomenon that cannot be understood by a post-conflict society in a long term. Thus, the time has come to prove that the only medical and scientific attitudes that have been dealing with trauma are not absolute truths.

2.1.3. Effects of Trauma on Health

Even though PTSD is the most commonly recognized outcome of trauma, trauma also often results in a broad array of co-occurring many psychiatric diagnoses and negative physical health consequences, which represents that psychological and physical

processes are the intertwined relationship. According to several studies, the results of each clinical research may vary, but in conclusion, people with PTSD had high risk of having at least one other psychiatric illness (D'Andrea, Sharma, Zelechowski & Spinazzola, 2011). Various comorbid diagnoses are commonly shown such as psychological disorders (e.g. depressive disorders, substance use disorders, other anxiety disorders) and physiological symptoms (e.g. difficulty sleeping, physiological reactivity to reminders) (Brady, Killeen, Brewerton, & Lucerini, 2000; D'Andrea, Sharma, Zelechowski & Spinazzola, 2011). Moreover, the severity of trauma exposure is related to significant increases in a variety of diseases even if one avoids negative health behaviors which concluding overall negative physical health consequences (D'Andrea, Sharma, Zelechowski, & Spinazzola, 2011). Thus, all things are taken together that trauma leads to chronic impairment in not only one's psychological but also one's physical functioning.

The potential mechanisms in which trauma has a negative effect on all dimensions of health can find in the sense of 'health'. World Health Organization (WHO) defines health as *"a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity"* in the organization's 1946 preamble (WHO, 2017). It means that health is a state of balance, an equilibrium that an individual has established within oneself and between oneself and one's social and physical environment. (Satorius, 2006). Therefore, with its interconnection between the components, it can clearly guess the healthy state collapses if any of three components lose their balance. (figure 2.1.). When trauma associated with the psychological overwhelm and physical injury combined with the social environmental factors that caused these results, the balance of health of the individual as well as the group or communities where the individual belongs is collapsed and the affected people might be easily exposed to more vulnerable conditions that are more complex and ancillary problems than the normal people.

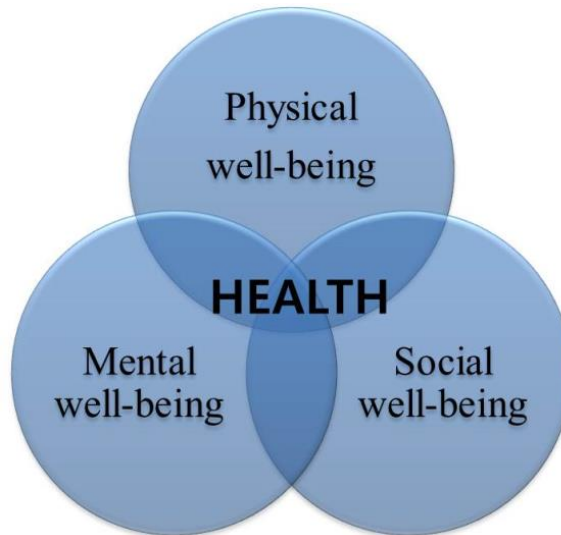


Figure 2.1. Definition of Health by World Health Organization(WHO)

However, in the reality, apparent difficulties are existed for achieving and sustaining the well-balanced condition of ‘health’ in both levels of individual and community. On the first dimension as a state of physical well-being is that in most of world still needs to fight with diseases, some are still mysterious causes communicable and non-communicable diseases, even recent advances in medical technology. There is little doubt about the fact that it is a related to the matter of life and death to human beings. Statistically, out of every 10 deaths worldwide, 6 are due to non-communicable conditions, 3 to communicable, reproductive or nutritional conditions, and 1 to injuries (WHO, 2009). On the second dimension as a state of social well-being is that arising inequalities in health by different social and economic conditions between low-middle income countries (LMICs) and high-income countries (HICs) crucially influences and effects on the people’s lives and health. During the past two decades, there has been a significant increasing in research on the social and economic determinants of health. Most studies commonly indicated that the burden of disease caused by absolute poverty in developing countries leads not only hunger and undernourishment but also low

accessibility of medical care services. It is a violation of human rights according to the Article 25 of the Universal Declaration of Human Rights (UDHR)¹(UN,2015). Thus, action on the social determinants of health is necessary not only to improve health but also because such improvement will indicate that society has moved in a direction of meeting human needs (Marmot, 2012). Additionally, WHO's increased focus on violence for attempting to describe the patterns, magnitude, and impact of violence on health and health systems.

On the third dimension as a state of mental well-being is mental health that is easily pushed back on the priority list in health care, especially in most low and middle- income countries. Because most people might have entrenched the separation of mental health from mainstream efforts to improve health and reduce poverty (Prince et al., 2007). However, the global burden of neuropsychiatric diseases and much common mental health disorder are enormously occupied a substantial proportion of the world's disease (Chandra, 2001). It affects to increase the risk for communicable and non-communicable diseases and contributes to unintentional and/or intentional injury as well. Social inequalities are associated with increased risk of many common mental disorders with a great extent by social, economic, and physical environments in which people live (WHO, 2014). The rapidly increasing number of suicide is one other serious global issue. The cause of this phenomenon might have various factors but most related-studies showed that it might be associated with depression, the most common psychiatric condition to the mass of modern people. This new type of mental health problem should be considered seriously with various aspects if it is not a usual case as pathogenically caused. Depression can be formed by not only neuro-hormone problem but enormous and unexpected experience with complicated social contexts. It is vital that seeking effective treatment for those suffering the depression because high rates of depression are closely

¹ Article 25 : (1). Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

related to suicidality.

Thus, a healthy life is a fundamental condition that must be set in human life and also it is an essential human need. However, many previous studies have shown as above, healthy life can never be achieved by the effort of the only individual. Individuals' healthy lives can be assured when the concern and caring for those who are physically, mentally, or socially challenged exists in our society. It is an important first step towards making those groups and societies as being healthy. Moreover, in a society where individuals or groups suffer from trauma due to extreme experience, there is a greater need for attention to their health and efforts for effective healing. Especially, in the case of collective trauma, the extent of the damage can be spread to society as a whole beyond the direct victim, which is largely explained from the socio - functional aspect and the scientific aspect. First, exposure to the community violence is highly likely to cause emotional distress and antisocial behavior problems such as depression, anxiety and aggression, which in turn leads to the dysfunction of family and community. Second, according to the development of clinical studies, the psychological effects of transgenerational transmission of trauma on the offspring have become widely acknowledged since the mid-1980s (Braga, Mello, & Fiks, 2012). In recently, much more developed scientific technology reaches a step that can prove the "epigenetic inheritance" which example in humans of the transmission of trauma to child and possibly even grandchildren by environmental influences such as smoking, diet and stress can affect the genes. Several studies suggest that healthy relationships protect the intergenerational persistence of stress (Bowers and Yehuda, 2016).

2.2. Empathy

2.2.1. Attitude Regarding the Pain of Others

Human is the most social of animals because of emotions that allow different individuals to understand each other's experiences and to make socially functional choices rather than purely individualistic experiences (Gerdes, 2011). So, after a collective trauma event which affects a wide range of people, various psychosocial responses are bound to occur of the public in society. Among the many reactions, it is necessary to pay attention to the concept of "*empathy*", a frequently used word in daily life. It is explained that the natural capacity to share, understand, and respond with care to the affective states of others (Decety, 2012). Empathy plays an important role in healing trauma. The empathy with the suffering experienced by others is to care for the environment in which the person is present and to help the injustice or irrational situation that caused the situation. Therefore, it is necessary to recognize the function of empathy as an important mediator in seeking to heal the trauma, because it is possible to find a clue to solve the social issues that are now in front of us centering on empathy ability.

Even it was an old concept from the 1870s onward, the concept of empathy did newly emerge in the beginning of the 20th century with gaining new meaning and increased relevance. It was derived from the Greek word *empathia*, which translates roughly to "passion". The *em* means "in" or "into," and *pathy* means "feeling-perception" (Barrett-Lennard, 1981). In sum, the meaning of empathy can be interpreted as 'perceiving emotion in relation with others'. The empathic ability of human being has interested by many thinkers and philosophers such as David Hume and Adam Smith but they used a term as "*sympathy*", not "*empathy*". In accordance with them, sympathy is that "any occasion when one person feels *as* another does, *because* the other feels that way", and noted it as fellow-feeling (Sayre-McCord, 2015). Also, both urged that the cause of sympathy is caused not by rational reasoning, but from the inherent feelings of human nature. Several other terminologies with similar contexts also have been used and

developed since the early 13th century such as *pity*, *sympathy*, *empathic concern*, and *compassion*. The pity and compassion mean that “appropriated to signify our fellow-feeling with the sorrow of others” (Sayre-McCord, 2015). The word “empathy” first appeared in English in 1909 by Edward Titchener (1915). The crucial distinction between the term empathy and all those similar words as mentioned above is that whether the observer’s emotions are ‘reflect affective sharing’ (‘feeling with’ the other person) or ‘inherently other-oriented’ (‘feeling for’ the other person), respectively (Singer and Lamm, 2009). As such, the words expressing feelings for others are diverse and the philosophical implications of each word have a high value of study itself and an explosion of studies in various academic domains in the past decades.

In this study, I will focus on *empathy* that has emerged relatively recently and has a more social meaning. There have been many studies on empathy. It is not only about the distinction of similar terms but also the progressive researches on an integrated level that includes all multidimensional contents, which emotional dimension (share feeling with others) and cognitive dimensions (cognitive understanding of others' perspectives) of empathy (Gonzalez-Gadez et al., 2014). The empathy generally used meaning as ‘interpersonal empathy’ related to interaction with others and it includes both cognitive and emotional factors of empathy as consciously and unconsciously expressed, respectively (Hoffman, 1982). These empathic abilities are essential skills in maintaining not only a personal relationship but also a social ability, especially, the development of morality (Hoffman, 2000).

Several studies have researched the empathic emotion leads to empathic motivation directed toward the altruistic goal (e.g., Batson & Coke, 1981; Batson, Darley, & Coke, 1978; Hoffman, 1975). It has been called ‘*empathy-altruism* hypothesis (Batson et al., 1981; Fultz et al., 1986). It urged that experiencing empathic concern by looking at others who are suffering leads to altruistic behavior. Altruism, itself, includes acting as morally because it can produce behavior depending on the moral standard applied (Batson and Coke, 1981). Therefore, the higher level of empathy can be expected the more altruistic

behavior, and the more morality and pro-social behaviors which all social-oriented behavior that considered correct in the socio-cultural context and helpful to others' happiness. In other words, the lack of empathy for others might lead to several destructive behaviors with the high tendency to affect negative problems such as domestic violence, sexual violence, child abuse, and etc (Segal, Wagaman & Gerdes, 2012).

According to the previous studies so far, ultimately, each individual's empathy ability plays a very important role as a responsible and virtuous citizen who lives in a big frame of society through forming relationships with others. But, can we really empathize with others? Is empathy for the pain of "others" operating well by an intrinsically prosocial trait of human beings, drawing on Adam Smith's notion of a "moral sentiment"? In this light, Susan Sontag warned how difficult the empathy is through her book, 「*Regarding the Pain of Others*」(2003). Every morning we get to see the terrible events that others have experienced in the world through the news. Sontag urged that people often feel pity and even anger in front of the image of suffering, but most of them soon stop there. She explained its reason as that the pity is a changeable sentiment, and that if it does not lead to action it can quickly wane. Through this, it can be understood that the expression of empathy for others can be used only if the moment to the availability of the mutual communication beyond the one-way pity. Given that there is limited absolute empathy for the pain of others, but mutual communication will be possible when we have an accurate understanding of the socio-environmental context that has affected the pain and tried to solve it. Additionally, empathy is associated with a various improved health outcome. Several empirical studies reported that empathy and social support influences physiology and ultimately on human health and disease (e.g. Ozbay et al., 2007; Sipple et al., 2015; Krahé et al., 2013). There have been high scholarly interests on the importance of all facets of empathy in patient care which plays a role in healing beyond the simple effect of the therapeutic alliance (Decety & Fotopoulou, 2015). Empathy is a powerful element that facilitates treatment of the wounded body and soul (Figure 2.2.) and, moreover, it is a

key to personal growth (Segal, 2007).

2.2.2. Social Empathy

In more detail, how does empathy play a role in the larger societal realm? The relatively recently emerged concept of ‘*social empathy*’ is that “ability to understand people by perceiving of experiencing their life situations and as a result gain insight into structural inequalities and disparities” (Segal, 2011). Adelman, Rosenberg & Hobart (2016) insisted that the social empathy requires the skills and insights garnered through interpersonal empathy but moves beyond feeling and understanding to action based on a sense of social responsibility, such as shaping public policy, social movements, or other pathways to justice. Thus, when the social members have the capacity of social empathy, the society has more likely to develop practice, services, programs and policies that promote both individual and social well-being (Segal, 2007). It can be considered that social empathy Two other factors are newly to add up to the concept of empathy. might be a path toward building human relationships which foster the growth, health, and well-being for those in a certain group experiencing the collective traumatic event and suffering from destroyed their all social networks.

Segal (2011) urged that social empathy composed of three factors, interpersonal empathy, contextual understanding and social responsibility. The first factor, *interpersonal empathy*, has been emphasized by many early studies. Two other factors are newly to add up to the concept of empathy. The *contextual understanding* is that considering what the life experiences are of others from different social and economic backgrounds. When this skill is used, a better understanding of the societal context of suffering people can reveal what kind of barriers hinder their achievement (Segal Wagama & Gerdes, 2012). In the third factor, *social responsibility* assumes that a commitment to social responsibility accompanies social empathy and it leads to a desire

to take action and to improve societal well-being (Segal, 2011).

Thus, the human nature of empathy with the suffering of others makes us worry about why it is painful beyond simply recognizing the other's pain. The trend to the conceptual expansion of the pain is also to prove that there is a noticeable increase in the frequency and intensity of pain collectively experienced in today's society. More importantly, it is possible to speculate that a society that takes action to eliminate the various factors that have caused the sufferings by paying attention to the pain of others is a healthier and safer society.

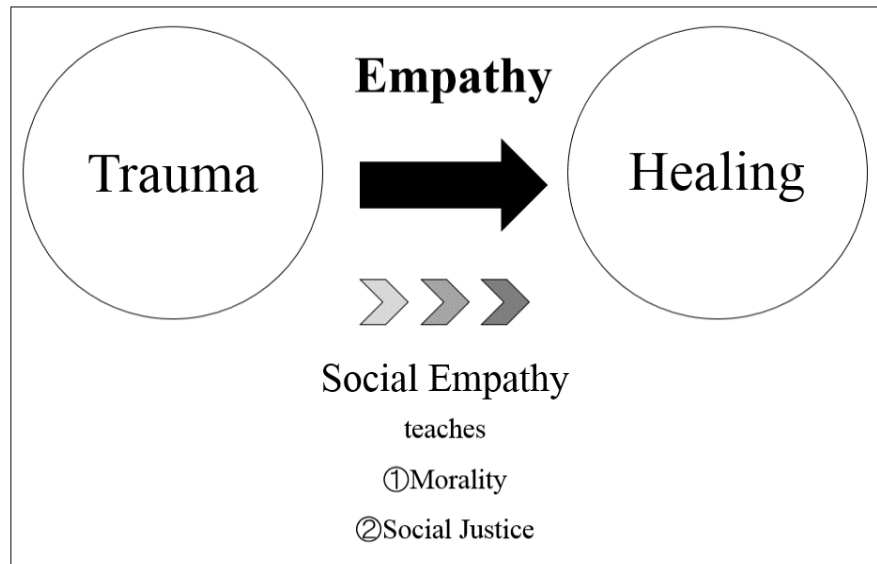


Figure 2.2. The Role of Empathy

2.3. Healing

In English, the words, *heal*, *health*, *healing*, *whole* and *holy* all derive from the same root by Old Saxon *hal* (or *haelen*), meaning *whole* (or *to become whole*), which is akin to the German *heilen*, and related to the Greek *holos*, meaning *whole or entire*. The etymology of these words suggests that healing, wholeness, and holiness are closely related (Burkhardt & Nagai-Jacobson, 2001). Through the etymological meaning of the word, the recovery of complete health can be interpreted through the harmony of body, mind and spirit. ‘Healing’ and ‘curing’ with the same meaning to treat wounds are generally used without distinction. However, the two words are strictly different. Leland Kaiser (1994) has stated that ‘curing’ emphasizes physical aspects and ‘healing’ emphasizes human aspects. ‘Curing’ approaches the physical aspects of the patient through scientific and technological methods, while ‘healing’ approaches the spiritual, empirical, and psychological aspects of humanity (Yoo, 2015). In addition, Egnew (2005) asserted that, unlike ‘curing’, ‘healing’ is not only restore disease but also extend to disease prevention and health promotion. This implies that psychological, social, and cultural aspects should be taken into consideration simultaneously.

Therefore, the trauma that explains the ‘emotional wounds’ will be a more appropriate expression of healing than curing. Of course, in some cases, efforts are needed to *cure* the trauma when there are multiple neurological or psychiatric problems that appear to have been caused by trauma. Growing recognition of trauma and its treatment methods on individual academically has evolved significantly since the late 20th century. As a result, the need for social context in healing approaches has begun to arise in addition to individual therapeutic approaches (Gutlove & Thompson, 2004). This phenomenon brought out not only destroy the life of victims but also results in the breakdown of the societal structures such as social and economic institutions, and networks of family and intimate relationships that provide the basis for a functioning community (Fletcher & Weinstein, 2002).

Social context of healing

According to Wesselles (2007), in addition to a treatment approach, the healing approach has been emerged with emphasizing social reconstruction, social resilience and social reconciliation which refer self-help, use of local resources and networks, and the process of empowerment. Trauma healing is closely related to peacebuilding efforts. Both are ultimately about developing or restoring healthy human relationships (Zelizer & Rubinstein, 2009). So, in recent, several studies were focused on *social reconstruction* in post-conflict societies with the approach that suggests the level of role for individual and community to rebuild their position appropriately (e.g. de Jong, 2002; Ajdukovic, 2004; Somasundaram, 2014). From this perspective, De Jong emphasized the interaction between micro-levels (individual, community) and macro-level (society) and the importance of the interconnections of all levels on the premise of that all human beings interact constantly with their environment. And to conclude, all societies are constantly interconnected so that violence rarely occupies only one niche (de Jong, 2002). Post-conflict reconstruction involves interrelated a multidimensional reconstruction, tasks of economic, political, and social reconstruction. Among those, psychosocial intervention might be a small portion but essential part of the reconstruction. It is necessary to reduce the cycle of violence and to create a psychological atmosphere in which peacebuilding, reconciliation, and sustainable development processes can be rooted (Wesselles & Monteiro, 2000). In addition, several studies indicated that the important aspect of social context that can help in the wake of a traumatic experience of individual and community is conducive to outcomes that are more positive in the healing process (e.g. Ajdukovic, 2006; Sippel et al., 2015; Walker et al., 2004).

Therefore, it can be seen that victim-survivor's ineradicable scars on body and mind caused by collective trauma must be healed not only by the approach of individual therapeutic treatment but also by the intervention of the communities and society where the individual belongs to. However, specific concepts or methodologies for the multidimensional approach of healing has hitherto been less studied and proposed. If so,

by examining each representative theory that suggests specific methods for healing individuals and societies suffering from traumatic events plays an important first step in proposing an Comprehensive Healing Model as the ultimate objective of this study.

2.3.1. Individual arena : Judith Herman's *Stage for Recovery*

American psychiatrist Judith Herman is one of the pioneers of the modern trauma studies. Among her various accomplishments, this study will focus on her theory of trauma and the treatment methodology discussed in her book, 「*Trauma and Recovery*」 (2015). The significance of Herman's theory is that it goes a step further in analyzing the symptoms of trauma with the detailed recovery process. It has been proposed the basic framework of trauma treatment from the domestic violence to terrorism. This model is widely adopted and most trauma therapies maintain this phased model (Courtois, 2004). A model similar to this one was originally conceptualized and implemented for the treatment of chronic trauma by Pierre (Herman, Brown & van der Kolk, 1989). However, moving a step further from here, Herman has found that a similar progression of recovery found across the spectrum of the traumatic syndromes by several scholars' studies over the last century. After all, she concluded that although the recovery stage is extremely complex and chaotic process, the course of successful recovery can represent as progressive.

Equipped with this theoretical background, Herman (2015) outlines the three stages of trauma recovery. The first stage of recovery is *the establishment of safety*. At this stage, it is necessary to give an effort for ensuring the safety of survivor who has weakened mind and body by traumatic event in the past and convincing them that the case would never repeated or happens again include the establishment of a safe living situation. The important thing at this stage is that social support should be included in the task of developing an adequate safety plan because no one can establish a safe environment alone.

After the survivor has enough life stability and restoration of mind and body, the second stage begins which called *remembrance and mourning*. At this stage, the survivor tells in detail the story of their trauma. With appropriated therapeutic methods exposing the survivor to relieving the trauma in a controlled environment and allowing sufficient time for many repetitions and mourning him/herself, the moment comes no longer arouses quite such intense feeling. Herman stated that when the “action of telling a story” has come to its conclusion, the traumatic experience truly belongs to the past (Herman, 2015: 195). This is the very moment to face the life in the present and, simultaneously, to have the courage for pursuing the future. The central task of the third stage is the *reconnection* with new ordinary life. It is a stage that socio-environmental mutual growth is required so that survivor returns to their normal lives as much as they can as well as ready to incorporate the lessons of their traumatic experience into life. Above all things, by the third stage of recovery, the survivor has regained some capacity for appropriate trust with the ability to feel autonomous while remaining connected to others (Herman, 2015: 205). Survivors beyond this level pursue justice not only for their personal well-being but also for the health of the large community where they live in. Therefore, through the efforts to deepen and expand the survivor’s integration of the meaning of their experience, survivors can have the power to prepare for the moment when the possibility of a return at some point in the future.

As Herman (1992, 1997) stated at the end as “stages of recovery can be observed not only in the healing of individuals but also in the healing of traumatized community” (p.241). It is important to enlarge the recognition that psychological trauma is indeed a social problem, further worldwide phenomenon. Entire communities experienced the traumatic events can display symptoms of PTSD as an individual does. Through this, Herman’s methodology is based on integrating the clinical and social aspects of trauma.

Recent reviews for advanced trauma treatment approaches

Herman’s ‘stage of recovery’ is largely considered the standard of care and has been

widely adopted to clinical treatment approaches. Kallivayalil et al.(2013) stated that the process for recovery being dependent on the intervention of others, as well as involving various therapeutic methods in phases. Those methodologies reflect Herman's theory of progressive trauma, which requires a variety of staged methodologies.

Over the last two decades, social scientists have established the value of qualitative and narrative methodologies as well. Mishler (2004), for example, argued that although people organize life events into narrative forms, these forms are continually under revision. People employ narrative coherence strategies to find continuity in their lives in the face of disruption (Linde, 1993). It is because of this awareness that a number of clinical and psychotherapy researchers have taken an interest in the narratives (e.g. Androutsopoulou et al, 2004; Angus & McLeod, 2004; Palesh et al.,2007; Tummala-Narra et al., 2012). Since the introduction of PTSD into the diagnostic classificatory systems in 1980, considerable research has been done on the efficacy of cognitive behavioral therapy (CBT) in its treatment. Currently, trauma-focused CBT is recommended for PTSD by various treatment guidelines (Kar, 2011). Herman's theory as multilevel approach can be seen as CBT because it employs measurable goals and homework practice where a client may monitor their thoughts, feelings, and behaviors in the context of the goal of creating safety in their psychological and physical world (Krupnick, 2013; Rogers, 2010).

Although Herman presented a strong opinion that social intervention is needed in the treatment of individual trauma, her theory was a clinical approach to closely scrutinize the individual's treatment status centered on face-to-face therapy. Therefore, the analysis of the effect of a social intervention on collective trauma treatment or its correlation in each recovery stage is somewhat insufficient. Analyzing the collective trauma of direct victims focuses on the changing behavior patterns of the group rather than focusing on individual symptoms. This is a great help in analyzing the socio-pathological phenomena that are difficult to explain in a post-conflict society.

2.3.2. Social arena : Galtung's *Theories of Peace*

As the insights of Arendt and Hobsbawm who were summarized the twentieth century into the 'the century of violence' or 'the age of extremes', respectively, the 20th century was the most violent era of human history with its new technologies improved the efficiency of mass killings. Over 100 million people were killed in two world wars. An estimated 262 million civilians were murdered by governments in mass killings (Rummel & Horowitz, 1997). A place like Germany, Japan, China, Vietnam, Poland, Pakistan, Yugoslavia, Mexico, Cambodia, along with others, experienced unimaginable violence and bloodshed. Many smaller tragedies have also occurred on a daily basis in many parts of the world and claimed hundreds of thousands of lives. Since peaking in the early 1990s, collective violence had been sharply declined. Especially the death tolls come from the actual fighting by interstate and state-based conflicts were no doubt to show the decreasing trend. Even less occurrence of states-engaged war, more non-state actors such as terrorist networks as drug cartels and maritime piracy networks, and intra-state conflicts (e.g. civil wars) have been filling the void with non-traditional security threats (Srikanth, 2014). Most new conflicts are becoming less intense and causing fewer victims than 20th-century state warfare. However, increasing frequency of targeted at random people on certain ethnic groups and religions as examples of the 9/11 World Trade Center attacks and IS (Islamic State) terrorism makes people even the most ordinary to be threatening their daily lives.

As the number of armed conflicts has decreased globally, although some persist, the end of the 20th century appears to have been a watershed period for having concerns and researching the influence of various types of collective violence on health in terms of deaths, physical illnesses, disabilities and mental suffering. Any type of violence is behavior that is used to threaten and assert control over an individual and includes physical and emotional abuse. Inerasable wounds and scars were left on body and soul of those who have been tortured, bereaved, maimed, assaulted, raped, abducted, detained,

intimidated, humiliated during and in phase after the traumatic event. Moreover, even a family member, close relation, or witness linked to direct victim-survivors can be easily experienced extreme hardship and pain with direct victims' psychological and behavioral problems including depression, anxiety, suicidal behavior, alcohol abuse, and post-traumatic stress disorder.

As such, violence exists everywhere in our lives with various forms and, further, it erodes the soul. Over the long period, many scholars have attempted to conceptualize and theorize violence itself through a variety of academic analyzes focusing on the phenomenon of representative violence in human history, contributing to the appearance of conflict and peace studies. The evolution of peace and conflict studies from many scientific disciplines is to explore knowledge associated with the causes of war, conflict, and sustainability of peace. During the long period of its development, the era from 1946 to 1990 is the most important phase in the academic history of peace and conflict studies. Dar (2015) urged it as called the Institutional Development Phase. Anti-war sentiments have mounted steadily and then the world community has been begun to develop war free international relations as well (Dar, 2015). To sum up, the growth of peace and conflict studies was expanded its areas at national to international stage during this period.

Among several scholars on peace and conflict studies, Johan Galtung is a pioneer of peace thinking who proposed two situations peace i.e. Positive and Negative peace based on expanded violence theory. Before Galtung's *theories of peace*, the concept of 'peace' was recognized as a concept of opposite to 'war' and a state without 'war' in general. Galtung (1969) introduced a new expanded concept of a theory that the terms 'peace' and 'violence' be linked to each other such that 'peace' can be regarded as 'absence of violence'. As his statement *an extended concept of violence leads to an extended concept of peace*, only the elimination of violence at all levels can lead to true peace. He insisted that in order to understand about the peace, it is necessary to understand about the violence, and, in addition, to know about conflict and how conflict can be transformed.

Galtung (2000) has redefined *violence* as avoidable insults to basic needs. And it was

divided into fourfold, insulting for security, well-being, identity, and freedom. Then, again, he classified the types of violence into three categories, ‘direct violence’, ‘structural violence’ and ‘cultural violence’. First, ‘direct violence’ is defined in person, social, and world spaces and is intended, by individuals acting singly or inside collectivities. The actor of direct violence is generally clear, i.e., persons, so that legal regulation is relatively easy and violence can be suppressed. Second, ‘structural violence’ is defined as built into the person, social, and world spaces and is unintended. It refers to systematic ways in which social structure harm or otherwise disadvantage individuals. Third, ‘cultural violence’ is defined as justifying or legitimize direct and structural violence, motivating actors to commit direct violence or omitting to counteract structural violence; can be intended or unintended. It occurs in the arena of culture, beliefs, attitudes, and symbols. Moreover, Galtung (1990) suggested that the three types of violence and its correlation by the three corners of a *violence triangle*. A conflict can have as a starting point any of these three types of violence. However, Galtung urged that the three concepts of violence in *violence triangle* have a basic difference in the time relations and he used earthquake theory to explain it. Direct violence is an event as an earthquake occurs. Structural violence is a process as the movement of the tectonic plates and Cultural violence is permanent with the slow transformation of basic culture as the fault line on the earth. In addition, he separated these categories by *violence strata* image for complementing the *violence triangle*. At the bottom is the steady flow through time of cultural violence. In the next stratum, the structural violence is located. And at the top of the tip of an iceberg is direct violence while the vast majority of the formation is hidden below the water’s surface. Based on this, the causal flow from cultural violence via structural to direct violence can be identified.

Galtung (1969) distinguished the concept of peace into ‘negative peace’ and ‘positive peace’. ‘Negative peace’ is an ‘absence of personal and physical violence’. ‘Positive peace’ is an ‘absence of structural violence in socio-economic aspects’. Galtung sought to project positive peace as a higher ideal than negative peace. Because he insisted that

peace research shouldn't merely deal with the narrow vision of ending or reducing violence at a direct or structural level but seek to understand conditions for preventing violence (Grewal, 2003) . The most appreciated idea at this point is that all definitions of Galtung's aim to focus on human-centered value in a social setting that each human being is able to control conflict with empathy, nonviolence, and creativity.

Galtung's Peace Theory is not only suggested theoretical frameworks for violence and peace but also suggested an indispensable role of reconciliation. Galtung (2001) refers to reconciliation as “a theme with deep psychological, sociological, theological, philosophical and profoundly human roots - and nobody really knows how to do it”. But he also urged that reconciliation is described as a product of closure and healing (Philipps-Universitat Marburg, 2010). It means that Galtung proposed the importance of healing through reconciliation which supposed to achieve ultimately beyond the state of peace. However, in the Galtung's Peace Theory, healing is presented as an understanding of the restoring social relations, which is much bigger boundary rather than an effort to achieve personal healing.

