“We Cannot Forget”
How Then Shall We Remember?

An empirical study of the impact of post-conflict memorialisation on individual healing in Cambodia

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Please Give Us Voice

When broken glass floats, a nation drowns,
Descending to the abyss.

From mass graves in the once-gentle land,
Their blood seeps into mother earth.

Their suffering spirits whisper to her,
“Why has this happened?”

Their voice resounds in the spirit world,
Shouts through the souls of survivors,
Determined to connect, begging the world:

Please remember us.
Please speak for us.
Please bring us justice.

Chanrithy Him
Acknowledgments

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Abstract

Memorialisation has become a mainstream feature of transitional justice in recent decades; one that is oft assumed to contribute to healing in post-conflict societies. While a relationship between the two phenomena arguably exists, little research has been carried out to identify causal mechanisms or explain why some forms of memorialisation lead to enhanced levels of healing while others do not. By combining the fields of political psychology, memory studies and peace and conflict research, this study develops a theoretical framework to better evaluate the impact of memorialisation on individual healing. A simple typology of passive and active memorialisation is developed, from which I argue that initiatives that are more active in nature will lead to greater levels of individual healing. The hypothesis is empirically tested through in-depth interviews conducted with survivors of the Cambodian genocide who have engaged in memorialisation efforts. The main findings support the hypothesis, revealing that passive initiatives possess limited healing benefits and can only be expected to contribute to low-levels of recovery. In contrast, active memorialisation is found to host a greater range of healing mechanisms, as they engage individuals socially and psychologically and thereby contribute to deeper healing needs.

Keywords: memorialisation; healing; post-conflict; transitional justice; Cambodia
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<tr>
<td>CPK</td>
<td>Communist Party of Kampuchea</td>
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<tr>
<td>CSD</td>
<td>Center for Social Development</td>
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<tr>
<td>CSO</td>
<td>Civil Society Organization</td>
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<td>DC-Cam</td>
<td>Documentation Center of Cambodia</td>
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<tr>
<td>ECCC</td>
<td>Extraordinary Chambers of the Courts of Cambodia</td>
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<tr>
<td>NGO</td>
<td>Non Governmental Organization</td>
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<tr>
<td>PRK</td>
<td>People's Republic of Kampuchea</td>
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<tr>
<td>TPO</td>
<td>Transcultural Psychosocial Organization</td>
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<tr>
<td>UNTAC</td>
<td>United Nations Transitional Authority in Cambodia</td>
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<td>YFP</td>
<td>Youth For Peace</td>
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1. Introduction

“Forgetting the extermination is part of the extermination itself”
Jean Baudrillard

In 1998, Cambodian Prime Minister, Hun Sen, famously stated, “Cambodians should dig a hole and bury the past” (Chandler 2008:356). Some might consider this approach of trying to forget understandable: 1.7 million lives were lost under the genocidal policies of the Pol Pot regime, and death was just one of many terrors. Survivors tell of Khmer Rouge soldiers consuming the livers of their victims before they had died, children being beaten dead against trees, prisoners having nails ripped from the beds of their fingers and toes. Such stories contort one’s face and spirit as we consider the suffering we humans are capable of inflicting upon one another.

Who wants to remember any of this? Remembering is painful. Remembering stirs up loss and grief and trauma. Remembering is hard work. Might forgetting provide a better way forward? A way for individuals and nations to move on from a past laden with so much suffering? Apparently not.

As I have spoken with numerous genocide survivors and former Khmer Rouge soldiers, there is one thing I continue to hear: ‘we cannot forget’. Amnesia, as we know, is not selective. While psychology teaches the suppression of painful memories can serve as a coping mechanism for at least some time, seldom does recollection fully leaves us. In most instances, an absolute forgetting is impossible. But even if it were possible, would it be desirable? The answer from Cambodians is a resounding no. The survivors I have engaged with describe forgetting as the final offense to those who suffered under the Khmer Rouge or whose lives were lost to the regime. But if we cannot forget, how then shall we best remember? This question remains mostly unasked by the academic community and yet, holds important insight for policy makers and peace practitioners.

