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Elizabeth S. Dahl

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Abstract

A review of:

Amnesty after Atrocity? Healing Nations after Genocide and War Crimes. By Helena Cobban. Boulder, CO: Paradigm Publishers, 2007.

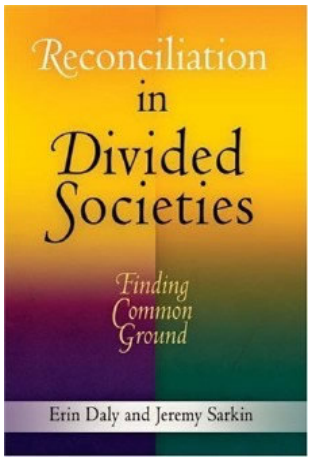
and

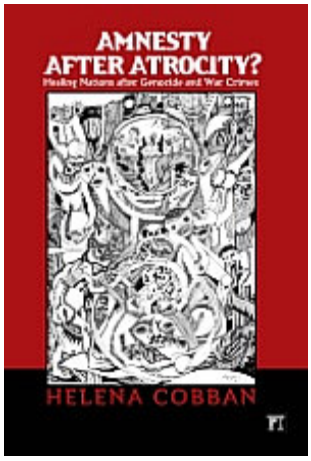
Reconciliation in Divided Societies: Finding Common Ground. By Erin Daly and Jeremy Sarkin. Philadelphia: University of Pennsylvania Press, 2007.

Healing is widely seen as an essential component of socio-political reconciliation, helping to promote a more peaceable future after violent conflict. At the same time, however, little is known about what exactly “healing” means to traumatized people and whether particular reconciliation efforts do indeed constitute healing. Instead, social healing is described usually in metaphorical terms, compared to the way an individual body heals, for example. This biomedical language is explored and connected to medical ethics as a way to broach these difficult issues and come to a more systematic understanding of healing processes.

Keywords

Reconciliation, Healing, Trauma, Peacebuilding, Conflict, Peace, Violence, Transitional justice





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Socio-political reconciliation after violent conflict is widely seen as crucial in promoting a more peaceable future. As stated by Ho-Won Jeong and Charles Lerche, the "significance of reconciliation is underlined by the need to overcome individual and collective trauma that passes from one generation to the next, perpetuating cycles of violence" (2002: 330). Reconciliation is seen as necessary because "hearts and minds are ravaged by war and violence, and their healing is no less critical a need than the reconstruction of burnt out villages" (Jeong and Lerche 2002: 329). If these needs are left unaddressed, the risk of a return to violence is assumed to escalate.

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* Dedicated to the memory of Allan M. Goldberg, who promoted healing in his life's work with cancer patients and survivors. Portions of this review essay are based upon a paper presented at the International Studies Association conference in San Francisco, CA in 2008. Thanks to Patrick Thaddeus Jackson, David S. Dahl, MD, panel participants, two anonymous reviewers, and additional mental, physical, and public health care providers who provided suggestions. Of course, any mistakes are my responsibility alone.

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When it comes to post-conflict peacebuilding, the definition of "healing" may be as problematic as highly contested yet central concepts like reconciliation, truth, justice, forgiveness, and peace. What separates "healing" from these other key themes, however, is the relative lack of discussion of what it means in practice. Consider the number of relevant books with "healing" in the title, some of which do not contain a working definition of what it means or even a related listing in the back index. At times, the distinctions between "reconciliation" and "healing" even seem to blur in discussions of transitional justice. Moreover, there are certain assumptions associated with each of these concepts that should be investigated more closely.

Given these issues, it appears that healing may be an under-theorized and assumed element of post-conflict reconciliation, as well as individual and communal conflict resolution efforts.[1] This article is designed to review the texts by Cobban (2007) and Daly and Sarkin (2007), and then investigate the issue of healing more broadly with reference to these same works. The frequent use of medical metaphors will be explored and connected to medical ethics as a way to address the fact-value divide and come to a more systematic and scholarly understanding of healing processes. The text by Cobban as well as Daly and Sarkin are good representations of the scholarship available on transitional justice processes, and therefore, are mined for examples as well as broader insights.

The Texts

The books by Cobban (2007) and Daly and Sarkin (2007) both investigate what "reconciliation" means in practice, and together they provide important clues to guide future application and study for practitioners, officials, and scholars. More specifically, Daly and Sarkin provide an excellent survey of the knowledge accumulated on truth commissions, and truth and reconciliation commissions (TRCs) thus far. Despite the addition of the word "reconciliation," Daly and Sarkin claim that in practice both truth commissions and TRCs "tend to privilege truth over reconciliation" (109), trying to discover the key facts with painful episodes of communal history. Meanwhile, Cobban writes about three national experiments with transitional justice; comparing South Africa's "conditional amnesty," Mozambique's "blanket amnesty," and Rwanda's "prosecutorial, criminal justice approach," (4) supplemented by its more conciliatory, "traditional community-based hearing mechanism …called *gacaca*–literally justice 'on the lawn'" (64). While assessing different aspects of reconciliation, these authors clearly share the end goals of promoting healing, justice, and stable, democratic governance in battle-scarred communities.

Together, these two books continue the theme, echoed by so many, that there are no easy answers or "whole" truths yet discovered in the studies and experiences of reconciliation processes.

[1] Much of this critique is of the author's own work, whose research and writing have focused upon "healing the wounds of the body politic" as well as the "scars of war" sustained by individuals, communities, and nations. In order to enhance our capacity to do this important work, however, it is imperative to study the effectiveness of current efforts.

Both texts add to the burgeoning literature available on this urgent topic, generally promoting restorative justice (which directs more attention to the harm done to the victim and the necessity of all involved parties in participating in the "restoration, healing, responsibility, and prevention" of similar violations) versus retributive justice (which is designed more to punish the perpetrator of the crime) (Daly and Sarkin: 14). Most scholars have focused on questions of the effectiveness of truth commissions as well as truth and reconciliation commissions as transitional justice mechanisms. Do these commissions work effectively in producing truth or reconciliation? Are victims' particular needs addressed adequately over time? Such critical questions demand further research.

Another important debate is what "truth" exactly means in these particularly charged contexts. Angela Hegarty aptly points out that when victims claim that they desire the "truth," they may mean instead that they desire formal acknowledgment that they have been wronged (2002: 102). Some have tried to make distinctions among different types of "truth," such as the distinction that was made by the South African Truth and Reconciliation Commission in Volume I, Chapter 5 of its Final Report. The authors describe differences among "factual or forensic truth," "personal and narrative truth," "social or dialogue truth," and "healing and restorative truth" that focuses upon public acknowledgment of what has taken place (1998: 110-114). While the meaning of "factual or forensic truth" is relatively clear, however, the remaining categories of "truth" seem to overlap a great deal.