2.3.3. Enlarged Meaning of Healing

By analyzing the two theories of different approaches to healing, I have found common elements for healing that both theories claim. It is a role of “*social intervention*” that enables the efforts and will of individuals and societies to be healed. In a word, social intervention is a necessary condition for trauma healing in both individual and social aspect. In order to create a new perspective of comprehensive healing by integrating two theories that discuss healing from different viewpoints, the essential elements of each theory should be derived and considered in the commonalities of each stage.

Galtung 's *theory of peace*, which is regarded as a social healing, is a theory for achieving peace in the social domain as described above, and the necessity of social

intervention is very clear. By comparison, Herman's *stage for recovery theory*, which is regarded as an individual healing, needs a brief explanation of the role of social intervention (Figure 2.3.). Look closely at Herman's theory, it can be easily found that social intervention as being necessary condition must be fully met at each stage in order to be able to adequately treat individual trauma. In the first stage, the ability to develop control from the body to gradually move towards environmental control must be based on the establishment of safety which surrounded victim-survivors. In the second stage, structural support by society to investigate and resolve the traumatic event is required to help victim-survivors to tell about their experiences in the public. In the third stage, the social role of helping to seek the social meanings of traumatic experiences is required to make victim-survivors feel connected to a power larger than them.

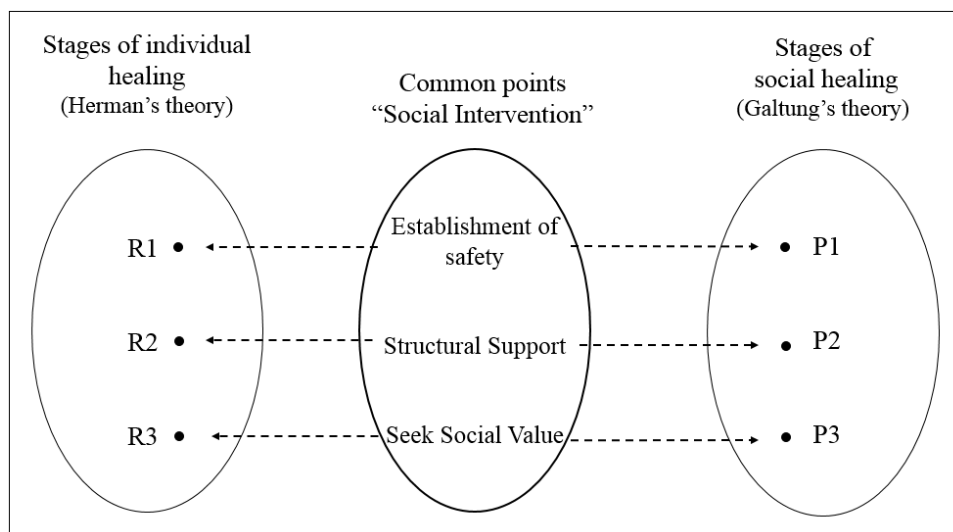


Figure 2.3. The Common Points between Individual Healing and Social Healing

As can be seen from the common points between individual and social healing, trauma healing cannot occur in isolation. Careful observation and supplementation of

changes in the 'healing state' as individuals and societies progress in their treatment in an organic relationship must be observed. In particular, individual healing can be very subjective due to individual variation, making it difficult to determine the degree of healing. However, in order to explain the healing of a more extended concept that considers social healing together with individual healing, the degree of individual healing should be evaluated as a "specific behavioral and cognitive change" in a stage recovery process involving social intervention. Especially, in the case of collective trauma, when the pattern of change of healing shown by the group after the collective trauma event is considered together with the social process for social healing, it can be regarded as the healing of extended concept.

Trauma should no longer be a social stigma or bridle that impute to the social vulnerabilities as in the past. The elimination of various social and environmental factors that have influenced the occurrence of violent events and appropriate measures should be provided. Certainly, it would be best not to have a traumatic event happen, but violence by nature and humanity in a rapidly changing modern society will not settle down easily. So, trauma healing due to collective violence has the meaning of prevention of recurrence. More practical application of the theory is needed for the enlarged meaning of trauma healing that simultaneously consider the role of the individual and social contexts of healing by now.

III. THE COMPREHENSIVE HEALING MODEL

3.1. Theoretical Hypothesis of Stage on the Comprehensive Healing Model

In this chapter, I will propose a *Comprehensive Healing Model* (the CH model), a new approach to collective trauma healing. This model has been designed in the claim that healing of collective trauma due to collective violence requires a comprehensive approach which combination of the aspect for individual healing and the aspect for the social healing. I attempted to derive a more rational theoretical implication by analyzing two each of theories, by Galtung and Herman described in the previous section as essential elements of individual and social domains of comprehensive healing. To better understand, each theory applies to the x and y-axes on the graph. The reasons for using a graph to explain the CH model are as follows: 1) It is easy to use the quadrant to show the correlation of two different clusters, 2) each theory consists of three stages with a distinct boundary which can be used as a coordinate point on each axis, and 3) it is appropriate to explain the directionality represented by the correlation between two axes according to the development rate of each axis. Based on these sufficient reasons, the Comprehensive Healing model to be presented in this study will be described in more detail through a model with operational definitions.

Each coordinate point on a graph is simply indicated. On the x-axis, a 'stage of the peace' that can be regarded as a domain of social healing efforts, and consists of *Direct peace*, *Structural peace*, *Cultural peace*. Each of those stages is represented by an abbreviation as P1, P2, and P3, respectively. On the y-axis, a 'stage of the recovery for trauma' that can be regarded as a domain of individual healing efforts, and consists of *Establishment of safety*, *Remembrance and Mourning*, *Reconnection*. Each of those stages is represented by an abbreviation as R1, R2, and R3, respectively. For any given indicator,

a convenient way to illustrate such dynamics is described in Figure 3.1. The staged-development of each of the x and y-axes is done in a positive state in the quadrant. In other words, since the Comprehensive Healing model presents features and essential requirements for the healing process of the trauma, the origin of coordinates is defined as the ‘onset of trauma’ due to the immediate post-traumatic experience both in the individual and social domain.

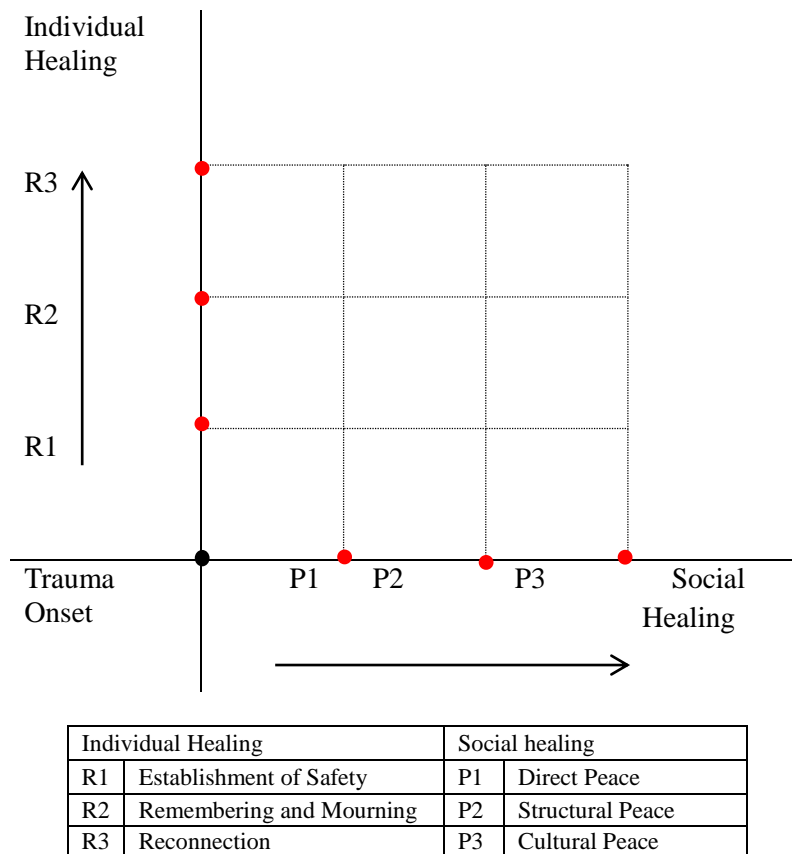


Figure 3.1. Theoretical Hypothesis of Stage on the Comprehensive Healing Model

Before talking up the mainstream, it is necessary to examine the certain features of the x and y-axes on this graph. The x-axis, which based on the *Theories of peace*, is

fundamentally composed of the essential components in the social setting. It means that it does not discuss the degree of peace in individual feels, but rather explores an expanded range of components that needs of society for moving toward a more advanced state of peace. It is, therefore, possible to establish a hypothesis that the proper social intervention components on each stage will be a clear motivation which makes move to the next stage if it is fully satisfied when each stage is achieved. The social intervention components as mentioned here can be very diverse, but their kind or form are easily guessed in depending on the circumstances of each society. It will be explained in detail later.

On the other hand, it is relatively difficult to measure the stage development of the y-axis. Because it is the *Theory of trauma recovery* that explains in the realm of individuals with personal deviations until each stage is completed. However, as can be seen in the previous chapter, the social intervention components at each stage required for x-axis staged-development is in the same category to the social intervention requirements at each trauma recovery stage on the individuals (Figure 2.3). In other words, if the social intervention components required at each stage of the x-axis are sufficiently satisfied, it becomes a driving force for the staged development of the y-axis, and vice versa. Certainly, the pace of progress in each axis can be divergent. But it can be regarded as the most stable development when the staged development of each axis is directly proportional. Based on these operational definitions, the Comprehensive Healing model will be explained in detail hereafter.

Each coordinates on X and Y axes

Galtung's '*theories of peace*' applies to the x-axis representing social healing. As Galtung's statement (1969), "an extended concept of violence leads to an extended concept of peace", x-axis would possibly represent three forms of peace as well as in their corresponding forms of violence. Considering that it is the x-axis with a positive value, the first x-coordinate (1, 0) refers to achieve the 'direct peace' (P1) approaching a state of

establishing safety situation without any seditious act of violence by the specific actor of direct assault. At this stage, the problem of direct violence has been completely eliminated, but structural violence and cultural violence still remain. The second x-coordinate (2, 0) refers to achieve the ‘structural peace’ (P2) that the absence of direct and structural violence. Structural peace is a state that an attribute of a utopian social structure which does not have social injustice that has been used to threaten people into subordination (Galtung, 1969). At this stage, however, cultural violence still exists. The third x-coordinate (3, 0) refers to achieve the ‘cultural peace’ (P3) the ideal form of peace presented by Galtung. It is the homologue of ‘cultural violence’ on the premise. Cultural peace means that cross-cultural aspects serving to justify and legitimize direct peace and structural peace with some contribution to make in the spirits of diversity, symbiosis and equity (Galtung, 1990). Therefore, the concept of peace has the characteristic of embracing an advanced concept as the stage develops.

Herman’s ‘*stages of trauma recovery*’ theory (2015) applies to the y-axis representing individual healing. Y-axis provides information about the stage characteristics that are evident in the individual’s psychological treatment stage. The first y-coordinate (0, 1), R1, refers to a state of ‘achieving the establishment of the safety’. This stage refers to, first of all, where violence from violent actors no longer exists. Then there are important features of the first recovery stage, such as financial assistance, mobility and self-protection plans in everyday life that appear in guaranteed safety living environment. Importantly, Herman (2015) emphasized that *stage one* takes precedence over all others as a prerequisite for all stages. The second y-coordinate (0, 2), R2, refers to achieve the stage for ‘remembrance and mourning’ which empower victim-survivors to tell in detail the story of their traumatic experiences. In this process, victim-survivors begin to reconstruct the trauma story and can be separated from the fear times by reviewing their life before the trauma and the circumstances that led up to the event. Moreover, venting one’s rage and grief of their loss in safety enough makes them to no longer devote their life to remembrance and mourning. When the act of telling reaches a

conclusion, the traumatic experience becomes a “true past” and it helps victim-survivors to develop the ability to face the reality and, further, to think about the future (Herman, 2015 : 195). The third y-coordinate (0, 3), R3, refers to achieve a state as ‘reconnection’ that the various grades of tolerance and emotion in everyday life for empowering ability to interact socially with others as much as before the traumatic events or deepen and expand the integration of the meaning of their experiences (Herman, 2015 : 213). In the case of a more progressive recovery, people take actions to transcend their personal grievance against the perpetrators by pursuing justice in the society as a new identity, as part of post-traumatic growth. Therefore, the last stage seeks to recover the presence, self-worth, and personality by feeling that they are reconnected with others.

To summarize the theoretical hypothesis of the Comprehensive Healing model, both individuals and society can achieve a stable healing from collective trauma when the development of individual healing interacts closely with the stages of social healing. The ideal direction as the proportional relation of x and y coordinate can be expected when various efforts are made in an organic relationship between the individual and the society. Also, the most stable state of healing when proceeding, including the full achievement of the previous stage. The progression theoretically extended to a sequential and concentric structure should be a precondition for attaining stable comprehensive healing (Figure 3.2.). Because if the next stage is performed in the situation where the attributes required by each stage are not completed, the possibility of regression to the previous stage is very high at any time and the risk of irreparable damage that is then derived is also very high as well.

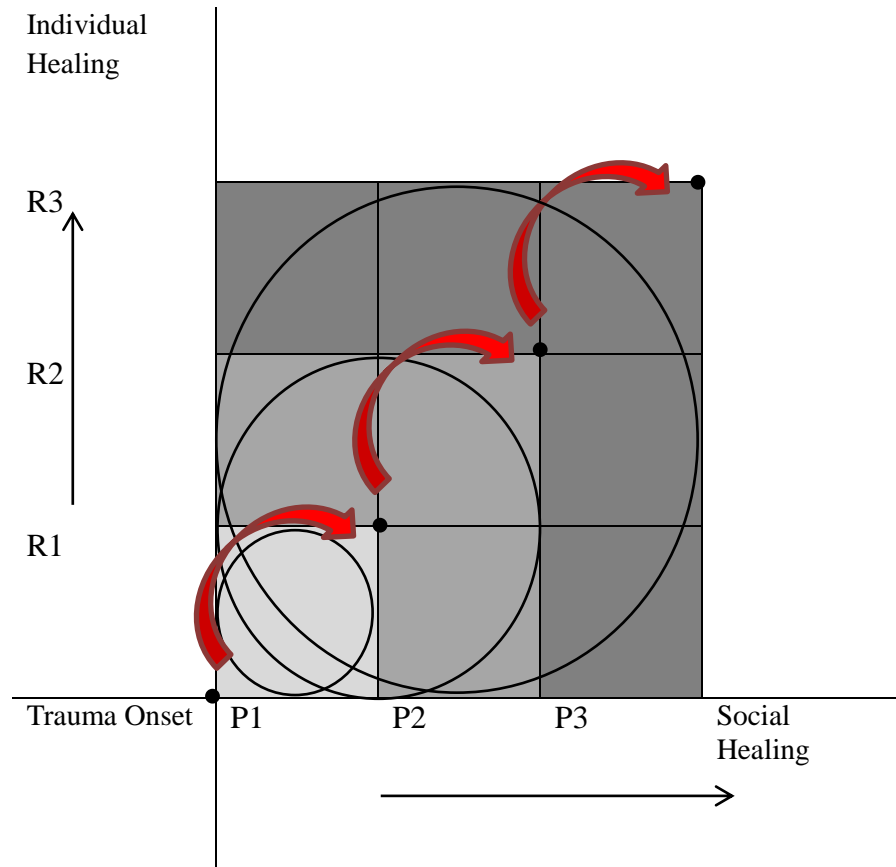


Figure 3.2. Theoretical Hypothesis of the Comprehensive Healing

3.2. Realistic Consideration of the Comprehensive Healing Model

However, given the realistic aspects of the healing process in actual cases, various factors of turbulence and instability can lead to discontinuities in the development of healing. That is, from a comprehensive healing perspective, the next stage can begin to be implemented before the previous stage is completed. And the development of the two axes can proceed unbalanced.

In more detail, it can be assumed that the developmental direction that the relationship between the two axes can produce is largely divided into three categories on a graph. The first comprehensive healing state can be $y=ax$ ($a=1$), which is the ideal form proposed by the Comprehensive Healing model (Figure 3.3.). According to the graphical expression, the relationship between two axes can be grasped at a glance; the variables on x increases, the variables on y also increases. This state means that the efforts on each stage for peace in post-conflict society and the degree of individual's trauma recovery on each stage have maintained and developed by mutual organic relations and sequential progress. In the second and third cases are when the degree of 'a' (slope) is different in $y=ax$ ($a \neq 0, a > 0$) of the Comprehensive Healing model. 'a' occurs when the variables of each axis develop at unbalanced pace. The larger the slope, the more the graph is tilted to the left, and the smaller the slope, the more the graph is tilted to the right. This means that the comprehensive healing process after onset of collective trauma is shifted to one side only, asymmetrically, and then develops with disharmonious relationship (Figure 3.4.).

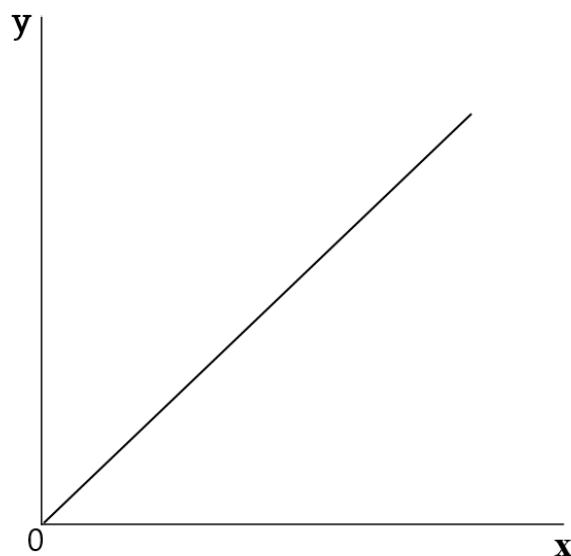


Figure 3.3. The ideal form of a comprehensive healing direction, $y=x$

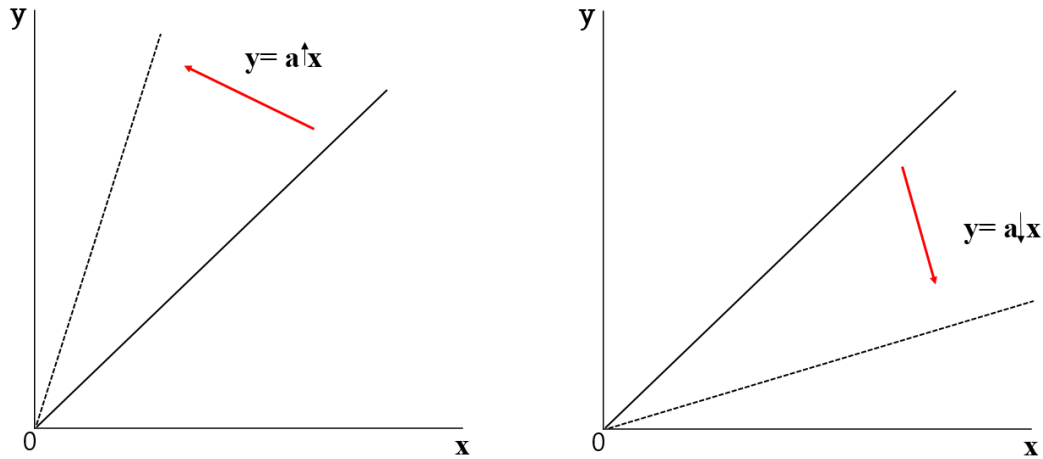


Figure 3.4. In the cases of unbalanced development of comprehensive healing, $y=ax$ ($a \neq 0$, $a > 0$)

Hence, in the Comprehensive Healing model, the relationship between the axes, which depends on the pace at which the variables of each axis are shifted, can be expressed in three types of comprehensive healing : ① Individual = Society, ② Individual > Society, ③ Individual < Society.

When a healing state of $y=a\uparrow x$ ($a > 1$, $a \neq 0$) as a large slope, the healing effort of the society is insufficient, but the internal healing of the individual is relatively developed. This can only be done if there is someone with an outstanding personal temperament that can overcome difficulties, or if there are a personal religious life and absolute religious faith without external assistance. People in this area may be able to think that their healing condition is stable through certain possible signs of post-traumatic growth, but it can be expected that the risk of recurrence may be much higher than those who follow a normal progression. Because usually they are still exposed to unsupported socially circumstances for trauma healing. On the contrary to this, when a healing state of $y=a\downarrow x$ ($a < 1$, $a \neq 0$) as a small slope, a society has only solution-focused attitude without considering the inherent healing condition of the individual. If the individual still suffers from trauma and cannot attempt to reconnect with the world, even if society has put

efforts for achieving advanced peace, society should be able to recognize that the direction of the healing they pursue is misconfigured. Because it might resort another violence to victims under the name of effort for achieving the social healing.

In order to more objectively explain the imbalanced development of the comprehensive healing model, it is necessary to elaborate the specific elements involved in each axis stage. Because these elements are activated as independent variables, an asymmetrical development of comprehensive healing occurs. Thus, the important point here is that the derived variables are categorized according to the developmental nature of each axis, but each of these variables has an independent character that does not need to be achieved by the development of each stage of the healing to which it belongs. Based on these operational definitions, I will explain the essential elements derived from the stage character of each axis.

3.3. 9 essential variables in the social healing (x-axis)

3.3.1. Three variables in the Social Protection as the first attributes

Beginning to deviate from the direct violence put their efforts to restore various forms of destruction. However, regardless of the magnitude of the violence, from very personal areas such as domestic violence to a broad category such as war, there is no guarantee that in most cases, escape from physical violence is immediately guaranteed to be safe. For example, there are still many kinds of beasts in the forest where the wolf who chased victims has disappeared and also it is like the presence of cold and hunger which supposed to endure until searching for a safe place and people that can help them. The continuity of violence still begets anxiety and fear, just like the experience of the tip of

the iceberg, even after the violence that has directly impacted the body and mind of the victim-survivors have ceased.

Thus, an ‘establishment of safety’ has a role of crisis intervention that is very important as the minimum protection. Minimum protection should be considered in terms of social aspects because of individuals, especially victim-survivors from the collective traumatic event lost their basic ability to protect themselves and recover their surrounded situation. Thus, the affected population can be easily exposed to higher risk of lack of basic needs as malnutrition, disease, and death. The United Nations (UN) and the international aid apparatus have defined this situation as “complex emergencies” which urged as a major humanitarian crisis of a multi-causal nature that requires a system-wide response and commonly a long-term combination of political, conflict and peacekeeping factors is also involved (UN, 1994). It means that there is no doubt that external intervention to respond to the crisis is needed to help victim-survivors gain the power to protect themselves in guaranteed safe situations. The larger the scale of the violence and its consequences, the greater the humanitarian support to meet the basic needs and rights of the victim-survivors.

In cases of collective violence in the 20th century, the humanitarian intervention of the international community began in the UN, which was formed after the Second World War. Such a purpose to provide peace, security, and justice through humanitarian intervention, meaning the “post hoc rationalization for uses of force otherwise difficult to reconcile with international law”, the UN emphasized the need to establish an international norm in its member states (United Nations, 1951). Since the Cold War in the 1990s, the UN has begun to take more appropriate interventions and measures against cases of collective violence which violates basic human right occurred by the process of modernization in the 20th century and fledgling democracies. Moreover, in the outcome document adopted at the end of the world’s largest World Summit in the United Nations in 2015. The international community has adopted an international norm that if the individual countries with primary Responsibility to Protect of limited four certain crimes

such as genocide, war crimes, ethnic cleansing, and crimes against humanity are in a situation of failure or impossible to its function, the international community will be responsible for support the country (UN, 2005). Member States and other international organizations that have embraced the value of the human security as an important concept have begun to respond promptly to crisis and violence conflicts and to support and respond to emergency relief for survival.

This systematic approach to intervention and response to complex emergencies in the international community is related to the concept of social-protection. “Social protection” is the practical concept to explain a set of social intervention policy that focuses on reducing risk and vulnerability and guaranteeing the wellbeing of adversely affect people in a comprehensive sense in the aftermath of conflict (DFID, 2001). These definitions underline the point that social protection entails multiple interventions by different stakeholders to help prevent, manage and overcome risks and vulnerabilities and enhance the social status and rights of marginalized individuals, households, and communities (Anich et al., 2014). Unstable social circumstances may cause victim-survivors to encounter another matter of survival. Another hardship of survival in front of those who just came back from the death’s door is enough to make them hopelessly lethargic for the life they have been keeping to the end. Therefore, social interventions to ensure a minimum safety environment are desperately needed on a humanitarian level. *Vázquez* and *Perez-Sáles* (2006) found that such a deficiency of social functioning constitutes a general atmosphere that does not recognize the importance of primary health care and basic-living services of the victim-survivors, which also leads to a passive attitude of them. Thus, the social protection approach plays an important role in considering the extreme damage done to the social structures and situations in conditions of prevailing insecurity.

In this regard, I will consider the detailed role of social protection as the essential attributes to the first social healing stage, which includes three core functions - prevention, security, and safety - as the independent variables. The first variable in the attributes as

social protection is to *prevent the violent situation* which can additionally occur any kind of physical violence due to the lack of meeting basic needs and resilience to shocks from the unstable social environment in which devastated and often completely dysfunctional legal framework and institutions of justice. The rebuilding of basic rules and systems which to protect victim-survivors who represent the high vulnerability to threats of violence and coercion. Controlling the unstable situation should be undertaken even if it is temporarily implemented. The second variable in the attributes as social protection is to *secure the basic living needs* which temporary loss of access to essential commodities and services such as food, clothing, shelter and primary health care. In situations where collective violence has just ceased, all human and social relationships surrounding the victim-survivors lose their function. Victim-survivors are full of fear and trepidation that their lives can be threatened at any time. So, there may be a high incidence of psycho-social trauma caused by secondary problems associated with social, economic, and occupational functionings. Many negative influences, such as the loss of their homes and property in a moment of direct violence, or the PTSD symptoms that have left by traumatic events may lead to abnormal social-economy activities. Those problems may occur additional stress which leading to extreme hardship (National Collaborating Centre for Mental Health, 2011). Early social intervention and support to ensure the basic needs for victim-survivors to avoid these kinds of additional stress are very important and many studies prove it as well (e.g., Sherman, Kim & Taylor, 2009; Croezen et al., 2010; Holt-Lunstad, Smith, & Layton, 2010; Olff, 2012). The third variable in the attributes as social protection is to provide the minimum *safety environment* for the near future which helps to increase the resilience of victim-survivors and their families and communities with the extension of scope. Appropriate social intervention in response to an emergency crisis caused by violence cannot last forever. Therefore, it is very important from a long-term point of view to provide a safe living environment so that victim-survivors can live independently.

3.3.2 Three variables in the Social Accountability as the second attributes

The social community should help victim-survivors to overcome trauma by not only through the ability self-resilience of the individuals but also by the dynamics of resilience in social systems. For supporting them appropriately, above all, a social atmosphere that victim-survivors can freely talk about their experiences under rectified governmental responses to past human rights violations should be created. This is the core role of the social community for social healing. It is in line with the structural peace which states the establishment of “social justice” through reform of unequal and disparity social structure. Therefore, if there is a question of ‘how’ to realize social justice in a post-conflict society, it can be answered that it is essentially required for the sake of peace-building. Generally, social justice is “a condition under which all individuals in a society have the same basic rights, protections, opportunities, obligations, and social benefits” (Barker, 2003: 405). To do so, appropriated social actions are needed, inter alia, to find concrete ways of asking social accountability to the direct perpetrators or former governing bodies that have committed by or with the connivance of past violence.

However, most post-conflict societies during the past two decades, which under transition their political, judicial, and economic systems after a period of pervasive human rights abuse, have needed the more specific discipline of social justice for fit to their changeable social structure. So, the concept of ‘transitional justice’ began to be accepted by societies that transformed itself after experiencing severe conflicts (ICTJ, 2009). Transitional justice, a term first coined in the mid-1990s refers to the range of approaches that societies moving from repressive rule or armed conflict use to reckon with legacies of widespread or systematic human rights abuse as they progress towards peace, democracy, the rule of law, and respect for individual and collective rights so as to prevent future human rights abuses (Kritz, 1995; ICTJ, 2009; Pham, Vinck & Weinstein, 2010). Then, United Nations Security Council (2004: 4) defined the notion of transitional justice more obviously as that,

“... the full range of processes and mechanisms associated with a society’s attempts to come to terms with a legacy of large-scale past abuses, in order to ensure accountability, serve justice and achieve reconciliation. And these may include both judicial and non-judicial mechanisms, with differing levels of international involvement (and none at all) and individual prosecutions, reparations, truth-seeking, institutional reform, vetting and dismissals, or a combination thereof.”

Transitional justice is, therefore, a useful concept to be used as a direct response to the real and complex challenges to achieving effective and sustainable peace in post-conflict countries. Of course, there are various social and political conditions that the definition of transitional justice should have, and the appropriate and required remedy may differ depending on the nature of the violation. However, according to the Special Rapporteur of the United Nations Human Rights Council (2011), it emphasized the implementation of a comprehensive approach to the four elements of ensuring transitional justice as *promoting truth, justice, reparations, and guarantees of non-recurrence*. The report stresses that these measures individually insufficient, but mutually supportive, help to achieve justice in the aftermath of violence. Furthermore, it explained transitional justice as a strategy for the achievement of a legally grounded understanding of justice. The right to reparations has been substantially elaborated and more recently the UN is emphasizing the distinct nature of guarantees of non-reoccurrence, which is a type of reparation (Fletcher, 2014). So, including the promoting guarantees of non-reoccurrence into the dimension of promoting reparation, and then three dimensions are briefly discussed below.

In this regard, I will consider the detailed role of social accountability as the essential attributes to the second social healing stage, which includes three core functions – promoting truth, promoting justice, and promoting reparation- as the independent variables. The first variable in the attributes as social accountability is *promoting truth*, which has two ways as the strong element in its mechanisms, ‘truth seeking’ and ‘truth telling’. Those are non-judicial mechanisms for helping people harmoniously work and live together by changing their attitudes and behaviors in a post-conflict society.

