

## Radical Healing in Communities: A Decolonial Reading

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### Abstract

The colonial wound signifies the contemporary societal structures which undermine, maim, and destroy the humanity of colonised subjects. In South Africa, the colonial wound manifests in different ways. We see the colonial wound at work in the country's disproportionately high rates of racialised poverty and State violence, Afrophobia, and ongoing land dispossession. Addressing the colonial wound demands a kind of decolonial healing that transcends bio-psycho-social models. We understand such healing as *radical healing*. Although several scholarly conceptions of radical healing have been advanced, there have been few attempts to engage with how marginalised communities conceptualise and enact healing in relation to coloniality. As such, relatively few studies have explored the complexities of practicing and conceptualising radical healing within a decolonial framework. The present study aims to speak to this gap. In this study, we engaged with three marginalised South African communities, facilitating six group discussions on radical healing. In bringing the southern African concept of *lekgotla* (a collective process of deliberation) to bear on critical discourse analysis, we examined the discourses upon which participants drew in the group discussions to construct radical healing. Although several discourses were identified in the data, two were most pertinent to the objectives of this study. The first discourse, *Contested Signification*, spoke to the inherent variability within radical healing conceptualisations and practices, where the second discourse, *Healing Practicalities*, evoked the pragmatic struggles inherent to practicing radical healing through a collective and community-led process. In our concluding reflections, we consider what participants' discursive constructions of radical healing might teach us about the colonial wound and, against this, what it means to take up decolonial radical healing practices in and beyond the discipline of psychology.

### Keywords

radical healing, decolonial, *lekgotla*, critical discourse analysis, South Africa, colonial wound

Coloniality represents the structures of power which were established during the classical colonial era in the late fifteenth century (Bulhan, 2015), but that survive today in dominant – and dominating – cultures, labour relations, intersubjective interactions, social systems, institutions, and knowledge-making practices (Maldonado-Torres, 2007). By reifying coloniser-colonised relations, including intensely individualised approaches to human subjectivity, coloniality establishes a hierarchy of both human beings and knowledges (Mignolo, 2007). As Ndlovu-Gatsheni (2018) contends, coloniality denies the humanity and knowledges of racialised and gendered colonial subjects. To resist coloniality, to move towards decolonisation, is then to reject the dehumanising practices and ideologies inherent to coloniality's grip on knowledge, power and being. In this regard, decoloniality represents “not only a long-standing political and epistemological movement aimed at liberation of (ex-) colonized peoples from global coloniality but also a way of thinking, knowing, and doing” (Ndlovu-Gatsheni, 2015, p. 485).



We can understand coloniality as wounding. As [Mignolo \(2005\)](#) writes, the colonial wound speaks to the physical and psychological pain resulting from “the hegemonic discourse that questions the humanity of all those [colonised subjects] who do not belong to the [colonial] locus of enunciation (and the geo-politics of knowledge) of those who assign the standards of classification and assign to themselves the right to classify” (p. 8). Simply put, the colonial wound refers to the scars and the violence inflicted onto colonised subjects by the structures, institutions, discourses, and persons committed to coloniality ([Cawayu & De Graeve, 2022](#)). The colonial wound certainly manifests physically, but it also does so affectively, spiritually, relationally, ontologically, ecologically, and psychically (see [Ureña, 2019](#)). To understand a wound as colonial indicates that it must be addressed at the structural level. Part of the decolonial project is, then, to confront wounds at their colonial roots, while endeavouring to never become these wounds ([Duran et al., 2008](#)). This is a kind of healing that is stretched beyond conventional understandings of the term. We refer to such healing as radical healing. To be clear, the term radical healing does not necessarily centre coloniality and decoloniality. In an influential paper, [French et al. \(2020, p. 24\)](#) define radical healing as “being able to sit in a dialectic and exist in both spaces of resisting oppression and moving toward freedom”. Though we do not wish to contest this definition (which we believe to be suitably broad), we insist that radical healing becomes situated in time and place when the “oppression” against which it is directed is named as coloniality and, accordingly, the “freedom” that is granted by resisting such oppression is spoken of as decoloniality.

In this study, we explore how people practice and make sense of decolonial radical healing practices within socially marginalised settings in South Africa. The purpose of this study is to explore and thus gain a better understanding of how radical healing as a plurality of decolonial practices has been theorised and actioned within and by marginalised communities in South Africa. The contribution of this work thus lies in its critical engagement with the complexities of community-driven radical healing within and for the decolonial project.

## Psychology and the Politicisation of Healing

Throughout history, radical healing has denoted a number of different concepts. [French and colleagues \(2020\)](#) recall how in the nineteenth century, radical healing referred to the treatment of varicocele, while in the twentieth century, it encompassed a specific set of alternative healing practices in medicine. Today, the concept has been used in a variety of ways in legal studies, movement building, education, and social work (see [Cox et al., 2009](#); [Ginwright, 2010](#); [Masson & Harms-Smith, 2019](#)). In our work, we seek to put radical healing to the work of decoloniality. As such, we take radical healing to mean a long-term process concerned with delinking individual, collective and community well-being from coloniality, while continuing to make clear how coloniality harms well-being. So understood, radical healing entails a set of non-deterministic practices that, although located in place, are geared towards addressing, attacking, disinvesting, and mitigating the structural causes of the colonial wound. As such, radical healing is systems-focused and, in harnessing collective agency and activism ([Ginwright, 2010](#)), negates the formation of identities of victimhood ([Duran et al., 2008](#)). Radical healing is, in this respect, intensely humanist; attentive to the kinds of intergenerational trauma produced by coloniality ([Cox et al., 2009](#); [Danieli, 2009](#)); alert to the individual-collective dialectic; and led by, rather than imposed from outside of, marginalised communities (see [McCaslin & Breton, 2008](#)). In this, radical healing as we understand it, and as we discuss further below, differs from radical healing approaches that have been conceptualised outside of marginalised communities, as well as radical healing approaches that do not name systems of coloniality. Importantly, radical healing is formed through both action and speech, with each continually forming and reforming the other. Radical healing is thus always in motion; never static in either its spoken or practiced formations.