More to the point, Daly and Sarkin share the insight that there is "a certain circularity to the truth debate" (145). If a society shares some common understandings about morality, then perhaps the "truth" generated by TRCs and truth commissions can be embraced. As Daly and Sarkin point out, however:

> But where there is no consensus on the morality of the fundamental questions *(Was it a war or a genocide? Was everyone equally guilty of excess or can the victim class be reliably distinguished from the perpetrator class? Was torture widespread or was it exceptional?)*, then the truth that is officially revealed is unlikely to bring people together. Instead, it may foster deeper divisions. (Daly and Sarkin: 145; emphasis in original)

Indeed, the "truth" may not always liberate or heal.

Of the two texts, Cobban's book is more modest in its scope and focuses on making a particular point: Compared to truth-seeking, perhaps amnesty can be a better way of promoting healing of traumatized communities in certain post-conflict situations. Using first-person observations interwoven with riveting testimonials to set the stage for each chapter, Cobban provides a "discursive, people-centered account" (162) of the different cases, focusing upon the victims'/survivors' needs and perspectives, and the issue of amnesty is what fascinates her the most. As the book title's question mark suggests, the granting of political amnesty in post-conflict Mozambique produced arguably better results than Rwanda's more punitive processes in terms of impact on affected populations.

Cobban's book is particularly relevant to the issue of healing, as she challenges the current conventional wisdom about the need to open up and explore past traumas so that a healthier, new political dispensation can take hold. As part of this critique, she argues that healing may take forms unfamiliar to the West insofar as many Mozambicans have engaged in "performative rather than

verbal" healing approaches (224) in which direct discussion of the past is avoided but communal rituals help address the present tensions. Daly and Sarkin concur that "Mozambique is often held up as a transitional justice success" (80).

Cobban might overdraw the conclusions, however. The "Mozambican model of conflict transcendence" (236) is what is working *for now*. Will the same be said of Mozambique ten, fifty, or one hundred years from now? Furthermore, little is known about individual victims of violent acts during the Mozambican civil war and how they view the apparent communal decision to minimize discussion of related traumatic incidents. While the evidence is suggestive and definitely deserves further investigation, more research is necessary to consider amnesty's relative merit over time. As Cobban herself notes, however, this kind of data is nearly impossible to obtain given the well-known financial limitations of most transitional regimes as well as supporting international organizations. Nevertheless, amnesty's possible benefits need to be explored more systematically and soon.

Meanwhile, Daly and Sarkin's text likely will have greater "shelf life" than Cobban's given its broader approach. The text investigates the different levels of analysis (individual, communal, national, and international) and modes of reconciliation, given the debates about whether it is "a means, an outcome, or a process; …is politically neutral or unavoidably ideological, and the extent to which it is conservative or transformative in orientation" (181). This systematic approach is undertaken in the hope of revealing further insights, assessing and then challenging the current conventional wisdom of the field. Daly and Sarkin provide excellent, sustained analysis of reconciliation that is well documented with helpful footnotes.

Both texts have some minor shortcomings, however. Daly and Sarkin's text is so exhaustive in its treatment of different approaches that the only question that could be raised is whether a greater use of theory would have been useful in guiding the reader through the thicket of material. In addition, it would have been helpful to have a table or appendix listing all of the different truth commissions and TRCs as well as the dates and features thereof. Since this volume makes an excellent addition to the library of any university as well as to those of scholars and practitioners in the field, it is disappointing that it currently is not available in paperback.

Daly and Sarkin also may come close to making too much of the possible "new installation" of a post-conflict transitional regime. As with many works in the field of conflict resolution, Daly and Sarkin make use of Thomas Kuhn's theoretical notion of "paradigm shifts" (1986) to describe the change necessary to create a successful post-conflict reconciliation environment (Daly and Sarkin: 190-193). While Kuhn's insight is compelling, he was describing what takes place over time in the natural sciences. Given the cacophony of competing "paradigms" in social settings, this concept may not be as applicable beyond the natural sciences as many assume.

Meanwhile, Cobban provides substantial endnotes about her research but a bibliography also would have been useful. She also repeats the words "atrocious violence" enough to risk lessening their impact. In addition, some may find that Cobban's book does not generate enough new insights into these African cases to make it a worthwhile investment.

Together, however, these texts also highlight the problems that remain in the scientific study of reconciliation and peacebuilding efforts across time and place. For example, "governments need to recognize that while individual healing is a precondition to good national health, the converse is not necessarily true: national reconciliation may have no effect at all on the health of individuals" (Daly

and Sarkin: 60). More to the point, both books mention that transitional governments usually cannot afford to conduct comprehensive follow-up studies that measure the sustainability of reconciliation processes years later. Yet standard statistical studies probably will be the most convincing to other governments, foundations, think tanks, and non-profit organizations considering investing in such work.

Besides the problem of resources, another related problem with statistics is that of finding adequate proxies (or related behaviors that may indicate the presence of these underlying processes) for healing and reconciliation. For example, some scholars have started trying to count the number of times someone cries or finding a palpable sense of "breakthrough" or "transformation" during a problem-solving seminar, for example.[2] These efforts represent honest attempts to provide evidence that these conflict resolution processes are causing positive change. All the same, one cannot know for certain whether these behaviors are appropriate proxies that can indicate with any certainty that reconciliation and healing actually have occurred, and if they have, their relative durability over time. Thus far, available data have borne out the finding "that testimony has significant therapeutic value for the healing of victims of political repression and torture" (de la Rey and Owens 1998: 269), but these initial results need to be replicated somehow to provide adequate guidance for future practice.

On the whole, these works and many others touch upon a cluster of issues that probably needs to be investigated further—questions of what exactly "healing" means to traumatized people and whether particular reconciliation efforts are indeed healing. For example, the meaning of "healing" is left unspecified in such statements as "Chile *healed* its society after the fall of a seventeen-year dictatorship, not through trials, but rather through the use of a truth commission" (Daly and Sarkin: 280 fn5; emphasis added). What exactly took place to achieve this important goal? To be fair, Daly and Sarkin are acutely aware of the pitfalls faced when embarking on reconciliation projects and their book provides a superb, well-grounded synthesis of available scholarship as well as some important insights generated by that knowledge. In addition, every author can relate to the struggle to find simple ways to convey complex ideas and findings. Even so, statements like the one above are representative of the tendency to assume the content of healing.