Although the topic of memorialisation has traditionally fallen within the discipline of cultural heritage, it is increasingly recognized as an important part of peace and conflict research, particularly as it fits within transitional justice. Memorialisation can at times, be linked to retributive forms of transitional justice by providing physical evidence for criminal prosecutions and tribunals, but is most frequently thought to serve restorative aims. In particular, symbolic reparations which are thought to contribute to the “guarantee of non-repetition” and provide a sense of justice to survivors (Blaauw and Lähteenmäki 2002:781),
educate the next generation about the past and contribute to the promise of ‘never again’ (Barsalou and Baxter 2007; Naidu 2004; ICTJ 2011). Furthermore, these initiatives are thought to restore dignity to victims and provide spaces for mourning and healing (Boraine 2006:21). These are indeed lofty goals. This study focuses on the presumed positive connection between memorialisation and healing. While a relationship certainly exists between the two phenomena, to date little research has been carried out to identify causal mechanisms through which one can be expected to lead to the other.

Transitional justice as a whole has been criticized for its many assumptions and lack of realized successes (Mendeloff 2004; Thoms, Ron, and Paris 2008; Weinstein 2010), with memorialisation remaining particularly understudied and under evaluated. Although critical discourse has grown rapidly alongside the ‘memory-boom’, the debate continues to concentrate narrowly on the particularities of what is remembered, with physical sites given dominant attention in the literature. The argument frequently asserted is this: politicization of post-conflict memory results in a competition of representation in which certain sites and narratives are memorialized, while others are more or less forgotten and begin to decay both in the physical landscape and the social conscience of the nation (Hughes 2003; Manning 2011; Sion 2011; Tyner, Alvarez, and Colucci 2012; Tyner, Sirik, and Henkin 2014). While much of this argumentation is valid, it fails to address a key empirical puzzle – why do some forms of memorialisation contribute to individual healing while others do not? While Cambodia today has more than 300 memorials, the impact they have on healing is greatly varied. This study moves beyond the current debate of what is remembered to ask instead how we remember, or rather, what forms of memorialisation best contribute to individual healing in post-conflict societies?

I address this question by combining the research fields of psychology, memory studies, and peace and conflict research. To this aim, the study makes a theoretical contribution as I construct a theory to explain variations in healing as a result of engagement with different forms of memorialisation. I develop a simple typology of passive and active memorialisation from which I argue passive remembering is limited in the benefits it can provide for healing at the individual level. At best, passive acts of memorialisation can provide acknowledgement for past suffering when what is memorialised is congruent with an individual’s experience. In instances when the two are incongruent, such initiatives may actually prove psychologically harmful. By contrast, active memorialisation provides a greater range of mechanisms for healing. Through encounter, dialogue and exercising voice and internal processing, active memorialisation provides not only for acknowledgement but
also a means of reconconnection and reconstruction of meaning among survivors. The hypothesis of the study is as follows: active forms of memorialisation will lead to enhanced levels of individual healing.

The hypothesis is empirically tested on the case of Cambodia, where I conducted qualitative field research between June and August of 2015. The data is derived from 22 semi-structured interviews carried out with survivors of the Cambodian genocide, each having participated in either passive or active acts of memorialisation. Interviewees were asked about the nature of their engagement with memorialisation initiatives together with a series of questions about the level of healing they have attained. A study of this nature requires ethically-informed decision-making and constant reflection on the part of the researcher to ensure no further harm was caused to interviewees. This was a constant and critical consideration and is given significant attention in the research design section of the study. By applying the theoretical framework to the case of Cambodia, the study contributes to better practice and policy in post-conflict societies, moving the discourse beyond the question of what is remembered, to better understand how various kinds of memorialisation contribute to individual recovery.