Much of the recent scholarly work on radical healing is based in the United States and focuses primarily on questions of race and racism. Important as this work undoubtedly has been in taking seriously the imperial histories of racialisation and contemporary structures of racism, it has tended not to explicitly situate coloniality or the colonial wound within radical healing. Race and racism are, therefore, not always connected with coloniality’s globalised structures of violence. [Ginwright \(2010\)](#), for example, examined the meanings of radical healing among African American youth, while [Adames et al. \(2023\)](#) sought to understand how psychotherapy could serve as a kind of radical healing practice that addresses racism-related stress and trauma among Black and Indigenous people living in the United States. As useful as both studies are for elucidating radical healing practice, they risk eliding a systematic focus on

coloniality, and thus unwittingly obscuring the ongoing colonial history of racialised and gendered oppression within which the United States is situated. Other studies have engaged the radical healing potential of particular research methodologies. [McNeil-Young et al. \(2023\)](#), for instance, analysed how storytelling can serve as a radical healing approach within and for majority Black communities in the United States, where [Roncoroni and Tucker \(2024\)](#) as well as [Desai \(2020\)](#) examined how participatory research could advance radical healing praxes within the United States' racist social structures. Again, we believe that the radical healing potential (as well as the limitations thereof) of these methodologies could have been drawn out further if they were assessed against structures of coloniality. In the realm of pedagogy, [Rosario-Ramos \(2018\)](#) utilised autoethnographies to examine the potential for radical healing within a progressive education initiative undertaken with racially marginalised students in the United States. [Nygreen \(2017\)](#) similarly drew from ethnographic research to examine the pedagogical dimensions of parent organising workshops that Latinx migrants in the United States had organised for the purpose of radical healing. Again, we do not wish to denigrate or overlook the value of these studies. We do, however, wish to posit that when radical healing is linked to decoloniality (and thus coloniality and the colonial wound), we are able to grapple with how place-based healing is situated in a global system that entrenches racialised, gendered, classed, ecological, and bodied oppressions, and where the opportunities for decolonising resistance and solidarity lie within this system. As an analytical lens and a basis for practice, decoloniality assists us in understanding, for example, how land dispossession in South Africa, racist violence in Oceania and the United States, genocide and occupation in Palestine, and far-right nationalism the world over form part of coloniality's near-totalising world structure, with radical healing initiatives always embedded within and directed against this structure.

Placed within a decolonising frame, radical healing seeks to recover the values, beliefs, and practices inherent to those indigenous knowledges systems that have been erased by coloniality's epistemological onslaught, and to ensure that these values, beliefs, and practices are used to guide and implement healing practices that address the colonial wound ([Lau & Seedat, 2015](#)). Indeed, a "community is formed and re-formed every time its history is told" (see [Poks, 2015](#), p. 66), with telling being crucial to healing communities as well as the self as it exists within the community. To tell, do, and testify (see [French et al., 2020](#)) in the face of coloniality is part of speaking to the erasures (genocides, epistemicides, ecocides, scholasticides, femicides) upon which coloniality relies. While the therapeutic capacities of telling and doing are well-documented in the literature (e.g., [Epston & White, 1990](#)), researchers and practitioners have less often looked at how telling and doing can challenge colonial narratives and hegemonic assumptions in ways that connect to decolonising forms of radical healing (there are, of course, exceptions here, see e.g., [Cawayu & De Graeve, 2022](#); [Masson & Harms-Smith, 2019](#); [McCaslin & Breton, 2008](#); [Poks, 2015](#); [Segalo & Cakata, 2017](#); [Suffla & Seedat, 2021](#); [Ureña, 2019](#)).

In this article, we position ourselves within the growing body of scholarship that engages with how community actors have sought to conceptualise and practice radical healing within a decolonial framework. We are specifically concerned with radical healing practices that take place within the context from where we write and work: South Africa, as well as the discipline in which most of us are broadly situated: psychology. In South Africa, slavery, colonialism, apartheid, and neoliberal racial capitalism have all informed coloniality's deeply oppressive and violent structuring of the present. Social suffering and trauma are widespread and normalised throughout South Africa. The Gini coefficient, which provides a statistical measure of a country's wealth distribution, is estimated at 0.67 for South Africa, making it one of the most unequal countries in the world ([World Bank, 2024](#)). This inequality is profoundly racialised. Ten percent (most of which are white) of the population own more than 90% of the wealth in the country, while 80% have almost no wealth ([Orthofer, 2016](#)). Land reforms have been very slow, with most of the land in South Africa – especially rural and agricultural land – remaining under white ownership ([Ngcukaitobi, 2021](#)). The country also presents among the highest global rates of homicide and gender-based violence ([Bowman et al., 2018](#)), with a violent death rate that has been compared to that of a country at war ([Seedat et al., 2009](#)).

What have those situated in psychology made of coloniality in and beyond South Africa? The discipline of psychology has long aligned itself with the oppressive logic of coloniality (e.g., [Bulhan, 1985, 2015](#)). Psychology in the main tends to employ an individualising, deficit-focused and apolitical approach to healing that examines a person's temporal behaviour, cognitions, attitudes, and emotions in a manner that is often divorced from socio-historical contexts ([French et al., 2020](#)), including sociohistorical systems of coloniality. [Moghaddam \(2010\)](#) refers to this as the 'embryonic

fallacy' of psychology, whereby the individual subject is taken as the source and centre of all psychological experience. Psychologists who subscribe to the embryonic fallacy tend to ignore the sociogenic, historical, and ethical content of trauma, focusing instead on adjustment rather than decoloniality or social justice (Birrell & Freyd, 2006; Bulhan, 1985; Fanon, 1967). This has certainly been the case in South Africa, where psychology allied closely with apartheid-era labour practices as well as its racist and sexist research biases (Seedat, 1998). Most white psychologists working during the apartheid-era were either explicitly or, by virtue of their silence, implicitly invested in the settler colonial project, with many psychological diagnoses and assessments justifying the exploitation and/or pathologisation of South Africa's Black population (Cooper & Nicholas, 2012). Under apartheid, Black students were also refused into relatively well-resourced psychology programmes located in the "white only" universities (Stead, 2002). Today, mainstream psychology in South Africa continues to mirror the broader social and political arrangements in the country by focusing on individualised conceptions of the social (see Suffla et al., 2001). This means that psychology in South Africa has in large part cohered with coloniality's attempts to manage, categorise, and even pathologise subjects seeking to resist coloniality (see Painter & Terre Blanche, 2004). In short, psychology in South Africa remains, in many respects, an individualising, Eurocentric, and English-medium apparatus of adaptability (see Segalo & Cakata, 2017).

It should be noted that there have been attempts to bring psychology into post-apartheid healing practices. The most notable of these was the Truth and Reconciliation Commission (TRC) (see Gobodo-Madikizela, 2008), a restorative justice body established in 1996 where apartheid-era victims and perpetrators of human rights violations could describe their experiences and give testimony. Notably, perpetrators could request amnesty. However, as critics like Mamdani (2020) have emphasised, the TRC was committed to a criminal justice framework that sought to understand apartheid in terms of individual criminality, rather than a broader structure rooted in coloniality. As such, the TRC inadequately engaged with several substantive structural issues, such as land dispossession and political economy. In this, the TRC allied, perhaps unwittingly, with the kinds of individualisation which characterise much of psychology.

At the same time, in South Africa – as is the case globally – there have always been people working in the psy-disciplines who, in turning away from individualising psychological practice, have embraced the decolonial turn that "not only motivates the critique of the self and of global structures and patterns, but it also generates new subjectivities and social formations through organising, and the creative and critical engagement with life-worlds and knowledges that precede, and many times resist, modernity/coloniality" (Maldonado-Torres, 2020, p. 161). For example, psychological practitioners have drawn on their discipline to examine currents of coloniality and, indeed, decoloniality which underwrite different archives, drawing from these archives to examine the psycho-political constitution of the present, including – in some cases – radical healing in the present (see e.g., Malherbe & Canham, 2024; Seedat & Suffla, 2017; Stevens et al., 2013; Suffla & Seedat, 2021).