What Is Healing?

While the assumption of healing has been investigated and critiqued in a variety of fields, these efforts have been relatively rare. D.A. Summerfield (1997) has written briefly about this issue, while Giuliana Lund has gone farther by asserting "the medical tenor of contemporary political discourse has roots in colonial ideology" (2003: 88) as well as other sources. According to Lund, Westerners' "healing mission" to South Africa centuries ago led to "medicolonial discourse" that has perpetuated power imbalances to this day (2003: 88). The connections between Western medicine and problematic issues of imperial and colonial history are indeed troubling, and individuals' drive to "help others" also probably merits scrutiny. Nevertheless, benefit-of-the-doubt should be extended to scholars and practitioners today as many who want to help others heal already have some

[2] Thanks to Susan Allen Nan for telling me about these recent efforts.

awareness of the problem Lund describes and still have the "therapeutic impulse" to be of genuine assistance.

One possible explanation for the relative lack of attention to what it means to heal is that few individuals possess the multiple academic/professional degrees and experience in the key fields relevant to understanding healing in post-conflict situations: psychiatry, psychology, social work, sociology, anthropology, political science, history, and so forth—the list of applicable disciplines is long. Interdisciplinary work is necessary, and yet every scholar and practitioner must struggle with the inevitably limited scope of one's experience and education in the face of these most extreme of situations.

Perhaps the biggest challenge, however, is that the concept of "healing" itself seems so difficult to describe. Much as Wittgenstein observed about the impossibility of describing the smell of coffee (1973), healing is something we all know and yet somehow struggle to convey in words. Metaphors and analogies usually must stand in for concrete descriptions. Given the mysteries of the processes involved and the wide range in personal experience, this finding should not come as an entire surprise.

Of course, dictionary definitions provide some guidance. According to the Merriam-Webster Dictionary (2008), the verb, to heal, means "1. to make sound or whole; restore to health; 2. to cause (an undesirable condition) to be overcome: mend; to patch up (a breach or division); 3. to restore to original purity or integrity; to return to a sound state." Meanwhile, the Random House Unabridged Dictionary (2006) defines healing in its adjective form as "1. curing or curative; prescribed or helping to heal; 2. growing well; getting sound; mending" while the noun form is defined as "the act or process of regaining health."

Again, a conspicuous element in these definitions is the use of medical language, a phenomenon also found in reconciliation literature when discussing healing. While hardly exclusive, one way to approach this issue is to study more closely the biomedical language that so often is used to describe the "healing function" of reconciliation and the therapeutic impulses of those working on its behalf.

Healing Wounds: Trauma and the Medical Model

As noted by Daly and Sarkin, "the medical metaphor of healing is pervasive throughout the reconciliation literature" (45). Frequently post-conflict peacebuilders are said to approach healing traumatized societies and people the way a physician does an injured body. Various scholar-practitioners and trauma survivors also have often used the metaphor of historical "scars" and "wounds" in need of treatment. For example, former American diplomat Joseph Montville argues that the use of the "metaphor of a gaping, unhealed wound could not be more apt for understanding the depth of pain, fear, and hatred a history of unatoned violence creates in a *victim*ized people" (Montville 1993: 112-113; emphasis in original). According to British neurologist and political statesman Lord David Owen, societal conflict is "cancerous in the way it erodes democracy and trust, brutalizes behavior and destroys civilized values and constraints" (1996: 305). Healing societal wounds is essential lest they fester and cause trouble later. Therefore, a long-term perspective toward what constitutes "success" is necessary.

Some of the scholars who use the term "healing" are aware that "ruptures" can mend and become "scars," but much as with the nursery rhyme Humpty Dumpty, the body will never be the same as it was before.[3] Others, however, are more concerned about opening up and cleaning the wound via the airing of grievances and discussion of the trauma. Otherwise, the "wound" may "fester."[4] Consider the following discussion in the context of the South African TRC by a psychiatrist who specializes in Post-Traumatic Stress Disorder (PTSD) treatment: "There has been far too little genuine debate about the nature of social healing and what surely promotes it. Truth is one essential component of the needed *social antiseptic* which could *cleanse the social fabric* of the systematised habit of disregard for human rights, but it needs to be an examined truth; it needs to be considered, thought about, debated and *digested and metabolised* by individuals and by society. Failure to comprehend recent suffering is too often … the seed of future suffering (Simpson, quoted in Villa-Vicencio and Verwoerd 2000: 291; emphasis added). While this mental health care worker indicates that more discussion needs to take place regarding social healing, his analysis also is laced with biomedical metaphors (such as the need to "cleanse the social fabric").[5] Whether focusing on societal "scars" or the "cleansing of wounds," however, there seems to be an assumption that, ultimately, "closure of a past of oppression" should be achieved (de la Rey and Owens 1998: 257).

Closure

It is not surprising that many talk about achieving "closure," another often-mentioned but under-analyzed term (Hamber and Wilson 2003; Biggar 2001; and Elster 2004). Indeed, it is arguably at the heart of the reconciliation process.

> …reconciliation describes coming together; it is the antithesis of falling or growing apart. Reconciliation has a normative—almost a moral—aspect as well. It is the coming together (or re-coming together) of things that *should* be together. Unlike its less common relative, conciliation, reconciliation connotes the coming together of things that once were united but have been torn asunder—a return to or recreation of the status quo ante, whether real or imagined (Daly and Sarkin: 5; emphasis in original).

Influential figures such as Johan Galtung have drawn the connection also, giving the equation "Reconciliation = Closure + Healing; closure in the sense of not reopening hostilities, healing in the sense of being rehabilitated" (2001: 4; emphasis in original). While incredibly difficult to work toward, let alone achieve, reconciliation aims to close these wounds of war.

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[3] There are numerous books that indicate these interpretations at work, such as Mark R. Amstutz (2005); John Torpey (2003) and (2007).

[4] A risk of using this kind of language, however, is that there is an implication that "broken" people need to be "fixed" somehow via medical processes. This assumption may be challenged as paternalistic, as seen, for example, by deaf individuals who do not want to receive cochlear implants to provide some level of hearing. Thanks to Julie Mertus for pointing out this issue. Others argue that the language of pathology should be substituted with language that emphasizes health instead (Barsalou 2005: 4).