The main findings support the hypothesis and suggest that active memorialisation has significant advantages over more passive forms with respect to the degree of healing provided. A central theme that emerges is the value of memory constructed by individuals themselves versus the danger of memory imposed by others, such as victors, governments, etc.

The study proceeds as follows. The second chapter outlines previous research and develops the theoretical framework for evaluating the healing potential of passive and active memorialisation. The third chapter carefully details the methodology and research design of the study. Following this a brief background to the Cambodian genocide and memoryscape is provided. The final chapters present the findings and conduct an empirical analysis combining process tracing and thematic inquiry to compare passive and active cases, and analyze the impact each has on individual levels of healing. In conclusion, a list of policy recommendations is provided.
2. Theoretical Framework

The past is full of life, eager to irritate us, provoke and insult us, tempt us to destroy or repaint it. The only reason people want to be masters of the future is to change the past. They are fighting for access to the laboratories where photographs are retouched and biographies and histories rewritten... The struggle of man against power is the struggle of memory against forgetting.

Kundera, 1999: 22

The theoretical framework of the study begins by summarizing previous research that identifies the psychological toll of conflict in order to identify necessary requirements for recovery; conceptualizes individual healing and acknowledges its importance for long-term peace; considers the potential of memorialisation to contribute to (or impede) healing; and finally, develops a theory to explain why different forms of memorialisation lead to different manifestations of healing in the individual.

2.1 Previous Research

The Psychological Impact of Mass Violence

Violent conflict is synonymous with destruction. Demolished roads, buildings and other infrastructure act as physical reminders of the impact of war on the post-conflict landscape. Governmental institutions are similarly debilitated, necessitating complex processes of state-building and political reconstruction following war. But what of the psychological toll assumed by individuals as a consequence of conflict? Previous research reveals that encounters with authoritarian or genocidal actors often result in personal and social chaos at the psychological level (Neal 1998:6) with many victims suffering PTSD and complex levels of trauma (McCann and Pearlman 1990). Three primary psychological injuries of mass violence and political trauma are identified: a loss of dignity; a breakdown of social connections and a severe loss of meaning.

Political and social psychology identifies the loss of dignity as a principal injury of those who have suffered violence (Staub 2006: 871). Victimization is strongly characterized by power imbalances in which those who suffer torture or episodes of violence experience a loss of their own power and dignity (Guthrey 2015: 4; Agger & Jensen 1996; Mollica 1988).

Judith Herman, one of the leading voices on trauma recovery, writes that one of the “core experiences of psychological trauma is disconnection from others” (Herman, 1992:
A collapse of social connections is common following political violence, with traumatic events “call[ing] into question basic human relationships. They breach the attachments of family, friendship, love and community. They shatter the construction of the self that has formed and sustained in relation to others” (Herman 1992:51). In societies where perpetrators and victims continue to live side-by-side there is a significant erosion of trust and a fragmentation of social connections follows.

Furthermore, intense political trauma frequently “undermine[s] the belief systems that give meaning to human experience” (Herman 1992:51). This is a result of a breakdown of “individual cognitive assumptions about the self and the world” (Hamber and Wilson: 150), resulting in a severe loss of meaning in which individuals struggle to make sense of their environments and themselves within it (Janoff-Bulman, 1985).

If the primary manifestation of psychological injury following violent conflict can be summarized as loss of dignity, disconnection from others and a severe loss of meaning, any theory towards individual healing must address these injuries.

**Healing: What is it?**

A large body of literature exists on psychological recovery and healing following violent conflict (Fletcher and Weinstein 2002; Hamber 2009; Hamber and Wilson 2002; Herman 1992; Staub 2006:200; Staub et al. 2005). At the same time the concept of healing continues to lack conceptual clarity and includes a number of “complex” goals (Guthrey 2015). I borrow from, and adapt, the definition of healing in Holly Guthrey’s work on Transforming Pain Through Voice. Guthrey conceptualizes healing as “restoring one’s capacity to resume the course of their lives’, wherein the past, whether it be ‘political commitment, personal relationships, work, and social connections’ become ‘meaningful in the present and the future’” (quoting from Cienfuegos and Monelli 1983:44 in Guthrey 2015:5).