It is from within the decolonial turn in psychology that, in this article, we attempt to understand community-centred practices and conceptualisations of radical healing which have by and large been rendered illegitimate or illegible by mainstream Euro-American psychologies. Indeed, mainstream psychologies tend not to recognise healing practices which are embedded more deeply in decolonial commitments and social structures than they are in disciplinary doxa or experimental testing (see Bulhan, 1985). It is our contention that critically driven psychological research studies must seek to explore and harness the radical healing and decolonising potential inherent to community knowledge systems. In this, we can begin to transform psychology by holding it accountable to the decolonial turn.

In the present study, we sought to explore how decolonial iterations of radical healing are practiced and conceptualised in three low-income communities in South Africa, each of which we have long-standing collaborative relationships with. Our principal contribution to the radical healing scholarship lies in our focus on coloniality and decoloniality as they are reproduced in the contemporary South African context. We did not impose conceptual categories like "decolonisation" and "healing" in this study. Instead, in an attempt to better understand decolonial iterations of radical healing, we looked to people's existing struggles to heal in the face of coloniality. The point, here, is not to contain radical healing practices within conceptual structures, but to use these categories to understand commonalities and differences between radical healing practices which address coloniality and that take place across different community contexts. In paying heed, then, to how the material connects with the discursive, a critical discourse analysis proved especially germane to our purposes.

## Method

### Research Setting

The study's participants were selected from three low-income communities in South Africa with which we have existing collaborative relationships: Thembelihle and Jackson, situated in Johannesburg, and Erijaville, located in Cape Town. Although these communities differ from one another in several important ways, each is embedded within a structure of coloniality, and thus the struggles that they face are connected. Thembelihle, established in the 1980s on the outskirts of South-West Johannesburg, is a low-income and densely populated community, comprising of well over 9,000 shack settlements, with a population exceeding 21,000 people. With over half of its residents unemployed (Huchzermeyer, 2009), Thembelihle faces significant socio-economic challenges. Jackson was established in the early 1990s, also in the South-West of Johannesburg. The community consists of shacks and lacks basic amenities such as water and electricity (Frost, 2012). Home to approximately 4,400 people, residents of Jackson struggle with limited access to essential services and infrastructure. Lastly, Erijaville is a peri-urban community located in Cape Town. It comprises around 250 houses and 500 backyard dwellings, with approximately 80% of its residents unemployed (Taliep et al., 2023). Characterised by high levels of poverty and inadequate community infrastructure – including deficient lighting, sanitation, and roads – Erijaville indexes high levels of crime and violence.

Working in these three communities, we have studied several practices that we understand to be decolonial iterations of radical healing. Such practices include, but are not limited to, protests, worker cooperatives, community-run early child development centres, cultural organisations, and sovereign committees. Notably, when describing these practices, community members tend to be critical of the term “healing”, emphasising its connotations of individualisation and apoliticism. However, rather than abandoning the “healing” signifier altogether, community members tend to gesture towards a different sort of healing, one that addresses long-standing patterns of structural oppression (what we might think of as the colonial wound). We believe that this different sort of healing with which community members are involved can be understood as a decolonial formation of radical healing.

### Participants and Recruitment

The project was designed in close collaboration with community partners we had worked with previously. Participants were selected based on the following inclusion criteria: 1) residency in the participating communities, and 2) heterogeneity in terms of age (18 years and older), gender, and employment status. These criteria were selected to ensure that the plurality that defines the three participating communities was, in some respect, reflected in the sample. Most participants were actively involved in community activism, leadership, or community-building practices of some kind. However, a minority of participants from each community was not directly involved in community-engaged activities. Each participant can be understood as embodying Blackness as a politicised racial category, which includes Coloured individuals<sup>1</sup>. All participants reflect populations that are historically marginalised due to the legacies of slavery, colonialism, and apartheid, as well as enduring economic and social exclusion.

Convenience sampling and snowballing techniques were employed for participant recruitment. After an in-person explanation of the study, where we emphasised the study's focus on community-driven conceptions and practices of radical healing, each potential participant received an information sheet containing details of the study. It was repeatedly emphasised that participants were free to cease participation in the study at any stage without consequence. Access to participants was negotiated through key stakeholders and community-based organisations, with snowball sampling subsequently utilised to expand participant reach. We believe that these two techniques were especially effective in

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1) Under the apartheid system, all South Africans were classified as either “White”, “Black”, “Indian or Asian”, or “Coloured” (meaning mixed heritage). Today, the material legacy of apartheid-era racial categories can be observed in South Africa's tremendously high rates of racialised and spatialised poverty. Anti-apartheid movements like the Black Consciousness Movement mobilised Black as a political category that included all subjects who were oppressed under the racist apartheid government (Mamdani, 2020). As a political category, Black does not elide individual differences, or differences related to capitalism, patriarchy, and other socio-structural processes. Instead, using Black as a category of political mobilisation avails opportunities for solidarity that are attuned to pluriversalities that exist among groups oppressed under systems of coloniality.

leveraging our longstanding collaborations and ongoing community engagement. Where convenience sampling was utilised to recruit those who were familiar with our work and thus saw value in continued involvement, snowball sampling allowed us to reach out to community members less familiar with our work, and whose insights could potentially make meaningful contributions. Two group discussions were held in each of the three communities, with the same set of general questions asked in all three communities. The group discussions aimed to touch on the collective constitution of radical healing. In the first community, eight community members attended the first discussion, and ten attended the second discussion. In the second community, eight community members participated in the first discussion, and fifteen in the second. Lastly, in the third community, eight community members took part in the first discussion, and twelve in the second discussion. Discussions in the two Johannesburg communities took place primarily in isiZulu. In the Cape Town community, the discussion was conducted, for the most part, in Afrikaans. Each of the discussions was led by a project team member who was fluent in the first language of the participants. All project team members were present at each discussion.

Participants did not receive monetary compensation for taking part in this project, although a shopping voucher was offered as a token of appreciation. There was a small rate of attrition after people had agreed to participate, although no participant expressed any specific concerns with the project. Participants appeared to be most enthusiastic when they were able to bring their lived experiences into the discussion. Although there is a risk that, for any number of reasons, some participants may have felt obliged to participate in this research, this risk was mitigated somewhat by our ongoing engagements in the three communities, wherein honest, direct and even agonistic communication is prioritised, and serves as the basis for the research projects on which we collaborate.