[5] An important question remains as to whether these biomedical metaphors even are appropriate in discussing how to help individuals and communities address psychosocial trauma.

Nevertheless, terms such as "closure" and phrases like "laying [ghosts] to rest" or "closing the books" connote a certain finality that may be dangerously misleading—particularly given the tendency for conflicts to erupt again years or even decades later. Some scholars already have pointed out the problems associated with the concepts of closure as well as healing. As summarized by Judy Barsalou:

> The processes of closure and healing—psychological and medical concepts that are used most often in reference to individuals rather than communities—are poorly understood when they are used to describe social dynamics in societies emerging from violent conflict. It is difficult to define these processes in practical or quantifiable terms and problematic to apply them to widely different cultures. The term "reconciliation" is often used to describe processes through which societies recover from trauma, mete out justice, and engage in social reconstruction, but defining what exactly reconciliation means and how it is achieved remains a challenge. (2005: 4-5)

Given all of this medical language, might medicine offer some sound guidance about how to understand healing? After all, figures such as Johan Galtung, even though he criticizes (Western) medicine for its dogmatism, have suggested that peace studies should be "an applied science similar to medical studies or health science, informed by an underlying D,P,T-paradigm (diagnosis, prognosis, therapy)" (Galtung 1996: 29).

Unfortunately, the field of medicine has not specified the exact mechanisms of healing either. It is true that these processes are understood insofar as related behaviors can be observed. For example, to a certain extent, some physicians have noted that "time heals," as the heat of the emotions associated with remembered trauma subsides slowly over time as people generally get used to the changed reality.[6] At the same time, however, physicians and other health care workers try to aid the passive "time heals" process via various interventions (van der Kolk et al. 1996: 7).

It should be added that, from a standard Western medical interpretation, the "healing process" is meant as a scientific term that indicates there is "an objectively measurable improvement and/or reproducibility" of conditions—a status which should be distinguished from merely "feeling better."[7] This distinction is made because of the well-known "placebo effect"—that placebos can make people "feel better" in the short term although the cause of pain or illness has not been objectively addressed.

There are also important distinctions between "healing" and "curing," as a number of scholars and practitioners have noted. One such way to highlight the differences is to consider what the ideal types of "healing" or "cure" might look like. Max Weber provided this analytical tool to investigate how and why real-life expressions fall short of an artificial ideal (1949). As the stronger of the two terms, "curing" would indicate that a previously afflicted organism now shows a complete absence of ill health. Also, the individual would show the same or perhaps even better level of functionality than before the illness. "Healing," therefore, probably would not be as "complete" as a "full cure." Instead, the organism would demonstrate, over time, adequate functioning despite previously sustained injuries. These basic insights are not particularly startling, but they may provide a useful starting point for further analysis.

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[6] It may be that more "primitive" sections of the brain deal the most with processing traumatic loss, much as with the "fight or flight" impulse. Personal communication with David S. Dahl, M.D., 20 March 2008.

[7] Personal communication with David S. Dahl, M.D., 9 July 2008.

Meanwhile, one of the most-often cited experts on human processing of trauma is Judith Herman, MD, a psychiatrist whose landmark work, Trauma and Recovery, has remained influential since its initial publication in 1992. Herman provides a helpful rubric for the stages of healing that can occur via therapy, noting that safety, then remembrance and mourning, are necessary stages to reach before reconciliation with the self and reconnection with others (Herman 1997).[8]

The Psychoanalytic Angle

In addition to psychiatrists such as Herman, another important source of the therapeutic impulse stems from psychologists and their knowledge about trauma sustained during violent conflict. A number of themes may be found in discussions of psychoanalytical approaches to trauma, most notably the idea of a "talking cure" and the catharsis that comes from giving words to one's feelings.

To quote William Shakespeare, "Give sorrow words; the grief that does not speak Whispers the o'er-fraught heart and bids it break" (Macbeth, 5.1.50-1). Much like the therapeutic effects of psychoanalysis, both retributive and restorative justice approaches generally assume that victims will feel validated and empowered to some degree by telling others the story of how they were traumatized. As discussed by Jeong and Lerche in relation to one type of restorative justice, for example:

> Activities of truth commissions meet the needs of victims to know the facts and have their dignity restored, and provide psychological healing for individuals and groups. Truth commissions provide a therapeutic process for individual victims by listening to their stories seriously and validating them with official acknowledgment. The restorative power of truth telling thus comes as victims "receive public acknowledgment of what happened" and "discover ways to talk about personal suffering." (2002: 331)

There is strong belief that talking to professionally trained personnel will be beneficial to those recently affected by physical and other types of trauma, much as what happens with individual-level psychotherapy. Similarly, most experts in the fields of international peace and conflict resolution believe that dialogue is necessary for reconciliation to occur (Abu-Nimer, et al 2001: 341). Is it, however?

A few scholars have decried this "talking cure" approach, arguing that the "recent 'discovery' of 'trauma' as a humanitarian issue in wars owes much to the medicalisation of distress within western culture and to the rise of 'talk therapies'" (Summerfield 1997: 1568). D.A. Summerfield goes on to argue:

[8] Elisabeth Kübler-Ross has provided the best-known description of the "stages" of grief (denial and isolation, anger, bargaining, depression, acceptance, hope) to date, and healing may be quite similar (Kübler-Ross 1969). As often happens, however, too much reliance merely on the shorthand understanding of these stages risks losing the author's nuanced reminder that certain trigger events may renew extreme feelings of despair, anger, and anxiety. Perhaps it may be more helpful to think of both of these processes in terms of an upwards spiral instead, as over time people generally will have more resources available with which to address disturbing situations.

> There is no empirical basis for reductionist medicalisation that assigns a sick role on such a large scale and indiscriminate basis. The reframing of the understandable distress and suffering of war as a pathological disorder is a serious distortion and does not serve the interests of the vast majority of survivors, for whom post-traumatic stress is more metaphor than meaningful entity. Most wars are in non-western settings, and the globalisation of western psychological concepts and practices risks perpetuating the colonial status of the non-western mind. Every culture has its own frameworks for mental health, and norms for help-seeking at times of crisis. There is no such thing as a universal trauma response. (1997: 1568)

According to Summerfield and others such as Michael Ignatieff (1998), outsiders' good intentions are not enough. Western medical and psychological approaches may not be beneficial in certain circumstances depending on the culture(s) affected.