Technically, ‘truth-seeking’ is the process to examine the past crimes what happened in their country and to their loved one. ‘Truth Commission’ is a popular example that an official government body temporarily set up to investigate a past history of human rights violations and to submit an official report (Kim, 2008). It aims to bring into the open and publicize what is known but not spoken. More than forty truth commissions were set up around the world since the late 1990s and the most famous examples are South Africa (1995), Bolivia (1982), Argentina (1983), Guatemala (1997), Peru (2001), Timor-Leste (2002), and Morocco (2004) (Hayner, 2010). As the truth commission model developed, commissions have utilized increasingly advanced methods of the ‘truth-telling’ with South Africa’s Truth and Reconciliation Commissions (TRC) as the turning point (Millar, 2010). Truth-telling is the social action to share individual’s past story based on the victims and perpetrators memory. Many approaches to psychological issues after the conflict indicates that trauma can be healed through the action of storytelling or testimony. However, this process is very difficult to be done in reality because of not only the lack of courage of victims or perpetrators but also the existence of sociocultural taboo surrounding speaking about violence, and the use of silence or “forgetting” as a coping or survival mechanism (Guthrey, 2016). Indeed, in order to seek to remove the emotional and identity-related barriers in the process of truth-telling, an official and heartfelt ‘apology’ by perpetrators or authorities are essential. The apology can be the catalyst that helps societies to face their past with creating the opportunity for constructive dialogue which meets their duty to victims as human beings and citizens in the present and in the future. Furthermore, it has the potential power to get a pathway to advanced value as reconciliation (The Monitor’s Editorial Board, 2016).

However, official apologies are rarely rendered spontaneously. Sometimes, it has been taken years, or over a number of generations after atrocities happened (ICTJ, 2015). The second variable in the attributes as social accountability is *promoting justice*, which has more judicial approaches to deal with the past are applied in different legal scenarios as retributive justice. Prosecutions form part of all formal justice systems as the trial,

conviction and legal punishment of perpetrators. For examples are the military tribunals such as Nuremberg and Tokyo, Ad hoc tribunals such as ones created for Yugoslavia and Rwanda, National courts under either the universal jurisdiction or their own judicial system, Special courts representing mixture of national and international law, and the International Court of Justice and the International Criminal Court in the Hague (ICC, 2011). However, often, some countries in transition include the amnesty that shield perpetrators of the worst violations from their legal responsibility. It causes grave concern because it might hinder to prevent the recurrence of new violations and vicious circles of violence. However, all those forms of prosecutions as part of a comprehensive accountability against perpetrators are a key to restoring public trust in national institutions of governance (UN Security Council, 2004). The third variable in the attributes as social accountability is *promoting reparation* which mainly focused on dealing with future-oriented. There are two types of reparations, material and symbolic. Material reparations may include financial compensation to individuals or groups, guarantees of non-repetition, institutional reform, and social services such as healthcare or education for long-term development. Symbolic reparations may include the establishment of days of commemoration, the creation of museums and parks and put names of public spaces, etc. (Greiff, 2008). These social movements provide an atmosphere that society empathizes and supports to victim-survivors' traumatic experience with the empowerment and reconnection. Reparation seeks not only to ensure accountability for past wrongdoings, but also to prevent the reoccurrence of such acts in the future. So it acts as a bridge between the past and the future (Gahima, 2013).

3.3.3. Three variables in the Social Memory as the third attributes

In many cases, a post-conflict society takes several decades, over or less as the case may be, to achieve the social healing. In the meantime, the actual victim-survivors are aged or die, and the painful experience of violence is followed by a procedure that is

forgotten in the time the name as ‘memory’. Therefore, through the ‘reconstruction work’ such as building a monument, memorial hall and park, and establishing a memorial day etc., the moment when memory disappears is re-established into the present consciousness and the historical facts. Also, its lessons learned are re-recognized in beyond the generations. Lee (2013) urged that Walter Benjamin refers to the ‘power of memory’ that history is not simply the completion of the past, but the past ‘voice’ that conveys any hopeful symbol in a current way through the act of constantly. Furthermore, trauma is a subconscious injury if only the individual remembers it, but if the group remembers it is a matter of social domain. Therefore, collective memory in society has the power to derive a strong sense of social interaction. Basically, collective memory is not for competing who is the more painful and who is the more innocent victim. It has the power to have a future-oriented attitude that communicates and combines with other memories more aggressively to pursue common solidarity and justice (Rothberg, 2009). In addition, it plays a role in preventing recurrence so that the same event does not occur again. As Santayana (1905) urged that “those who cannot remember the past are condemned to repeat it”(Austin, 2013). Thus, not only individuals direct experienced of traumatic events but also all members of society have a duty to remember the terrible events that have arisen from collective violence.

In reality, however, it is very difficult for members of society to recognize these obligations because of the stigmatization and social prejudice toward victim-survivors which based on ‘social distance’² (Wark and Galliher, 2007). It makes victim-survivors treated as minority whom with an unusual experience. Victim-survivors of collective violence may be stigmatized in many ways such as identifying them as pariahs of society, curtailing their personal, religious, and economic freedoms, propagandizing them as depersonalizes and dehumanized and so on (Newman and Erber, 2012). As an example above, a society still dominated by cultural violence makes people do not see the violent act of fact, or at least not as violent in opaque reality. Therefore, remembering and

² The Bogardus Social Distance Scale is still a commonly used method of measuring prejudice. It measures the degree of closeness or acceptance we feel toward other groups.

commemorating the past traumatic events accurately must be done first and foremost for all who live in the present. Based on this, education for future generations who have not experienced or even witnessed events should be continued.

In this regard, I will consider the detailed role of social memory as the essential attributes to the third social healing stage, which includes three core functions – commemoration, education, and high social value – as the independent variables. The first variable in the attributes as social memory is the *commemoration* which made through two categories such as ‘time’ and ‘space’. The society that has experienced a traumatic event should establish an official memorial day to share and remember the pain. The space of memories such as the memorial park where the monument and cemetery are established, make mourning and remembrance more practical. In addition, various ceremonies held in these spaces are associated with the memorial day, maximizing its formality. The second variable in the attributes as social memory is the *education*. Through collecting, organizing, sorting, and academic research activities, it is very important to include in the textbooks so that next generations can learn accurate historical information. In addition, it is necessary to develop and operate educational programs that can provide a variety of information and lessons about traumatic events. The third variable in the attributes as social memory is the *seeking advance the high social value*. For those who have been victimized by various injustices, it is very helpful to find meaning for a new life after the traumatic event with exploring the moral implication. The new generation of cultural and social norms has a great influence on the formation of personal behavior. Thus, developing healing strategies that draw on culturally based knowledge, ritual and practice are necessary to promote positive relationships, social norms, behavior, and activities.

3.4. 6 essential variables in the individual healing (y-axis)

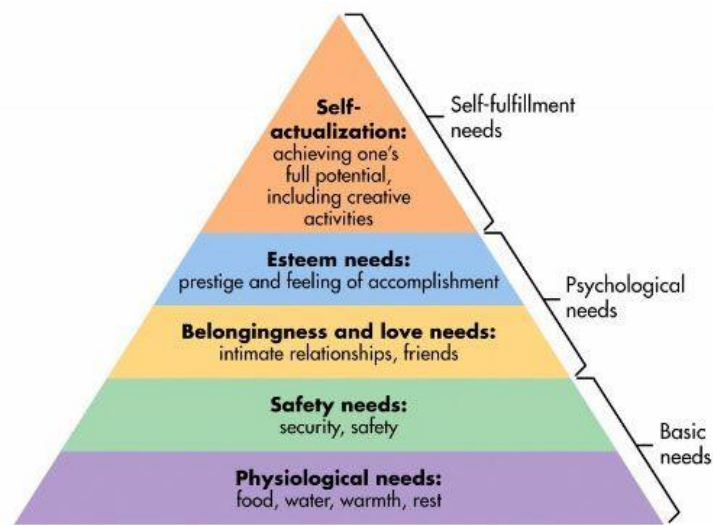
3.4.1. Two variables in the Self-Protection as the first attributes

Trauma resulting from traumatic experiences lasts in human life with various impacts and intensities. Once the trauma has occurred, it can not be fully eliminated out of human life. Overcoming the trauma through finding its value and coexisting with one's inner sanctuary will be the best way to live the rest of his/her life relatively healthy. However, as Van der Kolk insisted that most humans learn how to stop the function of the brain region (the inactivation of the medial prefrontal cortex), which conveys the intuitive feelings and emotions of the body in order to block a terrible sensation when experiencing the trauma. This barrier is a natural human survival instinct, but it is also the result of a tragic adaptation that destroys the ability to live and feel the life in its entirety. If such a self-sensing system continues to be damaged, the ability of self-protection disappears as the appearance of somatic symptoms without any apparent cause or failure to recognize his/her own feelings correctly (Van der Kolk, 2015).

The traumatic event invades not only the victim's body but also their autonomy and dignity so that gradually causing them to experience the loss of self. Those who have been in fear are the first to relief and protection. Failure to establish a basic sense of safety soon will make the trepidation and a sense of isolation of the victim-survivor's life worse. That is why victim-survivors are highly vulnerable in the aftermath of the traumatic event. So, if ensured the basic survival with fully protected from direct violence, victim-survivors are willing to adopt approaches to changing circumstances because they feel that they are finally safe. Victim-survivors then may make a commitment to their future and take action. Thus, the sense of safety is a great help in re-functionalizing lost wills such as rehabilitation, recovery, reconstruction and etc. However, it should be kept in mind that no one can establish a safe environment on their own. The importance of crisis intervention should be more emphasized in cases of collective violence which

beyond human limits. In general, direct violence, which whips into even death in a severe case that is imposed on individuals or groups of people, but only the elimination of violent actors did not stop the direct violence. Direct violence might be revealed in another form. The lack of or the absence of 'basic things' that should be required to live 'life' as 'human' was direct violence that once again threatened the lives of those who survived.

It is also linked to the first two bottom of the 'Maslow's hierarchy of needs', the physiological needs and the safety needs (Figure 3.4.). Maslow (1970) insisted that the lower level needs have to be fulfilled before higher needs can influence behavior. The lowest category as the physiological needs are the most instinctive needs because all needs become secondary until these needs are met. If the physiological needs are relatively well gratified, the security needs have emerged which the safety-seeking mechanism for survival a person when does not feel safe in an environment.



Source : McLeod, S. A. (2017). Maslow's hierarchy of needs. Retrieved from www.simplypsychology.org/maslow.html

Figure. 3.5. Maslow's hierarchy of needs

In this way, when the basic needs of the individual are met through a more practical framework of social protection established from direct violence, then the beginning of the individual healing is relatively easily arranged with changing in the behavior and cognition of individuals. In this regard, I will consider the detailed change of self-protection as the essential attributes to the first individual healing stage, which includes two core functions - self-control and self-determination- as the independent variables. The first variable in the attributes as self-protection is *to regain the self-control*. Individuals who have received a great psychological shock due to trauma event generally experience that the emotional sensation becomes paralyzed. By establishing safety by external help, individuals might slowly recover their lost senses. Then, the individual is able to take care of his/her own body condition and gradually find the power to control his surroundings. The second variable in the attributes as self-protection is *to regain the self-determination*. Individuals who have recovered their ability to recognize actual situations can make more specific choices to plan and implement their lives from a small selection to examine their bodies. Self-determination is the most fundamental role to maintain human dignity.

3.4.2. Two variables in the Social Meaning as the second attributes

By establishing safety, victim-survivors thought that they had escaped from the horrible past of violence, but soon they were dominated by traumatic memories and the traumatic symptoms which overwhelming them every moment and it makes them have a feeling of helpless as stuck in the past forever. In order to overcome this, the victim-survivors must draw the memory and give the courage to confront the past. In this regard, several studies in clinical psychology urged that the most effective therapeutic instrument is the '*narrative*' which reconstruction of traumatic memory (Conway, Cowan & Bunting, 2001; Schauer, Neuner, & Elbert, 2005; Tuval-Mashiach et al., 2004; Peri & Gofman,

2014). Of course, there is some concern that the process of telling a story may occur re-traumatizing experience. But, a proper intervention by professional therapist or counselor might reduce the anxiety accompanied with revisiting traumatic events and help guide the victim-survivors through a more healthy view of the past. Consideration should also be given to the difficulty of professional intervention. The most important thing that makes it possible for a victim-survivors to “telling a story” is that the atmosphere of the people and community give ear to the voice of victim-survivors. Victim-survivors feels no longer alone if someone listens to their traumatic experiences carefully and gives a gesture to help their situation which cannot be resolved by their own strengths.

However, the traumatic event breaks the bond between the individual and the community with destroying the trust of the relationship. It is therefore very difficult for a victim-survivor who has created the minimum amount of trust to be assured of his/her own safety and protection to tell his/her experience to others. But sharing the trauma experience with others is a prerequisite for restoring the sense that the world is meaningful. When the core variables to ensure social accountability that we have seen so far are properly accomplished in society, there will be positive changes in the narrative process where individuals remember and mourn their traumatic experiences. Individuals will ready to restore the value of themselves which enough to prepare for rebuilding their lives in the present and pursuing their aspirations for the future.

In this regard, I will consider the detailed change of exploring the social meaning as the essential attributes to the second individual healing stage, which includes two core functions – the ability to tell a story and accepting the past as a part of life- as the independent variables. The first variable in the attributes as exploring the social meaning is the *ability to tell a story*. When the trauma event is publicized in the public domain with various activities by social accountability, the atmosphere of social empathy that ultimately leads to understanding the suffering and sacrifice of the victims is formed. Through this process of practical and sustained social accountability, the society and its members do not regard the collective violence and its caused trauma to a mere incident or

accident anymore, but rather sharing the fact that it is the public responsibility to provide systematic and institutional instruments for victim-survivors to heal their trauma and to be able to return as being members of society again. These positive effects have a positive impact on the emotional dynamics of victim-survivor individuals and their groups as well (Doorn, 2008). It allows victim-survivors possible to escape a little from the helpless guilty conscience, which comes from the belief as “I’ve been through it because I was an unlucky person” or “God has forsaken me”. As Herman (2015) urged that victim-survivors undertake to speak about the unspeakable in the belief that this will help others which gives a feeling the connection to a power larger than themselves. In this vein, the second variable in the attributes as exploring the social meaning is the *accepting the past as a part of life*. When the community in which the victim-survivors belong take action to help and heal them, it helps victim-survivors to understand the effect of his/her victimization more easily with a public acknowledgment of the violations of the rights of victims. Thus, it makes them live in a ‘present’ life as no longer staying in the past. Moreover, it can reduce the ‘survivor guilt’ who have witnessed the pain or death of others but survived alone. It is also linked to the third and fourth level of Maslow’s ladder of basic human needs – belongingness and love needs and self-esteem needs, which needs are met through satisfactory relationships(Figure 3.5.). Victim-survivors can be motivated to meet the needs represented at higher levels of the pyramid when the trust in individuals or societies, working for justice, is regenerated.

Therefore, when an individual or a particular group of traumas encounters the participation of a wider community, their traumatic experience has a powerful message to convey to society and mankind beyond individual meaning. Ultimately, the traumatic experience can be reborn as a history of ‘social meaning’ that should never be forgotten in society, not a trivial memory and working to prevent renewed violence. So, then, it becomes a true past in the victim-survivors’ lives. In addition, exploring social meanings have a positive impact on the reconnection of ‘social trust’ between individuals and community which plays an important role in eliminating cultural violence.

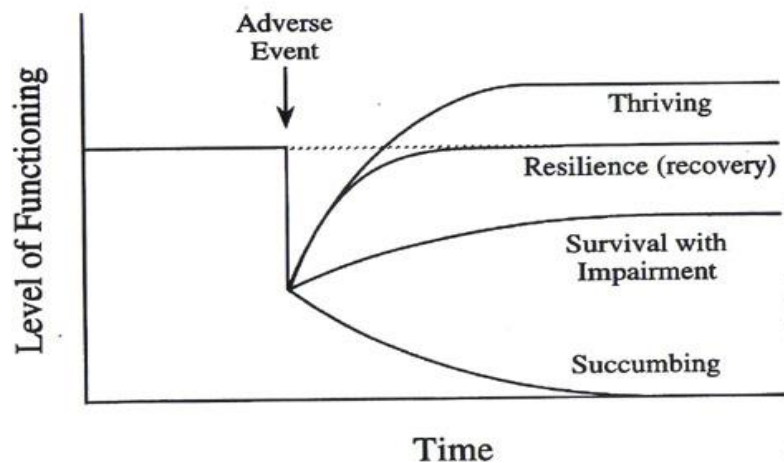
3.4.3. Two variables in the Initiating Reconciliation as the third attributes

As trauma events are recognized as a social problem by the public and social change is required, the victim-survivors become making efforts to restore the feeling that they are connected to the community. The actions of remembrance and representation by communities sharing the loss and grief of the victim-survivors remind them to have a feeling that they are no longer alone but connected to the present. As the conflict is amplified with the spiral structure, the experience that the isolated victim is accepted into the community again leads to positive amplification through the ‘adaptive spiral’ (Herman, 2015), recognizing that he/she was the ‘victim’ and understand the changed result.

It is correlated with the fourth possibility functioning of the ‘*potential responses to trauma theory*’ which stated that individuals may respond in thrive by flourishing beyond their original level of functioning (Figure 3.6.) (O’Leary & Ickovics, 1995). It is presumed to apply both to psychological and to physical well-being before reaching the level of thriving. After a certain recovery in confronting with the challenge, individuals benefit or gain in some way from the experience and can apply that gain to new experiences, leading to more effective subsequent functioning as having confidence about the future and strengthening personal relations (Carver, 1998). It has a thread of connections between the Maslow’s fifth and final tier of basic human needs, the self-actualization. It has an important aspect that this person will no longer need to cope with their environment, they will transcend it. Some victim-survivors recognized that the trauma cannot be undone, and that personal wishes for compensation or revenge cannot be fulfilled (Herman, 1998). In other words, some individuals begin moving beyond being satisfied with their act of courage for several social interventions.

Not a victim anymore but as being a survivor from violent incidents, they may ready to devote their energy more fully to others. It brings strong will and changes to individuals that they begin to reconnect with others as family members, close friends, therapist and/or spiritual leader by relearning basic trust-building. It is not only including

changes in improved relationships but also as a greater sense of personal strength, a greater appreciation for life, new possibilities for one's life, and spiritual development (Tedeschi & Calhoun, 2004). As a result, if all the conditions mentioned above are met, their losses have produced valuable gains. One of the most common terms in reference to growth following trauma is 'posttraumatic growth (PTG)', which can be described as a positive psychological change experienced as a result of the struggle with highly challenging life circumstances (Calhoun & Tedeschi, 2001). PTG is not uncommon, but neither does everybody who faces a traumatic event experience growth.



Source: O'Leary VE, & Ickovics JR (1995), Resilience and thriving in response to challenge: an opportunity for a paradigm shift in women's health. *Womens Health*. 1(2): 121-42.

Figure. 3.6. Potential responses to trauma

Various factors have been an important role as the trigger in the development of growth and positive changes including religion and spirituality (Shaw, Joseph, & Linley, 2005), personality, coping, and social support (Linley & Joseph, 2004). Particularly noteworthy is the fact that social support has been proved to have a positive correlation with PTG, with stronger correlations with social support satisfaction (Park, Cohen, & Murch, 1996; Linley & Joseph, 2004). Thus again, as several theoretical perspectives

support, to overcome trauma requires not only the ability of the individual to cope with crises but also the continuous and appropriate efforts of society.

In this regard, I will consider the detailed change of initiating reconciliation as the essential attributes to the third individual healing stage, which includes two core functions – rebuilding self-identity and reconnecting with society- as the independent variables. The first variable in the attributes as initiating reconciliation is the *rebuilding self-identity*. It is very important to reconstruct a healthy society by regenerating lost social vitality, which exists through relationship, contemporary and intergenerational that create an identity that gives the meaning to a life (Card, 2005). Survivors who have regained their identity often exert their efforts to prevent the same pain that someone may experience in the future, and they also participate in meaningful social activities in solidarity with people with similar experiences do. It is also related to the second variable in the attributes as initiating reconciliation is the *reconnecting with society*. However, this explosive self-growth is not common. By participating in the remembrance and representation activities of society, survivors have begun what they can to protect and defend themselves. Because those who cannot participate in the social forms they remember do not actually have social vitality but only the memory of it (Card, 2005). Thus, if they can not restore the social identity, social connectedness, and social relationships, that had exist in the life before trauma event, they would be face a social death (Borgstrom, 2017) even if they survived without physical death from collective violence. Therefore, the remembrance and representation activities of the social community beyond the private domain should be very cautious so that the objects of memory cannot be excluded, and they should be provided with a continuous social contribution so that survivors can achieve post-traumatic growth.

3.5. The Comprehensive Healing Model

In the comprehensive healing model, the independent variables of social healing and individual healing described above constitute the x and y-axes, respectively. A comprehensive consideration of healing in different approaches can lead to a holistic process in various combinations. So, it is necessary to dismantle the stepwise developmental characteristics suggested by the theories and to consider the necessary components of each stage of the theory as independent variables of comprehensive healing. By assigning an arbitrary score, 0 to 2, for each variable, it is possible to score the degree of overall individual healing and overall social healing. Based on this, the two scores can be displayed on a graph to show how the degree of individual and social healing is creating a relationship in comprehensive healing (Table 3.1.).

The total number of variables in the x-axis is 9, with 2 points are assumed to be the highest score, giving an overall 18 points. The y-axis with a total of 6 sub-variables is under the same conditions, giving an overall 12 points. On the x-axis, 2 points are imposed if the changes that meet the variables are sufficiently achieved. At this point, achievement depends on the degree of participation of society as a whole for change. This is the case when the social role required by each variable is continuously implemented in a situation where it has a sufficient effect on the change of the healing development of the individual group and the completion of the implementation of the variables officially recognized in the public domain. 1 point is imposed when a variable is not fully accompanied by implement and change or is in the transition process for change. Thus, formal changes that are recognized in the public domain have not been completed. 0 point is imposed when no efforts are made, or not yet to progress, or the record cannot be analyzed at all. On the y-axis, 2 points are imposed if the changes that meet the variables are sufficiently achieved. At this point, achievement depends on the degree of the change in the perception and behavior of the individual group. This is the case when a group of individuals represents a change in the recovery state required by each variable

collectively, accompanied by a corresponding enough action. Importantly, comprehensive healing does not identify changes in the state of individual healing but rather traces the collective behavioral changes that the group experiences as the same traumatic event. 1 point is imposed when a variable is not fully accompanied by implement and change of perception and behavior in the individual group or is in the transition process for change. Thus, the change in the healing state required by the variable is a dissatisfied state in which only a small number of individuals in the group are making changes. 0 point is imposed when no efforts are made, or not yet to progress, or the record cannot be analyzed at all.

Through a Comprehensive Healing Model with arbitrary scores under these conditions, it would confirm the overall direction of comprehensive healing by evaluating the extent and condition of change in individuals and society for healing by any given score with a certain time interval after the traumatic experience. The evaluation time interval can vary depending on the case which would be analyzed. Then, the total point of each axis becomes the coordinate point on the graph. For example, if the overall of the variables for social and individual healing is 10 points and 5 points in the decade after the onset of trauma, it is located at (10, 5) in the coordinate plane. This is a comprehensive healing score that considers both social and individual efforts to heal the collective trauma.

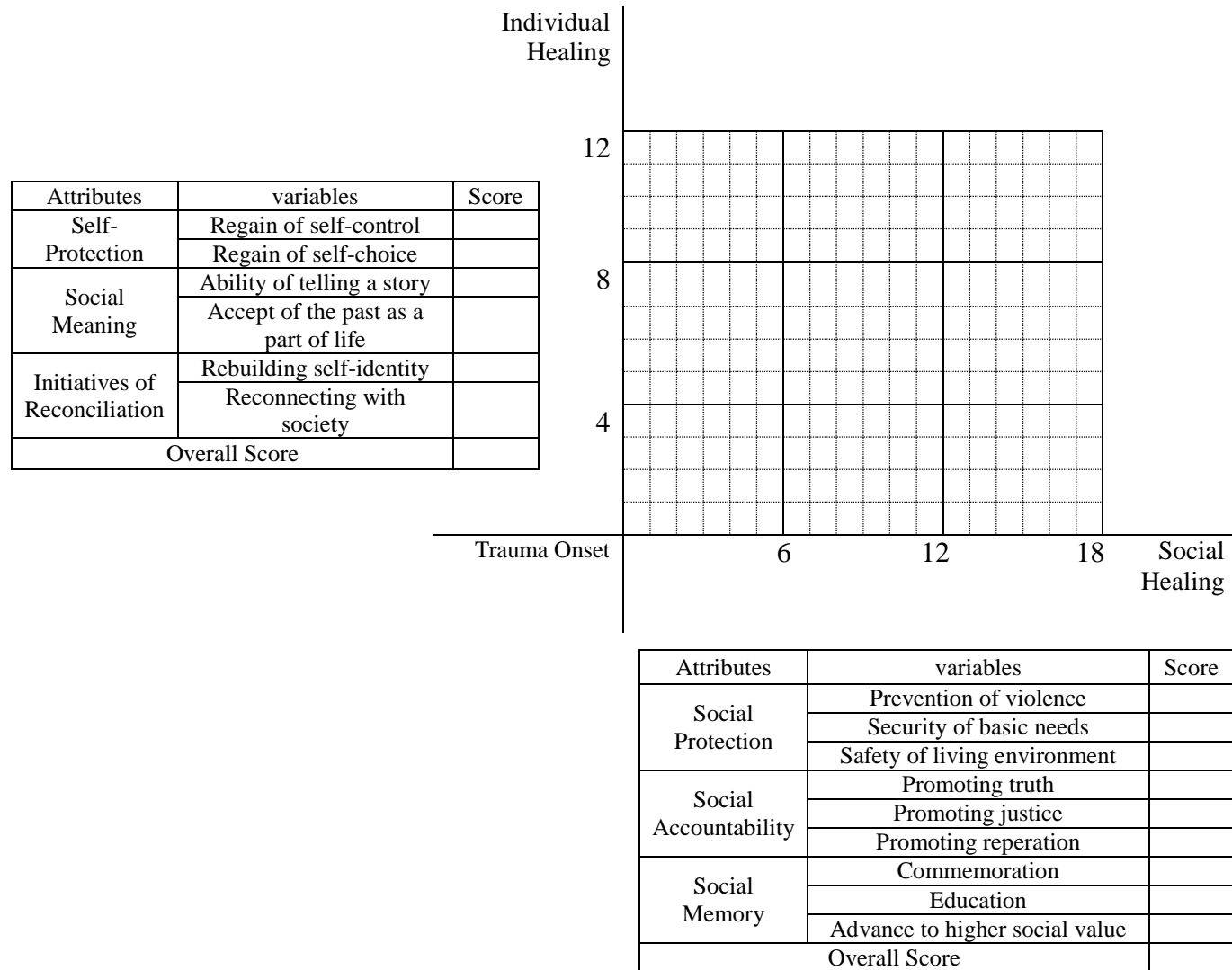
Using this approach, the next section will analyze three collective trauma cases according to the independent variables of comprehensive healing. Among the various collective violence in history, the following criteria were proposed to select the proper case to explain the categories of directionality which possibly presented in the comprehensive healing. The first criterion is the case that those all caused more than 10% of the total population at that time were victimized. The second criterion is the collective violence caused by the strong social nature, each of social, political, and ideological cases that may reveal the importance of the comprehensive approach to trauma healing. And the

third criterion is that the cases of ‘crime against humanity’³ in the 20th century, which relatively many related materials and documents exist.

With these preconditions, three cases of genocide in Germany (*the Holocaust*), Cambodia (*the Killing Fields*), and South Korea (*the Jeju 4.3 Incident*) have been chosen as appropriate examples in this study. Each case with arbitrary scores according to the framework of analysis will be assessed 10 years after the collective trauma occurrence (formal termination of the event). Then, it will track the changes of comprehensive healing over a 20-year time interval. The case of the *Killing Fields* in Cambodia is relatively short period compared to the other two cases since the incident occurred. So, it was put the 10-year scale to show more pronounced trends of the Comprehensive Healing.

³ For the purpose of this Statute, “crime against humanity” means any of the following acts when committed as part of a widespread or systematic attack directed against any civilian population, with knowledge of the attack: (a) Murder; (b) Extermination; (c) Enslavement; (d) Deportation or forcible transfer of population [...] (k) Other inhumane act of a similar character intentionally causing great suffering, or serious injury to body or to mental or physical health. (Rome Statute of the International Criminal Court (1998), Article 7 Crimes Against Humanity)

Table 3.1. The Comprehensive Healing Model with Scoring



IV. APPLYING THE NEW MODEL TO THE PHENOMENOLOGICAL CASE STUDIES

4.1. *The Holocaust, Germany*

4.1.1. Historical Overview

The systematic persecution and murder of approximately six million Jews by Adolf Hitler's Nazis Germany and their collaborations between 1933 and 1945 is called the *Holocaust*, as a translation of *Shoah*. The Holocaust was not an accident in history. Individuals, organizations, and governments settled on decisions that promoted and allowed discrimination, prejudice, hatred which eventually enabled mass murder to occur (Montereal Holocaust Memorial Centre, 2016). The Holocaust was the largest known genocide on record (Giberovitch, 2014) which refers to violence that "intent to destroy, in whole or in part, a national, ethical, racial, or religious groups, as such" (United Nations, 1948). During the Holocaust, roughly two-thirds of an estimated pre-war European Jewish population, 8.9 million were killed in inhumane ways (Dawidowicz, 1975).

The incident stemmed from a boycott of Jewish shops but ended in the gas chambers at Auschwitz. Of course, until the boycott began, the ridiculous racism ideology of the Jews in Germany began to spread out by the rise of Nazism. Due to this, the Jews began to face another persecution in history. Actually, the Jews have a long history in Europe for more than 2,000 years living in by early 1900s. There was a great diversity within the Jewish communities, with respect to economic situation, level of education, political affiliation, and religious observance (Montereal Holocaust Memorial Centre, 2016). At times, the Jewish communities in Germany grew over the years and flourished both culturally and economically. However, their unfortunate history was a destiny that had to fight and endure from discrimination and hatred by experiencing anti-Semitism. There is noting more clear than this short sentence of Raul Hilberg (2003) that explains how anti-

Semitic ideas have historically been developed.

“... The missionaries of Christianity had said in effect: You have no right to live among us as Jews. The secular rulers who followed had proclaimed: You have no right to live among us. The German Nazis at last decreed : You have no right to live.”

The anti-Semitic social atmosphere was no exception in 1919, even worse, when German World War I veterans formed the National Socialist German Workers' Party (the Nazi Party). The Nazi ideology was based on militaristic, racial, anti-semitic and nationalist policies with promoting German pride. Adolf Hitler joined the party the year it was founded and became a leader in 1921. The occurrence of the Great Depression in 1929 played an important role in leading a social atmosphere in which many Germans had pursued a radical solution to their devastating situation by a new power leadership. Hitler, a powerful and spellbinding speaker was qualified as a new leader and the Nazi party began to gain power rapidly. In 1933, Adolf Hitler came to power in Germany and many Germans believed that they had found a savior for their nation.