While Guthrey notably offers a holistic picture for healing, in which all affected capacities of the person are moved toward restoration, I have chosen to look specifically at the psychological component of repair as outlined above. For this reason, both my definition of healing and the theoretical framework I develop, address the aforementioned injuries. I define healing as: “restoring one’s capacity to resume the course of their lives’, wherein past suffering is acknowledged and dignity restored, social reconnections are established and the past becomes meaningful in the present and the future”.
In order to address these levels of healing and operationalize the concept in the latter part of the study, I adapt Skaar’s (2013) theoretical model of *different levels of reconciliation*, in combination with Herman’s (2002) recovery model to devise the levels of healing exhibited in Figure 1. As pictured here, healing begins with a restoration of dignity as provided through *acknowledgement*. Deeper levels of healing require reestablishing social connections (*reconnection*) and finding ways to reconstruct *meaning* following mass violence. This model is discussed in greater detail in the theoretical section below.

*Figure 1: Levels of Healing*

![Figure 1: Levels of Healing](image)

**Healing: A Necessary Precondition for Reconciliation and Long-term Peace**

Previous research outlines why individual healing is important following violent conflict. First and foremost, it improves the quality of life of those who have undergone significant suffering. Second, it contributes to broader, long-term goals of sustainable peace by changing attitudes and re-establishing social connections. Often the cessation of violence is brokered through a peace agreement, and while these are notable and important achievements, current research tells us the probability of re-emerging violent conflict remains high after such agreements because peace accords rarely shift *perceptions, fears, or long standing hostility towards the other* (de la Ray 2001; Staub and Bar-Tal 2003).

In post-conflict settings where much of the social fabric has been destroyed and trust eroded, sustainable peace requires a change in attitude among those who continue to live alongside one another in communities, states or regions (Staub et al. 2005:300). In this sense *healing*, or psychological recovery, reduces the probability that “unnecessary defensive violence” will reoccur (Staub 2006:871). Aware of this, many within both the research and practice communities have argued that individual healing is a necessary requirement for
broader reconciliation processes (Kriesberg 1998; Monteville 1993; Staub et al. 2005). Johan Galtung, the founder of peace and conflict studies, defines reconciliation itself as “the process of healing the traumas of both victims and perpetrators after violence, providing a closure of the bad relations” (Galtung 2001). From this perspective, reconciliation is dependent on the healing of both victims and perpetrators, through which perceptions of the other as dangerous can begin to be moderated (Staub 2006:873). Indeed, both reconciliation and long-term sustainable peace cannot be realized without some foundation of healing.

What is Memorialisation?

Memorialisation is a process that seeks to “honor those who suffered or died during conflict” and provides a “means to examine the past” (Barsalou and Baxter 2007:1). This can include a broad range of material sites, museums, commemoration activities, public artwork, shrines, national holidays or other initiatives. Memorialisation is multifaceted. It remains a psychological process as it involves processing memory at the individual level (Schischkoff 1991:185), however, memorialisation is also deeply political as the presence (or absence) of memorials and the narratives they convey are a powerful source of political capital (Dwyer and Alderman:167). The combination of psychological and political dimensions of memorialisation offer both advantages and challenges in regards to the healing potential of these initiatives.

Memorialisation for Healing?

Previous research suggests that memorialisation initiatives are ripe with potential to contribute to post-conflict healing. Memorial sites can satisfy the need for a physical location to remember the dead and grieve (Barsalou & Baxter 2007:3; Hamber 2009:87) and in this way are considered an important component of healing (Brett et al. 2007:6; Till 2008:108-109). Memorialisation can also provide public acknowledgement for past suffering through which dignity can be restored. In more engaged instances, memorialisation can create opportunities for individuals to speak about the past, which can be cathartic and empowering for survivors. Memorialisation can also serve as a medium for facilitating important public conversations that can deconstruct conflict identities, grow empathy and facilitate reconciliation (Hamber & Wilson 2003; Naidu 2004; Barsalou & Baxter 2007).