## Data Collection Methods and Procedures

Through a series of conversations with our community partners, with whom we had worked on previous projects, we identified an ambiguity surrounding the signifier “healing”, which is to say, a willingness among community members to use this word which was almost always accompanied by a critique of the presentism and apolitical individualisation that they believed was implied by conventional uses of the word. It was agreed among us (the project team) and our community partners that a focus group discussion would be a useful means of teasing out the concept of healing (what it means in a particular community, how it is practiced, the conditions within which it is practiced, and its inherent limitations). For us, focus groups were less a means by which to explore specific group dynamics than they were a mode for understanding how speakers discursively constructed radical healing for members of their community, and, in turn, how these constructions were deconstructed, reconstructed, and reiterated by other participants in the group. In exploring radical healing practices and conceptualisations through such a community-led manner, the study design coheres broadly with the values of participatory and explorative research, wherein researchers and participants work with one another to produce situated knowledges which benefit, and are deemed valuable by, participants and their communities (see [Taliep et al., 2023](#)). Working in this design, we pay particular attention to how coloniality structures the research enterprise and the power differentials therein.

We adopted epistemic listening as our primary data collection methodology. Drawing from a tradition of radical listening ([Kincheloe, 2008](#)), epistemic listening – as conceptualised in our study – entails the active engagement in knowledge creation through attentive listening to the collective voice, including one’s own, in order to challenge individualist notions of knowledge creation. Each participant was given uninterrupted space to speak within the group discussions, after which we, as the research team, as well as the other participants present, were able to respond and engage critically with what had been said. This space was respected through attentive listening. The purpose of this uninterrupted space was not to capture single voices in isolation, but to move through the tensions, contradictions, and synergies that comprise individual voices speaking in concert. Epistemic listening remains attuned to such movement. Epistemic listening does not cease after a conversation has formally concluded. In subsequent conversations, we, as a research team, sought to draw out connections between participants’ individual voices – noting how individuals responded to, pushed back against, adjusted, and corrected themselves in and through the context of the group. This approach diverges from reductionist listening methodologies prevalent in much psychological research, aligning with a grounded approach to understanding forms of radical healing ([Moore, 2018](#)). Fostering dialogue in this manner aims

to manifest “relationally driven change processes that are autopoietic, self-replicating, and participatory” (Moore, 2018, pp. 481-482).

## Critical Discourse Analysis: Challenges of Embracing the Decolonial Turn

Discourses are the different ways of constructing knowledges and epistemic legitimacy within and across contexts (Hall, 1997). Critical discourse analysis, therefore, exhorts us to look beyond thematic groupings within data, and towards an exploration of the social-political systems within which we construct discourse (Ainsworth & Hardy, 2004). It is with critical discourse analysis that we can grapple with how language is drawn on to consolidate, sustain, and resist hierarchical power differentials (Van Dijk, 2008). Accordingly, Fairclough and Wodak (1997) offer eight foundational principles for undertaking a critical discourse analysis. They note that such an analysis should 1) address social problems; 2) confront inequitable power relations; 3) emphasise the social and cultural embeddedness of language; 4) engage with the ideological underpinnings of discourse; 5) historicise discourse; 6) connect discursive practices to social practices; 7) examine how discursive resources are deployed; and 8) link discourse to social action. In short, discourse analysts should remain attentive to how discourse configures social activity, as well as how people use discourse to transgress representational limits (Chiapello & Fairclough, 2002).

Critical discourse analysis is not, of course, inherently aligned with the decolonial turn. Indeed, much critical discourse analysis is concerned with interrogating European power structures and has little to say on how colonial modernity bears on these structures, or what it would mean to embed analytical insights within a global context of coloniality. However, as Passada (2019) notes, critical discourse analysis can align with decoloniality by interrogating the discursive nature of othering; the colonial powers that underwrite Euro-modern epistemologies; the structuring effects of the colonial difference; discursive designations of being and nonbeing; and the logics of coloniality that inform existing subject positions, cultures, and institutions. Accordingly, some studies have sought to embrace the decolonial turn within critical discourse analyses. For instance, Ahmed (2021) centred decolonial methodologies within a critical discourse analysis of a speech given by Goodluck Jonathan, the former President of Nigeria. Maniglio and da Silva (2021) similarly make the case for privileging Latin American perspectives – specifically anthropophagy and codigophagia – in decolonising iterations of critical discourse analysis, while Paul (2023) makes use of Nishnaabeg epistemology in conducting a critical discourse analysis on public documents published by the World Intellectual Property Organization and the World Trade Organization. In each of these studies, local concepts are brought to bear on critical discourse analysis in an attempt to transform this analytical method through an embrace of the decolonial turn.

In the present study, we – as researchers – draw from *lekgotla* as a guiding frame for employing critical discourse analysis. Rooted in the communal principles of ubuntu – humanity through others – *lekgotla* refers to traditional collective deliberation processes that take place in Southern Africa (Rammala, 2021; Rasweswe, 2023). Embedded within the ethos of thinking in and with community, the axiomatic spirit of *lekgotla* embodies the Sesotho idiom *matsoho a hlatswana*, which translates to “one hand washes the other hand” (Rammala, 2021, p. 223). This articulation implies and underscores a cooperative, collective approach to problem-solving, a notion that we as the research team invoke in this study to reflect and conceptualise the interconnectedness and mutual support inherent in the *lekgotla* tradition. This conceptualisation, which we believed resonated with the accounts offered by those who participated in this study as well as other related studies in this community, aligns with what Suffla and Seedat (2021) describe as a collectivist and humanising ontology.

In our analysis, centering *lekgotla* entails avoiding the imposition of a singular understanding of participants’ discourses, striving instead towards an open-ended, collectively negotiated, and ongoing process of interpretation, where interpretive authority attains legitimacy through the analysing collective. This approach encircles a collective hermeneutic that was honoured among us during the analytic procedure and among participants during the group discussions (see Chimakonam, 2022). In centering *lekgotla* in our analysis, our aim was not to ascertain the presence or absence of radical healing within the discourses on which participants drew. Rather, *lekgotla* guided our interpretations of healing and suffering as co-constitutive and collectively constructed phenomena, whose meanings are situated, contingent, and subject to collective processes.

In our effort to centre *lekgotla* in the implementation of the eight foundational principles set out by Fairclough and Wodak (1997), we met as an authorship group on two occasions. At these meetings, we distributed the dataset (i.e., the focus group discussion transcripts) among ourselves. More specifically, we worked in pairs to familiarise ourselves and analyse the data, paying particular attention to constructions of healing and, later, through *lekgotla*, making analytical connections between these constructions.