Catharsis

The "talking cure" may be seen as a specific type of catharsis. While most associated with Sigmund Freud, the word "catharsis" actually was mentioned first by Aristotle and comes from a Greek word for purification. Linked to issues of frustration and aggression, this "emotional cleansing" or venting of noxious emotions was thought to prevent violence by allowing patients to "come to terms with the past."

While it still has its advocates, catharsis generally is not in as much favor nowadays. As summarized by some experts, "[t]he scientific community has largely disconfirmed and abandoned catharsis theory and, if anything, is looking to understand why the opposite effect occurs (i.e., venting anger leads to higher subsequent aggression)" (Bushman et al 1999: 368). Similarly, Judith Herman cautions how some patients suffering from the aftereffects of trauma have a "compelling fantasy of a fast, cathartic cure" that almost seems related to "the much older religious metaphor of exorcism" (1997: 174, 172).

Even so, numerous scholars seem to continue to rely, if only implicitly, upon modified notions of catharsis.[9] As indicated by Jeong and Lerche, "[a]t a psychological level, all negative emotions connected with past incidents need to be 'released' in order to move beyond a cycle of revenge and retaliation to something more positive" (2002: 330). Many maintain that there is something important about releasing repressed emotions via cathartic actions. For example, those trained in Eye Movement Desensitization and Reprocessing (EMDR) would argue that trauma may have to be brought up for such individuals to reprocess the traumatic events and also become desensitized to any related triggers. According to Francine Shapiro, such interventions are used to "unblock" the brain's information-processing mechanisms thereby helping the body's self-healing processes (2001: 19).

As mentioned previously, one issue raised by Cobban that needs to be explored further is whether there can be positive effects of conflict avoidance or repression in the wake of protracted violence. In post-conflict Mozambique, for example, "most people expressed the view that it can be

[9] For example, a frequently mentioned expert on the emotional aspects of nationalism, Thomas J. Scheff, seems to be making this kind of argument, coding the mention of certain feelings as indications of nationalistic pride and humiliation (1994).

very harmful to open up the old social and psychic wounds of the past" (161). There seems to have been a collective decision to let bygones be bygones and live with unsettled questions for now. Perhaps "selective amnesia" will work for the time being, but it is too soon to say whether it is feasible beyond a short-term solution for those so beleaguered by years of civil war. Long-term studies with extensive follow-up will have to be done to see the lasting effects of such approaches.

Moreover, those individuals most directly harmed by the violence may not have the same view of the situation—some victims may go against the societal consensus in such cases and want public acknowledgment of what they have endured. Laura Nader's important critique of harmony models of conflict resolution indicates that a strongly coercive form of harmony can enact its own violence by silencing discordant voices (1991). The same may be said of reconciliation projects if minority opinions are stifled.

In Mozambique and beyond, however, it is interesting to note that "cleansing" remains a frequently used metaphor for individual and communal healing (Daly and Sarkin: 86). While expressly not a "talking cure" kind of approach, one also may hear echoes of catharsis in the different descriptions of traditional healing rituals as used in post-civil war Mozambique that involve cleansing and purification (Cobban: 159). A related question that some may raise is whether healing may be accomplished in different ways, via biomedical, spiritual, psychological, or traditional/ritual processes. If so, does it matter whether these different modalities remain imperfectly differentiated?

A related concern is that there can be a levels-of-analysis problem (Singer 1961) with psychoanalytical approaches, although the medical field is also implicated. Michael Ignatieff notes that traumatized nations are often discussed and treated as if they were comparable to individuals (1998: 169). Meanwhile, Martha Minow indicates that this idea of mass therapy for the traumatized is based on the claim "[k]now the truth and it will set you free; expose the terrible secrets of a sick society and heal that society. Is this an assertion that can be tested or instead an article of professional, cultural, or religious faith?" (1998: 66). Can testimony in front of truth commissions or truth and reconciliation commissions aid in healing via "the curative power of truth" (Daly and Sarkin: 151)? These important questions need to be investigated further.

Moreover, as Judy Barsalou summarizes the current knowledge of post-conflict reconciliation and peacebuilding:

> There is disagreement over whether medical approaches to diagnosing and treating posttraumatic stress disorder in individuals are relevant for transitional justice and reconstruction processes at the community and national levels. While we often use medical terms to describe "wounded" societies and their recovery," some believe that we should not psychopathologize the process of social reconstruction but instead should identify and strengthen the sources of resilience within societies. (2005: 4)

Options for the Study of Healing

What is one to make of all of this medical language? First, the notions of closure, catharsis, and healing probably reflect the continuing influence of the Enlightenment (or at least reified notions thereof) on Western languages and cultures. Some aspects of Enlightenment language are quite

problematic, such as the values embedded in dualistic considerations of darkness versus light—only the term "whitewash" indicates some negativity about things that are light. As Harvey Chisik notes, the "name of the movement is its own key metaphor: light spreading and driving out the darknesses of ignorance, superstition, and fanaticism," because light "is often associated with understanding" (2005: 155). Other typical Enlightenment themes of reason, truth, emancipation, and belief in progress also are prone to reification and oversimplification in interpretation. Ideas like closure and catharsis are logical extensions of this kind of thinking, which in turn may lead to subconscious assumptions about the potential benefits of "shedding light upon" or "uncovering the truth," "opening up" or "cleansing wounds," and then "closing the books" on past trauma.

Another aspect that has been discussed before is that many of the terms used in the field of conflict resolution (here understood as a general term encompassing a range of approaches) have Judeo-Christian (interpreted broadly) overtones. One only needs to consider the implications involved with such concepts as "political forgiveness," "atonement," "transformation," and "transcendence." The normative content of these terms complicates matters when trying to present social scientific research results.

Given this challenge of conducting social science research of key normative concepts, several options are available. One approach is to follow the nearly constant use of biomedical language. Again, it seems logical to compare bodily injuries metaphorically to the wounds inflicted on the "body politic," especially given the link between preventive diplomacy and preventive medicine and the importance of medical personnel in driving those efforts.[10]

Given the prevalence of medical metaphors, perhaps this connection ought to be explored further. Aspects of this therapeutic or healing model are borrowed from medical ethics, which guide the practice of Western medicine. Without making false idols out of Western science and medicine, there may be practical benefits to weighing the principles of medical ethics.