At the same time, critical scholarship shows that digging up the past is not always helpful (Hayner 2001:4). At least one reason for this is the disconnect between the macro and micro (Kelman 2002: 178). Transitional justice practices often attempt to address individual needs
through the implementation of national policies and processes - but in many cases the two are detached and not complimentary. Brandon Hamber, a clinical psychologist, refers to this as the ‘juxtaposition’ of the national and individual, and criticizes the act of psychologizing the “abstract entity” of the state. He writes, “nations do not have collective psyches, which can be healed” (Hamber and Wilson, 2006: 145). And yet, many transitional justice processes employed in societies recovering from conflict assume just that - that the nation must be healed. As a result of this belief, policies that are aimed at healing the nation result in top-down approaches that are seldom sensitive to the psychological needs of individuals.

This rift is demonstrated in empirical studies that focus on other mechanisms of transitional justice, for example Karen Brounéus’ work on truth telling in the Rwandan Gacaca courts. The Gacaca process was used as an instrument of public truth telling with the intent of moving the country towards healing and reconciliation. By contrast, Brounéus discovered that the Gacaca trials not only failed to consolidate reconciliation, but in fact caused further physical insecurity and psychological harm to those who testified (Brounéus, 2008: 65). In her sample, none of the interviewees considered giving testimony to have been a healing experience; rather they spoke of feelings of shame induced by exposing such emotions in public, increased risk of danger from those against whom they had testified, and the isolating experience of returning home with little to no support (Brounéus 2008:69). At the same time, all those interviewed reported that they would testify again if given the opportunity. This contrast suggests a profound insight: the process itself was desirable, but how it was carried out was problematic. It is the matter of how that I carry forward into my study on memorialisation.

Previous research shows that the assumed benefits of memorialisation are not always felt by individuals. In the worst instances, memorialisation can inflict further psychological harm on survivors. As Tyner et al. note, “there is never simply one memory, nor is there one way to remember” (Tyner et al. 4). When an array of political and social agents possess different recollections of the past, or wish to sanction a specific set of memories as official, memorialisation can become an extension of the conflict. As Dwyer notes, post-conflict landscapes are “marked not only by lingering wounds of violence, but also by competing interpretations and interests” (2011: 228). In this sense, memorialisation initiatives are prone to deep politicization and in some instances impede reconciliation and healing far more than they contribute to it. This is especially true of forms of memorialisation that legitimize past or current behaviors, resulting in a “politics of representation” (Pieper 2006: 26) with each memory ‘entrepreneur’ advocating for their own interpretation of the past (Jelin, 2003).
The severity of the conflict and the degree of historical manipulation will determine whether memory becomes a source of further struggle. An extension of the conflict emerges when “what is commemorated is not synonymous with what has happened in the past” (Dwyer and Alderman 2008:167). Oppressive regimes often “appropriate and manipulate” memory to tell history in their favor (Phelps, 2006: 50). As Irwin-Zarecka (1994) notes, the dissemination of an oppressor’s history leaves victims to cope with malevolent messages about their worth, “silencing and suppressing” individual descriptions and records of their experiences. This is a direct offense to the supposed contribution of memorialisation as symbolic reparations are meant to “empower individuals and communities to take control of their own lives” (Minow, 1998:17). Rather, the subjugation of memory and the silencing of individual voices is disempowering – an extension of injustice and psychological harm.

Simpson writes that this forced subscription to a single voice “mimics the logic of tyrannous or authoritarian systems that try to make victims “speak the word” of the regime, or remember as the regime remembers (Simpson 2007: 2). In post-conflict climates where memorialisation is a divisive force, the potential for healing is thus far from guaranteed. In its worst form it even has the potential to cause further harm. The question that must be posed is what forms of memorialisation best contribute to individual healing in post-conflict societies?