Each pair then presented their interpretations to the group, which opened up a larger group discussion regarding the socio-cultural embeddedness of participants' use of language. Within this larger group discussion, each of our individual interpretations of the data were discussed, debated, consolidated, amended, and reformulated. This larger group discussion centred on a critical engagement with the ideological underpinnings of participants' speech as well as our interpretations of this speech. Eventually, we sought to distil and make distinct our interpretations of the data through broad labels (each of which was, in some way, related to healing). Following this, group discussion and debate was once again resumed in an effort to transform these broad labels into more concrete, fleshed out discourses, each of which was accompanied by a detailed explanation. We then engaged in two data analysis meetings, where each of us discussed how the different discourses related to coloniality, decoloniality, radical healing, and the colonial wound. It was at this point that we were able to historicise the different discourses that we had identified, noting what each meant within South Africa's history of coloniality and decoloniality. Specifically, where we had hitherto read the discourses against the broad sweep of South African history, we now situated them in terms of concrete historical structures (i.e., how coloniality manifested at particular points in South African history), as well as grassroots resistance to these structures (i.e., historically pertinent decolonial enactments, as well as instances of decoloniality which have tended to go unrecognised within South African historiography). We also considered why particular discourses were deployed and the potential actions within which the different discourses may have been rooted – thereby connecting the participants' discursive resources to social practices. Later, we shared our interpretations of the data with participants via an open-ended discussion in each community, inviting their feedback and input, specifically with regards to how the discourses connected with real-world radical healing practice. All participants were invited to these feedback sessions. We facilitated each session. Unequal power dynamics could not be entirely mitigated in such engagements; however, our longstanding, at times highly critical, relations with community members did, we believe, go some way in facilitating an open and honest discussion here. Participants were generally receptive to our interpretations of the data and seemed to be largely in agreement. Indeed, participants tended to add to our interpretations rather than refuse or amend these interpretations. These additions have been included in the final analysis. As such, participants' interpretations have not been made distinctive from our own in this article.

Throughout this analytical process, we encountered various tensions and disagreements among ourselves. There is also a challenge that comes with writing a collective into a singular voice. As individuals, each of us is raced and gendered in different ways, embodying different class locations, institutional positions, ages, social backgrounds and disciplinary training. A commitment to *lekgotla* sought to ensure that, like the epistemic listening process, the agonisms and differences that mark our collective were used generatively to propel our analysis through nuance and an open acknowledgment of power differentials. The principal disagreements that we had with one another concerned interpretation of participants' use of language, how social structures and ideologies influenced participants' speech and our interpretations of this speech, and what a particular discourse might mean when read against South Africa's historical backdrop. The relatively minor disagreements we had with one another were not in every instance resolved. We hope, though, that such internal tension has been incorporated into our analysis via a stylistic openness, wherein our analysis is offered as one that is necessarily partial, incomplete, and subject to further interpretation. In short, the single voice in which we write should be understood as one that was achieved through tension as well as a binding commitment to interrogating coloniality and understanding radical healing. It is a voice that, of course, is open to further contestation.

## Ethical Considerations

The study adhered to the ethical guidelines outlined by the College of Human Sciences Research Ethics Review Committee at the University of South Africa (Reference number: 2020-PsyREC-1982176). Participants were informed that

their anonymity would be preserved in publications or presentations resulting from the research. Nonetheless, it was emphasised that, due to the nature of group discussions, participants may be identifiable and therefore caution should be exercised regarding the information shared within the group. All data were securely stored on a password-protected laptop. When participants required debriefing and/or consultation (which happened only once), a trained clinical psychologist – who was part of the research team – was present at each group discussion. To ensure anonymity, each participant in this article is referred to as “P1”, “P2”, “P3”, etc – with each of the three communities’ anonymised participant designations beginning from P1. In cases where we drew extracts from participants with the same anonymised designation (e.g., P1 from the Thembelihle community and P1 from the Erijaville community), then one of these participants would be given a different anonymised designation. In an attempt to draw similarities within the structure of coloniality, and to further ensure anonymity, we did not specify which community the different anonymised participants were from.

## Findings and Discussion

During our discussions, participants tended not to use the term “radical healing”. Nonetheless, participants offered insights into radical healing when describing the sorts of healing practices required to confront coloniality (practices which they contrasted with more conventional, individualised, and apolitical healing practices). It is our contention that through conversations like these, we are able to generate understandings of how radical healing can be and is being formulated as decolonial praxis.

In what follows, we recount two of the most prominent discourses on which participants drew in our discussions to construct radical healing. Those drawing on the first discourse, *Contested Signification*, spoke to the plurality that defines community-embedded healing practices directed against systems of coloniality (i.e., radical healing). Within this discourse, the coordinates of radical healing were not definitively delineated. Rather, radical healing was defined by its contested, in-process, plural, unfinished, and collectively constituted character. Participants drawing on the second discourse, *Healing Practicalities*, evoked the pragmatic issues which accompany healing in and against coloniality (i.e., radical healing). This included the challenges, barriers, constraints, and problems of sustainability encountered when attempting to put radical healing into practice. In drawing on these two discourses, participants often moved between the general and the particular – drawing from personal experience to discuss what we understand to be radical healing at the general and/or conceptual level.

We identified many discourses in the data. Aside from space constraints, we chose to focus on two discourses which we believe encapsulate the complexities, challenges, and possibilities that participants highlighted in relation to practicing and conceptualising radical healing in their communities. While we acknowledge that this selection process was influenced by our own perspectives and biases, we remained in dialogue with our community partners regarding our interpretations of the data, while also consulting participants about our interpretations (as noted above). Participants broadly agreed with our conceptualisation of the two discourses.

Although in what follows we consider each of the two discourses separately, this distinction is, to some extent, artificial. Each discourse bolsters the other in particular ways (e.g., the first discourse’s concern with the conceptual nature of healing tended to inform the second discourse’s engagements with the practice of radical healing). As such, through the group discussions, participants moved between the two discourses. Nonetheless, we found it useful to consider how each discourse functions separately as this allowed us to better understand the different discursive components that constituted this collective process of constructing radical healing. Doing so enabled us to grapple with the internal, discursive minutiae of radical healing which, in turn, offered a more detailed picture of how radical healing is understood and put into practice by the participants.

### Contested Signification

Participants drawing on the *Contested Signification* discourse placed radical healing under discursive scrutiny in a number of different ways. As such, in our reading of participants’ speech, radical healing was constructed by its

non-definable variability – with many participants subjecting the “healing” signifier to considerable critique. In contrast to healing (conventionally understood), participants appeared to construct radical healing as either a “process” (a word used 39 times across the group discussions), or as a variable set of actions (as noted in P3’s speech who, in resonating with our understandings of radical healing noted in relation to what we are calling the colonial wound: “healing is when you see something and try to do something about it”). In other words, in our reading, participants constructed what we understand to be radical healing, namely, praxis premised on the conditions of possibility that enable the enactment of healing as an ongoing process directed at the colonial wound. Without these conditions, the concept of radical healing was constructed as collapsing into empty rhetoric which, in turn, lent itself to State co-optation, whereby supposed healing practices are imposed in a top-down manner that takes little heed of the concerns articulated by community members.

In P11’s speech (spoken in isiZulu), he notes that “This thing of healing is just a word. It is an English word. ... It means most people, they are playing with that English when they come to us and say ‘healing.’” Here, healing as discursive rhetoric takes on two qualities. Firstly, it is imposed onto communities (people “come to us” offering an “English word”); and thus takes on an irrelevant or out-of-context character. Secondly, rhetorical healing is established as a practice of “playing with that English”, which is to say, an insubstantial, self-gratifying play of signs, rather than a politically committed set of ongoing practices. A rhetorical mode of healing is, in short, enacted for purposes that have little to do with the interests of those to which it is directed.