Medical Ethics as a Guide

Medical ethics generally can be said to focus upon four principles: respect for autonomy, non-maleficence (do no harm), beneficence (do good), and distributive justice (Beauchamp and Childress 1989). Many of these concepts are at least familiar to those not trained in the medical field, and highlight the importance of focusing primarily upon the patient, victim, or survivor's needs and point of view. While some degree of paternalism toward the injured may be necessary—for example, when an accident victim arrives unconscious in an emergency room and therefore is temporarily incapable of making decisions—these situations are supposed to be relatively short term and rare in

[10] Medical personnel have been involved in diplomatic efforts including preventive diplomacy—most notably such figures as Kevin M. Cahill, M.D. Cahill is editor of one of the most important texts on the topic, Preventive Diplomacy: Stopping Wars Before They Start (1996), and writes frequently "on the relationship between medicine and diplomacy" (1996: 367). Meanwhile, such groups as Physicians for Social Responsibility (PSR) and its affiliate, International Physicians for the Prevention of Nuclear War, are more focused upon issues of nuclear nonproliferation and disarmament. More broadly, non-profit organizations such as the International Red Cross and Doctors without Borders/Médecins sans Frontières must engage frequently in delicate negotiations to create and then maintain their presence in international conflict zones.

nature. The principle of autonomy means that, in general, the patient's wishes should be ascertained and then honored. Meanwhile, the emphasis on distributive justice reminds us that public health is concerned about groups as well as individuals. Of particular concern here, however, are the desires to "do no harm" and even "do good" to traumatized people given the explosive and implosive, visible and less readily apparent effects of violence on communities and individuals.

While from a preventive stance, it is obviously better to have avoided violent conflict completely, public health workers act to manage post-conflict situations by working to promote the population's collective mental and physical health and well being. In addition, such professionals would try to restore a sense of safety within the society. The general population may not easily be reassured, unfortunately, given political uncertainties in transitional societies and the risk of potential recurrence of violence.

One example of a thorny ethical dilemma that touches upon many of the themes of these two texts and many others is that of the possible reintegration of perpetrators after communal violence. Post-conflict societies commonly face this difficult issue, as has been the case in Sierra Leone and Mozambique, for example.

Given the principles of beneficence and non-maleficence, the immediate concern would be to provide proper physical and mental health care for individual victims of violence. While the provision of proper medical treatment can be problematic in such situations, transitional governments seem to struggle more with adequate delivery of mental health care services (Daly and Sarkin: 58-60). Under ideal conditions, mental health practitioners would promote a safe environment and work toward establishing a relationship of trust with traumatized individuals.

In some post-conflict contexts, communities have decided to try to reintegrate perpetrators, providing some communal ceremonies and public works in which the former combatants are given the opportunity to demonstrate remorse and compensate in some small way for their previous actions (Cobban: 236-238). A type of cleansing ritual may aid this process by symbolizing that the former perpetrator is embarking on a different, more peaceful path (Cobban: 158-160).

This issue also relates to legal discussions of respective benefits and negatives of retributive and restorative justice approaches (Daly and Sarkin: 168-179). Given medical ethics' clear emphasis on healing and promoting the conditions under which it is more likely to occur, a restorative justice approach would be advocated. This position is rooted in all the principles of medical ethics.

After all, many mental health providers would indicate that *both* victims and perpetrators of violence may be traumatized and in need of treatment (Cobban: 220). Medical ethical principles extend beyond victims to perpetrators. While health care workers may not always like or approve their patients' behavior, compassion still is merited. There always is a story behind each person's actions.

All of those affected by violence may experience some degree of post-traumatic stress disorder, exhibiting hyper-vigilance, sleep disturbance, emotional numbing, desensitization, and other symptoms in reaction to the unpredictability of life (van der Kolk and McFarlane 1996). Such factors would have to linger beyond a few weeks, beginning to be a central feature in a person's life. At the same time, however, psychiatrists note that "the personal meaning of traumatic experience for

individuals is influenced by the social context in which it occurs" (McFarlane and van der Kolk 1996: 26). Intersubjectively shared cultural beliefs shape the interpretation of what has taken place, so the general diagnosis of PTSD, its symptoms, and prescriptions toward its healing vary across settings (de Vries 1996).

When it comes to perpetrators, some may not have confronted their own complicity in war crimes, compartmentalizing their heinous actions. Some combatants may have been enlisted forcibly as well as given orders that they must carry out or be harmed themselves—a reminder that the line between soldiers and civilians is increasingly difficult to draw. Again, restorative justice approaches are thought to be more responsive to the concerns of victims/survivors and their families than prosecutorial justice approaches, and they may be more effective in rehabilitation and reintegration of former aggressors into society.

At the same time, however, the principle of non-maleficence indicates that care must be taken to help those who were most directly traumatized by these offenders. Imagine the emotions someone who was victimized by a particular perpetrator would feel upon seeing that individual return to the community. Mental health care providers would note that there are complications when issues of rape, torture, and murder are involved, given the less-than heartening rehabilitation success rate for sexual predators and others with anti-social personality disorders, for example. In such cases, some professionals may claim that compassion toward the offenders is not appropriate or even helpful. Furthermore, victims' rights advocates would argue against such resettlement—especially if the atrocities in question were particularly heinous—without at least some preventive measures such as protection of the survivors, supervision of the offenders or restriction of their movements.

In terms of the principles of distributive justice and beneficence, meanwhile, poverty alleviation and adequate distribution of health care would be designed to address the needs for justice and economic support for affected citizens. Guaranteed employment also may help former combatants make a smoother transition to peaceful coexistence by taking away possible sources of grievance and promoting human dignity instead. Nevertheless, given the problem of limited finances, it is entirely likely that these efforts to promote healing and societal reintegration will be woefully inadequate; arguably even harmful to particularly traumatized individuals.

Even with these limitations, it is important to respect the affected parties' autonomy and minimize paternalism as much as possible. Thus, the ultimate decisions rest with the respective governments and their citizens. Outside actors should allow the parties to deliberate and choose their own path, while registering concerns if particular victims' needs are not taken into sufficient account, or if "stumbling blocks" observed previously with other transitional justice efforts seem to arise. At a more individual level, most health professionals similarly would stress the importance of traumatized individuals taking the necessary steps over time to heal him or herself (Shapiro 2001). This kind of ownership of the therapeutic process is viewed as a key step toward health—a step that some admittedly might not feel well enough to take.

Together, this example begins to demonstrate how medical ethics are applicable to reconciliation issues. Of course, not all mental and physical health care workers may have the time or inclination to weigh difficult ethical questions carefully in their practice. Nevertheless, medical ethics provide important guidance as concerned parties work toward post-conflict reconciliation.