2.2 Theoretical Framework

It is apparent that memorialisation has the twofold potential to contribute to - or impede – reconciliation and individual healing. While much of the research to date has focused on the problematic nature of selective memorialisation efforts (Hughes, 2003; Manning, 2011; Sion, 2011; Tyner, Alvarez, & Colucci, 2012; Tyner, Sirik, & Henkin, 2014) fewer inquiries have been carried out to identify positive mechanisms of healing that can be activated through distinctive memorialisation formats.

In the following section I contribute to previous research by constructing a theoretical framework that hypothesizes which forms of memorialisation best contribute to individual healing - and through which mechanisms. Building on the established literature and borrowing from the disciplines of psychology and memory studies, I develop a simple typology of passive and active memorialisation and develop theory around these concepts to identify healing mechanisms. The central argument of my theoretical framework is this - active forms of memorialisation possess greater potential for healing than passive forms.
Passive Memorialisation

*Passive memorialisation* refers to forms of commemoration that are non-participatory in nature, require minimal engagement, and compel a compliant acceptance of the version of the past being represented. Examples may include visiting a memorial site or museum, attending a commemoration ceremony or religious site, without substantial engagement with oneself or others.

Many ways of remembering fall into this category, yet little research has been carried out to ask *how* these forms of memorialisation contribute to healing. I argue that the value of passive memorialisation has been overstated in the discourse without adequate evaluation of the impact of such efforts. Evaluating other transitional justice mechanisms, such as truth commissions, it has been found that one-time encounters run the risk of re-traumatizing individuals (Brounéus, 2008:62; Mendeloff, 2009). This study asks if the same might be true of passive forms of memorialisation, in which individuals visit a museum or memorial one time, without any deep engagement. Psychological theory suggests so, cautioning against passively reliving painful memories (Jelin, 2003). Cognizant of these shortcomings and cautions, passive initiatives may yet make one positive contribution to healing – *acknowledgement*.

When considering the healing potential of passive remembrance, acknowledgment is a critical constituent of healing. The connection between acknowledgment and recovery is clear across disciplines of individual and political psychology. Research in these fields shows it is unlikely that a sense of victimhood will be overcome at the individual or state level prior to acknowledgment of the offense (Gormally, 2006). John Paul Lederach considers acknowledgement decisive in the effort to reconcile and heal, naming it as the “first step toward the restoration of the person” (1997:26). Multiple researchers consider acknowledgement as the starting point from which a “destructive cycle” can be broken and healing initiated (Monteville, 1993: 118).

There are many cases in recent history that exemplify the impact on post-conflict settings when acknowledgment has been denied. The case of the Armenian genocide is paramount, where the persistent culture of denial in Turkey has made any effort to reconcile near impossible and deeply impeded individuals’ healing processes (“The Armenian Genocide,” 2015). While the first generation of victims are now mostly deceased, the next generation continues to list acknowledgment as a necessary component to move forward
(Shearlaw, 2015). But if acknowledgement is important for healing, what particular mechanisms are at play when these past abuses are recognized?

In his book, *States of Denial: Knowing About Atrocities and Suffering*, Stanley Cohen writes that acknowledgement serves to “undermine the public discourse which allowed for collusion, silence and indifference” to occur in the first place, and therefore represents a critical step towards justice (Cohen, 2001: 240). A lack of recognition denies victims dignity and leaves them in a state of social alienation, whereby one’s suffering seems beyond healing (Cohen 2002; Ullma, 2006). In this way, acknowledgement is the first step towards reclaiming the future, as it validates individuals’ experiences of suffering and fosters a new public discourse in which human rights and protection of the individual are to be upheld, providing a kind of “redress for victims” (Hayner 1994, 2001). This causal pathway is compatible with the definition of healing discussed earlier, which considers healing a process in which past abuses can be transformed in the present and future.