Across the group discussions, we understood the participants to be constructing healing as self-serving and empty (i.e., as embodying rhetoric rather than meaningful action) when it served the interests of the State, namely, a mode of top-down governance whose stability derives from the dictates of capital accumulation and private property. Indeed, for the *Contested Signification* discourse, it was through post-apartheid national mythology that such a hollow, rhetorical conception of meaning was imposed. As P2 proclaims:

According to me, healing, it is nothing. It is just a word. And then we are not progressing in that healing. For example, remember in 1994? We cast our first vote in 1994 ... to reconcile it means we forget, we forgive, and forget everything that happened in the past ... You understand that is why meaning of that healing to us, there is no meaning. It is meaningless.

In this excerpt, 1994 – the year of South Africa’s first democratic national elections – is made to serve as an example of empty healing. Elections are discursively set up as the post-apartheid State’s attempt to solidify South Africa as an imagined community without engaging with the violent atrocities through which this discursive community was forged (see [Chatterjee, 2008](#)). Similarly, P12 contends that:

Healing in South Africa, it is a word for us to forget everything that has happened in the past ... that all the South Africans that are hurt, we must forget about everything, and we will unfortunately not forget that.

To relegate healing within the confines of a nationalist project is to compel people “to reconcile”, “forget everything” or “forgive and forget”, and thus to use the language of healing to evade meaningful healing practice. In this regard, we see in P12’s speech that the State evokes “healing” to obscure an absence by naming it as if it were present. In our reading, healing is used here to cover over coloniality and is effectively made “meaningless”. Moreover, there is a sense that the agency of the majority is denied. As we read this excerpt, then, healing is denuded of radical potential when it is composed and imposed from above; confined to a specific historical moment from which people are simply able to move on. Such ‘healing’ covers over rather than confronts the colonial wound and can thus be contrasted against radical healing.

As with P2 and P12, within P8’s talk, we find a similar discursive conception of how healing is emptied of its radical potential when it is put to the symbolic work of nation-building. In describing the TRC, P8 proclaims that “everyone must come under one roof so that we can heal. So, we are not healing as a nation.” As we read this speech, there is an insistence that to impose healing as a mode of enforced forgiveness without reparation has the effect of denying healing. When people are “placed under one roof”, when healing is made singular and rhetorical, healing, for P8, seems to become elusive. Bringing people “under one roof” denies the variability of the colonial wound, and discursively

establishes the past as a set of symbols to be acknowledged in the present, rather than as a structuring force whose legacy must be acknowledged in a non-deterministic manner. As P9 puts it:

I am still in disagreement with healing, I believe it does not exist ... It is impossible that you will stab me with a knife on my face and expect that I will heal. Because when I look at myself in the mirror, it means its trauma is always with me ... So how will I heal? There is no way I will heal. That thing is not there.

When the discursive coordinates of healing are fixed within a nationalist project, healing itself is confined, limited, or denied, and P9 is able to stand “in disagreement” with a conception of healing that is conceptualised in the interests of elite State actors. The use of “trauma” – and indeed, the evocation of a “knife” makes clear that this is a violent kind of trauma – is discursively important in this respect. The violently racist oppression to which the colonial and apartheid governance subjected the majority of South Africans lives within the body as trauma. As we read P9’s speech, attempts at national unification do little to acknowledge this trauma by hailing healing as a static and a priori expectation: to “heal”.

Although P2, P8, P9, and P12 construct a nationalist mode of empty or rhetorical healing, it is within the gaps of their respective speech that we find visions of a more substantive construction of healing – what we are calling radical healing. If rhetorical/empty healing is achieved through a mandatory and impossible kind of forgiveness, radical iterations of healing would surely not brush over the past in this way, but instead seek to move into post-apartheid South Africa through a deep reckoning with coloniality that compels people neither to forgive, forget, nor reconcile. Unlike rhetorical healing, a healing of this sort would be without guarantees.

Stressed within participants’ speech is the importance of physical spaces, wherein healing could be formulated and practiced collectively, and thus also radically. These spaces were presented as necessary for building the conditions required for radical healing. As P12 notes:

our people are not healing ... we did not have a centre or a place where we can go to get those people [i.e., others in the community] or get a structure ... what made us not to heal, it is the issue of service delivery in the municipalities or the leaders .... We are not healing.

Here, P12 is clear that what prevents radical healing is inadequate or non-existent public spaces (“a centre or place”), as well as denied municipal services (“service delivery”). In short, without resources to build community and collectivity, radical healing is blocked. Again, P12 does not offer the precise discursive coordinates of healing. Rather, it is the material that is constructed as prerequisites for advancing a non-deterministic, ground-up, responsive, and ultimately radical kind of healing practice. The words “we”, “our people”, “us”, and “those people” draw the collective – both self and other – into the radical healing imperative. Without infrastructure, like community centres, that accommodate the collective, “people are not healing”. This is reiterated by P2, who states “I don’t think healing is happening right now ... we don’t even have a hall in the community where we live. We don’t have a hall ... there is nothing else for the children.... And it’s nothing to—to start programs, but where does one start if we don’t even have a community hall?”. Radical healing is once again constructed as being premised on a necessary set of material conditions, rather than a precise set of practices or imposed expectations of unification. In other words, we need not conceptualise radical healing via the identification of definitive practices, but rather by the resources and spaces that allow people to collectively determine how they wish to address the colonial wound.

What was, in our reading, perhaps the most important discursive component of radical healing for participants was that of the human. A restoration of the humanity denied by coloniality was, in many participants’ speech, the core of what we understood as radical healing. P18, for example, noted that:

I feel healing has a possibility of being there but only if the reputation of a human being is brought back because firstly, we are here and some of us see ourself as inhuman, because we are not given attention or rather, we are not seen as human ... So, if we can be taken back to where we are seen as important human beings that brings back our reputation, we will then see ourselves as people who live.

If coloniality functions as a project of dehumanising internalisation – as P18 puts it: “some of us see ourself as inhuman, because we are not given attention or rather, we are not seen as human” – any attempt at radical healing is constructed as having to address this attempted erasure of humanity. Indeed, as we read it, P18’s speech attributes colonial erasure to the uncaring structures that characterise social life in contemporary South Africa. We understand P18 as insisting that through direct force and systemic abandonment, today’s governing powers have acted to sustain the kinds of structural violence that were established in the colonial era. It is therefore due to such dehumanisation that nationalist healing rhetoric is rejected in P18’s speech while the collective conditions for a more radical healing are being demanded. Much of this is surmised by P17, who asserts that:

When you speak of healing you are speaking of something that is far away, very far from us, because the places that we stay at they do not give us our humanity, they do not give us our dignity, that is why I am saying we are filled with anger, you see, right now look at how our shoes are, we are from a dusty area, there is no tar road, when it is raining there is water all over the area, there is water in the shacks, we take water out of the leaking shacks with buckets but at the end of the day when voting comes we have to go and place your X and vote. What are we really voting for? Healing is very far from us; we are filled with anger.