However, the unimaginable tragedy has begun when ideology turned into concrete reality. The German authorities began to target the Jews as “racially inferior”, which included other minorities as Gypsies, the disabled, and some of the Slavic peoples as well. Under the pretext of protecting the pure bloodline of the German people, the Nuremberg Laws of 1935 was enacted. It deprived the Jews of their German citizenship and forbade intermarriage with non-Jews. All Jews quickly excluded from the social, economic, and political life of the country and become ‘second-class citizens’. Nevertheless, the Jews were satisfied with being able to keep even their second-class citizens. But soon the German World War II preparations became more visible, the Nazis’ repressive measures against the Jews become harsher. Since Germany invaded Poland in 1939, Hitler continued his conquest of Europe consistently placed more and more Jews under Nazi control. At first, Jews were forced to live in ghettos, usually located in poor areas of towns or cities, especially in both Greater German Reich and German-occupied territory,

and many of them suffered or perished from hunger, diseases, brutal treatment and forced labour in there. Later on, Nazi Germany established over 20,000 camps and sub-camps, ranging from transit camps to forced labour camps and concentration camps. Between 1941 and 1944, the mass murder of the Jews began under the Nazi code name for deadly plan for all the Jews of Europe, the “Final Solution”. Systematic deportations of millions of Jews were murdered in specially developed gassing facilities that increase the efficiency of the killings. Others died from starvation, slave labour, medical experiments, infectious diseases, beating, and torture. Auschwitz complex was the largest camp near Krakow, Poland, and more than one million people lost their lives there. By summer 1944, two-thirds of European Jewry had been murdered (Gallant & Rhea, 2010).

Nazi Germany tried to keep the operation of camps secretly. However, the scale of the killing made it virtually impossible. Eyewitnesses began to appear, and several newspapers from American, British, and French also began to report news of the mistreatment of the Jews and systematical killing of them. However, in fact, the Allied governments denied and disbelieved the reports of the Holocaust even they already knew what was happening but there was no real efforts for rescuing the Jews (Janowitz, 1946). In response to the deteriorating military situation in late 1944, when Allied troops moved across Europe in a series of the offensive against Nazi Germany, the Nazi Germany attempted to destroy the evidence of mass murder, burning documents and corpses, forcing prisoners to move into the interior of Germany that away from advancing Allied troops which known as death marches. Camps were liberated by Allied. The piles of unburied corpses or tens of thousands of survivors living on the verge of death in the Nazi camps were finally exposed to the world as the full of the scope of Nazi horrors. Nazi Germany and its collaborators collapsed but they had left millions dead and countless lives shattered.

4.1.2. Progression of each variables in the first attributes

4.1.2.1. The function as the social-protection

By the end of the war in spring 1945, the Germans and their Axis partners surrendered to the Allied forces. However, Jewish survivors only a small number remained alive from the brutal Holocaust were again frustrated with the reality that they had no place to go back and no family members alive before they could feel the joy of survival. Even worse that many Jewish survivors had been wrenched out, deported or even killed when they returned home where they natively from. Because the anti-Jewish mood was not over easily which even getting worse in the post-war and it led to several pogroms across Europe. The Kielce Pogrom has become a symbol of the dangerous state of the Jewish life in Eastern Europe in the immediate aftermath of the Holocaust. On July 4, 1946, local residents of the Kielce in Poland conducted pogrom on the Jews who had survived and just returned home. The mobs furiously attacked the Jews when they heard rumors that the Jews kidnapped and murdered Protestant children for use in their ceremonies. These revolts killed at least 42 Jews and injured 40 others. The Kielce Pogrom sparked intense fear in the already traumatized postwar Polish-Jewish community and over 75,000 Jews streamed out of Poland in the three months following the pogrom (USHMM, 2017).

The United Nations Relief and Rehabilitation Administration (UNRRA) set up many of the displaced persons (DP) camps to accommodate all of those wandering refugees temporarily, operated from 1945 to 1951. Mostly, it was for the post-war refugees who were waiting for emigration in order to get and rebuild their “normal life”. In 1945, the Allies tried to repatriate almost six million DPs to their home countries but about one million DPs refused repatriation. Most of them feared to go back to countries under communist rule, included nationals from the Baltic countries, or were the case for Jews who did not want to return to the countries where their families had been exterminated

(Ouzan, 2004). DP camps were sponsored by multinational Jewish voluntary organizations such as the American Jewish Joint Distribution Committee (JDC or Joint), Jewish relief Organization, the British Jewish Relief Unit(JRU), the Jewish Agency in Palestine, the Organization for Rehabilitation and Training (ORT) and the Oeuvre de Secours aux Enfants (OSE), a leading French Jewish philanthropic organization (Ouzan, 2004).

There were at least one million people housed in the DP camps in Germany, Austria, and Italy. Among them, there were about 250,000 Jews from the concentration camps and its number was swelled by those Jews almost fled from pogroms or coming from Europe where anti-Semitic violence had not ended (The National Holocaust Centre and Museum, 2017). At first, the DPs were categorized by their nationality with no regard to their role during the war. It meant that the Jewish Holocaust survivors often forced to live in DP camps with their former persecutor (Frankel, 2005). How ruthlessly and the ironic situation was. The US government stepped in to examine the plight of Holocaust survivors in the DP camps in Europe and its result was published, the Harrison Report, in August 1945. Since then, the Jewish-only zone was created within the American zone camps and it brought out the significant changes in the administration of DP camps.

Most Jewish DPs refused repatriation to the countries whose populations had participated in their extermination, demanding to be placed in their own camps. Between 1947 and 1953, the vast majority of the “non-repatriable” survivors had attempted to find new homes around the world such as Belgium, the United Kingdom, the United States, Israel, Canada, France, South Africa and some countries in Latin America. However, by 1953, over 250,000 refugees have still remained in Europe and most of them were old, sick, infirm, disabled, or not qualifying conditions for emigration to any country other than Israel. Many found resolution through suicide (Gippsland Multicultural Services, 2017). After the State of Israel was established in 1948 and the United States passed the Displaced Persons Act, DP camps were closed and the number of Jews dropped precipitously. The last DP camp closed in 1957 (The JDC Archives, 2017).

Scoring for the Comprehensive Healing model

Thus, for a decade (1955) after the end of the Holocaust, refugee camps have been operating throughout Europe, fulfilling the role of protecting and guaranteeing the basic life of the victims-survivors of the Holocaust. In addition, it can be analyzed that they faithfully fulfilled the function of social protection by giving them the opportunity to leave a refugee camp and choose a safe place (in this case, a third country) to start a new life. Therefore, all variables corresponding to this attribute are given 2 points in the evaluation after 10 years. Social protection in a comprehensive healing society focuses on the role of crisis intervention right after a traumatic event. Therefore, two points will be awarded over every next 20 years until today.

4.1.2.2. The function as the self-protection

The number of the Holocaust survivors was not accurate when the Allied armies liberated the Nazi concentration camps in 1945. From a few dozen to thousands of survivors were found in each camp but most of them were so weak, diseased and malnourished as the almost-dead condition so that they could not even walk or carry out their basic life functions. These survivors were mixed with citizens from 52 countries and began receiving basic support and aid from UNRRA in 900 DP camps which set up by the Allies across Austria, Italy and Germany (Jewish Virtual Library, 2008). DP camps have become a ground for the creation of an international corps for humanitarian purposes. At its peak in 1946, the UNRRA staff in Europe numbered some 6,000 men and 5,000 women (Salvatici, 2012). Alongside UNRRA in the field, there were around 125 voluntary organizations including YMCA/YWCA, the Red Cross, and several religious denominations. In the earlier, they had a lot of difficulties due to the surged countless DPs, great shortages of supplies, the possibility of disease loomed and even language barriers. UNRRA provided not only medical supplies and several basic living assistance for more

livable conditions but also recreation which purpose for re-education to the appropriate behavior for DPs. It helped DPs to recover from a ‘low mental status’ and ‘deep apathy’ that might lead to negligence and antisocial behavior (Salvatici, 2012). DP camps provided everything that the Jewish DPs had needed including tailors, doctors, schools, restaurant, religious facilities, and even universities (Crago-Schneider, 2013).

The Jewish DPs had represented the minority who survived the concentration camps or living in hiding. They were totally exhausted in both physical and psychological condition when they had arrived at DP camp. However, their health condition had become worsen due to horrendous treatment as housed in same camps with their former perpetrators and collaborators. After published the Harrison Report by the U.S. in 1945, the Jewish DPs were housed in separate camps. Then, they were given some authority to manage their affairs themselves with organizing their own elected committee such as the Central Committee of the Liberated Jews in the American zone of Germany. They worked for protecting the rights of the surviving Jews and took care of sanitation, hygines, cultural activities, education and religious life. They had created a series of Jewish “safe havens” in the form of the Jewish-only centers throughout the zone that provided the Jewish DPs with a sense of security and protection from their German neighbors. Also, they had provided the space, care, and supplies necessary to manage basic living and protected environment they needed for developing their own autonomous communities (Crago-Schneider, 2013).

In spite of having deep scars and painful traumatic memories, the Jewish DPs tried to restore their life anew with set up the daily life in DP camps as getting married, forming a family, running schools, doing work, recreation, and many activities. In 1946-1948, the highest birthrate in the world that in the DP camps and up to 700 children were born in the camps (Yad Vashem, 2017). So, care of mothers and children was a high priority. DP committees had cooperated with the JDC to establish children’s homes and educational facilities. Furthermore, Jewish DPs felt the need to preserve their horrible experiences during the Holocaust so that they published it on newspapers and “Yizkor”(memorial)

books. The traditional Jewish memorial rites also held by the community of the Jewish DPs.

Thus, the Jewish DPs gradually regained their ability of self-control and self-determination within the DP camps. However, several members of the international Jewish aid organizations were still worried about the Jewish DPs, especially who were in Germany, if the case of anti-Semitism would continue to grow. Some aid agencies immediately urged regarding the resettlement of the Jewish DPs in Israel and it came both the world Jewish organizations and the DPs agreed to an immediate end the Jewish DP era in Germany. At the same time, education was such a huge part of camp life and it would be of great help for preparing DPs' future after the emigration. The international Zionist organization (ORT), had cooperated with UNRRA and begun work in both the American zone and the British zone (Thompson, 2015). The efforts of these international aid organizations have enabled many Jewish DPs to benefit from education such as learning letters, other languages especially Hebrew or technical skills for work.

The most Jewish DPs believed that the only way to achieve true and final liberation is the form of emigration from Europe, quite often to Israel. Direct violence such as the extermination against the Jews had no longer occurred but, miserably, the Jewish survivors would have hoped for a new life completely free from the constant anxiety and fear that they must felt as the Jews.

Scoring for the Comprehensive Healing model

As the social protection function was fully satisfied, the Holocaust victim-survivors were able to restore their self-protection capabilities. Protected by refugee camps, victims-survivors were able to control themselves, not only by treating and healing physical and mental trauma but also by providing skills and education for future lives. It allowed victims-survivors to make their own decisions when choosing a space of life in order to get out of a temporary sheltered refugee camp and live a normal life. In other words, they were able to reach a state of restoring the present awareness. Therefore, all

variables corresponding to this attribute are given 2 points for the evaluation after 10 years. In comprehensive healing, self-protection is a cognitive-behavioral change that accompanies the recovery of biological function and can, therefore, be accomplished by complete liberation from direct violence. In other words, once developed into a society in which safety is guaranteed, individual's autonomy and dignity can be restored and stable self-protection can be demonstrated. As a result, the Holocaust victim-survivors will be awarded two points when assessed over every next 20 years.

4.1.3. Progression of each variables in the second attributes

4.1.3.1. The function as the social accountability

Transitional justice in divided Germany after 1945 can be considered one of the most complex cases in the postwar society. This was because of the enormous challenges faced, as well as the specific circumstances in which the transition had to take place. Until Germany gained its sovereignty back successively after 1949, when two new German states, the Federal Republic of Germany (FRG) and the German Democratic Republic (GDR) emerged, four different occupying powers – the United States(US), Great Britain, France, and Soviet Union(USSR)- had each with its own authority goals and approaches to make broad plans about the future of post-war Germany. However, at the same time, the common objective was to contribute all changes which make the 'transition' from a violent to a peaceful society (Teitel, 2003). As mentioned earlier, the Holocaust was the most notable war criminal. This implies that the post-Holocaust was required not only identifying those responsible for the civilians but also for holding accountable for the collapse of World War II. This can be regarded as one of the important factors that could lead to a rapid follow-up to mass atrocity, the Holocaust, after its occurrence. In post-Holocaust, there were the international, hybrid and national war tribunals for prosecuting

crimes and dealing with both human rights abuse and war crimes. Allies issued the Charter of the International Military Tribunal (IMT), also known as the Charter of the Nuremberg Tribunal in 1945. It was designed for “the just and prompt trial and punishment of the major war criminals of the European Axis” (United Nations, 1951). The IMT defined crimes against humanity as “murder, extermination, enslavement, deportation...or persecutions on political, racial, or religious grounds”(USHMM, 2017). Based on this, the Nuremberg trials carried out in Nuremberg, Germany between 1945 and 1949 for the purpose of bringing Nazi war criminals to justice. The defendants, who included Nazi Party officials and high-ranking military officers along with German industrialists, lawyers, and doctors, were indicated on such charges as crimes against peace and crimes against humanity. Twelve of those convicted were sentenced to death, among them were Hermann Göring, the commander of the Luftwaffe, Hans Frank, Governor-General of occupied Poland, and Alfred Speer, architect and Minister of Armaments. The IMT sentenced three defendants to life imprisonment and four to prison terms ranging from 10 to 20 years. It acquitted three of the defendants. The Nuremberg Trial was a mix of legal traditions. There were prosecutors and defense attorneys according to British and American law, but the decisions and sentences were imposed by a tribunal rather than a single judge and a jury. In addition, between 1946 and 1949, US military tribunals conducted 12 further trials of high-ranking German Officials at Nuremberg, which referred to the Subsequent Nuremberg Proceedings. US prosecutors tried 177 persons and won convictions of 97 defendants (History.com Staff, 2010).

Allies put a lot of effort into discovering and collecting evidence. However, on the other side, the Nuremberg trials were criticized as the imperfect justice because of the committed suicide of Nazi leader Adolf Hitler (1889-1945) and fled Germany to live abroad of some high ranking officials which are the partial factors among several circumstances. But, as an undeniable fact that the Nuremberg trials were considered to be a step towards international accountability. The IMT had several aims which beyond the main goals as punishment and retribution. Under the name of denazification, it was one of

the processes that educate the German people and even the world community in the meaning of the rule of law that shows how the war crimes charges have been committed by providing a lasting record for the younger generation (Cohen, 2006). Furthermore, the Nuremberg trial is the great milestone in the development of international law (Tomuschat, 2006). It brought in a period of unprecedented growth in the recognition of human rights (Gallant & Rhea, 2010). The findings at Nuremberg led directly to the United Nations Genocide Convention (1948) and Universal Declaration of Human Rights (1948), as well as the Geneva Convention on the Laws and Customs of War (1949). While punitive justice has the function of retribution against a crime by judicial bodies, activities for “promoting truth” such as truth seeking and truth telling, which alternative non-judicial concepts of dealing with violent conflict were co-existence. Truth commission which fall under this category is working for restoring the dignity of victims of gross human rights violations and as an instrument of public accountability that forces perpetrators to confront victims and confess their crimes. In the case of Germany, there was no substantive truth commission, but other similar public organization called the Conference on Jewish Material Claims Against Germany (the Claims Conference). It had emerged as a vision of democratic action in political life when 23 major Jewish national and international organizations have convened in 1951. The Claims Conference had the task of negotiating with the German government a program of indemnification for the material damages to Jewish individuals and to the Jewish people caused by Germany through the Holocaust (Claims Conference, 2017).

Material reparation deals with realistic problems of survivors. Even if it is impossible to replace their pain and trauma by any amount of monetary rewards, it is the indispensable thing to let them live their new life as a human being without past suffering by the importance of rehabilitation. However, accepting material compensations from direct perpetrators or its charging authority was highly controversial. During the years following the end of the Holocaust, Jewish Holocaust survivors considered it as “blood money”(Rosensaf & Resensaf, 2001). At the same time, there was no precedent existed

for reparation systems either. After many twists and turns, the first German-Jewish reparations program was created pursuant to the 1952 Luxembourg Agreements, which signed between the Claims Conference, the West German federal government (FRG) and the State of Israel with embodied in two protocols.⁴ The Claims Conference (2012) stated that under the accord, the FRG agreed to pay DM 450 million over a 12-year period for the rebuild Jewish communities devastated by the Nazis, revive Jewish cultural life in Europe, and provide essential services to Nazi victims in 40 nations. Post-war Germany lacked the hard currency to make its Holocaust compensation payments, so it provided Israel with goods and services equal to DM 3.45 billion. Israel converted some of it into money, of which it then paid the Claims Conference the equivalent of DM 450 million. In all, more than 278,000 survivors received lifetime pensions under the German Federal Indemnification Law (Bundesentschädigungsgesetz-BEG), which was enacted in 1952 by the government of West Germany as a result of agreements with the Claims Conference. Tens of thousands of these survivors continuing to receive pensions and hundreds of thousands more received one-time payments under German compensation laws and programs with Claim Conference or other countries supports, those were Hardship Fund, Central and Eastern European Fund, Article 2 Fund, Child Survivor Fund, Orphan Fund, Heirs, BADV (German Government Ghetto Fund), ZRBG (German Social Security/Ghetto Pension) and so on.

Moreover, the Claims Conference pursued compensation for Jewish slave laborers and they received several funds from German companies over a long period of time - DM 27.8 million from German company I.G. Farben in 1953, DM 10 million fund from the Friedrich Krupp Company inn 1959, DM 4.3 million fund from AEG-Telefunken in 1960, DM 7 million from Siemens-Halske in 1962, DM 2.5 million from the Rheinmetall Company in 1966, \$12 million fund from Volkswagen in 1998 and including many other

⁴ Protocol No. 1 called for the enactment of laws that would compensate Nazi victims directly for indemnification and restitution claims arising from Nazi persecution. Under Protocol No. 2, the West German government provided the Claims Conference with DM 450 million for the relief, rehabilitation and resettlement of Jewish victims of Nazi persecution, according to the urgency of their need as determined by the Conference. Agreements were also signed with the State of Israel.

cases. The Conference estimates that up to 160,000 Jewish survivors will be eligible for payments of up to DM 15,000 for former slave laborers and up to DM 5,000 for former forced laborers (The Claims Conference, 2012).

In 2004, the Claims Conference obtained its first funding from the German government for in-home services for elderly Holocaust survivors and the first agreement was for € 6 million for the year. Until 2012, they obtained € 126 million. In addition, Germany has agreed to pay extra \$1 billion from 2014 to 2017 (BBC, 2013). Since 1952 till 2012, the German government has paid totally more than \$70 billion in accordance with the negotiation with the Claims Conference in respect of the suffering and losses caused by Nazi persecution and it is still ongoing (Nathan, 2016). More than 600,000 Holocaust victims have resulted in compensation and about 97,000 survivors continue to receive ongoing payments until today. In addition, the 50,000 Israeli survivors receiving Holocaust-related pensions from the Israeli Ministry of Finance. Germany's continued commitment to fulfilling its historic obligations to such Nazi victims is a good example for many others who experiencing different types of post-genocidal. In addition to this, several experiences in dealing with reparations and indemnification for Holocaust survivors led the adoption of Guidelines on the Right to a Remedy and Reparations for Victims of Gross Violations of International Human Rights Law and Serious Violations of International Humanitarian Law by the UN General Assembly in 2005.

However, material forms of reparation are never been enough to victims if it is not paired with other forms of reparation, a symbolic reparation. Because as it refers to that it is the communal process of remembering, commemorating and acknowledging the pain of victims from injustices and human rights violations and it is committed to restoring the rights and dignity of victims. On December 7, 1970, Willy Brandt, the Chancellor of the German Federal Republic knelt down in front of the Warsaw Memorial which erected in honor of the Jewish heroes of the 1943 Ghetto Uprising. After this first official apology, Germany continues to apologize for their past crimes, the Nazi Holocaust. By East Germany Parliament in 1990, German President Roman Herzog in 1994, German

President Johannes Rau in 2000, German Chancellor Angela Merkel in 2008, German President Gauck in 2012, 2013 and 2014, all of those government officials took the form of speech for a formal apology for the Nazi Holocaust and acknowledged joint responsibility for the genocide of 6 million Jews during WWII.

Scoring for the Comprehensive Healing model

The Holocaust has been a relatively strong social healing effort immediately after the onset of collective trauma. It is possibly explained that because of the early response of the allied forces to the war crimes and the role of the international Jewish organization, which was large and influential. Since the Holocaust is a war crime during the Second World War, the international crisis intervention has been very necessary and very timely after the incident. Based on this, the function of the social protection and social accountability after the Holocaust were implemented quickly and smoothly. Significant efforts have been made to realize the transitional justice in the next 10 years (1955) after the termination of trauma events, such as truth-seeking, law enactment, trial, and reparation. More importantly, this commitment to social accountability is not interrupted or discontinued and is continuing to the present 72 years after the trauma event. Therefore, the function of social accountability of the Holocaust will be awarded two points when assessed over every next 20 years.

4.1.3.2. The function as the social meaning

The Nuremberg trials, which began as soon as the end of the WWII, played a positive role in creating a precedent in international law, while many victim-survivors were extremely disappointed because it virtually ignored Jewish suffering. Some of the perpetrators acknowledged their conduct as a crime, but most of them still believed in the legitimacy of anti-Semitism or thought that they were subject to the orders of the state. In

addition, the federal laws that paid compensation to the Holocaust survivors were swiftly enacted by the German government, but it was still difficult for the survivors to publicly address the Holocaust because of the dissatisfaction for this of West German in the 1950s. Jewish survivors whether who chose to stay in Germany or who chose to emigrate other countries had to adapt to the new environment for adjusting a normal life and even to acknowledge as a social minority wherever they were. So, they chose ‘silence’ and it was implicitly maintained by the concealment of the remaining perpetrators and social oppression (Choi, 2005). Thus, victim-survivors often discouraged from speaking publicly by friend, neighbors and further society at large has characterized as the *conspiracy of silence* (Danieli, 1984). In short, parents did not speak about their experiences to their children and children also did not dare to ask. Because the Holocaust was largely a taboo during the early post-war period.

The conspiracy of silence was broken in 1961 by the Eichmann trial. Israeli Security Service agents seized Nazi SS Lieutenant Colonel Adolf Eichmann who fled to Argentina after World War II and took him to Jerusalem for trial in an Israeli court (1960-1961). The Eichmann trial aroused international interests because no one knew much about the Holocaust in the early which result from the silence of victim-survivors. The Eichman trial was broadcast to individuals around the world. In contrast to the Nuremberg trials that aimed to prosecute Nazi officials only on the basis of material evidence, the chief prosecutor in the Eichmann trial, Gideon Hausner called over 100 Holocaust survivors to the stand for making the oral testimony(Landsman, 2012). It represented a pivotal moment for transitional justice that the first case of trial in the aftermath of the war to consider the emotions of victims as central to the practical of justice (Chakravariti, 2008). Sure enough, it brought a kind of catharsis to many Holocaust survivors (Remember.org, 1997). In the process of selecting survivors who would present testimony at the court, the testimony department at Yad Vashem Holocaust Museum assisted to sort out witnesses. The first selected survivors were from Yad Vashem’s collection of testimonies includes 1700 names and it was suggested ten to fifteen witnesses who could cover the five stages

of the annihilation which considered as important historical matters such as the deportations, sending people to the death marches, mass killings by firearms, death camps and execution squads. After the several meetings between Yad Vashem and a special department of the Israeli Police Force, Bureau 06, the final list of the Holocaust survivors who would deliver the testimony was set up (Yablonka, 2001). The ability of young State of Israel to put its hands on the Nazi foe created a feeling of basic security for the survivors and they began to talk, and everything changed as memories spilled out (Cashman, 2016). As a new social awareness of the Holocaust began to be developed after the Eichmann trial, the Holocaust survivors openly shared memories and prevailed their mental suffering that had been hidden for decades. The new emotional crises experienced by older survivors such as retirement, illness, and death of spouses has reactivated their old trauma so that it also served as a momentum that many began to seek professional help. In addition, the psychological effects of transgenerational transmission of trauma on the offspring became more widely acknowledged. The trauma of victim-survivors was only then treated and supported more than 40 years after the end of the war (Kellermann, 2001). Since then, there have been countless organizations that offered medical, social or psychological services and continued to grow, most of them Jewish-oriented Civil Society Organizations.

In 2001, the first co-operation between the German government and civil society was established following several years of national and international negotiations. It is based on the Law on the Creation of a Foundation “Remembrance, Responsibility and Future” (German acronym EVZ) in 2000 enacted by German Government. It is aimed that at making financial compensation available through partner organizations to former forced laborers and to those affected by other injustices from the National Socialist period. The Board of Trustees was made up 27 members such as German Government, German Industries and Civil Society Organizations (NGO) in seven countries in Central and Eastern Europe, Israel and Germany. The disbursement of payments commenced in 2001 and was completed 2007. During this period, a total of EUR 4.4 billion was paid out to

more than 1.66 million people in almost 100 countries (EVZ, 2012). The fund from the Foundation was able to support 230 projects in twenty countries and the great majority of assistance went to the United States, Israel, and to the countries of the CIS where a large number of survivors are living. Most support programs were for social welfare and medical services such as elderly survivors, day care centers, home care, nursing homes, and psychotherapies. The AMCHA, the national center for the psychosocial support of Holocaust survivors in Israel since 1987 also got funding to provide psychological therapy and other social services to more than 1,800 Israeli survivors and their families in each month (Saathoff & Jansen, 2009).

According to Giberovitch (2014)'s history of the development in clinical studies, in the 1950s, it was a time before PTSD was recognized and acknowledged as a psychological condition. During that period, the German medical community believed that psychological disturbances resulted from survivors 'infantile neurosis' and not their traumatic life experiences. Later on, in the early 1960s, the terms as survivor syndrome (1968) or concentration camp syndrome (1964) were coined by mental health professionals which define the psychopathology that characterized Holocaust survivors. Symptoms include chronic anxiety and depression, sleep disturbances, cognition and memory disturbances, survivor guilt, withdrawal from social life, physical disabilities, and psychosomatic symptoms (Giberovitch, 2014). A review of clinical literature and research between the 1950s and the 1970s indicated that the majority of reports on the psychological consequences of the Holocaust upon clinical survivors had postulated that the Holocaust survivors suffered from a fixed and long-lasting survivor syndrome (1996) (Montague, 2012).

Scoring for the Comprehensive Healing model

While the functions of social protection and social accountability have been faithfully implemented, efforts to exploring the Holocaust victim-survivors' social meaning of their experience have never been made until the Eichmann trial (1961). For 16 years after the

Holocaust, victims-survivors have established physical safety in a new life that began in a new country, but they have chosen silence as a way of survival in order to overcome the many negative things that the Jewish experience of the Holocaust is experiencing in a situation unknown to the general public. Therefore, the function of individual healing to explore social meaning is 0 in the 10-year evaluation after the incident. Later on, the individual healing was able to be carried out with great power of the Eichmann trial. Victims-survivors who began to talk about their experiences in both public and private areas gradually grew apart from the past by recognizing and sharing the very important social meanings of their sufferings. Therefore, the function of the social meaning of the Holocaust will be awarded two points when assessed over every next 20 years.

4.1.4. Progression of each variables in the third attributes

4.1.4.1. The function as the social memory

The decade immediately following the war, there were few memorials specifically to Jewish genocide. Like the gravestone for the Jews at Bergen-Belsen, those that were established either locally initiated or privately sponsored those Jewish survivor organizations-oriented. A memory boom has emerged among younger generations in West Germany in the late 1970s or early 1980s who were seeking to recover a suppressed and secreted past (Jacobs, 2010). This new political consciousness was affected by the policy of education in Germany. Since the early 60s, the conference of ministers of education and culture in the German states has provided explicit guidelines for teaching about National Socialism and the Holocaust (Kosmala, 1998). This impetus for improving Holocaust education was sparked by a series of anti-Semitic incidents that took place across Germany in 1959-60. On Christmas Eve in 1959, a recently dedicated synagogue

in Cologne was defaced with painted Swastikas (Bonn, 1959). These were just a few of the 685 anti-Semitic incidents reported between Dec 24, and Jan 28, 1960 (Webb, 2014). Shortly after these incidents, the German society, which was in great shock, immediately investigated the facts of hate crimes and begun to recognize the need for Holocaust education to counter anti-Semitism. Since then, textbooks have begun to develop, including testimonies of Holocaust survivors and explanations of related trials. In addition, in the aftermath of the “New Left” student movement in the 1960s had contributed to the enhancement of Holocaust education at a transitional stage where the evolution to democracy took place and the acceptance of collective responsibility for the Holocaust was getting increasing. As German philosopher, Theodor Adorno put it in his 1966 "Education After Auschwitz" speech, "the premier demand upon all education is that Auschwitz not happens again." In sum, by the 1980s, all of the necessary components for comprehensive Holocaust Education were put into place (Niemtzow, 2016).

In addition, another form of the commemorative activity culminated with the 1979 airing of the American television miniseries in West Germany, *Holocaust: The Story of the Family Weiss*. It had a great role to attract the international and German consciousness with greater social awareness of Nazi history and the Jewish genocide of World War II (Dreisbach, 2009). The term “Holocaust” established itself following the TV series, rendering the genocide of the Jews more visible as a distinct event. This growing interest led to the development of new memorials and the refurbishment of existing ones (The National Holocaust Centre and Museum, 2017). In 1996, German Government declared the 27th of January an official national day of remembrance for the victims of National Socialism, marking the 1945 liberation of the Auschwitz concentration camp. Since then, a ceremony of remembrance has been held every year at the German Bundestag with those who witnessed the Holocaust first-hand invited to give speeches. About a decade later in 2005, the UN General Assembly also declared the day as the International Holocaust Remembrance Day to honor the victims of the Holocaust. It urged the Member States to develop educational programmes to instill the memory of the tragedy in future

generations to prevent genocide from occurring again. The German government also decided to commemorate the Holocaust in the more physical way. In 1987, a West-German began initiate that ultimately produced the largest single memorial in the world for the murdered Jews of Europe (Niven & Paver, 2009). Following vigorous debates, the Memorial to the Murdered Jews of Europe was commissioned by the German Parliament in 1999 and completely opened in 2005 at the center of the national capital in Berlin. In addition, the Federal Government of Germany supports a number of museums and historical sites of national significance include the German Historical Museum in Berlin and the Haus der Geschichte in Bonn. Since 2008, in cooperation with Yad Vashem, the United States Holocaust Memorial Museum, and many other Holocaust organization in countries around the world, the Claims Conference launched its Worldwide Shoah Memoirs Collection that collects survivors' unpublished memoirs. Documents in this electronic collection are made available to individuals and organizations researching and documenting the Holocaust (Giberovitch, 2014).

