

CONCLUSION

In light of the ongoing discussion on healing, I think it is safe for me to not define what healing is but to propose ideas of what it can be. This section is a reflection of what I have learned so far. Who knows? 35 years later, I might come back to this paper, re-write the project. But, this project will develop over time.

For me, healing is a multi-dimensional, non-linear process that takes a survivor on a journey. It is a journey of redemption, restructure, reconstruction, resilience, and remembrance. Although the concept of healing is widely used and discussed, to what extent do people really understand the process of recovery and healing? Healing is a lifelong process, and storytelling can be a powerful tool within that process. Based on the interviews I have conducted, many survivors do not have a definite meaning of what healing is, but rather an idea of healing that gives them hope for the future. In a way, the healing process is personal because of its deep connection to survivors' emotional and psychological transformation over time. There is one common theme that many survivors mentioned in their stories: the aftermath experience from trauma heavily affects who they become and how they see themselves. Because trauma can make them feel lost in terms of who they are and how they control their consciousness, it can make survivors feel isolated from the world. The world that we live in – where time dominates our lives – only increases survivors' sense of disconnectedness from society.

In regards to healing and recovery, time is arbitrary. It is an idealistic measurement when a person has survived and is engaged in an ongoing process of survival. Time should not determine whether a survivor has succeeded in healing. The markers of physical progress are perhaps easier to see. However, healing is long process – psychologically, emotionally, and mentally. Although some post-traumatic mental illnesses are treatable, treatment does not equate to full convalescence. I believe that healing is a gradual, continuous process, which is not linear to time and people's minds. There will be a stage when a survivor can better control post-traumatic experiences through treatments and therapy, but that control does not mean that trauma is cleansed. It is still there. It also affects who they become. *What We Talk About When We Talk About Rape* includes a powerful statement: "Nobody is immune for rape. But everybody has different tools in his/her/their bag to either cope with it,

or to make coping that bit harder. Stones in your pocket make it easier to drown.”¹ No person, no mind, no body is immune from trauma. The experience – during and after – is unexpected, and time does not define validity of processes and formation of memory.

Scholars and researchers have recognized that healing is not an outcome but a process. In *The McGill Journal of Medicine*, Kaitlin A. Chivers-Wilson wrote in the article “Sexual assault and posttraumatic stress disorder,”

Healing from this trauma does not mean that the survivor will forget the experience or never again experience any symptoms. Rather, successful recovery is subjective and measured by whether the survivor increases his or her involvement in the present, acquires skills and attitudes to regain control of his or her life, forgive him or herself for guilt, shame and other negative cognitions, and gain stress reduction skills for overall better functioning[.]²

Chivers-Wilson raises an important point when she notes that, for survivors, self-control can be an essential factor in healing. Through self-control, survivors can reconcile that trauma is not their fault and that negative cognitions are part of the process of overcoming the challenges from post-trauma experience. When people interview and listen to survivors’ stories, they do not give space for survivors to control what they are speaking about and whom they are speaking for. Oral history, on the other hand, gives space to storytellers. When I interviewed survivors for this project, I let them know that they were allowed to talk about the story that they felt comfortable sharing, and if they were not comfortable, they were allowed to stop the recording, pause the interview, and/or say that they did not want to share. These form of control of how they can share their stories, whom they can share it with, what they

¹ Abdulali, Sohaila. *What We Talk About When We Talk About Rape*. New York: New Press (2018), 165.

² Chivers-Wilson KA. “Sexual assault and posttraumatic stress disorder: a review of the biological, psychological and sociological factors and treatments.” *McGill J Med*. 2006;9(2):112.

want to focus on, and allowing their active participation in shaping the spoken narrative, are helpful in recognizing the healing and memory process. Perhaps this open space that oral history invites for survivors resembles the self-control that many survivors look for as they heal in life. The recognition of healing as a process is adopted and highlighted in oral history practices.

At the end of the process, when I asked my narrators how they felt when being interviewed for the project, three of them said that interviews gave them sense of reconciliation with the past and present. They acknowledged that what has happened to them will be there and know that hearing others' stories has helped them find meaning in their experience for their healing process. One of the narrators said, "I'm glad I'm not alone in this – and that there is a community. We are building that community slowly. Together." Stories from oral history interviews allow survivors to reconcile together, to hope for the future, and to regain control of their narratives.

Final Words

The project holds different voices – not just stories but voices. My voice for the project changed as this thesis progressed, and for the longest time, I could not find my voice until I interviewed myself. In the beginning, I was unable to get away from using passive voice when I wrote about my experience with Title IX. Then I wondered, “Am I afraid of the words? Or are the words afraid of me?”

I always loved reading interviews from newspapers and magazines. Because I loved reading them so much, I started interviewing people for my blog, and then I came to the oral history program at Columbia. But, I never actually had the time to sit down and interview myself like how I would with others. Because the project is so personal, there was no way that I could leave my story out. Then I interviewed myself to see where I was, how I was, and what I was. Thankfully, that method has helped me find my strongest voice. The voice which I feel comfortable in expressing, articulating, and processing my story. So, the project means a lot to me. As I listened to other survivors’ stories and mine, I found meaning in healing. It feels like a bulk of paint has oozed out of the tube – and you see that vibrant paint in front of you, and you excitedly get a paint brush to mix and make colors for the canvas. Painting the canvas is a working progress.

I do not know if the project has necessarily “helped” the narrators whom I interviewed, but I do know that other survivors – after reading my thesis – have shared their stories with me and they’re interested in coming forward by participating in the project. Given the time of my graduation and the submission deadline for thesis, I am unable to interview them and share their stories on this paper. But, I am always open to interviewing survivors if they are comfortable in doing so and when they are ready. I was extremely honored when several survivors came to me and thanked me for doing the project. They even asked if they can share their stories with me. That moment made me realize that my work is important and that our voices are stronger together. Seeing their courage has helped me stay motivated for the project. It was not easy listening to and transcribing their stories. But, at the end, when I saw survivors coming together, I released a huge breath and said, “This is what we need to do.” It’s rewarding, and I hope we can find light that helps us grow as courageous, supportive survivors.