Actually, many other ethical models exist in the fields of conflict resolution, peace studies, and development, such as John Paul Lederach's model of reconciliation that focuses on the interrelated principles of truth, justice, peace, and mercy (1997). All of these approaches allow for consideration of the multiple parties and issues at stake, and provide guidance for future practice. For example, Daly and Sarkin focus on legal frameworks. In fact, many of these approaches influence each other and overlap. At the same time, however, medical ethics serve to remind us of the central importance of promoting healing.

Conclusion

In summary, the overall goals of reconciliation, post-conflict peacebuilding, and healing are viewed as essential, asserting that "an integral part of the postsettlement phase is the parties' ability to reconcile and reconstruct a new relationship" (Abu-Nimer 2001: ix). Healing is an ethical good with which few would disagree.

Given that consensus, an important question should be asked: Is this assumption of healing—embedded as it seems to be in a significant portion of international peace, conflict resolution, and development work—truly problematic? After all, conflict resolution scholarship, whether investigating apologies, conflict transformation, reconciliation, restorative justice, or other topics, often turns from the descriptive into the prescriptive—focusing on what "is" versus what "ought" to be. Terms like "conflict resolution" or "transformation," "development," and "reconciliation" seem to indicate the normative orientation of these fields and processes—conflict resolution, peace studies, and international development all are predicated on helping to *improve* situations for affected populations.

What complicates matters is that there are few guarantees that such actions are indeed as helpful as they are designed to be. Of course, this point is meant merely as a cautionary reminder; such critiques have been made before by scholars and practitioners within each area of specialization. Given the most obvious parallel to altruism in the field of medicine, however, this problem is surmountable since the natural sciences also grapple with this issue. Medical ethics may provide additional insights to guide practice.

Still medical ethics provide no panacea, ironically enough. While helpful insofar as they orient us toward the goal of healing, medical ethics principles cannot remove the murkiness that surrounds issues of transitional justice. Instead they only provide us with one more instrument or "prosthetic" (Shotter 1993: 21) to use when trying to understand healing and related processes.

Furthermore, a significant question remains: *Ultimately, does it even matter if the meaning of "healing" is left unspecified?* Should "healing" just be understood at a metaphorical level? As mentioned previously, much of the literature available on transitional justice, reconciliation, conflict resolution, and human rights bridges the fact-value divide, and in most regards, that is as it should be.

The only drawbacks are in terms of contributing systematically to science and therefore improved practice. In that area, an artificial divide may have to be drawn at a key stage in the research process just for the purpose of learning what does or does not work. Many understandably are troubled by any distinction between facts and values. This separation is part of the reason why

Western-style science has its detractors. These legitimate concerns perhaps can be assuaged by the reminder that any use of reductionism is supposed to be temporary rather than fixed.

Moreover, some may caricature or overdraw the fact-value divide in Western science. While some tend to view facts and values as contradictory or even antagonistic, it may be that they are mutually dependent instead. There is an art to science, and scientists often are keenly aware of the mysteries of their fields of work and study. For lack of a better description, there may be a profound nexus between science and spirituality as well as the mind and body. Any good physician knows that effectiveness is a matter both of technique and the ability to connect to the patient, addressing him or her in ways that dignify both physical and mental concerns.

Even so, medical experts remind us that quality technique still must come first (one only need think of harm that can be done by a compassionate physician who also is incompetent). Medical ethics always are an essential guide to practice, and at the same time, research still must be done in a way that isolates certain factors for study and then follows up systematically over time. (Some questions worth investigating may include: What was the type of injury? In what social context did the injury take place? What are standard measures of "success" in healing in this context? What is the timeframe in question? What is the level of analysis?).

If we take seriously the physician's call to "do no harm" and even "do good" in our work, then we still must try to understand healing in a more systematic manner to address the millions of people who have experienced psychosocial trauma to some degree. In the majority of cases, current reconciliation scholarship does not specify the mechanisms of healing, nor is "healing" given a definition. Instead, the content of "healing" often is assumed. Much of what makes reconciliation work so difficult, of course, is that the field is in its infancy. Moreover, most of us do not have multiple degrees in related fields like medicine or psychology, and even then, little is known of the specific mechanisms of healing across time, place, and culture. Therefore, this issue has certain urgency, as moving beyond wishful thinking to scientific results will take time and concerted effort. All that is being articulated is a modest plea for enhancing our knowledge and understanding of healing mechanisms via systematic study, therefore improving our capacities to address these urgent needs.

References

Abu-Nimer, Mohammed (ed.). 2001. Reconciliation, Justice, and Coexistence: Theory and Practice. Lanham, MD: Lexington Books.

Abu-Nimer, Mohammed, Abdul Aziz Said, and Lakshitha S. Prelis. 2001. "Conclusion: The Long Road to Reconciliation," in Mohammed Abu-Nimer (ed.), Reconciliation, Justice, and Coexistence: Theory and Practice. Lanham, MD: Lexington Books.

Amstutz, Mark R. 2005. The Healing of Nations: The Promise and Limits of Political Forgiveness. Lanham, MD: Rowman & Littlefield.

Barsalou, Judy. 2005. "Trauma and Transitional Justice in Divided Societies." *United States Institute of Peace Special Report 315*. Washington, DC: United States Institute of Peace (April): 1-12.

Beauchamp, Tom L. and James F. Childress. 1989. Principles of Biomedical Ethics. (3rd ed.) New York: Oxford University Press.

Biggar, Nigel (ed.). 2001. Burying the Past: Making Peace and Doing Justice after Civil Conflict. Washington, DC: Georgetown University Press.

Bushman, Brad J., Roy F. Baumeister, and Angela D. Stack. 1999. "Catharsis, Aggression, and Persuasive Influence: Self-Fulfilling or Self-Defeating Prophecies?" *Journal of Personality and Social Psychology* 76(3): 367-376.

Cahill, Kevin M., M.D. (ed.) 1996. Preventive Diplomacy: Stopping Wars Before They Start. New York: BasicBooks and the Center for International Health and Cooperation.

Chisik, Harvey. 2005. Historical Dictionary of the Enlightenment. Lanham, MD: Scarecrow Press.

Dahl, David S., M.D., neurologist. 2008. Private conversation, 20 March, Shorewood, Wisconsin.