But for which psychological needs does acknowledgment provide? Psychotherapeutic approaches to healing after political trauma suggest that recognition is a critical starting point towards a *restoration of dignity* (Bandeira, 2008: 78). In line with this argument, psychoanalyst Jessica Benjamin, asserts that recognition dignifies individuals’ suffering and in doing so transforms the victim’s sense of powerlessness into agency (Benjamin, 2014). If we conceptualize healing as the ability for one to resume the course of their lives, reclaiming agency is essential to healing work (Van der Kolk, 2014). In this sense, acknowledgement provides the necessary preconditions for individuals to “regain dignity as human beings and their respected status as citizens” from which point healing may commence (Hein, 2015: 198). By “marking suffering” passive memorialisation can contribute to this need (Bockers and Knaevelsrud 2011: 73) and provide a sense of acknowledgement to individuals.

While acknowledgement is a necessary component for healing to “even be contemplated” (Hamber, 2009: 157) we must caution against overstating it as a *sufficient* mechanism to consolidate high levels of individual healing following political trauma. As outlined above, the deepest psychological injuries of mass violence are a loss of dignity, disconnection and a loss of meaning. Thus, while passive memorialisation may contribute to the restoration of dignity by providing acknowledgement, it is unlikely such initiatives will address further needs for reconnection and reconstructing meaning, given that they do not facilitate social interaction or active psychological processing of the past. At best then, passive memorialisation can only be expected to contribute to *low levels* of individual healing.
Active Memorialisation

In contrast to passive initiatives, active memorialisation draws victims and perpetrators into engaged forms of commemoration that require participation and input; in other words, ‘preferring action to contemplation’ (Merriam Webster Dictionary, 2016.) Examples of active remembering include engaging in dialogue, telling one’s story, or other participatory activities that require a contribution on the part of the individual. Active memorialisation can be expected to provide for acknowledgement in similar ways as passive forms, but perhaps with greater levels of recognition provided. In addition, active forms of remembrance provide for added mechanisms of healing as they create “social spaces where people and things can come together” (Lederach, 1997: 29) and individuals can process challenging pasts (Smyth and Pennebacker 1999), resulting in two particular assets for healing – reconnection and meaning making.

Current research suggests the most significant contribution memorialisation makes towards healing is realized through the construction of “discursive spaces” which “facilitate and provoke dialogue” (quote from Williams, 2007:129-130; see also Schoefield 2005:111; Kucher 1999:55). The value of dialogue prompted by active remembering is manifold. First, it contributes to a democratization of memory, wherein previously marginalized voices can be exercised and heard. This can be expected to consolidate acknowledgement and empower individuals to tell their story. In contrast to passive memorialisation, where a single voice (commonly the state) constructs what is remembered, active memorialisation creates intersubjective spaces in which multi-vocal narratives can exist and interact alongside one another (Irwin-Zarecka, 2007: 4; Bell 2003:65). This is an important component of healing for a number of reasons.

First, it deepens the degree of acknowledgment individuals experience in passive forms of memorialisation, as their individual voice is validated. This connects to previous research on mechanisms of healing in Holly Guthrey’s study on voice. Guthrey’s research
demonstrates that when victims of political trauma exercise voice, different pathways of healing are facilitated – empowerment, catharsis and social acknowledgment – which she argues, helps them to “transform their past trauma into something meaningful in the present and future as well as to restore their capacity to live their lives” (Guthrey 2015: 5). Dialogic ways of remembering possess a similar value to that of talk-therapy, which is considered to have therapeutic benefits for victims of trauma (Brounéus, 2008: 58). I suggest that the same mechanisms of voice are present in active forms of memorialisation that create discursive spaces for individuals to speak of their past experiences, exercising voice and consolidating levels of acknowledgment.