In many respects, the manner by which P17 constructs the inadequacies of healing (and thus, by implication, what is required for radical healing) are exemplary of the *Contested Signification* discourse. The continued denial of humanity through the absence of basic, everyday amenities (“water” and a “tar road”) represent a failure of the State-led healing practices that are imposed onto communities in South Africa. Looking to people’s material circumstances, we do not find what it would mean to “heal” in any definitive sense, but rather what would enable people to collectively construct humanising practices of radical healing, practices that are articulated by, and are therefore relevant to, communities (examples of this kind of healing are referenced in our consideration of the second discourse below). The State, participants noted, provides little if any support for these practices. When radical healing is not being predetermined (only their background conditions are described or alluded to within participants’ speech), the implication is that such healing does not impose outcomes like forgiveness, but rather allows people to sit in, grapple with, and determine what it is they need from a process of healing that endeavours to address coloniality through collective human action.

## Healing Practicalities

In grasping the meaning of radical healing, we cannot rely on theory and abstraction alone. Radical healing exists primarily in how it is enacted, which includes the practicalities and complexities that come with this. Radical healing means assuming ownership of practicalities. Across the six group discussions, participants noted various collective healing practices that they understood as systemically focused and therefore opposing conventional healing practices (thereby constituting what we believed to be a mode of radical healing directed against the colonial wound). These practices included, for example, women-led prayer groups, community education initiatives, protest, disability access initiatives, community policing forums, youth sports programmes, employment assistance, community-State liaisons, soup kitchens, and art movements. Notably, the participants’ constructions of what we understand as radical healing were not attributed to a single or time-bound practice. Radical healing was instead constructed as moving between a range of different practices. As such, participants deployed the *Healing Practicalities* discourse to construct the pragmatics inherent to establishing radical healing in communities that, in contrast to imposed or top-down healing interventions, are collective and community-led. Specifically, the *Healing Practicalities* discourse engaged with *why* radical healing necessitated collective, ground-up formations and *how* it assumed these formations. The practical considerations contained within this discourse tended to be referenced against the concrete demands of radical healing, such as land redistribution, as well as the practical ways by which to achieve these demands, such as protest.

In many instances, the *why* of radical healing was discursively established in the *Healing Practicalities* discourse with reference to contemporary State violence (principally police violence and other security arms of the State). Grassroots, community-centred healing practices were constructed as necessary precisely because, as recounted in the *Contested*

*Signification* discourse above, State-driven healing initiatives were set up as violent or ineffective. P5, for example, recounts:

We don't need a Neighbourhood Watch right now because they [Neighbourhood Watch] are going to shoot us ... But being active and being good role models within the community ... then we'll have some authority. And I think, then, that things will work out differently.

Security apparatuses thus came to stand in for the State's violently divisive practices that distinguish community actors from those who hold power. Community-led Neighbourhood Watch initiatives, we understand P5's speech to imply, are inadequate in the face of State violence. However, the reason for rejecting official security apparatuses is not a moralising or even an explicitly political one. It is, instead, a pragmatic refusal of the violence upon which these apparatuses are predicated: "they are going to shoot us" – namely those acting on behalf of the State, such as the police. The counter to such violence is premised on "being active and being good role models within the community" – an altogether different way of doing things rather than a counter-violent defence. Any sort of radical healing concerned with safety and security was, in other words, constructed not as a collective mobilisation against violence, but as a move away from such violence by doing ("active") and embodying ("being") radical healing *in, with and for* a community.

Participants drawing on the *Healing Practicalities* discourse did not construct radical healing as emerging organically from the kinds of material conditions that were constructed in the *Contested Signification* discourse. Rather, radical healing initiatives were discursively constructed as being consciously taken up and led by communities in ways that have been elided by State-centric healing rhetoric.

Within the speech of P3 and P4, community-led initiatives are constructed as implementing what we might think of as radical healing within several unfractured development projects that sought to build and develop the community in ways determined by the community itself. P3 notes that:

If the opportunity comes to build the hall, [name redacted] is there, he's a bricklayer, he's a builder, he's a what-what. There are a bunch around who can carry the cement. I mean, but at an affordable price for the labour maybe, then it also stays in the community itself.

P4 claims:

[In the past], it was the women who built the houses. Put enough windows in the halls so that we, as women, can come afterwards to wash them. I mean, so I can't say there aren't opportunities in our area...

In both of these excerpts, we understand the speakers to be mobilising the *Healing Practicalities* discourse to construct the conditions for radical healing as constituted and led by communities themselves. More specifically, infrastructure development led by the community is established as having the potential to address coloniality's abandonments precisely because it is community members who are to exercise ownership over the material conditions of radical healing. It is not, for instance, expected that a community hall – to which P3 makes reference – will be constructed by extra-community forces. Community members are to undertake the practical activities (e.g., building, transporting concrete, laying bricks) required to bring this hall into existence. In looking to P4's statement, it is noted that community members are not only to "build" houses, but also maintain them (i.e., washing windows). Importantly, within P4's speech, it is women who both build and maintain these houses, thereby disrupting patriarchal understandings of the gendered division of labour. As we understand it, when such labour is undertaken by all in the community, radical healing processes remain "in the community itself" and, we might say, *of, with and for* the community. Indeed, as we read the speech of P3 and P4, radical healing is enacted in the building of community spaces that foster the sorts of connection and collectivity which are by coloniality's insistence on the individualised success and mastery (see [Maldonado-Torres, 2007](#)). Thus, within the *Healing Practicalities* discourse, the pragmatic elements of healing do not function to delineate the discursive coordinates of radical healing, but to emphasise that radical healing – and, perhaps more importantly, the conditions of radical healing – must be sustained and maintained by community members. External bodies such as the State may well assist in creating conditions for healing (we can perhaps understand P3's statement "if the opportunity comes to build the hall" in this way), but communities must exert ownership over these conditions if they are to facilitate radical modes

of healing that foster the kinds of connection and collectivity which have been denied by the colonial wound. Here, we observe a departure from traditional approaches, whereby entrenched norms around community development and ownership are challenged via the advocacy for a hands-on methodology that actively immerses participants in processes of agentic healing action.

Throughout participants' speech, there were instances where both the *why* and the *how* of radical healing were addressed, with each of these signifiers discursively forming the other. For example, P6 noted that:

Land is everything. Without land you cannot do anything. So, then, [if] we have land, we can do anything. You know, food ... we go to the mall and buy that, we buy, it is from that land they repossessed from us, you understand?