_____. 2008. Private conversation, 9 July, Shorewood, Wisconsin.

de la Rey, Cheryl and Ingrid Owens. 1998. "Perceptions of Psychosocial Healing and the Truth and Reconciliation Commission in South Africa." *Peace and Conflict: Journal of Peace Psychology* 4(3): 257-270.

de Vries, Marten W. 1996. "Trauma in Cultural Perspective," in Bessel A. van der Kolk, Alexander D. McFarlane, and Lars Weisaeth (eds.), Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society. New York: The Guilford Press.

Elster, Jon. 2004. Closing the Books: Transitional Justice in Historical Perspective. New York: Cambridge University Press.

Galtung, Johan. 1996. Peace by Peaceful Means: Peace and Conflict, Development and Civilization. Thousand Oaks, CA: Sage.

_____. 2001. "After Violence, Reconstruction, Reconciliation, and Resolution: Coping with Visible and Invisible Effects of War and Violence," in Mohammed Abu-Nimer (ed.), Reconciliation, Justice, and Coexistence: Theory and Practice. Lanham, MD: Lexington Books.

Hamber, Brandon and Richard A. Wilson. 2003. "Symbolic Closure through Memory, Reparation and Revenge in Post-Conflict Societies," in Ed Cairns and Mícheál D. Roe (eds.), The Role of Memory in Ethnic Conflict. New York: Palgrave.

Hegarty, Angela. 2002. "Truth, Justice & Reconciliation? The Problem with Truth Processes" *The Global Review of Ethnopolitics* 2(1) (September): 97-103.

_____. 2003. "The Government of Memory: Public Inquiries and the Limits of Justice in Northern Ireland." *Fordham International Law Journal* (April): 1148-1192.

Herman, Judith Lewis. 1997. Trauma and Recovery: The Aftermath of Violence—From Domestic Abuse to Political Terror. New York: Basic Books.

Ignatieff, Michael. 1998. The Warrior's Honor: Ethnic War and the Modern Conscience. New York: Henry Holt and Company.

Jackson, Patrick Thaddeus. 2004. "Hegel's House, or 'People are States Too.'" *Review of International Studies* 30: 281-287.

_____. 2008. "Social Science as a Vocation: Weber, Pragmatism, and Experiential Inquiry." Unpublished manuscript.

Jeong Ho-Won and Charles Lerche. 2002. "Reconciliation and Its Social and Political Dimensions." *International Politics* 39 (September): 329-339.

Kübler-Ross, Elisabeth. 1969. On Death and Dying. New York: Scribner.

Kuhn, Thomas S. 1986. The Structure of Scientific Revolutions. (2nd ed.) Chicago: University of Chicago Press.

Lederach, John Paul. 1997. Building Peace: Sustainable Reconciliation in Divided Societies. Washington, DC: United States Institute of Peace.

Lund, Giuliana. 2003. "'Healing the Nation': Medicolonial Discourse and the State of Emergency from Apartheid to Truth and Reconciliation." *Cultural Critique* 54 (Spring): 88-119.

McFarlane, Alexander D. and Bessel A. van der Kolk. 1996. "Trauma and Its Challenge to Society," in Bessel A. van der Kolk, Alexander D. McFarlane, and Lars Weisaeth (eds.), Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society. New York: The Guilford Press.

Minow, Martha.1998 Between Vengeance and Forgiveness: Facing History after Genocide and Mass Violence. Boston: Beacon Press.

Montville, Joseph V. 1993. "The Healing Function in Political Conflict Resolution," in Dennis J.D. Sandole and Hugo van der Merwe (eds.), Conflict Resolution Theory and Practice. New York: Manchester University Press.

Nader, Laura. 1991. "Harmony Models and the Construction of Law," in Kevin Avruch, Peter W. Black, and Joseph A. Scimecca (eds.), Conflict Resolution: Cross-Cultural Perspectives. Westport, CT: Greenwood Press.

Owen, Lord David. 1996. "A Clinician's Caution: Rhetoric and Reality," in Kevin M. Cahill, M.D. (ed.), Preventive Diplomacy: Stopping Wars Before They Start. New York: Basic Books and the Center for International Health and Cooperation, 1996.

Shapiro, Francine. 2001. Eye Movement Desensitization and Reprocessing: Basic Principles, Protocols, and Procedures. (2nd ed.) New York: Guilford Press.

Shotter, John. 1993. Cultural Politics of Everyday Life. Toronto, Canada and Buffalo, NY: University of Toronto Press.

Singer, J. David. 1961. "The Level-of-Analysis Problem in International Relations." *World Politics* 14(1) (October): 77-92.

Summerfield, D.A. 1997. "Legacy of War: Beyond 'Trauma' to the Social Fabric." *Lancet* (31 May): 1568.

Torpey, John. 2003. Politics and the Past: On Repairing Historical Injustices. Lanham, MD: Rowman & Littlefield.

_____ (ed.). 2007. Making Whole What Has Been Smashed: On Reparations Politics. Cambridge, MA: Harvard University Press.

"Truth and Reconciliation Commission of South Africa Report." Vol. I. 1998. Cape Town, South Africa: Truth and Reconciliation Commission.

van der Kolk, Bessel A. and Alexander D. McFarlane. 1996. "The Black Hole of Trauma," in Bessel A. van der Kolk, Alexander D. McFarlane, and Lars Weisaeth (eds.), Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society. New York: The Guilford Press.

Villa-Vicencio, Charles and Wilhelm Verwoerd. 200. "Constructing a Report: Writing Up the 'Truth,'" in Robert I. Rotberg and Dennis Thompson (eds.), Truth v. Justice: The Morality of Truth Commissions. Princeton, NJ: Princeton University Press.

Weber, Max. 1949 [1904]. "Objectivity in Social Science and Social Policy," in E. A. Shils and H. A. Finch (eds. and trans.), The Methodology of the Social Sciences. New York: Free Press.

Wittgenstein, Ludwig R. 1973. Philosophical Investigations, Vol. 1 (3rd ed.). G.E.M. Anscombe, trans. Oxford: Blackwell.

Elizabeth S. Dahl is an assistant professor at the University of Nebraska at Omaha. She received her M.A. in International Peace and Conflict Resolution and Ph.D. in International Relations from American University in Washington, D.C., and an M.A.R. in Ethics from Yale Divinity School. Professor Dahl's research focuses on issues of politics, culture, identity, and conflict resolution in East Asia. Her dissertation was an exploration of recent US-China relations in relation to political apologies, nationalism, and historical memory. One of her current projects is an article that compares the philosophical roots of peace studies and conflict resolution approaches.