Recently, as the number of the Holocaust survivors sharply shrinks, the importance of education based on the power of memory for a new generation of the world has become a new vision. It is not only for conveying the fact of past tragedy but also for providing meaningful lessons "never to forget". As Avner Shalev, chairman of Yad Vashem stated, "Remembrance is not just a slogan – we need it to serve the present and the future (Svobada, 2006). Many organizations and civic organizations, mainly Jewish organizations, are actively promoting programs that provide direct dialogue with next generations and the Holocaust survivors as witnesses of history. This educational aspect, as well as social movements for initiatives of reconciliation, can be appreciated. A dialogue between groups wounded by historical grievances is considered as a peacebuilding tool because it is the key to bridging the gap of understanding between two different groups. And it can also be utilized relieving the emotional scars last into future generations even long after a conflict is over, as in the case with dialogue between descendants of Holocaust survivors and Nazi perpetrators (e.g. Kaslow, 1997; Bar-on,

1999, 2006; Tint, 2009; Livingston, 2010; Rosenthal, 2012) (Tint, 2017). Furthermore, in the case of solidarity among survivors who have experienced positive traumatic events after experiencing a similar traumatic event, they convey a strong hope message to all mankind. The historic meeting between the survivors of the Holocaust and the survivors of the sexual enslavement of the Japanese military took place in 2011, and they have continued to meet three times by 2016 (Roh, 2016). They met each other for the first time, but they comforted each other and touched the wound. These social efforts give positive support to many victims who have not yet experienced the recovery of their identity as survivors so that their experience is never in vain and that they have important social meaning, enabling post-traumatic growth.

Scoring for the Comprehensive Healing model

Efforts to remember the Holocaust have begun to be implemented gradually in German society, centered on the development of the Holocaust education and memorial services since the early 1960s, about 20 years after the incident. In 1995, 50 years after the event, official memorial days were set up and social memory functions were fully implemented, such as building a memorial hall and establishing a worldwide Holocaust education system. Since then, various social efforts have been underway for the living victim-survivors in order to bring about reconciliation and solidarity to pursue higher social values. Therefore, the function of the social memory of the Holocaust will be awarded 0 points when assessed at the 10 years. Variables as commemoration and education will be awarded 1 point in 30 years then get 2 points ever afterward. Variable as advance to higher social value will be awarded 0 points until the 50 years after the Holocaust, and later it will get 1 points till now.

4.1.4.2. The function as the initiating reconciliation

After the Holocaust, most survivors left their home place to choose a new life in a third country, including Israel. Wherever physical space is, the international network to heal their collective trauma is solid and there are many activities to date. This has played an important role in helping the victims restore the meaning of their existence in the public domain as survivors, and to have a positive impact on the overcoming the segregation of the new society. Perhaps this could have been possible because they were physically removed from the space of the past where the catastrophic mass killing was taking place, and then rebuilt their own Jewish community in a whole new space. However, at the same time, they were still diasporas, and most of them had to choose silence and the speechlessness until the early 90s when a bunch of studies came out their psychosocial distress could affect their offsprings.

Numerous social supports to help people who have survived the Holocaust to reunite with their identity as survivors provide a good framework for the open and direct flow of information (Chaitin, 2008). Going one step forward, the Holocaust survivors participate actively in helping others who have been traumatized to escape from memory through the systematic social support of the international community as well as the German government. It enables reconnection with others in a different way than sharing experiences with others. Thus, the suffering of the Holocaust survivors contributes greatly to creating a social atmosphere that allows people to pay attention to the suffering of others who have similar experiences beyond the problems in the private realm and empathize with them. Most holocaust survivors are now aging or died. But for the past over 70 years, the journey to reconciliation and forgiveness of the survivors in the process of remembering and sharing their traumatic experiences and making sure that the same thing does not happen is enough to give a big impression to the next generations to inherit the meaning of the Holocaust.

Scoring for the Comprehensive Healing model

Since the function of social memory has been active since about 50 years since the Holocaust, victim-survivors begin to establish new identities as survivors. This is no longer the victim of a weak being, but the power to take the lead in realizing social justice. Through this, the survivors cooperate with others who have experienced similar suffering, sublimating the meaning of pain and delivering the lesson to future generations. Therefore, although the number of living survivors is very few, the rebuilding of self-identity through the full implementation of social healing has been awarded 1 point in 50 years after the event, and two points so far. In addition, a reunion with a society based on these survivors will be granted 1 point at 72 years after the incident.

Table 4.1. Overall Score of variables on each axis with time interval - *The Holocaust*, Germany (1933-1945)

Social Healing (x-axis)		10 years	30 years	50 years	72 years
Attributes	variables	Score (0 ~ 2)			
Social Protection	Prevention of violence	2	2	2	2
	Security of basic needs	2	2	2	2
	Safety of living environment	2	2	2	2
Social Accountability	Promoting truth	2	2	2	2
	Promoting justice	2	2	2	2
	Promoting reparation	2	2	2	2
Social Memory	Commemoration	0	1	2	2
	Education	0	1	2	2
	Advance to higher social value	0	0	0	1
Overall Score		12	14	16	17

Individual Healing (y-axis)		10 years	30 years	50 years	72 years
Attributes	Variables	Score (0 ~ 2)			
Self Protection	Regain of self-control	2	2	2	2
	Regain of self-determination	2	2	2	2
Social Meaning	Ability of telling a story	0	2	2	2
	Accept of the past as a part of life	0	2	2	2
Initiating Reconciliation	Rebuilding self-identity	0	0	1	2
	Reconnecting with society	0	0	0	1
Overall Score		4	8	9	11

4.2. *The Killing Fields, Cambodia*

4.2.1. Historical Overview

In Cambodia, where the Angkor civilization, one of the most brilliant civilizations in human history, has flourished, many people all over the world are flocking to see their great cultural heritage. At the same time, Cambodia, which was once the largest city throughout the East and West is experiencing socio-economic difficulties as a developing country in nowadays. In addition, it is very contradictory that the history of massive atrocities by the Pol Pot regime of the Democratic Kampuchea era (1975-1979), commonly referred to as the '*Killing Fields*' occurred in Cambodia, where the Angkor civilization flourished. Cambodia passed through the gigantic Angkor Wat period but became a French colony in 1863. Later on, in 1887, it was incorporated as part of the French Indochina. Under the colonial rule of French, the throne of Cambodia led to Norodom I (reign 1860-1904), Sisowath (reign 1904-1927), and Sisowath Monivong (reign 1927-1941). In 1907, a treaty was signed between France and the Kingdom of Thailand, which brought back the territory of Angkor from Thailand and occupied most of the Cambodian territory today. In the aftermath of the Second World War, Cambodia was repeatedly under the rule of other nations such as France and Japan, respectively. However, in 1953, Cambodia was completely independent of the rule of France by Norodom Sihanouk who has newly ascended the throne in 1941. Since that time until the coup of General Lon Nol occurred in 1970, Cambodia has been relative peace.

Lon Nol took control of the country with a coup d'etat against Prince Norodom Sihanouk and then established the Khmer Republic (1970-1975), which ends the country more than one thousand years-old monarchies and immediately allied with the United States. At that time, Prince Sihanouk went into exile in China. Then, he formed the National United Front of Kampuchea (FUNK) for guerrilla movements with full of

support of China, North Vietnam and Khmer Rouge those who refused to support the American-backed government. After the five years of civil war including foreign interventions and bombardment in Cambodia, the Khmer Republic government with assistance from the US was collapsed in 1975 when the US withdrew from Indochina. Then, the FUNK centered on the Khmer Rouge which officially became the Communist Party of Kampuchea (CPK) took over Phnom Penh the capital of Cambodia on April 17, 1975.

Even though the Khmer Rouge had fought against Lon Nol's Khmer Republic for five years civil war, very little was known about the movement or its leaders. The CPK maintained this secrecy for most of the time that it ruled Cambodia and members of the CPK were led from the shadows by Pol Pot (1925-1998) (Dy, 2007). The Khmer Rouge invited Prince Sihanouk back to Cambodia but soon made him resign. The CPK was officially renamed as Democratic Kampuchea (DK) and then carried out an extreme and radical revolutionary policy based on Maoism which for creating an agrarian utopia inspired in part by Mao Zedong's Cultural Revolution. It denied all of the capitalism, Western culture, city life, and all foreign influences for creating a new socialist state by completely "purified" in the status of isolated Cambodia from the rest of the world. Under this stance, Pol Pot declared "Year Zero" that the nation would start again. At first, the Khmer Rouge forced removal the population of Phnom Penh cities and then began to carry out their revolutionary tasks such as the eradication of intellectuals and hereditary classes, economic militarization, abolishing money, private property and religion, and setting up rural collectives. All of these were worked by the organized administrative units of the Khmer Rouge that were structure hierarchical to provide its members with the means to exercise complete control over Cambodia (Dy, 2007).

During the four years of the Khmer Rouge regime (1975.04 ~ 1979.01), massive human rights violations had committed such as brutal torture, starvation, forced labor and illegal murder. Under the Khmer Rouge's brutal regime, approximately two million people have died which almost one-third of the total population of Cambodia at that time

(Linton, 2004). Anyone thought to be an intellectual of any sort was killed. Often, more absurdly, people were condemned for wearing glasses or having fine hands. Moreover, Pol Pot's government tried to eradicate Buddhism from Cambodia even though Buddhism is a state religion from old times. Monks were forced to disrobe and pagodas were turned into granaries, pig farms, and prisons or simply abandoned and in many cases destroyed. It is estimated that out of the approximately 70,000 monks before the regime were all dead during the brief four year period of Khmer Rouge Cambodia (Keiernan, 2004).

Hundreds of thousands of people were arrested and killed under the Khmer Rouge security system. There were nearly 200 prisons set up virtually everywhere in Cambodia. The Tuol Sleng prison (also known as S-21) was the largest concentration camp in the Khmer Rouge regime. It was a former girl's high school named Tuol Svay Prey. However, it became the center for the organized genocide by interrogating and torturing prisoners before taking them to the Choeung Ek killing field, located 15km south-west of Phnom Penh. An estimated 20,000 people have been executed and buried at this site (Brown & Millington, 2015). In general, it is easy to think of the Killing Fields as a typical place that is well known to us, such as the *Choeung Ek Genocidal Center site*. However, it is only one of the thousands of other such sites around the country where the Khmer Rouge practiced genocide during the late 1970s.

The cruel Khmer Rouge and the Democratic Kampuchea regime were defeated by the invasions of Vietnamese forces and the Kampuchean United Front for National Salvation (KUFNS, or the Front) on January 7th, 1979. With the establishment of a new government, People's Republic of Kampuchea (PRK) accompanied by Heng Samrin, the most devastating and painful time in Cambodia's two-thousand-year history seemed to be over. However, the low-intensity civil war caused by the internal power struggles had continued throughout the 1980s. In addition, Pol Pot who fled to Thailand leading the remnants of his Khmer Rouge army fought a guerrilla war against a series of Cambodian governments continuously. Cambodia has placed in total disarray again. Since the late 1980s, when the Cold War system has begun to ease and dissolve, the international

community has begun to take action to solve the Cambodian problem. After a series of complex negotiations between various Cambodia's Representatives and other 18 nations, the Paris Peace Accord was signed in October 1991. Under this agreement, the United Nations Transitional Authority in Cambodia (UNTAC) was established and had full authority to supervise all volatile situations in Cambodia and prepare the country for free and fair election, which was held in the May of 1993. As a result of a general election, Norodom Sihanouk was restored as King of Cambodia based on the constitutional monarchy. At present, the head of state in Cambodia is a King Norodom Sihamoni, and Hun Sen is the Prime Minister who is the head of the government, a practical state of affairs.

4.2.2. Progression of each variables in the first attributes

4.2.2.1 The function as the social protection

The massive scale of genocide was ended right after the Vietnamese invasion of Cambodia in 1979. However, Khmer Rouge as the direct perpetrators of the mass atrocity did not disappear immediately, and the tragic life of the Cambodians continued for a while. About 40,000 remnants of the Khmer Rouge fought Vietnamese forces at the border area of Thailand. While DK leaders and soldiers fled from Phnom Penh to the northwest near the Thai border, they forced hundreds of thousands of civilians to go with them as porters to carry the retreating group's provisions, ammunition, and weapons (Chan, 2015). During this second forced evacuation, many people died of hunger, disease or injuries (Dy, 2007). Some other Cambodians found their way back to their home villages in the hopes of finding surviving relatives but, mostly, they found nothing left of their former lives - no homes, no possessions, and most tragic, no relatives.

After a few months, many people were on the verge of starving to death so that a vast

number of Cambodians began to accumulate at the Cambodia-Thai border even though Thai military barred them from entering their country. By the end of 1979, about 110,000 people, considered as the refugee was possibly housed in the holding centres inside Thailand, which administered by the United Nations High Commissioner for Refugees (UNHCR). However, more than 350,000 displaced Cambodians camped along the Thai-Cambodian border which just inside Cambodian territory aided by UN Border Relief Operation (UNBRO) and administered by Cambodian resistance factions. Unlike the UNHCR-protected refugees, they did not have any chance to interview for potential resettlement in a third country (Suenobu, 1995). The peak number of encampments was 23 in 1982. They were trapped in a physical and political buffer zone for over 12 years until the decade-long guerrilla war was ended (Kanter, 1995). Conditions in the border camps were very poor. The international communities such as the United Nations Children's Fund (UNICEF) and the International Committee of the Red Cross (ICRC) tried to begin a border relief operation with arousing humanitarian concerns in the United States and in other countries since Mrs. Rosalyn Carter, the wife of President Jimmy Carter visited one of the camps named Sakeo. However, at first, new Cambodian government put a brake on the relief activities referring to the existence of the perpetrators of genocide, the Khmer Rouge. After lengthy negotiations, many relief organizations and other countries delivered and distributed food and other humanitarian assistance for refugees on the border. Later on, estimated 200,000 Cambodians were resettled in third countries like the United States, France, or Australia by the late 1980s (Suenobu, 1995). The remaining Cambodians at the border areas were about 367,040 in the beginning of 1992, and all returned to Cambodia a year after by voluntary repatriation programs organized by UNHCR (UNHCR, 2000). When each individual chooses a destination with a clear intention returning to the country of origin, Cambodia, voluntary agencies made a kit of supplies containing such items as rice, rice seeds, vegetable seeds, hoe heads, fishing nets and some medicaments (Zieck, 1997).

However, the urgency and scale of the return of Khmer refugees conformed more to

the tight electoral schedule than to any set of objective criteria concerning the conditions they would face in Cambodia (McLellan, 1993). Whatever the reason is that those who had to leave their country were able to return to their home. But, even after signing the Paris Peace Agreements in 1991 to end “tragic conflict and continuing bloodshed in Cambodia” (OHCHR, 2011), Cambodia was still under a part of controlled by Khmer Rouge and ongoing war caused by them. The long civil war in Cambodia was over until 1998 when Pol Pot died. As such, persistent direct violence that lasted for 20 years after the Genocide did not adequately support the function of social protection. But with systematic continuing monitored by the UN for the human rights situation in Cambodia and with humanitarian assistance by the international organizations helped minimum protect and promote the fundamental rights of Cambodians.

Scoring for the Comprehensive Healing model

The function of social protection was implemented a relatively smooth comprehensive healing in the early stage with the crisis intervention of the international community. For a decade after the end of the trauma event, refugee camps have been operating throughout the border of Thai-Cambodia, with the role of protecting and guaranteeing the basic life of the victims-survivors of the Killing Fields. However, the function of social protection was partially achieved at 10 years after the incident because the instability of domestic politics persisted and even civil wars were continued. Even it provided basic living needs and an opportunity to get out of the refugee camp with establishing a safe place for a new life, the unstable domestic situation made the social protection function incomplete. Moreover, in the new regime that has been continuing to this day since 1993, the power of the Khmer Rouge still exists, a group of the former perpetrators. As long as they exercise power, it is clear that it would be a stumbling block to efforts to function of the social protection. Therefore, variable as the prevention of violence will be awarded 0 points when assessed after 10 years of the incident, and from that point onwards for every 10 years so far, 1 point. Variable as the security of basic

living needs and the safety of living environment will be awarded 1 points when assessed after every 10 years interval. However, from 30 years after the incident to the present, two variables will be awarded the different score. The safety of living environment will get the same point, 1 points until now. The security of basic living needs will get 2 points because it might be estimated that the normal economic activities have been accomplished in Cambodia such as joining ASEAN and World Trade Organization (WTO). Thus, the pace of efforts to heal society soon became slow and almost stagnant.

4.2.2.2. The function as the self-protection

Along with the dedicated help of such voluntary agencies, physical violence significantly declined in the 1980s. However, many people were in pain due to deteriorated camp conditions with ongoing violence and overcrowding. People were continued to suffer lack of food and water, serious injury caused by shelling, grenade attacks, armed robbery by bandits, and knifing (Suenobu, 1995). In addition, experiencing frequent recurrent memory phenomena such as thoughts or feeling that the terrifying event is happening again were highly reported when those psychiatric problems, such as considered some form of PTSD symptoms, in the camp populations were firstly studied by the Harvard Programme in Refugee Trauma of the Harvard School of Public Health with the co-sponsorship of the World Federation for Mental Health (UNESCO, 1995). It is not surprising that all victim-survivors, regardless of age, were affected psychologically by their tragic experiences. Since then, numerous studies also warned the seriousness of mental health status among survived Cambodian in refugee camps (Mollica, 1987; Baughan et. al., 1990; Mollica, Poole, Son, Murray & Tor, 1997; Savin et al., 1996; Marshall et al., 2006). Although multiple voluntary agencies and people working in each camp helped the Cambodian DPs with various activities from sanitation, providing supplies for basic needs, protecting the security, education to health care (Kanter, 1995), especially it was difficult to access the mental health effects of wretched camp life.

It was a very poor environment, but the Cambodians were able to get help to determine their future status at the refugee camp. According to the UN intervention for peacebuilding tasks in the early 1990s, resettlement policy and repatriation plan provided the establishment a secure environment for victim-survivors of Cambodia which has a role as a tacit agreement for preventing future conflicts. Getting out of a refugee camp and finding and securing refuge for victim-survivors is the immediate task of crisis intervention for those who actually traumatized. Because as Herman insisted, victim-survivors are generally able to restore a rudimentary sense of safety within a short time when appropriate social support is available. Even the domestic situation in Cambodia remained still unstable at that moment, persisting active involvement and support from the international community which for not only by the humanitarian assistance but also by reconstructing basic structures and institutions in Cambodia has convinced Cambodians that the cruel atrocity would never repeat or happened again at least the protection under the UN. Survivors gradually began to regain their basic security and stability of life with the adequate plan for future lives.

Scoring for the Comprehensive Healing model

The function of self-protection is partially achieved until the 30 years after the incident. Under the protection of refugee camps, victim-survivors can assess that they have regained some degree of self-control and self-determination for future lives. However, since social protection functions have not been properly implemented in situations where direct violence has remained, it is a partial achievement until the function of social responsibility is implemented. Therefore, 1 point will be given for 20 years after the incident, and 2 points from that point onwards.

4.2.3. Progression of each variables in the second attributes

4.2.3.1. The function as the social accountability

Immediately after the collapse of the Khmer Rouge regime in 1979, Cambodia has begun to punish perpetrators. The People's Revolutionary Tribunal (PRT), the domestic judicial proceeding, was established to prosecute the genocide and related crimes committed under the 1984 UN Genocide Convention and the Decree Law No 1 of Cambodia. Two Khmer Rouge leaders were accused and found guilty of the crime of genocide - Pol Pot, Prime Minister and Ieng Sary, Deputy Prime Minister and Minister of Foreign Affairs. The PRT sentenced them to death and ordered the confiscation of their property but both never served this sentence (ECCC, 2008). This trial was generally spurned by Cambodia scholars as a "political show trial," but the fact of the conviction in absentia of Pol Pot-Ieng Sary clique was that it afforded a consolation in the Cambodians who had lost their hopes of living in the aftermath of the massive atrocity.

However, until the Cambodian Genocide Act was passed by the US Congress in 1994, any thought of asking responsibility for Khmer Rouge leaders seemed to have been forgotten (Chheang, 2006). Since then, the active engagement of private institutions and the establishment of several NGOs such as the Yale University's Cambodian Genocide Program and Documentation Center of Cambodia (DC-Cam) have begun for the examination of crimes committed by the Khmer Rouge. All was for seeking truth and justice for the Cambodian People (Fawthrop and Jarvis, 2004). However, on the point of coming to general notice on the perpetrators' accountability by Cambodian government and international communities, new Cambodian governments provided amnesty and pardon granted to the regime's former foreign minister Ieng Sary in 1996 under domestic law and with the support of more than two-thirds of the Cambodian National Assembly. The Cambodian government believed that this decision was important for achieving peace in Cambodia (UN, 1996). However, as a result, the former Khmer Rouge leaders

were spread throughout Cambodian society except for those who defected, and there was a negative perception that the struggle against the Khmer Rouge is over (Muddell, 2003).

When confronted with various criticism opposition, Prime Ministers Hun Sen and Prince Ranariddh officially requested help from the U.N. to set up a tribunal in 1997. However, confusingly, Hun Sen changed contexts again with saying that Cambodians should “dig a hole and bury the past” when the Khmer Rouge collapsed in internal fighting in 1998. It brought that there was little belief in the possibility of sustainable change to a society and public opinion in Cambodia turned against (Muddell, 2003). In turn, it forced Hun Sen into negotiations with the UN to create an accountability mechanism meeting international standards. In 1999, the UN appointed a Group of Experts to study the legal case for recommending an international tribunal because international communities judged that the Cambodian court system was a lack of competence by political interference and corruption. However, Hun Sen rejected a UN proposal for a mixed court with a majority of international judges and an independent, international prosecutor. After a slow pace of establishing the tribunal with years of negotiations between the Cambodian government and the UN, the Cambodian National Assembly passed the law on the establishment of the Extraordinary Chambers in the Courts of Cambodia (ECCC) in 2001. The creation of the ECCC took longer from 1997 to 2006 until the formally began, even the first official criminal tribunal had commenced in 2008, even though it was only pre-trial hearings.

The ECCC faces significant challenges in obtaining sufficient funding, overcoming delays in its start-up and ongoing operations, upholding standards of fairness, and prosecuting crimes committed more than 30 years ago (Lambourne, 2008). Moreover, by October 2017, after nearly eleven years and more than US\$293.0 million in expenditures, the ECCC has brought to trial only six Khmer Rouge leaders and convicted just three men (ECCC, 2017).⁵ The results of the trial are provided by the ECCC official website.⁶

⁵ Summary of expenditure and donor contributions as of 31 October 2017. (2017). *Extraordinary Chambers in the Courts of Cambodia (ECCC)*.
<https://www.eccc.gov.kh/sites/default/files/ECCC%20Contribution%20Data%20as%20at%2031%20October>

Questions about the tribunal's effectiveness and independence have been raised from the start. However, the International Center for Transitional Justice (ICTJ) commended the role the ECCC played in giving 'an opportunity for victims and civil society to contribute to shaping a shared narrative of the past'(Ainley, 2014). Above all, amassed the extraordinary cache of documents and testimonies during the investigation and trial processes is a great help in pursuing the truth of the case as well as punishing the perpetrators (Kersten, 2014). In addition, ECCC has the Victim Support Section (VSS) which includes civil party lawyers for the dissemination of information to civil parties and has organized on-site workshops as part of its outreach programme. Furthermore, there are important private organizations for in advancing the role of victims at the ECCC and victim's advocate and human rights such as the Cambodian Human Rights and Development Association (ADHOC), the Cambodian Defender Project (CDP), Legal Aid of Cambodia (LAC) and Transcultural Psychosocial Organization (TPO). Victim-survivors gave expression to experiences during the Khmer Rouge by telling the Court with, mostly, supported by those civil parties and organizations because they have more limited opportunities to tell their stories and have their voices heard. So, the private organizations put a full of efforts for bringing something victim-survivors have suffered for which they seek a conviction and ask for reparations.

However, they struggle to run or organize the system which can help victim-survivors due to financial difficulty (Impuity Watch, 2016). Most civil parties in Cambodia have been established and operated based on foreign aid, but soon they became a self-reliant NGO in Cambodia. However, they have been struggling to build stable finances because none of them receive any support from the Cambodian government. In some cases, financial assistance is received from various international organizations and international-NGOs, but it is a form of project participation that is not receiving continued support.

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⁶ Case Loads (2017). *Extraordinary Chambers in the Courts of Cambodia (ECCC)*.
<https://www.eccc.gov.kh/en/caseloads>

“...actually, after became a self-reliant NGO in Cambodia in 1998, we have received financial aid from the European Union(EU), GIZ, Canada Fund, UN Women and several NGOs from Denmark and Australia. There were five branches nationwide. However in fiscal year 2014-2015, regional branches were difficult to operate due to financial difficulties and even the HQ office was also moved to the suburbs. Funds of most international organizations have been reduced and even the EU which has been supporting CDP for a long time also reduced their financial aid. From 2015, only headquarter office in Phnom Penh is running for about \$15,000 a year supported by GIZ...” [paraphrasing by author]⁷

“...TPO has 100% of its budget supported by the EU, USA and Australia. Currently, there are 65 employees, including headquarters and five branches...Since the TPO has taken its place, and we hope that it will be able to continue the activities. However, aids are steadily declining. In the past, TPO helped the Cambodian government with financial assistance from the international community, but it is not doing so anymore...”⁸ [paraphrasing by author]

According to the official documents from the ECCC which about the reparation plan, it has a five-year period plan from 2013 to 2017 for offering sustainable reparations for Civil Parties and victims and to promote reconciliation among the people of Cambodia (ECCC, 2013). It was developed by the VSS in close cooperation with Lead-Co Lawyers (LCLs) of the ECCC. However, in the reality, there is no individual monetary compensation in the case of the mass atrocity during the Khmer Rouge regime. Civil parties may only apply for moral and collective reparations which divided into four categories as a remembrance, rehabilitation, documentation, and education. Some victim-survivors have made claims for other forms of reparations, such as the provision of medical and educational services. However, no awards have yet been made and depend on a conviction (ICTJ, 2009).

⁷ Dr. Hong Kim Suon, an Acting Director from Cambodian Defender Project (CDP). 2016. Interview by author, February 1st, Tape recording.

⁸ Dr. CHHIM Sotheara, an Executive Director Transcultural Psychological Organization(TPO) Cambodia. 2016. Interview by author, February 2nd, Tape recording.

Scoring for the Comprehensive Healing model

The function of social accountability has undertaken its actions to achieve the transitional justice through its process of transition to democracy since almost 30 years after the incident. Due to domestic and international public opinion toward the truth, Cambodia is currently in the process of the promoting truth and justice (the ECCC trial), but no promoting reparation has been made to date. Therefore, variables as the promoting truth and justice will be awarded 1 point since the 30 years after the incident and variable as the promoting reparation will be awarded 0 points up to now.

4.2.3.2. The function as the social meaning

Following the 1993 national elections, the Royal Government of Cambodia began to reform and develops the health service infrastructure, management and administration. Since the beginning of the reform, the Ministry of Health (MOH) has established as the leading role in health-system planning and development in partnership with the development agencies (WHO, 2017). As mentioned earlier, the Khmer Rouge killed nearly all of Cambodia's intellectuals including lawyers, judges, legislators, law professors and doctors who were over thousand in prior to 1975. In addition, the entire health care system was destroyed due to over the decades of civil war. Thus, the Cambodian government has faced the urgent challenges for rebuilding overall health systems through an extended process of health reform which consists of six functions: 1) service delivery; 2) governance; 3) financing; 4) pharmaceutical management; 5) information systems; and 6) human resources (WHO, 2015). Under the 1993 National Health Strategic Plan, the basic health status of Cambodia has substantially improved, but the more serious problems were still hidden under water.

There was no systematic health care system provided at the national level for victim-survivors of the past genocide. The fact that the mental health sector was designated as a

top priority in the 1993 National Health Plan indicates that the Cambodian government has also acknowledged the significant number of Cambodian citizens suffering from collective trauma (Somasundaram, van de Put, Eisenbruch & de Jong, 1999). However, the Department of Mental Health in the MOH which should play an important role in managing and caring for the collective trauma of Cambodians and their resulting mental health problems was established in 2005. Even after the establishment, the Department of Mental Health was unable to provide appropriate mental health care and support for people suffering from trauma because they had received only about 0.01% of the total budget of the MOH (Sophal, 2017)⁹.

Studies have found probable PTSD rates ranging from 14.2% to 33.4% among Khmer Rouge survivors and those who experienced violence associated with armed conflict. By comparison, the worldwide prevalence of PTSD is estimated at less than 0.4% (McLaughlin & Wickeri, 2012). Furthermore, the suicide rate in Cambodia is the highest in Southeast Asia. At present, over 60% of Cambodia's population was born after the KR regime (Munyas, 2008). However, unfortunately, the psychological impact of traumatic event by genocide extends to those next generation of Cambodians. The majority of young Cambodians live with depression and anxiety without knowing that they have a problem. According to the related studies, and parent's perceived trauma symptoms and their parenting styles such as role-reversing or overprotecting are correlated with child's depression and anxiety (Laezer, 2015). This is not limited to an individual's mental health problem, but it has a big impact on national growth and future development of Cambodia as a whole.

“...the suicide rate in Cambodia (42 per 100,000 population) is much higher than an annual global age-standardized suicide rate (10.7 per 100,000 population). A more serious problem is that many suicide attempts are concentrated in the young generation, ages 20-25. There are three main factors affected to the increasing of suicide rates. First, abnormal parenting styles caused by parents' traumatized experiences so that they force their children to do study hard or have a good job.

⁹ Dr. Chhit Sophal, a Deputy from the Ministry of Healing (MOH) of Cambodia. 2016. Interview by author, February 3rd, Tape recording.