Land redistribution has been wholly inadequate in South Africa (Ngcukaitobi, 2021), with the colonial and apartheid legacies of land dispossession serving as central to the functioning of present-day coloniality. In many respects, a radical healing that aligns with decoloniality must centre land redistribution. Although P6 constructs land as "everything" and "anything", land also hold the potential to disrupt coloniality's hegemonic grip over "everything". Put differently, land need not function as a property relation. It can serve as a means of reclaiming the dignity, humanity and collectivity that had been partialised through colonial land dispossession. Land, in this way, serves as a basis for asserting self-autonomy (e.g., as P6 alludes to, through agriculture). As we read the above excerpts, radical healing is discursively constituted through community members taking ownership of the practical elements of healing that have been denied to them (e.g., housing, land, food, and halls) or imposed onto them (e.g., State security such as the police). In this, radical healing is able to reflect an egalitarian and community-oriented set of values which ensure that healing moves, pragmatically, from rhetoric to action in a way that is meaningful to communities because it is determined by community members.

Another site at which participants constructed the *why* and *how* pragmatics of radical healing was through community protest. Notably, these constructions were not uniform. For example, P13 proclaims, "I think protesting is a way of calling attention to the ones who are up there to acknowledge that people are facing problems like these in this area, so yes, I think it is another process of healing" and P6 purports, "I support protest because of we did not have electricity and I was a part of that protest and today we have electricity". However, P3, concurring with others, argues that:

When it comes to protest, I also do not support it because children get hurt and people get hurt, they get shot by rubber bullets. School children cannot go to school and they miss their classes at school, people's cars are being destroyed. So, for me no! It is not the way of healing.

Examined together, within these extracts, the risks and potential violence that protesters face (e.g., being "shot" and "hurt"), and indeed, that those around them face (e.g., "School children cannot go to school" and "people's cars are being destroyed") are constructed in contrast to the victories that protest can bring about (e.g., "calling attention" to community issues and instating public amenities, such as electricity). In each case, the practical outcomes of protest determine whether protest is constructed as radical healing or not. However, because these outcomes cannot be predetermined, and because protest is fundamental to advancing the pragmatics of radical healing in many South African communities, there were several participants who appeared to exercise caution regarding protest's radical healing potential.

Several participants constructed protest as embodying the capacity to heal *and* to wound; a necessary but potentially regressive way of healing for some. In an exemplary excerpt, P8 claims that:

Yes, protesting is not a good thing ... it grab[s] government's attention, but at the same time it is not part of healing, because you cannot heal from stress and [if you] go protest it will not heal. But if you want certain services for you community, you have to protest to get the services that you want but it does not mean always you must protest to get what you want ... at [Name of Community], you fight for what you want ... if we do not fight, we will not get our houses, so I think it is a two-way thing, so yes.

Here, we find an important distillation of the Healing Practicalities discourse. Protest is constructed as a dialectical "two-way thing", a fundamental means to catalyse the conditions for healing, albeit with no assured outcome. This is perhaps why "[if you] go protest it will not heal", yet if "you want certain services for your community, you have to

protest". It is for this reason that radical healing cannot take up its discursive constitution within a singular pragmatic action like protest. Instead, radical healing, as we read P8's speech, moves across different actions that are attuned to and embedded within particular conjunctures, and thus must be negotiated, formulated, and practiced in relation to the decolonising demands of the moment. As such, radical healing does not represent a fixed or immovable signifier. Radical healing remains open to the variation in people's meaning-making surrounding coloniality and decoloniality.

From the *Healing Practicalities* discourse, we see that the pragmatic elements of radical healing are activated across different (sometimes incompatible) actions. Indeed, radical healing was constructed by some participants as pushing back against the State (e.g., protesting), as moving away from the State (e.g., initiating autonomous community-led development initiatives), or as working with the State (e.g., providing essential services such as water and electricity). Such activities, as noted throughout the *Healing Practicalities* discourse, must be led, initiated, and sustained by community members if they are to engender among community members a sense of ownership and responsibility for the kind of healing that reflects the contingent, collective, and negotiated character of communities.

## Conclusion

One way of understanding the violence of coloniality is through the colonial wound, with decoloniality serving as an attempt to address this wound. Accordingly, in this article we examine discourses of radical healing with respect to decoloniality. More specifically, we endeavoured to understand how residents from different marginalised communities in South Africa discursively constructed what we understand to be radical healing (i.e., healing practices that take place in and address the colonial wound). In drawing from Ilegotla, we attempted to turn away from impositional, top-down conceptions of healing, and move towards community-led practices of radical healing, looking at what community members said and did regarding radical healing. The participants drew on two discourses. The *Contested Signification* discourse underscored the variability of radical healing practices, noting that attempts to constrict or impose healing served as a kind of empty rhetoric. It was for this reason that many participants drawing on this discourse contested the "healing" signifier. When participants deployed this same signifier, it was with reference to a different kind of healing, one that was attuned to historical structures of inequality. This is what we understood as a decolonial mode of radical healing. The *Healing Practicalities* discourse, on the other hand, constructed the pragmatic struggles that surround radical healing. The discourse was especially engaged with how radical healing might be implemented, and indeed why it must be implemented through community-led collectives. Both of these discourses constructed radical healing as embodying a set of practices undertaken in response to the varying manifestations of coloniality. It is because these practices are characterised by a plurality of forms that the material conditions that would allow for radical healing (e.g., community centres, housing, public amenities) were oftentimes made more discursively salient than the precise discursive coordinates of radical healing.

The results of our study raise several concerns for those seeking to embrace the decolonial turn within the psychological professions. Our findings indicate that radical healing cannot mimic static healing rhetoric, whereby healing is distilled into singular formations that are imposed onto communities and whose outcomes are predetermined. However, if radical healing is to encompass a plurality of community-led formations, what role can psychology play? We believe that there is, however, a role that must be taken up in the knowledge that radical healing praxes do not need professional psychology. Psychology may be of use to those undertaking radical healing if, indeed, the hubris and presumed mastery of mainstream psychology is abandoned.

From the results of our study, we suggest that psychologists are better placed to work with community activists to determine what the conditions of radical healing might be, and to co-formulate a series of actions that might activate these conditions. These actions, as we have repeatedly noted, must assume a plurality of formations. As such, radical healing does not turn away from tension when it arises. It is, instead, forged through the kinds of tensions that so often accompany collectively determined plurality. This is psycho-political work that psychologists, if they are permitted into community radical healing spaces, can support. In this, we might begin to reconstitute psychology through existing radical healing practices that take seriously decoloniality, and not the other way around. Future psychological work, we believe, must be undertaken in this very area. It is through work of this kind that we might begin to understand how

people practice radical healing and, perhaps more importantly, what sorts of material, psychological, and epistemological resources are required to expand such practices within and across communities.

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## Appendix: Semi-Structured Interview Questions

1. What kinds of hardships and suffering do you and your community face?
2. What hardships and suffering did previous generations face?
3. What are your understandings of healing?
4. What is healing in the context of South Africa?
5. What are the practices of healing?
6. How can healing be promoted in your community and beyond?