Second, there is a case of experiencing a gap with the reality due to the influence of the mass media showing only good things and love relationship which has a full of faith and trust. Third, there is still a marriage of convenience that affects the high rate of suicide...¹⁰ [paraphrasing by author]

However, there is no national suicide statistic rate. So far, a survey from the Department of Psychology at the Royal University of Phnom Penh (RUPP) in 2012 is all available, and there is still no comparable data on suicide rates in Cambodia. There are vigorous activities of private organizations on behalf of the institutional inertia for mental health support role of the government. In particular, there are organizations committed to promoting the mental health of Cambodians suffering from trauma such as Transcultural Psychological Organization (TPO), Social Services of Cambodia, the Center for Child and Adolescent Mental Health, Psicólogos Sin Fronteras, the Ragamuffin Project, and Louvain Coopération. Especially, TPO-Cambodia provides a great deal of psychological support and counseling to civil parties and witnesses at the ECCC. Before standing at the witness box at the ECCC, victim-witness receive various assistance from legal advisory bodies such as the CDP with systematically assisted any legal advice and testimony exercises in order to give more accurate testimony. At this time, victim-witnesses are at risk of re-traumatizing in the process of recalling painful memories, and it is not easy to get up the courage to testify in a real courtroom. To complement this, psychosocial counseling specialists from TPO officially support and encourage victim-witnesses to find their psychological stability. In addition to this, TPO has a role as a de facto government that not only responsible for a treatment approach to victim-survivors of Khmer Rouge trauma but also operate community mental health programs, professional training, education and advocacy in Cambodia.

The Khmer Rouge regime has killed about two million Cambodians and the victim-survivors and their descendants have been struggling with various forms of pain for more than three decades. Nevertheless, it is virtually impossible for all of these people to tell

¹⁰ Prof. Sek Sisokom, a Dean of the Department of Psychology at the Royal University of Phnom Penh in Cambodia. 2016. Interview by author, February 3rd, Tape recording.

about their traumatic experiences in court. Therefore, the social atmosphere should be created to help the victim-survivors freely talk about their past experiences with various ways, but there are still many difficulties to Cambodian society. First of all, the country today is still ruled a part of by former Khmer Rouge. Like the statement of Prime Minister Hun Sen as ‘dig a hole for and bury the past...’, the social environments surrounding the Cambodians still enough to provoke constant fears that reminds them of their past traumatic experiences and it becomes an obstacle to dealing with the past for most Cambodians. This has resulted in a silent phenomenon about the past and the ‘Killing Fields’ is, in fact, a taboo subject in Cambodian society. Furthermore, the silence of the past has created a highly contradictory situation in which the victims and perpetrators live together in one village or in another. Even if the victim-survivors want to take revenge on the perpetrator, the complexity of the third generation, who does not fully aware of the ‘Killing Fields’, living in a house is a reality that can no longer be revenge. Moreover, there are cases where marriages occur in the current generation of the family of victims and perpetrators.

TPO Cambodia has been conducting various activities to help not only victim-survivors but also perpetrators to heal their trauma with improving community-based mental health and further reconciliation under a special village-based environment in Cambodia. Especially, TPO Cambodia operates special therapy model as “Testimony Therapy (TT)” by reaching out to community members. The TT approach first described by Lira and Weinstein in Chile in 1983 as one of the methods of Narrative Exposure Treatment (NET) for traumatized victims of war or other organized violence. It is a brief psycho-legal approach to trauma, which involves the narration of victim-survivors’ traumatic experiences. In TT, victim-survivors tell their life stories including the traumatizing experiences and it is tape-recorded and then formed a document as a book (Agger et al., 2012). It shows a striking effectiveness as a therapeutic method for traumatized people in many studies. This therapy was brought to Cambodia by Danish expert Inger Agger in 2009 and adopted to Cambodian culture, the Buddhist ritual. At the

beginning of the psychotherapy in the early 1990s, Western psychological approaches were introduced to Cambodia for managing the effects of trauma but it has not been very popular. The traditional healer, monks, nuns had much more influence to the suffering of victim-survivors who consulted them for support. Buddhist methods such as mindful breathing (*Ana Pana Sati*) and meditation were preferred (Somasundaram & Van de Put, 1999; Agger, 2015) for healing of *Baksbat*, which is a culturally tied syndrome of worries, unhappiness, pain, and distress, that Cambodians believed (Agger et al., 2012). Therefore, in Cambodia, new treatments have been developed that incorporate the religious ritual called testimonial ceremony. Testimonial therapy with rituals developed in Cambodia does religious purifying ceremony with knelt in front of the monk after making the testimony document. The monk ties an orange thread around survivor's right wrist and the testimony document with the word of blessing. The orange thread is believed to have the magical powers to protect against and expel evil spirits (Agger et al., 2012). There is also an audience in this healing ritual, the family, relatives, or friends of the survivors.

This healing ritual in Cambodia has not yet spread in a universal way, but this psychotherapeutic method is actively underway with TPO. The victim-survivors who commissioned a testimonial ceremony to the TPO Cambodia testify for four days in front of the counselor and the recorder. On the fifth day, the counselor directly reads the documented testimony in front of the monk. Then, the testimony ritual is finalized by putting a red string marker in the testimony documentation by the monk as part of the Buddhist ritual. Through cooperation with local NGOs such as Kadei Karuna, TPO Cambodia investigates the victim-survivors who need to do the Testimony Therapy with ritual in villages throughout Cambodia by local facilitators and they work to form a rapport with the victim-survivors so that they can visit the village to precede the ceremony. Many of the victim-survivors who testified at the ECCC are often do it, and up to now, between 300 and 400 victims have been involved in this ceremony (Sotheara, 2017) Moreover, testimonial therapy has also been adopted by the Khmer Rouge Tribunal as one of the reparations made available to 200 civil parties from Case 002/01 (Agger,

Igreja, Kiehle & Polatin, 2012). Recently, researchers found that the therapy with ritual reduced symptoms of PTSD, depression, and anxiety among the participants (Esala & Taing, 2017). Thus, this mixture of testimony, therapy, and spirituality has achieved positive results (Agger et al., 2012).

Furthermore, the testimonial therapy has also been expanded to the program of direct dialogue between victims and perpetrators from the Khmer Rouge regime by private organization, the Kadei Karuna (KDK). This is a very important therapeutic approach because it allows the reconciliation of individuals and families as well as communities according to the community culture of Cambodia. However, in reality, the budget of private institutions funded by various foreign institutions is limited, making it difficult to operate long-lasting programs consistently. In addition, it is a very worthwhile effort to make the experience that it is an opportunity to, directly and indirectly, tell their stories in the social environment where the past traumatic events are not free to share in the public domain. Coinciding with the vulnerability of Cambodia security, a strong Buddhist belief of Karma which refers to retribution in the world due to the actions of past lives, exists in more than 90% of the Cambodian people which uniquely demonstrates the process of self-sublimation of the pain and trauma. However, it is in line with the method of oblivion and can never make a changed society. Though it does not criticize the internal sublimation by individual religious beliefs, at least it must accommodate ways to properly remember and mourn the trauma event through a testimonial therapy or dialogue program. Because the condensed rage of the Cambodians is a matter of time, and they can explode at any time. As a simple example, most Cambodians prefer horror movies among many popular genre films and it can be interpreted as having a deep trauma that has not been healed (Kim, 2016).¹¹

Between 2011 and 2013, the Kadei Karuna (KDK) has cooperated with TPO Cambodia for making a documentary as ‘Former Khmer Rouge and Victim-Survivor

¹¹ Dr. Kim, Kyung Il, Royal University in Siem Reap in Cambodia. 2016. Interview by author, February 4th, Tape recording.

Dialogues for Healing and Reconciliation’. First, on behalf of strangers, it was possible to gain the trust of the villagers and commence the project through the role of a local facilitator who knows both victim and perpetrator well. After a certain period of time, when the consent was obtained, the victim was interviewed. Then, the video was shown to the perpetrator and most of the primary responses were negative to what victim’s saying. In this way, the process of sending and receiving videos 6~7 times in total was carried out, and it took about 6 months for 50 times of visiting villages and both sides. As entered the final stage, suggesting the opportunity to meet and talk directly to each side, rather than talking in the video, and when both are agreed the meeting began to prepare. The actual meeting has a structure in which the each party, families, local facilitator, psychological supporters, and monks meet all together at the temple. A total of three attempts have been made so far, with the exception of the second case, in which the first and third cases have been successfully reconciled with victims and perpetrators. The reconciliation program not only solved the victims' misfortunes but also resulted in positive results for the perpetrators and their families to be safe in the community. This successful example of reconciliation has shown new hope for Cambodian people.

Scoring for the Comprehensive Healing model

As the function of social accountability is gradually implemented, the function of social meaning is also progressing gradually. However, most of the support for individual healing is done by civic groups that are supported by foreign aid, which means that the attention of the Cambodian government to the individual healing of the collective trauma is remarkably low. The ECCC trial, a function of social accountability began 30 years after the incident, some victim-survivors are breaking the silence and taking action to find the social meaning of their experiences. However, for most victims - survivors, Cambodian society still appears to be perceived as an insecure space, which is a major factor that slows the development of individual healing very slowly. While social healing is making little progress, these influences have led victim-survivors to

choose silence and rely on religious power in the private realm to achieve imperfect self-sublimation such as forgiveness. Therefore, the variable as the ability to tell a story will be awarded 1 point from the 30 years after the incident and the acceptance of the past as a part of life will be awarded 1 point from the 38 years after the incident.

4.2.4. Progression of each variables in the third attributes

4.2.4.1. The function as the social memory

Cambodia's mass atrocity in the past is remembered through the various memorials and commemorative practices. There are two important spaces in the Phnom Penh area – *Choeung Ek Genocidal Center* and *Tuol Sleng Genocide Museum*. These sites were not only as the evidence of brutal genocide but also as a justification for the military intervention of Vietnam into Cambodia and, later on, PRK's political control measures of the country. So, spaces as memory and representation in Cambodia were enabled to develop at a relatively early stage (Cougill, 2017).

The first important memorial site is the Choeung Ek Genocidal Center, one of the the main sites of the Khmer Rouge genocide. The Choeung Ek Killing field was discovered in 1980 a year after liberation. There were 129 graves at the time of the discovery. 89 of them were excavated and a total of 8,985 individual skeletons were collected. In the largest grave, 450 remains were uncovered altogether. Since it was discovered by Vietnamese troops, it took almost a decade until erecting the new and large concrete Memorial *Stupa* in 1988. In Buddhist cultures, the construction of *Stupa* is a significant activity that produces merit for the living and encourages the remembrance of the dead (Huges, 2004). Furthermore, solemn Khmer Buddhist ceremony in Cambodia was held for the local community to call the spirits back to the mortal remains and with them well in their next lives (Fleischman, 2016). However, up until the late 1980s, performing adequate ceremonies for the dead was difficult because of nearly eradication of Buddhism

during the Khmer Rouge regime. So, the construction of the Choeung Ek Memorial *Stupa* in 1988 has meant one of a revival in political interest in Khmer Buddhism and also re-appears the prosperity of Buddhist ritual life and community wellbeing (Hughes, 2004). With technical assistance from Vietnamese forensic specialists, about 8,000 skulls and bones have been chemically treated and preserved in a sealed glass display case of *Stupa*. Most of those killed and buried in mass graves at Choeung Ek was the anonymous remains of ordinary people transported to the site from the S-21 Khmer Rouge prison. According to the DC-Cam's Mapping, the Cambodian Killing fields Project during 1995-2004, there are 81 genocide memorials contracted by survivors of the DK regime and those were located throughout 170 Cambodian districts which almost all of Cambodia's provinces. In addition, a total of 19,733 massive burials were found in 388 areas throughout Cambodia territory, and there are likely to be many genocide sites not yet discovered.

The second important memorial site is Tuol Sleng, discovered by the Vietnamese colonel, Mai Lam, when entered Phnom Penh on January 7, 1979. He had extensive experience in legal studies and museology so that the site was transformed into an internationally known Museum of Genocide Crimes in 1980. Tuol Sleng was opened to the limited public at first for a group of journalists from socialist countries on 25th January 1979. It was the day just two weeks after Vietnam's victory over the Khmer Rouge. The official opening to the general public was in a year after July (Tyner, Alvarez, & Colucci, 2012). When Tuol Sleng was discovered, there were 14 dead bodies killed shortly before the Khmer Rouge guards fled the prison and only 7 survived. It was one of the most lethal prisons in the 20th century (Keo and Yun, 2011). The last two of only 7 survivors of S-21, Chum Mey & Bou Meng, is still alive today. Both men can meet at Tuol Sleng museum today. They are telling tourists about their traumatic experiences in S-21 and selling their testimony books. Inside of the Tuol Sleng Museum, actual items at the time of the discovery are displayed such as a rusty metal bed, individual cells made by brick walls and some torture instruments such as shackles. Also, there are hundreds of black and

white mug shots of prisoners, photographed before, during, or after torture. Another room contains 300 exhumed skulls on a 12 meter-square map for a publicly displayed until 2002, but now the skulls from the map are housed in a wooden case enclosed by glass. Tuol Sleng and Choeung Ek Killing fields where the scenes of horror and infamy have occurred had transformed into a museum to document, archive, and educate about the Khmer Rouge genocide. It has significant meaning for memory and represents the history and its old trauma. However, simultaneously, those memorial sites also became a best seller in the international tourism industry, but not a real memorial for locals who suffered from the Khmer Rouge (Sion, 2011).

There is an official commemoration day, the Day of Remembrance, with the purpose of remembering the victims of the Khmer Rouge regime and educating younger Cambodians in the hope that they will avoid repeating what happened in the events that are being reenacted (Ten, 2011). since 1984, the ceremony was held annually on May 20th in the name of the Day of Anger and then, from 2001, the name was changed to the Day of Remembrance. The administration of the People's Republic of Kampuchea (PRK) first designated May 20th to commemorate the day in 1983. Historically, that date has a lot of meaning in Cambodian history. It represented the initiations of mass killings in Democratic Kampuchea in 1976, and also the date that the Khmer Rouge initiated forced collectivization in southern Takeo in 1973. At first, the significant ceremony in the Day of Anger consisted in public condemnations of Khmer Rouge crimes with public theatre play, political rallies, and speeches, banners and posters bearing slogans organized by official institutions. However, soon, most Cambodians felt that the ceremonies and memorial sites have been too politically charged that neither remembering victims nor comforting survivors (Sion, 2011). So, the official commemoration events are of smaller scale today. Instead, about 90% of Cambodia's population follow Theravada Buddhism, individual level of traditional Buddhist ceremonies is actively held in each village, in each *stupa*, next to the pagoda, on religious holidays (Manning, 2017; Sion, 2011).

In a more public domain, Cambodia is making efforts to properly remember and

preserve their tragic past for future generations, ultimately. But, unfortunately, it is still only in the private sector. In 1995, the Documentation Center of Cambodia (DC-Cam) was initiated as a field office in Cambodia of the Cambodian Genocide Program of Yale University. DC-Cam became an independent Cambodian research institute in 1997 for disseminating information on the Khmer Rouge regime which can be potential evidence in a legal accounting for the crimes of the Khmer Rouge based on an impartial inquiry into facts and history (DC-Cam).¹² In the early 1990s, the teaching of Khmer Rouge history was completely banned from the school curriculum and until the early 2000s, no new texts were published. In 2000-2001, the curriculum of social studies for grades 9 and 12 introduced KR history but it has a brief account of KR history: “From April 25 to April 27, 1975, the Khmer Rouge leaders held a special general assembly in order to form a new Constitution and renamed the country ‘Democratic Kampuchea’ (Dy, 2015). A new government of the DK, led by Pol Pot, came into existence, following which the massacre of Khmer citizens began.” Moreover, from 2002 up to early 2011, Cambodian students of grade 12 studies history without a social study textbook by the order of Hun Sen (Dy, 2013). Because of unceasing political conflict and the integration of former Khmer Rouge members within the government, the Khmer Rouge education was still a sensitive issue (Leng, 2014). A significant turning point of teaching genocide in Cambodia is the advent of the 2007 publication of the textbook ‘*A History of Democratic Kampuchea (1975-1979)*’ by the DC-Cam. According to the DC-Cam, over 500,000 copies of the textbook have been distributed to 1,321 government’s high schools and other private schools across Cambodia and estimated one million high school students to receive the book. In addition, DC-Cam has worked with the Ministry of Education to train over four thousand teachers nationwide on historical content and teaching methods with their published teacher’s guidebook and student workbook since 2009. DC-Cam is steadily expanding its history education activities. Recently it provides and educates

¹² There are three main pillars as the working areas of DC-Cam: 1) Documenting Khmer Rouge atrocities and supporting the Khmer Rouge Tribunal, 2) Education on the Khmer Rouge History in Cambodia, 3) Research for improving human rights and promoting peace.

young Cambodians about Khmer Rouge era with easy access educational materials through the various multimedia websites (DC-Cam, 2017).

Scoring for the Comprehensive Healing model

The function of social memory is little but progressing. Especially, the role of social healing related to commemorating began to take place right after the incident. With the occupation of Vietnam and the political purpose of the new Cambodian regime, important historical places could be changed into a sightseeing spot in a short time and it could be revealed to the general public. But various activities for commemoration have been carried out based on global interest since then. However, when the variable as the commemoration is evaluated at a time interval of 10 years, only 1 point is given to all because the balanced exchange of public and private domains for commemoration cannot be achieved. In addition, 1 point is given to the fact that the variable as the education is being implemented only by the private initiative, not by the government, 30 years after the incident. The variable as the advance to higher social value is given a 0 point because the implementation has not yet begun.

4.2.4.2. The function as initiating reconciliation

As demonstrated by the analysis of the comprehensive healing model, numerous Cambodians and the international communities have devoted to building the peace in Cambodia where full of pain and sorrow have still existed for more than 30 years. However, it is still not easy to hear even the voice of the victim-survivors because Cambodia's Khmer Rouge who still take over the powers has been avoiding responsibility for their crimes against humanity until nowadays. Being a mere formality by the government has rather hindered practical efforts to build structural peace and,

moreover, interfered with the healing process of victim-survivors suffering from collective trauma.

Although the direct slaughter of the past, such as killing field, will not occur in the present day by the increased interest and intervention of the international community, the distrust and fear toward the Cambodian government is amplifying as a Conflict Spiral Model (Pruitt and Rubin, 1986) among Cambodians. The burying their own suffering in memory and the taboo in the social community makes the victim-survivors more vulnerable to self-separation from society and exposes them to other forms of violence, exposing them to persistent trauma. The weighted stress caused by Cambodia's economic, social and political instability is likely to make victims-survivors become perpetrators of other forms of violence, such as alcoholism, domestic violence, women and child abuse, and sexual violence. Kleinman urged that the psychological dysfunction becomes a factor in complicated interconnected sequence of social dysfunctions that feedback on each other and amplify problems (Reicherter and Aylward, 2011). It also related to the nature of violence that violence in a group jeopardizes the existence of the group itself because it is highly contagious to cause another violence (Girard, 2000).

Thus, Cambodia is still a society in which structural violence exists. It causes the majority of victim-survivors are forced to choose the conspiracy of silence. Only a few courageous people can testify about their experiences in the courtroom or in any other public spheres, but there is a significant lack of public awareness of the importance of sharing the historical facts based on the collective memory which can help to change their status from victim to survivor. In addition, the various forms of effort to remember and commemorate historical incident are largely driven by the private sector. This shows that the efforts of the Cambodian government, which was the subject of actual violence, remain passive. Perhaps Cambodia government might be hoping that the past traumatic event will not be talked about in the present life anymore by way of the oblivion. It is now clear that this is not a healthy healing method and that the process of narrative is absolutely necessary.

Scoring for the Comprehensive Healing model

The function of the initiating reconciliation is almost not implemented, which related variables will be awarded 0 points. However, 38 years after the incident, as social healing progressed at such a slow pace, individual healing techniques based on rituals are being implemented to a large number of Cambodians based on the activities of civilian organizations. Some victim-survivors have established a new identity as survivors, experiencing a self-sublimation phenomenon that seeks to escape the past trauma event by isolating oneself from an insecure society and relying on religious power in the personal domain. Therefore, the variable as the rebuilding self-identity will be awarded 1 point in the 38 years after the incident. But the variable as the reconnecting with society is now given 0 points after the incident.

Table 4.2. Overall Score of variables on each axis with time interval - *The Killing Fields*, Cambodia (1975-1979)

Social Healing (x-axis)		10 years	20 years	30 years	38 years
Attributes	Variables	Score (0 ~ 2)			
Social Protection	Prevention of violence	0	1	1	1
	Security of basic needs	1	1	2	2
	Safety of living environment	1	1	1	1
Social Accountability	Promoting truth	0	0	1	1
	Promoting justice	0	0	1	1
	Promoting reparation	0	0	0	0
Social Memory	Commemoration	1	1	1	1
	Education	0	0	1	1
	Advance to higher social value	0	0	0	0
Overall Score		3	4	8	8

Individual Healing (y-axis)		10 years	20 years	30 years	38 years
Attributes	Variables	Score (0 ~ 2)			
Self Protection	Regain of self-control	1	1	2	2
	Regain of self-determination	1	1	2	2
Social Meaning	Ability of telling a story	0	0	1	1
	Accept of the past as a part of life	0	0	0	1
Initiating Reconciliation	Rebuilding self-identity	0	0	0	1
	Reconnecting with society	0	0	0	0
Overall Score		2	2	5	7

4.3. *The Jeju 4·3 Incident, South Korea*

4.3.1. Historical Overview

One of the massacres during the modern history of South Korea, “Jeju 4·3 Incident” is an incident in which the lives of inhabitants were sacrificed in the riot that arose on April 3, 1948 starting from March 1, 1947 and in the processes of armed conflicts and suppression thereof that took place in Jeju-Do and the suppression thereof until September 21, 1954.¹³ It is also referred to as the “4·3 Massacre” because between 25,000 and 30,000 people were killed or missing among the approximately 280,000 people in Jeju in 1948. Despite the tragic incident of Korean modern history, which was the great casualties after the Korean War, the truth of the Jeju 4·3 was buried for half a century after the incident. The traumatic event that began on April 3rd was a spark of the complex processes. Therefore, it is necessary to pay attention to the temporal characteristics surrounding the development process of events in order to examine the overall meaning of the Jeju 4·3 Incident. For more detailed history on this, I will summarize it briefly with reference to the "Jeju 4·3 Incident Investigation Report" which contains accredited information from the the National Committee for Investigation of the Truth about the Jeju April 3 Incident (2003).

March 1, 1947, the beginning of the Jeju 4·3 Incident, was a day of history that was recorded as a watershed in Jeju modern history. It was the second time of the March 1st Independence Day (hereafter 3.1) Movement after liberation that the left wing of Jeju – established the Jeju Committee of the National Front for Democracy- prepared to take this day ceremony as a civic event. The Jeju police and the US Military Government warned them by a statement which including several conditions disapproving any types of

¹³ Article 2 (Definition) on *Sepecial act on discovering the truth of the Jeju 4.3 Incident and the resoration of honor of victims*. [Enforcement Date 30. Nov, 2016.] [Act No.14189, 29. May, 2016., Partial Amendment].

demonstration but a plan for 3.1 ceremony demonstration was enforced as originally. The ceremony of the 28th 3.1 Independence Movement Day was held in Jeju Buk Elementary School and estimated 25,000~30,000 people were gathered. The incident began with a child who was kicked by the horse during the demonstration but the mounted policeman tried to move on as if nothing had happened. The crowd went into uproar and began to throw stones at him. At that time, armed policemen were standing guard around the event occurred area, Gwandeokjeong, and the police mistook their actions for attacking the police station and fired into the crowd. Six civilians were killed in a split second. As a result of this shooting, the public sentiment in Jeju Island became extremely worse. In protest against the shooting incident, government employees went on general strike, which had never happened in Korea before. In response to this, the military government mobilized the police reserves and right-wing youth organizations, such as the Seobuk Young Men's Association, en masse to suppress the disturbances by force. This initiated a state of all-out confrontation between the military government and the left-wing forces in Jeju (p.123). The U.S. Military intelligence sent out the mainland polices to Jeju for responding hard to the general strike. Also, they made the announcement that this incident as a "riot" occurred by Jeju people who were tinged with left-wing ideology and even began to hint that Jeju was an "island of reds". Furthermore, between the 3.1 incident in 1947 and the before the outbreak of the 4·3 incident in 1948, 2,500 were arrested for a year. Since then, Jeju has been subject to unilateral repression.

The major traumatic event broke out on 2a.m. of April 3, 1948. The armed uprising against the U.S. Military government and interim Korean government (SKIG) occurred under the leadership of the South Korean Communist Party Jeju Committee. Around 350 armed leftist guerillas simultaneously attacked police stations and houses of the prominent rightist political figures and their family numbers around Jeju (p.211). Moreover, the national election which was monitored by the U.N. held on May 10th, 1948 was not able to be held only in Jeju province because of the armed conflict. Even the absent of Jeju's participating in the general election, President Rhee Syng Man was

elected and the Republic of Korea was established in August 15th, 1948. On November 17th, 1948 President Rhee Syng-man proclaimed Martial Law on Jeju Province. After the proclamation of Martial Law, Jeju people had to undergo the most terrifying ordeal in the development process of the Jeju 4·3 Incident (p.347). Before that Major Song Yo-chan, the Commander of the 9th Regiment declared a strong repression operation that imposing quarantine on the area further inland than 5km from the coastline of Jeju Island and in the mountainous area to sweep the unpatriotic extremists who committed unpardonable atrocities hiding in Mt.Halla (p.332). In short, the program of mass slaughter was adopted. Hundreds of villages were systematically destroyed and people were forcibly relocated. As a result, there were more refugees entering the mountain to survive but majority of them were killed in the cold winter. Some were caught and sent to prison. The suppression army monitored a number of family members and if any one person in the family was absent, they were classified as a “fugitive family,” and killed their family members instead. By the replacement of the 9th Regiment to the 2nd Regiment, a strong repression was sustained and even the massacre for innocent civilians continued. This cruel anti-guerrilla operation as ‘severe tactics’ was changed to ‘a program of amnesty’ by the new Commander-in-Chief Yoo Jae-heung who announced his amnesty place that forgiving the returned people from Mt. Halla hideouts. Numerous civilians believed it and returned. However, 1,600 or more people were shot dead or sent to prisons despite Yoo’s promise because he had to left Jeju after the re-election of members for the National Assembly took place successfully on May 10, 1949. On June 1949, the leader of armed guerrillas, Lee Deok-gu was shot to death and its influence collapsed.

As a result, the Jeju 4·3 Incident seemed to be concluded, but soon after the new tragedy of the Korean War in 1950, the genocide was not over. The Korean government has carried out the preventive custody throughout South Korea and has separated people from the Report Union, blacklists or family members of the fugitives doubted them as communists and even killed. Moreover, summary convictions were applied for the nationwide prisoners who were involved in the Jeju 4·3 Incident and even whom

suspected of participating without any proofs. About 3,000 victims were estimated being affected under the preventive custodies or imprisonments (p.652). With reopening the Mt. Halla banned areas on September 21, 1954, Jeju the 4·3 Incident was officially finished which taking 7 years and 7 months from the time of the 3.1 National Independence Day Incidents (1947) as a trigger of the 4·3 Armed Incident (1948).

The Jeju 4·3 incident resulted in significant numbers of civilians being killed during the conflicts between guerrilla forces and the Search Teams (p.650). There were extremely brutal, mass arrest and detention, forced relocation, torture, rape, indiscriminate killing, and many large-scale massacres of civilians in the period of the Jeju 4·3 Incident. Within the seven years of confrontation, most mass killing and disappearance were concentrated in the earlier period between 1948(53%) and 1949(34%) (Kim, 2009). However, precise calculation of victims is extremely difficult. Of the approximately 280,000 people in Jeju, 25,000~30,000 people were sacrificed and 80% of them were ordinary citizens who were not related to communist ideology. Not only young people but also elderly people and children under-aged 10 accounts for 11.7% of all victims that represents how it was an excessive suppression operation regardless of gender or age (Jeju 4·3 Peace Foundation, 2016). Even more sadly, the bereaved still cannot find the remains of most victims.

4.3.2. Progression of each variables in the first attributes

4.3.2.1. The function as the social protection

There were enormous damages to village communities in Jeju. Approximately, 80,000 to 90,000 refugees were in Jeju due to the 4·3 Incident and this number was almost one-third of the total Jeju population. In 1949, 160 villages were damaged and 15,228 households were destroyed and 35,921 houses were severely impaired ((Jeju 4·3

Incident Investigation Report , 2003: 447). Most of the upland areas were destroyed where didn't have any other alternative but to move to coastal villages while the operation of house evacuation. A full scale of settlement projects for refugees from the mid-mountainous area has been started. However, the operation of the reconstruction project was not easy to operate. In order to rebuild a completely destroyed village, the timber had to be harvested and transported to build the house, which required a lot of time and skill. Prior to this, refugee camps were set up temporarily to accommodate the refugees, but it was not enough to cover the number of refugees. The environment of refugee camps was also very poor and even relief supplies and budgetary support by central government for them were insufficient despite the efforts of numerous parliamentarians from Jeju Province. Damages to public facilities including schools, public offices, police stations, etc were severe to function in community properly. The various industries such as agriculture, farming, fishing, trade etc. in which the residents were engaged in their daily life stagnated and gave severe difficulties to the lives of the residents.

To top it off, as the Korean War broke out, about 149,000 refugees from mainland flooded into Jeju and it was before completing the reconstruction. The rapid increase of refugees caused shortages of housing and food. Between autumn 1952 to spring 1953 was the peak of the crisis which caused starvation. The emergency relief work for these refugees was raised as one of the most urgent issues, but the result was unsatisfactory (Jeju 4·3 Incident Investigation Report , 2003: 447). During the Korean war, there was no special effort to reconstruct the damaged towns and people in order to put the government's full effort on the war and they could not afford an extra budget for Jeju. The Reconstruction Project was also influenced by it and delayed. However, the Reconstruction Project was sped up in its progress as the Korean War was over. 61% of total victim families returned to their villages as of end of 1953. With un-returned families of 5,725 reviled the difficulties of complete reconstruction. Since the relief of standstill order and open policy of Mt. Halla on September 21, 1954, the Jeju Province

Government and Korean Civil Assistance Command (KCAC) began to investigate a preliminary research for establishing the 1955 Victims' Settlement Plan. Based on this information, Jeju Province Government carried out a settlement project for the returning victims of the 4·3 Incident house evacuations and a large number of mid-mountainous people returned to their original villages. Not exactly, but half of the victims hesitated to return because of the traces of community sacrifices and the social stigma as the red-guerillas area. Abandoned with no return of villagers become Lost Villages and there are 84 confirmed Lost Villages through Jeju Province ((Jeju 4·3 Incident Investigation Report , 2003: 628-631).

The social protection through the initial crisis intervention in the life of the victim-survivors of 4·3 Incident was never achieved. As a result, the Jeju 4.3 incident has plagued the victim-survivors in the form of violence that has become more solid with the experience of the Korean War.

Scoring for the Comprehensive Healing model

Crisis intervention for social protection in the early stages of the Jeju 4·3 Incident was not possible because of the Korean War that occurred consecutively before the end of the incident. This played a crucial role in the case of the Jeju 4·3 Incident taking over 30 years to be discussed in the public domain. The Jeju 4·3 Incident was in the same situation as the vicious circle of violence continued to create another direct violence, such as the preventive custody and the guilt-by-association system that would not be the end of the incident itself until 1981. So, the function of social protection is partially achieved (1 points) until the 30 years after the incident. Although the refugee camp in 1949 and the victims' settlement plan in 1954 existed, the actual operation was insufficient due to various factors at the time. Even the variable as the security of basic needs for victim-survivors of the 4·3 Incident did not function at all, which get 0 points at the assessment of the 10 years later the incident. Along with the wave of democratization since the 1980s,

the efforts of social healing had been resilient and fast-moving. On the basis of this, the remaining direct violence was completely eliminated and the function of social protection are continuing to be fully satisfied with 2 points.

4.3.2.2. The function of the self-protection

From the beginning of the large-scale arrest after the 3.1 shooting incident, 1947, the people of Jeju have been at the crossroads of life and death. In the desperate moments what Jeju people can do was just fleeing to the mountains or pick up the bamboo spear for resisting but they were easily gunned down. There was a refugee camp for the victim-survivors of the Jeju 4·3 Incident, but the war refugees from the Korean War, which occurred at a similar time, flocked to the island from the mainland and lost the original function of the refugee camp. In this harsh situation, some Jeju people were decided to leave their hometowns to survive and most of them headed for Osaka, Japan by a stowaway. Since the Japanese colonial rule, direct sea lanes have been established between Osaka and Jeju Island, and a village of Jeju people has existed in Osaka. The exact number of stowaways could not be determined, but at least 5,000 and 10,000 people were smuggling into Japan at the time of the Jeju 4·3 Incident. Some stowaways said that there were a lot of young people. This was because the parents who want to save even their children from a dangerous situation, sept up the stowage costs and sent them to Japan. (Yuki, 2015). However, the lives of those who smuggled to Japan were not smooth either. The fugitives or their family were stigmatized as a communist. They suffered damage not only in the period of the Jeju 4·3 Incident but also until the democratization of Korea. For these reasons, most those who smuggled into Japan were not able to return to Jeju again until they die. There were also cases where the Korean residents in Japan had a cold eye toward the stowaway of the Jeju people and even despised them as only "escaper" or "betrayer". Furthermore, in villages with many right-wing, Jeju refugees

were denied to accept and those who had no place to go were forced to sneak back to Jeju before they were caught (Yuki, 2015).

There are not many accurate data on the life of the victim-survivors in the context of their inadequate social protection through early crisis intervention. Both the people who were left in Jeju and those who smuggled into Japan continued their life exposed to anxiety and horror whatever they choose. However, because they survived the murder of the storm, they were destined to choose and decide for a safe life at least. Actually, there is few specific record of their lives. But through the testimonies of the victims-survivors, it conveys us to know how painful lives they had lived until the truth of the case was identified and justice was immediately established.

Scoring for the Comprehensive Healing model

The function of self-protection will be awarded 0 points in the 10-year evaluation after the incident. In a situation where the function of social protection is not properly implemented, the individual does not regain his or her ability to survive and control himself/herself. It only depends on the instinctive sense to live. Therefore, this cannot be considered as the development of individual healing. Until the democratization movement in 1987, over 30 years after the incident, the victim-survivors suffer from direct violence, especially anti-communist ideology, which has changed in form. During this time, self-protection did not fulfill all of its functions in a situation where silence was the only way to live from the fear of death. Therefore, the variables of self-protection will be awarded 1 points at the 30 years later the incident. Later on, along with the development of the social healing, it will be awarded 2 points up to now.

4.3.3. Progression of each variables in the second attributes

4.3.3.1. The function of the social accountability

The damage of Jeju continued even after the mass killing stopped. No one was permitted to publicly criticize and speak out about the tragedy under the new governing regimes, Rhee Syng-man regime. When the Rhee regime collapsed by 4.19 Revolution in 1960, the truth of the Jeju 4·3 Incident seemed to rise above the surface of the water. Beginning with the formation of the association for Investigation of the Jeju 4·3 Incident by seven students at Jeju National University in May 1960, victims' families, citizens and lawmakers from Jeju began to propose an official investigation committee for the Jeju 4·3 Incident. The National Assembly accepted this proposal and ordered the investigation of the Jeju 4·3 Incident for one day on June 6 by an official body, the Gyeongsangnam-do factfinding body. On that investigation day, the first official hearing by the families of the victims was held at the assembly hall of the Jeju Provincial Council. However, the public discussion over the Jeju 4·3 Incident was stopped short by the 5.16 Military Coup d'Etat in 1961. During the dictatorial regime over 20 years later, the debates concerning the Incident were banned under more restrictive regulations by the framework of anti-Communist law such as a new National Security Law and a system of guilt-by-association. Even after the brutal genocide stopped, not only the victim-survivors but also the families of the deceased victims had to suffer from violence such as surveillance and severe restrictions on their social activities for over a generation. According to the survey (75 bereaved families of the 4·3 Incident) conducted by the People's Band for the 4·3 Incident Truth and Honor Recovery on August 13, 2000, 86% of the bereaved families have experienced damages from the Guilt-by-association System (Jeju 4·3 Investigation report, 2003: 609). As such, another form of violence constantly committed toward the victim-survivors seemed to drown the 4·3 Incident deep into historical neglect.

Since the Democracy Movement in 1987, debates over the Jeju 4·3 Incident began to resume. Owing to the growing strength of the people power movements by civil society, in the late 1980s and the early 1990s, those networks greatly contributed to the transformation of South Korea into a democracy. During this process of transition, the awareness about Jeju 4·3 Incident has been continuously raised, and it has become to bring not only into the civil society such as the bereaved family associations, journalists (the Jemin Ilbo), and local social organizations but also into the political arena in earnest. The first official activity for investigating the truth of the Jeju 4·3 Incident by local government was held by the Jeju Provincial Council in 1993. They created the Provincial Jeju 4·3 Special Committee for receiving damage reports from the 4·3 Incident between 1993 and 2000. During its process, the first report of the damage of the Jeju 4.3 Incident including the list of the names of 14,125 victims in 1995 (Jeju 4·3 Investigation report, 2003: 42). It became an opportunity to expand the official request for the role of the central government. The continued efforts of the Jeju people and the Jeju Provincial Council began to show great power when they met with the newly established Kim Dae Jung government in 1999. Since then, the main locus of the activism thus moved from Jeju to Seoul that the central government had begun to take a more active position in solving the Jeju 4.3 Incident. After almost 10 years much difficulty, the National Assembly eventually passed the Special Law for Investigation of the Jeju 4·3 Incident and Honoring Victims (the Jeju 4·3 Special Law) and it was enacted in 2000. Soon, under the Jeju 4.3 Special Law, the Special Committee for Investigation of the Jeju 4.3 Incident and Restoring the Honor of the Victims, called *the 4·3 Committee*, was established which composed as the highest decision-making body chaired by the Prime Minister. Hereby, the Jeju 4·3 Incident took 13 years after the political transition and 52 years after the massacres until the first truth committee was established, unlike many prominent commissions which created immediately after the political transition (Kim, 2009).

With its Task Force for the Report, collecting and analyzing the data took two and a half years until the investigation report has finished. After several revising and

complementing the report for extra 6 months, the final investigation report was completed by the committee in 2003. The investigation report concluded that what happened on the island of Jeju in 1948 broke the international Convention on the Prevention of Genocide Crime and that the basic principles of civilized society required by international law were ignored (Jeju 4·3 Investigation report, 2003: 655). Based the findings of the investigation report, the 4·3 Committee proposed seven policy recommendations to the government (The White Paper of the Jeju 4·3 Committee, 2008)¹⁴. Most have been realized and some are currently underway. The first recommendation was carried out immediately following the release of the Investigation Report. President Roh Moo-Hyun apologized for the fault of the past state power to the victims, families, and Jeju citizens in his visit to Jeju on October 31, 2003. This was the first national official apology in history. This quick implementation of the first recommendation boosted up the carry out the remaining suggestions.

However, the fifth recommendation which refers to the reparation supported by the government makes still little progress. In accordance with the Article 9 in the Special Law, the reparation is only possible in medical and living aid for victims by the government, not a monetary compensation. In 2000, Jeju Province implemented a policy to cover the entire medical expenses of the living 4·3 victims, that is, those with disabilities, in local expenses (Table 4.3). It kepts until the establishment of the Jeju 4·3 Peace Foundation receiving the government funding has been established in 2008. Since 2009, the Jeju 4·3 Peace Foundation has expanded the scope of support to the 4·3 bereaved families so that they could receive 30% of their own burden of National Health Insurance coverage for outpatient care. However, as the government subsidies for direct material reparation became still difficult, the Jeju Provincial Council enacted local ordinance autonomously, ‘the Supportive Living Expanse for the 4·3 Survivors Victims and Bereaved Families’ in 2011 (27 years history of the Association for the Bereaved Families 4.3 Victims, 2015;

¹⁴ 1) Issue an apology, 2) Declare a memorial day, 3) Use the Investigation Report to educate students and the general public, 4) Establish a memorial park, 5) Provide essential living expenses to bereaved families, 6) Support excavations of mass graves, and 7) Continuously support further investigation and commemoration projects

193-195). By January 2017, it supports some living expense for total 2,521 related people, each KR 300,000 won for 115 surviving victims and each KR 50,000 won for the 2,406 the bereaved (Jwa, 2017).

The decisive reason why many of the efforts for social healing of the Jeju 4·3 Incident so far have been possible is due to the Association for the Bereaved Families 4·3 Victims that has played an active and ongoing role. It was established in 1988 and worked for several important things by the main purpose for restoring the honor of their parents and siblings with their hands. It has organized a systematic organization and now it expanded to a huge organization of 234 delegates, based on the two city branches, 15 small communities' branches and five Missing People Committees. Its main works are for arranging joint memorial ceremonies, excavation of remains, shaman activities, cultural events for the members of bereaved families, colloquiums and seminars, publishing the 4·3 bereavement bulletins and legal responses to history distortions. (27 years history of the Association for the Bereaved Families 4·3 Victims, 2015) Recently, the Association has been planning to focus on solving the issue of material reparation of the Jeju 4·3 Incident. They claim that it must be reparation which refers to the duty of a wrongdoing party to redress the damage caused to the injured party not compensation which refers that to protect losses from the exercise of legitimate power. But, all those medical and living support funds which specified in the 4·3 Special Law is an indirect compensation that does not admit the misconduct of force by the State. Moreover, the president of the Association for the Bereaved Families 4·3 Victims urged that it is unfair for each person suffering from criminal acts committed by the state to take legal action against the state (Jeon, 2017).

Table 4.3. Support for Medical Expenses and Living Expenses

Start year	Project	Details	Main agent
2000	Medical expanse for surviving victims	Full coverage	The Jeju Provincial Council (2000~2008) -> The 4.3 Peace Foundation (2009)
2009	Medical expanse for the bereaved	<u>30%</u> of their own burden of National Health Insurance coverage for outpatient care	The 4.3 Peace Foundation
2011	Living expanse	Surviving victims \$264/month	The Jeju Provincial Council
		The bereaved family \$44/month	The Jeju Provincial Council
2014	Medical expanse for the Victims' Daughters-in-law	<u>30%</u> of their own burden of National Health Insurance coverage for outpatient care	The 4.3 Peace Foundation

Scoring for the Comprehensive Healing model

The full-fledged function of the social accountability is implemented almost 37 years after the incident. Beginning with the official investigation, in the 50 years after the incident, activities belonging to the social accountability variables such as legislation, the official apology of the state, and some compensation for victims-survivors and related families by local ordinances began to dramatically implemented. Those are still ongoing (1 points), except the variable as promoting truth which has completed its function with the official investigation report published in 2003 (2 points).

4.3.3.2. The function of the social meaning

For a very long time after the incident, not only victim-survivors but all Jeju people were forced to silence overwhelmed by persistent national oppression and the social stigma which as “Island of red”. Even crying for consoling those who had died unjust was

not allowed. The cry from the depths of the misery of Jeju people reached the peak at the Bukchon “Aigo Aigo Incident”.¹⁵ But this was also the time when tears became guilt. In these historical situations, the silence and oblivion were the best choices for the survival of the victim-survivors.

The first opportunity for the victim-survivors, even a few, for disclosing their traumatic experiences in the public sphere was on the hearing held at the assembly hall of the Jeju Province Council in 1960. However, it was prior to the beginning of the true-seeking activity and the structural violence was still in flux so that the victim-survivors’ chance of testimony soon lost power. With escaping the barriers of ideology in the end of the 80s, various initiatives such as civic activities and the broadcasting media began to mark an important turning point in the public debate on the Jeju 4·3 Incident. In 1988, *the Jeju Shinmun* (a local newspaper) formed the “Jeju 4·3 Research Institute” and began to publish a series of articles called, “The testimony of the Jeju 4.3 Incident” by visiting each of victim-survivors for a year and covering their testimony. 30 years after the incident, victims-survivors were able to tell their traumatic experiences to the public. On the basis of various verification procedures of the testimony of the coverage, the Jeju Shinmun published a series of articles from April 3 to December 1989 in twice a week. This was followed by another series called “A Talk about the Jeju 4.3 Incident” in another local daily, the *Jemin Ilbo* from 1990 to 1999 with a total of 456 long series (27 years history of the Association for the Bereaved Families 4·3 Victims, 2015 : 98-99). At the same time, the Jeju 4·3 Research Institute established in 1989 has been secretly interviewed victim-survivors in Jeju, mainland, and even Japan since 1988 until now. Furthermore, since 2004 they had been conducting the ‘Jeju 4·3 1,000 victims Testimony Project’ in cooperation with Jeju Province. Based on this testimonies, they have published

¹⁵ On January 23, 1954, during the villagers were held a part of a funeral service for a young man who died in the Korean War, they found out that the same day in six years ago was the day when their village Bukchon was incinerated and over 600 villagers were unjustly killed because of the 4.3 incident. So they gave a silent prayer for the sacrificed souls, and afterward, all the villagers who gathered in that place burst into tears with sounds “Aigo, Aigo”. The police immediately asked about the responsibility of the collective action and arrested 10 related people but released them soon.

books and documents regularly and it became the main data of the 4.3 truth-seeking and a good educational material for the inexperienced generation (The Jeju 4·3 Research Institute, 2017). The accumulation of these testimonies shows that the ‘narratives’ of the victim-survivors have become a relatively free. In addition, through the efforts of society to build structural peace, the victim-survivors became aware that they are now living in "the present", which is no longer exposed to violence in the past. Furthermore, while observing the phenomenon in which publicly discussed and mourned in the public sphere by documenting and imaging their traumatic stories, victim-survivors were able to get away from the past that had only been able to sublimate through rituals for comforting their pain and to look at the pain of body and mind they were actually experiencing.

Scoring for the Comprehensive Healing model

Many survivors have testified and shared their traumatic experiences, which empower to further develop the social healing efforts. Victim-survivors often choose silence, as the characteristics of the incident that was very complicated to distinguish between victims and perpetrators make it impossible for legal punishment against perpetrators and the characteristics of Jeju as the village-based community life. People who recognize and testify to important social meanings of their experiences have begun to emerge from 30 years after the incident with the full-fledged functioning of social accountability, but the number is very small compared to the total number of victims. However, as the case itself became public and more than a generation took until the truth was discovered, most survivors of the Jeju 4·3 incident became aged or, sometimes, many of them died. Therefore, the variable as the ability to tell a story will be awarded 1 points since the 30 years after the incident up to now. The variable as the accept of the past as a part of life will be awarded 1 points only after 67 years of the incident. Victim-survivors are experiencing a true past as well as the social meanings of their experiences as the functions of social memory are activated.

4.3.4. Progression of each variables in the third attributes

4.3.4.1. The function of the social memory

In the constant fear circumstances, the only way to remember the sacrificed the 4·3 victims and sublimate the pain of the survived was by the personal or village-based memorial rituals such as exorcism and annual rites for the dead on the date they died. But even this ritual acts were not allowed until the late 1980s by the full of suppression and systematic surveillance by the government. At that time, the government systematically monitored even shamans who were carrying out the exorcism, in an organization called the Korean Federation of Gyungshin. This fact was later revealed to the public by the testimony of shamans who had been subjected to continuous national surveillance at the time. Hyun (2008) urged that for Jeju people, the shamanism as the exorcism of Jeju were the only spaces that could indirectly speak and hear the devastation of the 4·3 Incident through the psychic who was being possessed by a spirit in the oppressive situation forced to silence about the 4·3 Incident. In addition, because it was a very important act to play a role in healing by exploiting the emotions of the grudge smoldered in Jeju people's heart, the shamanism could be kept in secret despite the national surveillance. It was not until 1994 that the memorial ceremony, which was held only in individuals and villages, was developed into a joint memorial ceremony jointly organized by the bereaved families and civil society groups of Jeju. Since 1998, it has expanded to the point that the wounds of the 4·3 are sublimated into the issue of Jeju Province level and the annual memorial ceremony was began to held under the enlarged name. In 2006, President Roh Moo-hyun attended the first official memorial ceremony. Later on, on March 18, 2013, the government designated April 3rd as a National Memorial Day for Victims of the Jeju April 3rd Grand Tragedy. It means that the memorial service for the Jeju 4·3 victims was promoted to a state-level hosted by the Ministry of Government Administration and

Home Affairs. Of course, the local memorial ceremony still exists held by each village bereaved association, and there are a total of 14 places in the Province of Jeju (27 years history of the Association for the Bereaved Families 4·3 Victims, 2015 : 234-238).

The official memorial park called the Jeju 4·3 Peace Park was opened to the public in 2008 on the basis of the Article 8 as the memorial project on the Special Law. Within the park, there are two main spaces in accordance with each purpose. The first space is for the purpose of worshipping the 4·3 victims and remembering the past. It is a godly memorial space with 14,231 memorial tablets who were officially registered as victims, 396 remains who were exhumed during the Project for the Excavation of 4·3 remains, and 3,429 milestones for the missing. Another space is the 4·3 Peace Hall which for archiving and educating by future-oriented purpose and it exhibits numerous important documents, photos, recorded testimony of image and sounds related to the 4·3 Incident and its process for truth seeking (Jeju 4·3 Peace Park, 2017) .

Furthermore, the 4·3 Peace Foundation was established in the same year as the agency for the follow-up the 4·3 Incident. The Foundation is promoting five statutory projects such as additional investigation, memorial service and survivor welfare business, culture, academic, educational business, and domestic and international peace exchange business as well as operation and management of the 4·3 archives and peace parks. Efforts to improve student's historical awareness by including the Jeju 4·3 Incident in the history curriculum are being conducted by the 4·3 Peace Foundation as well as provincial education office, the 4·3 related organizations and various civic groups. The Jeju 4·3 Peace Education Center was established in the Jeju 4·3 Peace Park in 2016 and is being used as a place of education. As for the case of the Jeju 4·3 Incident, it has a plan to expand the education for peace and human rights values along with basic contents education. Jeju is aware of the fact that it is time for systematic and substantial the 4·3 education. The future of 4·3 depends on how children perceive the Jeju 4·3 Incident. However, unfortunately, it is still not enough to reflect the proper contents of the Jeju 4·3 Incident in the textbooks of elementary, middle and high school as so far “in production”.

Also, the Jeju 4·3 incident is now in the stage of social solidarity with all the domestic and international powers such as political parties, civil society, academia, and so on, which have the goal of resolving historical problems such as identification of facts, nationalization and globalization beyond the problem of victims and Jeju Island. This social solidarity has had a great role in enacting the Jeju 4·3 special law by investigating the painful history of Jeju in 20 years ago. In addition to this, another social solidarity took place ahead of the 70th anniversary of the incident in 2018. It is not only a painful history to be settled in the Jeju 4·3, but also an effort to make it a history to be inherited as a symbol of peace and human rights.

Scoring for the Comprehensive Healing model

The continuous efforts for the function of social memory implement many tasks to remember and represent the lessons from the past properly. The memorial ceremony that took place in the field of the individual began to take place in the public domain from the 44 years after the incident, and the rapid development such as the establishment of the official memorial space and the designation of the official memorial day was achieved. Based on this, 1 point will be given to the variable as the commemoration in the 50 years after the incident, and two points will be given after the 67 years assessment. Education also started to be activated by the establishment of the Peace Foundation in 2008, which is 54 years after the incident. However, it still suffers from the problem of content in the official education textbook. Therefore, 1 point is given in the variable as the education in 67 years after the incident. The variable as the advance to higher social value will be awarded 1 point at the 67 years later the incident, which has recently occurrence the social solidarity for symbolizing the Jeju 4·3 incident as the peace and human rights.

4.3.4.2. The function of the initiating reconciliation

Since the truth of Jeju 4·3 Incident has been revealed with the process of social accountability has been accomplished for over 20 years, the victim-survivors have come to understand the problem of the principle beyond personal grudge toward the perpetrator. The same applies to the perpetrators. The incident that had undergone official social processes could be changed more flexibly away from the ideological black and white logic of the past. In addition, as 70 years have elapsed, those who have been directly on the incident have either died in many cases or have been subjected to social activities restricted by the aged. So now the more rational and objective attitudes of the second or third generations of the incident might be another factor in the future change. Through the organized and structured activities of the Bereaved Family Association, the victims and their related family achieved remarkable growth in which the deaths and injuries of the innocent victims of the incident could be granted the social meaning by not only inside Jeju but also from outside.

This positive effect has become a motivating force for the union of the 4·3 bereaved and ex-police officers, who had been turning against each other for 65 years, to declare unconditional reconciliation under the name "reconciliation and coexistence " in 2013. Since then, the two groups have participated in the ritual space of each other and made joint commemoration every year, so that the process of healing is clearly shown in the realm of reconciliation with the most basic attitude to respect and acknowledge the other. The reconciling activity has a great impact. In the solidarity sense of memory and suffering, the two groups of victims and perpetrators in the Jeju 4·3 Incident are visiting places where diverse traumatic events had occurred at home and abroad, and engaging in varied activities to cultivate lessons of history.¹⁶ There is a special curriculum for the student that the bereaved families who experience the event become a teacher and give students the history they have learned. Furthermore, with the systematizing peace

¹⁶ Hyun, Chag Ha, a President of the Korean National Police Veterans Association in Jeju, 2016. Interview by author, August 2nd, Tape recording.

education, the Jeju 4·3 Incident no longer stays in the past. Thus, a positive change in the effort to have a future-oriented attitude of life for future generations that is no longer tied to the pain of the past had possible because of the continuous growth and development of social healing through numerous efforts.

Scoring for the Comprehensive Healing model

The function of the initiating reconciliation is implemented with the emergence of the solidarity under the name of the ‘reconciliation and coexistence’. However, this is, mostly, not a post-traumatic growth of direct victim-survivors but a change in the cognitive behavior of the generations after the incident. This is also a very important analysis factor in cases where social and individual healing are started only after a considerable period of time has elapsed since the incident like the Jeju 4·3 Incident. It is because the later generations are not divided into the perpetrator and the victim but share the social memory to show the solid growth of each other's suffering as much influence as the healing of the direct survivor. However, this socially cognitive change seems to have a positive change that has been taking place recently by centered on some leaders, not a majority of the direct and indirect victim-survivors. In order to achieve post-traumatic growth as a survivor, the implementation of social accountability that is now inadequate should be pursued more closely. So the variable as the rebuilding self-identity will be awarded 0 points in the assessment at 67 years after the incident. The variable as the reconnecting with society is not implemented yet so it will get 0 points up to now.

Table 4.4. Overall Score of variables on each axis with time Interval – *The Jeju 4·3 Incident*, South Korea (1947-1954)

Social Healing (x-axis)		10 years	30 years	50 years	67 years
Attributes	Variables	Score (0 ~ 2)			
Social Protection	Prevention of violence	1	1	2	2
	Security of basic needs	0	1	2	2
	Safety of living environment	0	1	2	2
Social accountability	Promoting truth	0	1	1	2
	Promoting justice	0	0	1	1
	Promoting reparation	0	0	1	1
Social Memory	Commemoration	0	0	1	2
	Education	0	0	0	1
	Advance to higher social value	0	0	0	1
Overall Score		1	4	10	14

Individual Healing (y-axis)		10 years	30 years	50 years	67 years
Attributes	Variables	Score (0 ~ 2)			
Self Protection	Regain of self-control	0	1	2	2
	Regain of self-determination	0	1	2	2
Social Meaning	Ability of telling a story	0	1	1	1
	Accept of the past as a part of life	0	0	0	1
Initiating Reconciliation	Rebuilding self-identity	0	0	0	0
	Reconnecting with society	0	0	0	0
Overall Score		0	3	6	6

V. ANALYSIS OF THE COMPREHENSIVE HEALING MODEL

5.1. Analysis of the Case Studies

In Chapter 4, three cases of collective trauma were applied to the essential attributes and its sub-variables of each stage in the Comprehensive Healing Model, and it was examined and analyzed whether the corresponding activities and changes for healing were performed in the domain of society and individuals. All trauma has negative consequences both to the individual and the society, irrespective of the size or cause of the event so that the case can be analyzed in the same model without restriction from each other social, political and economic conditions.

As a result of the case analysis, the implementation and change of individuals and societies appropriately corresponding to each variables after the onset of trauma by collective violence were very different in each case. The results of each variable were reanalyzed in a comprehensive healing model which assessed the degree of individual and societal change for healing with the arbitrary score between 0 to 2 points. When this assessment was performed at regular time intervals after the incident, the total scores of individual healing and social healing were obtained each time. Based on this, the two overall scores depending on the certain assessed time were displayed on a graph by becoming each coordinate point to show how the degree of individual and social healing is creating a relationship in comprehensive healing.

As in the ideal concept of comprehensive healing presented in this study, the healing of the collective trauma should be done sequentially in the organic relationship between the individual and the society, which not supposed to skew toward one of the developments. That is, the balance of healing between the individuals and the society is more important than the speed of healing. From this perspective, the comprehensive

healing model helps not only to evaluate the current status of comprehensive healing but also to predict which part of the effort should be needed in the future of each case.

5.1.1. *The Holocaust, Germany (1933 – 1945)*

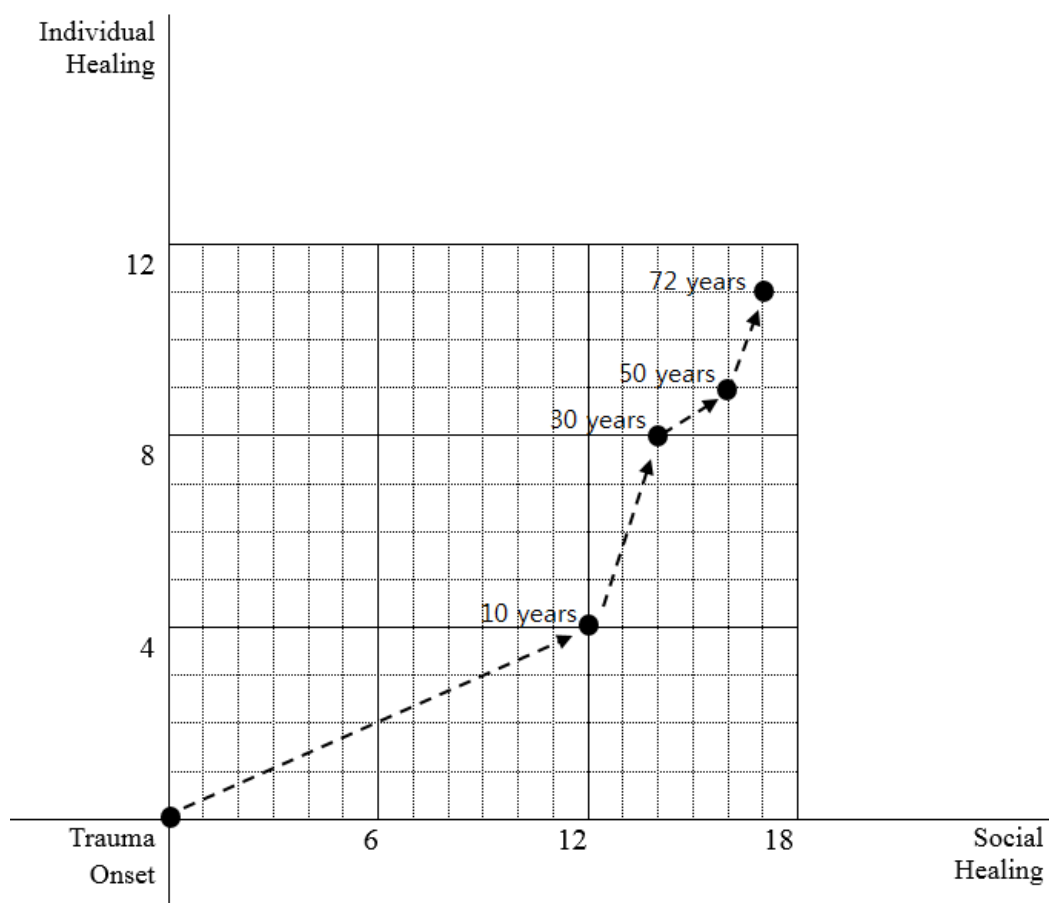


Figure 5.1. The Holocaust, Germany – The progress of Comprehensive healing over time

The case of the Holocaust has been shown a relatively strong social healing effort than individual healing for 10 years after the onset of collective trauma. However, rather than trying to heal the social trauma left by the Holocaust, it can be considered that the efforts have been made as a post-war process for war crimes. At the time when the demands of the international community and the Jewish community that victim-centered social healing efforts were needed to create a social atmosphere, the trial of the actual perpetrator, Eichmann, was finally held 16 years after the incident. Starting from this social movement, the individual healing of the Holocaust victims-survivors has progressed dramatically until the 30 years after the incident. During this period, many victims - survivors have shared their experiences with others through various paths and played a major role in deriving the social meaning of the horrendous trauma event in the history. Since then, the comprehensive healing of the case of the Holocaust has been performed in a relatively stable balance for about 40 years. This has had a major impact on enabling a relatively large number of the Holocaust survivors to experience behavioral and cognitive changes that seem to have reached a high level of individual healing enough to discuss reconciliation and forgiveness. The major driving force behind this process is the rapid implementation of social healing activities that occurred early in the incident. The Holocaust case shows that efforts by society to recognize the severity of the trauma event and to ensure that sufficient discussion in the public domain is made will enhance the effectiveness of comprehensive healing.

Analyzing the trends of comprehensive healing over the passage of time, the model has shown that the case of the Holocaust is on the process that trying to reconnect the Holocaust survivors and their descendants to society as much as possible through various activities of memories and representations. To this level of comprehensive healing, over the past 70 years, ongoing efforts healing both in society and in individuals have established the basic socialized emotion of “not forget for the sake of the victims, for German’s own sake and for the sake of future generations”. As can be seen that German Chancellor Angela Merkel has kept announced it in several official ceremonies, the social

atmosphere of responsibility and self-reflection for healing in both victims and society has become solid in German society.

The case of the Holocaust is perceived as a representative traumatic event of the crime against humanity in today. As the Holocaust case shows that organically adjust the healing rate between the society and individual in the development of the comprehensive healing can be provided as a good example to many cases of healing past trauma cases today. This balanced effort, in further, has also played a major role in allowing the world to share the awareness that the human race should never commit the unfathomable horrors of the Holocaust.

Since the Holocaust has been around for nearly a century, there must be a lot of effort in the future to heal the inherited traumas of the second and third generation families along with the living survivors so that the vicious cycle of pain will not continue. The process of reconciliation and forgiveness through an encounter between the perpetrator and the victim, which is now being tried carefully in the research or private sector, will be needed to make at a more formal level to make good examples of similar collective trauma cases.

5.1.2. *The Killing Fields, Cambodia (1975 – 1979)*

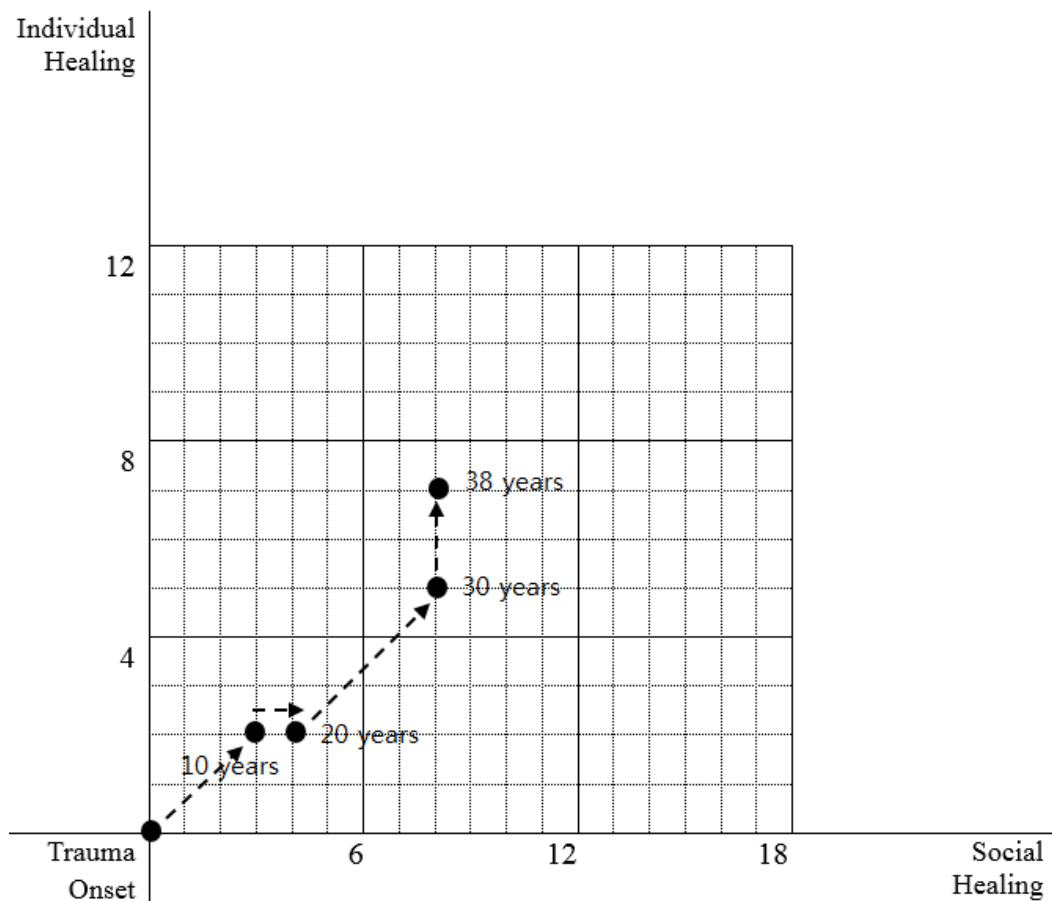


Figure 5.2. *The Killing Fields, Cambodia* – The progress of Comprehensive healing over time

The case of the Killing Fields seems to implement a relatively smooth comprehensive healing in the early by the crisis intervention of the international community. However, as the instability of domestic politics persisted with continuing

civil wars, the pace of efforts to heal society and individual soon became slow and almost show the stagnating development until the 20 years after the incident when the Khmer Rouge collapsed in internal fighting. During this period, no one was able to address the Killing Fields case in the public domain. The new regime, that has been continuing to this day, that has emerged since then has begun its efforts to achieve the transitional justice through the process of democratization. But the power of the current regime, made up of the remaining forces of the Khmer Rouge, has, in fact, has influenced many limitations to heal the collective trauma. In addition, Cambodia needed certain assistance and intervention by international community in the socio-economic sector, and based on this help, it gradually began to fulfill its role as a social responsibility for the Killing Fields incident. This reflects the state of comprehensive healing as analyzed at 30 years after the incident. In this process, the domestic and foreign private-sectors became to have an interest in the healing of the victim- survivors and various supports have been started to be provided mainly by the civic groups that are supported by the foreign aid. But, most of the support for individual healing is done only by civic groups, not by the Cambodian government. Thus, the negative consequences of individual healing and social healing being carried out separately by different entities have been briefly identified by a comprehensive healing situation over the past eight years.

While social healing has hardly progressed, most victim-survivors are organically influencing the choice of silence that does not engage in social activities. The phenomenon of internalizing the pain caused by the trauma is manifested by the religious will in Buddhism which is deeply affecting the general life of the victim-survivor of Cambodian. This phenomenon is also affecting the development of healing treatment of various private sectors that focus on the individual healing of victims-survivors. Through this, the comprehensive healing of the Killing Fields case over the past eight years has seen a markedly unbalanced development. As the frequency of use of new healing techniques combined with the socio-cultural factors of Cambodia has increased, individual healing seems to developed rapidly, but social healing has remained in place

without development. In other words, a comprehensive healing is skewed toward the development of individual healing.

It should be kept in mind that an unbalanced comprehensive healing process which does not achieve sequential healing by organically adjust can make healing more difficult. In order to achieve stable and active comprehensive healing, efforts for social healing of the Killing Fields case should be made at a rapid pace. The slogan of the Cambodian government ‘to dig a hole and bury the past in it’ will result in sicknesses beyond the direct and indirect victims-survivors of the Killing Fields to new generations of future masters. If the development of sufficient social healing is implemented, individuals may also be less dependent on religion for separating themselves from society and achieving unstable internal sublimation.

5.1.3. The Jeju 4·3 Incident, South Korea (1947 - 1954)

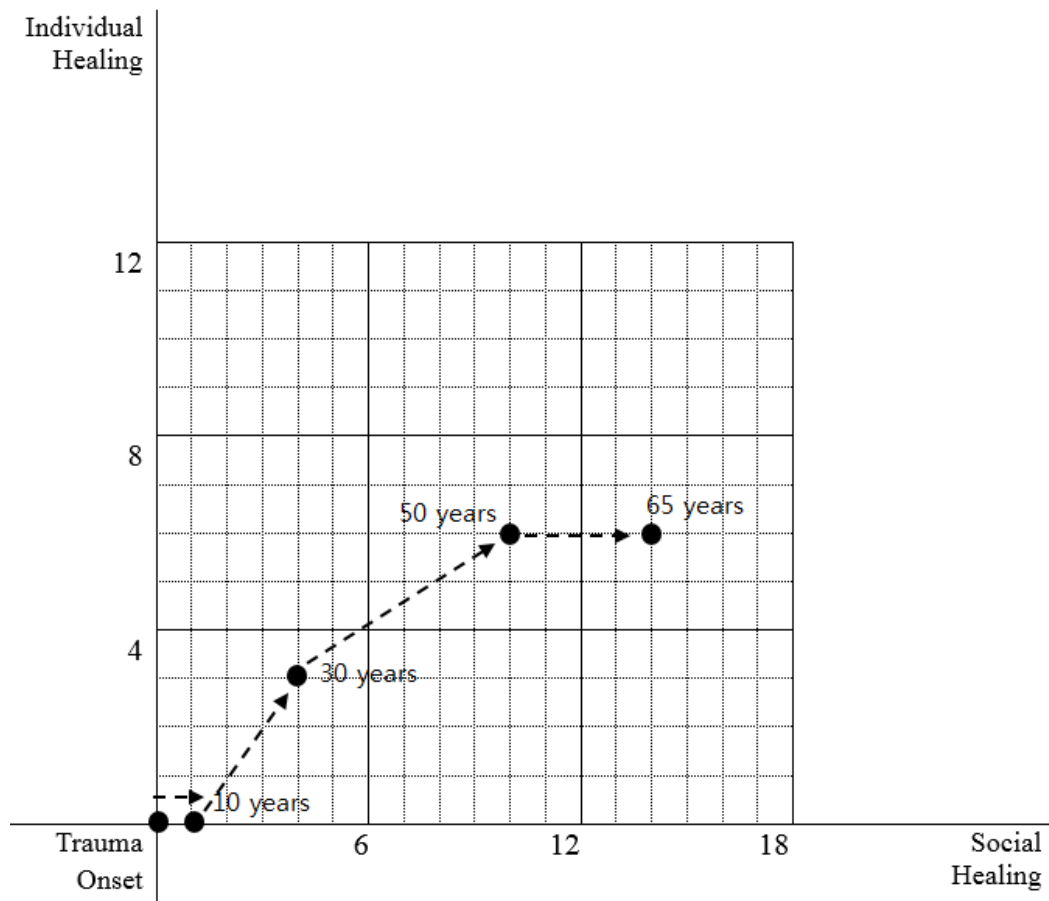


Figure 5.3. The Jeju 4·3 Incident, South Korea – The progress of Comprehensive healing over time

The Jeju 4·3 Incident took a considerably long time compared to other cases until the incident was discussed in the public domain. As in the case of the Killing Fields, the direct violence against those who survived from the Jeju 4·3 incident itself continued for more than 30 years under the ideological confrontation which caused by the sequentially

occurred of the Korean War and the division of Korean peninsula. Since Jeju 4·3 incident was an trauma event that took place on the continuation of history, specific changes that could measure the degree of social healing and individual healing immediately after the incident were not properly made. During that time, until the democratic process of Korea was implemented, the victim-survivors chose to be completely silent in order to avoid the damage caused by the Jeju 4·3 incident. After that, the efforts of social healing began to take place quickly in a rush. After that, the efforts of social healing began to take place quickly in a rush and it has been implemented steadily until today when 65 years after the incident.

However, as the case itself became public and more than a generation took until the truth was discovered, there were various problems and limitations in the development process of individual healing occurred. The distinction between the victim and the perpetrator was very complicated by the nature of the incident and therefore began to fulfill the various social responsibility efforts, with the exception of legal penalties against the perpetrator. In this process, however, there was no opportunity for the victim-survivors to make the official testimony, and their action of telling a story was only possible with the third person who established a close rapport with them. In addition, the fact that the presence of perpetrators clearly present in the memory of the victim-survivors can not be acknowledged under any circumstance was enough to silence them, even in situations where social healing is being carried out steadily. In the meantime, most victim-survivors became aged or, sometimes, many of them died. All of these situations have a great impact on the analysis that individual healing shows relatively slower development than social healing. In other words, a comprehensive healing is skewed toward the development of social healing.

However, the fact that there are still very few social healing efforts to heal and manage the trauma of living survivors and the trauma to the generations after the incident at the compensatory level will be the root cause of slowing individual healing. Similar to the Killing Fields case showed, the direct and indirect victims of Jeju 4·3 Incident, who

demonstrate high values of "reconciliation and coexistence " to achieve an unconditional reconciliation, can also be analyzed as victim-survivors who achieve individual healing through internal sublimation rather than stable comprehensive healing. In order to achieve a more balanced healing, efforts will be needed to achieve the incompletely fulfilled part of the social accountability elements to enable the victims to have the identity as survivors and actively participate in the formation of the right social memory.

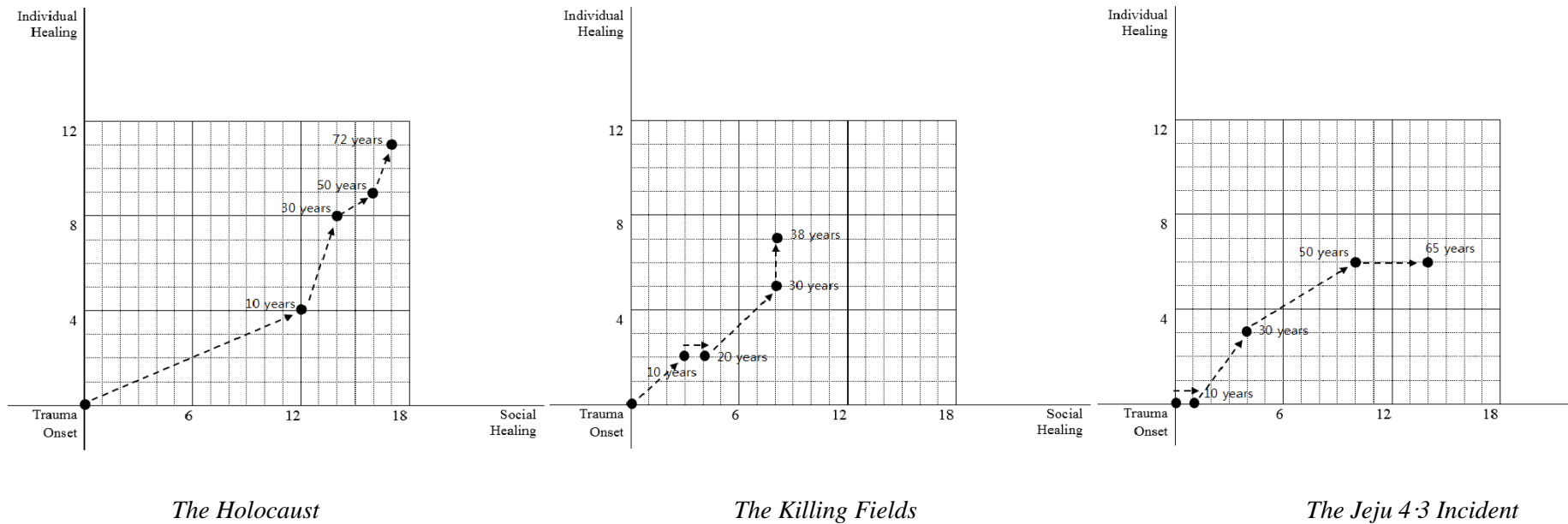


Figure 5.4. Analysis on each case with time intervals

5.2. Types in the Comprehensive Healing Model

As can be seen in Figure 5.4, a case study that has been analyzed in a relatively long time after the incident has identified three types of comprehensive healing models. Like a theoretical hypothesis of the comprehensive healing model described in this study, the case of the Holocaust can be considered as the most stable comprehensive healing because its individual healing and social healing have sequentially progressed in relation to each other. This is the 'Balanced type', the first type of comprehensive healing model corresponding to the ① area of Figure 5.5. On the other hand, the unbalanced development of individual healing and social healing which skewed to one side is also confirmed through the case of the Killing Fields and the case of the Jeju 4·3 Incident. As in the case of the Killing Fields, the second type of comprehensive healing model is the 'Individually Skewed (IS) type' which represent the healing state that social healing is the slow development, whereas individual healing is relatively rapid. It is corresponding to the ② area of Figure 5.5. As in the case of the Jeju 4·3 Incident, the third type of comprehensive healing model is 'Socially Skewed (SS) type' which represent the healing state the individual healing is slow development, whereas social healing is relatively rapid. It is corresponding to the ③ area of Figure 5.5.

Those unbalanced development types have a high possibility that leads to an imperfect and unstable healing with increasing the likelihood of a regression to a previous stage of healing at any time, both in individuals and in society. Type analysis through a comprehensive healing model allows us to classify which types of comprehensive healing practices are being followed by cases of collective trauma. In this way, unlike facts, it possibly prevents individuals or society from easily misunderstanding that their collective trauma seems to be on the proper track for healing. In addition, by grasping the exact state of healing, plans for further development direction will be made so that comprehensive healing can be effectively achieved.

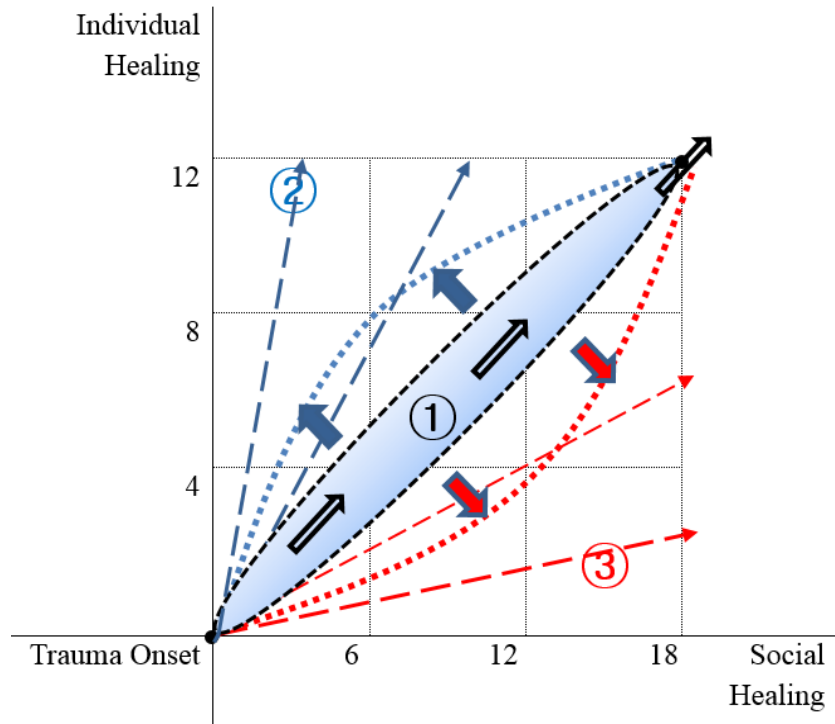


Figure 5.5. Three types of the comprehensive healing

VI. CONCLUSION AND DISCUSSION

6.1. Conclusion

There is no complete healing of any trauma. Thus, social intervention is desperately needed for those who have damaged even the basic biological functions of human beings due to the trauma. If a victim is a group, and if the group is victimized by the collective violence caused in the public domain, the specific and practical healing methods to heal them must be sought in society. This study has been studied through the consciousness of these problems and presented a new approach as 'comprehensive healing'. In the approach of the comprehensive healing, collective trauma is analyzed by drawing more macroscopic factors into the analytical dimension for healing associated with social conditions and practices rather than the trauma itself. The healing of collective trauma begins from the awareness of not only the victims' psychological problems but also the 'social behavior' aiming at transformation with identifying the factors such as social structural, institutional, and cultural violence. It is because of the close dynamics between the individual and the society. Thus, the pain, disease, and trauma due to violence are inevitable to reflect critically on the close connection with the social contexts beyond the PTSD approach as medically focusing on individual's suffering. Therefore, the core to comprehensive healing is the consideration of trauma changes for healing in society and individuals simultaneously.

In order to present these arguments more academically, two theories have selected and analyzed that represent individual healing and social healing among the various existing theories. Judith Herman's theory for stages of recovery and Johann Galtung's theory of peace have a prerequisite for stepwise development, so it is facilitate to integrate two theories simultaneously on the x and y-axes on a graph. The theoretical hypothesis for the most ideal development type of comprehensive healing obtained through this is as follows. The theoretical hypothesis of the comprehensive healing model

is that both individuals and society can achieve a stable healing from collective trauma when the stage of individual healing interacts closely with the stages of social healing, vice versa. When the development process that expands to a concentric structure through sequential stepwise development, it is possible to explain that the state of comprehensive healing has been achieved.

However, given the realistic aspects of the healing process in actual cases, various factors of turbulence and instability can lead to discontinuities in the development of healing. That is, from a comprehensive healing perspective model, the next stage can begin to be implemented before the previous stage is completed. And the development of the two axes can proceed unbalanced. Therefore, in this study, to explain the comprehensive healing model that reflects this realistic problem, the variables corresponding to the essential attributes constituting each stage of individual healing and social healing are derived, and they are set as independent variables that disengage the constraints of stepwise development. There are 9 variables for the social healing and 6 variables for the individual healing. The degree of healing of individuals and societies represented by independent variables can be given by substituting arbitrary scores (0-2) through the phenomenological analysis of cases. Evaluating each variable at regular time intervals can reveal how the collective trauma case is being healed in individuals and society domain. Such an operational setting was facilitating to grasp what kind of relationship is being formed and developed between individual healing and social healing in the context of comprehensive healing.

In conclusion, there are three major types of comprehensive healing such as the balanced type, the Individually Skewed (IS) type, and the Socially Skewed (SS) type. These types are created by the difference in the rate of development of individual healing and social healing. The comprehensive healing type of the cases obtained through the analysis allows us to understand the current comprehensive healing status of the cases and provide sufficient guidance on what efforts should be made to achieve more stable healing in the future.

6.2. Discussion

As several studies have shown in this study, collective trauma event in a society have a negative impact not only on the directly exposed victims but also on the member of society, beyond generations. It also shows that beyond the damage of the individual unit, it can destroy the community solidarity and disrupt the community to an unrecoverable level. Actually, there are limits to controlling natural or human-made trauma. So, people inevitably live in anxiety and fear about it. If so, people need to know how should we be prepared for healing trauma, and how quickly and functionally we can restore trauma that has occurred once. Because prevention and response are interrelated. At this point, if an agreed norm in society and an understanding of the community are ready for the collective trauma, comprehensive healing will be able to reduce many of the risk factors which negatively affecting balanced development and achieving stable healing.

Thus, the implication that comprehensive healing ultimately means is that in order for the healing of collective trauma to be properly performed, the pain of those actually suffering should be treated with care and attention at the same time so as not to be excluded and hurt again due to the attitude of social healing that tends to focus solely on problem-solving.

There are no constraints on variables of individual healing and social healing that constitute a comprehensive healing model. However, if the pace of mutual development is mutually organically influenced, such as a balanced type of comprehensive healing, the effect of comprehensive healing will also be maximized. The balanced implementation of social protection and self-protection maximizes the recovery of human dignity experienced by trauma. It conveys the meaning that providing minimum and basic protection for people whose dignity is impaired by unjust violence would not be merely a benevolent act, but a sense of courtesy to a person coexisting in the human community. The refugee camps immediately after the trauma event shown in the examples in this study represent a dignified human figure who empathizes with the suffering of others.

The balanced implementation of social accountability and social meaning maximizes the range of mourning. Regardless of the severity of the pain, it conveys the meaning of providing an opportunity to mourn the pain of everyone who has endured the moment of traumatic events such as perpetrators, bystanders, upstanders, as well as victims. For the survivors, it can reduce the survivor guilt who have witnessed the pain or death of others but survived alone. For the perpetrators, in general, who have followed the devalue and criticism of the perpetual victim to maintain justification for their wrongdoing after the violence (Staub & Pearlman, 2006), it allows them to have a minimum opportunity for acknowledging their harmdoing and apologizing for victim-survivors sincerely. It might be the exactly the baseline for pursuing future-oriented values that the transitional justice defines, along with peace, coexistence, prevention of re-occurrence, and healing.

The balanced implementation of social memory and initiating reconciliation maximizes the expansion of healing in the concept of transcendence beyond the general domain. It conveys the meaning that experiencing the process of re-humanization as the part of the posttraumatic growth. It is a process whereby both the dehumanized and demonized perpetrator and the victim who has lost his/her identity become aware of the same human being. It allows for a greater openness to the each opposite groups and serves as a catalyst for facilitating reconciliation (Staub, 2006). Even in situations where reconciliation cannot be achieved under various circumstances, the victim can experience internal sublimation which serves as the process of forgiveness. Forgiveness is to free the victim from being repressed internally. This transcendent ability is founded on the basis of the redefinition of self-identity when the social memory based on the lessons that investigating truth is preceded and that the same event should not happen again on the basis of it. Reconciliation and forgiveness are one ideal horizon. It should be remembered the fact that horizon is not an impossibility but an explicit vision of the final direction and, simultaneously, it needs a series of process that must go together with the individual and the society for achieving each other.

Limitations and Recommendations for further research

This study presents a new concept of comprehensive healing by integrating theories that can be represented by existing individual healing and social healing. This theoretical framework is sufficient to support that the most stable healing can be achieved when social healing and individual healing are carried out in a mutually organic relationship. However, the measure of individual healing has not conducted by a scientific survey or statistical analysis on the actual sample such as victim-survivor in each case. The degree of individual healing according to each variable was based on the fact that the cognitive behavioral changes in the healing process that the original individual healing theory suggests have occurred in the group experiencing the trauma. The degree of individual healing according to each variable was based on whether the change in cognitive and behavioral parts in the healing process implied by the original individual healing theory have occurred in the group experiencing trauma. Therefore, the limitation of this study was represented as that there was a lack of objectivity in the way the degree of individual healing and, accordingly, assigning arbitrary score was judged.

In order to overcome these limitations, it is necessary to develop a psychological and/or psychiatric measurement index which can objectively judge for the degree of individual healing in the future studies. The measurement index can be created by modifying and complementing several trauma healing indexes in existing academics that are related to the individual healing variables presented in the comprehensive healing model, rather than creating a completely new one. For applying the comprehensive healing model, which is complemented by objectivity in measuring individual healing, to victim-survivors of actual collective trauma, it is necessary to study the various types of collective trauma that have occurred relatively recently or are occurring. Because three cases analyzed in this study were somewhat difficult to analyze the process of comprehensive healing of victim-survivors because it has been a long time since the occurrence of the incident.

In addition to research efforts for improving the accuracy of types of comprehensive healing models through continuous analysis of past collective trauma cases, simultaneously, it should be able to make a great contribution to the establishment of concrete guidelines that can make a more realistic improvement effort by diagnosing the types of trauma cases experiencing in the present era.

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KOREAN ABSTRACT

집단적 트라우마와 포괄적 치유

현재까지의 트라우마 치유에 대한 여러 연구는 개인의 심리, 병리학적 치료를 목적으로 하는 개인적 치유에 집중되어 있었다. 최근 들어 사회치유의 개념이 등장하기는 하였으나 집단적 트라우마 사건의 후속조치 개념에 (진실규명, 법적처벌, 배보상, 추모 등) 국한되어 있다. 즉, 집단적 트라우마를 치유하는 방법으로 개인치유와 사회치유를 유기적으로 통합하는 모델이 존재하지 않는다.

본 연구의 목적은 집단적 트라우마의 치유를 보다 효과적이고 효율적으로 이루기 위해 집단적 트라우마의 발생 이후 시간의 흐름에 따라 개인과 사회의 치유가 어느 정도 이루어졌는지를 포괄적으로 살펴보고 이해할 수 있는 구체적인 방법을 제공하는 것이다.

개인의 치유와 사회의 치유가 유기적인 관계를 이루며 순차적이고 동심원적 구조로 확대 발전되어 갈 때, 가장 안정적인 치유인 포괄적 치유를 이루게 된다. 하지만 현실에서는 포괄적 치유의 불균형적 발전이 발생할 수 있으며 이에 따라 크게 세 가지 발전유형을 나타낼 것으로 이론적 가설을 세운다.

개인치유와 사회치유를 통합하는 새로운 이론적 개념을 제시하기 위해 개인적 측면에서의 트라우마 회복을 제시한 주디스 허먼의 회복 단계 이론과 사회적 측면에서 단계별 평화를 제시한 요한 갈통의 평화 이론을 분석한다. 이후 두 이론을 그래프의 x,y축에 대입한다. 각 축의 각 단계들이 내포하고

있는 공통점을 중심으로 단계별 필수 속성과 그에 속하는 요소들을 도출한다. 도출된 필수 요소들은 독립적인 변수가 되어 세 가지 실제 사례를 이에 대입하여 분석한다. x축과 y축의 분석된 요소들에 임의의 점수를(0-2점) 부여하면, 각 축의 점수는 포괄적 치유 모델의 좌표값(x,y)이 된다. 일정한 시간을 간격으로 두 축의 변화에 따른 좌표값을 얻어내어 포괄적 치유 변화의 경향성을 나타내는 그래프를 얻는다.

세 가지 실제 사례의 포괄적 치유 경향성 분석을 통해, 이론적 가설에서 제시한 바와 같이 포괄적 치유의 불균형적 발전 유형을 확인할 수 있었다. 포괄적 치유의 발전 유형에는 크게 세 가지가 있다. 첫번째 유형은 개인과 사회의 치유가 균형적으로 이루어지는 경우이다. 두번째 유형은 사회치유는 더딘 발전을 보이는 상황에서 개인치유가 상대적으로 빠른 발전을 이루는 경우이다. 세번째 유형은 개인치유는 더딘 발전을 보이는 상황에서 사회치유가 상대적으로 빠른 발전을 이루는 경우이다. 이렇듯 개인치유와 사회 치유를 통합하는 포괄적 치유는 두 측면의 치유 정도가 서로 어떠한 관계를 형성하며 발전하고 있는지를 한 눈에 나타낸다.

본 연구에서 제시한 포괄적 치유의 이론적 개념과 포괄적 치유의 발전 방향성을 분석하는 포괄적 치유 모델을 통해, 트라우마 발생 이후 치유의 경향을 추적함으로써 트라우마 치유의 새로운 양상을 확인할 수 있다. 이러한 분석은 집단적 트라우마를 경험한 개인과 사회가 보다 안정적인 포괄적 치유를 이루기 위해 어떠한 부분에 초점을 맞추어 노력해야 하는지를 객관적으로 나타내어주는 분석틀이라는 점에서 연구의 의의가 있다. 향후 연구에서는 포괄적 치유를 향한 개인과 사회의 발전이 불균형적으로 이루어지는 사례들에 대한 보다 실증적인 연구를 진행할 필요가 있다. 이를 통해 치유과정의 회귀현상을 예방하고 개인과 사회의 평화로운 재건을 위한 탄력성을 높이는 구체적인 방안을 모색하고 제시해야 할 것이다.

핵심어 : 집단적 폭력, 트라우마, 집단적 트라우마, 치유, 사회치유, 개인치유, 포괄적 치유, 포괄적 치유 모델, 독립변수, 균형적인 치유유형, 사회치유로 치우쳐진 유형, 개인치유로 치우쳐진 유형