Another major healing asset present in active forms of memorialisation is that they facilitate interaction among former victims and perpetrators. Given the breakdown of social trust that follows periods of mass political violence, interaction with others creates opportunity for individuals to hear others’ stories and eventually, develop empathy (Gibson, 2004: 203). This argument is congruent with the central concepts of positive contact theory, whereby increased levels of interaction will enhance levels of safety and trust between individuals; a point from which healing can progress (Staub 2006: 874). Active forms of remembrance create opportunities to manage and transform fear and mistrust, obvious impediments of healing. These opportunities are also enhanced through the dialogic nature of memorialisation mentioned above, especially when both former victims and perpetrators are asked to contribute to the memorialized discourse.

In addition, active memorialisation provides for what Susanne Küchler (1999:55) refers to as ‘intra-sites’ - expanded internal capacities created alongside material sites or commemorative activities, in which participants can begin to work through painful memories. These are a powerful asset for reconstructing meaning. Such intra-sites are generated through discourse, whereby participants activate their voices to construct a narrative, and in so doing bring order to a set of previously harmful or disorienting memories. In this regard, active remembering is valuable as it provides internal space for individuals to process painful pasts, bringing order to the often chaotic psychological state that follows exposure to mass violence (Neal, 1998, p. 6) – and reconstruct meaning which has been destroyed by conflict.

The link between active remembering and healing is demonstrated through the clinical experiments of Smyth & Pennebaker. Their research supports the idea that “processing memory” can act as treatment for dealing with traumatic pasts (1999:79). The idea of ‘organizing’ memory into a coherent narrative structure complements other psychosocial
research that suggests ‘laboring’ through difficult memories can bring substantial benefits to individuals. Elizabeth Jelin argues that the past continues to disrupt and invade the present until it is worked through. However, if individuals actively labor through painful recollections rather than passively reliving them, these memories can be transformed thereby contributing to the overall healing of individuals (Jelin, 2003).

The theory devised here suggests that organizing or laboring through memory helps individuals reconstruct meaning. It is commonly understood that severe conflict not only destroys the physical infrastructures and political capacity of nation states, but also shatters individuals’ “cognitive assumptions about the self and the world” and the sense of meaning one ascribes to it (Hamber and Wilson 2002, 39). Similarly, as Janoff-Bulman suggests, conflict destroys an individuals’ ability to comprehend the world as a meaningful place (1985). Therefore, any ample approach towards deep healing must consider how individuals can reconstruct meaning after episodes of extreme violence. I argue these mechanisms are at play in active forms of memorialisation, whereby individuals who enter into a ‘labor of memory’ are able to craft new narratives, exercise their voice, and begin to transform the past, rediscovering meaning in the present and future – a psychological movement from internal chaos to order. This argument is also linked to the work of Viktor Frankl, a Jewish psychiatrist and survivor of four Nazi concentration camps. Frankl’s seminal work, ‘Man’s Search for Meaning’ is both an account of his life in the camps, and his observation of others who found meaning in the midst of horrible circumstances. Following the Second World War, Frankl developed a method of logo (meaning) therapy, working with survivors of political trauma to reconstruct meaning as a key constituent for healing. Frankl treated more than 2,000 suicidal patients, none of whom took their own lives (Frankl 1985, 2001).

While I suggest that engaging painful memories rather than suppressing them, as facilitated through active memorialisation, can act as a pathway to healing (Herman, 1992; Pearlman & Saakvitne, 1995), I am careful to outline the conditions under which we should expect this to be the case. Caution against advocating for transitional justice prematurely is exhibited in Brounéus’ work in Rwanda and her findings that exercising community truth-telling processes in physically insecure climates only led to greater harm for individuals (Brounéus, 2008). The same principle should be kept in mind with active memorialisation – healing benefits can only be expected when individuals enter into their painful past under emotionally supportive and physically secure conditions. Under these circumstances, people start to understand that the “danger present at the time of their traumatizing experiences is not present any more, and so reduces the negative emotional force of painful memories” (Staub,
To summarize, active memorialisation hosts a greater range of mechanisms for healing that can be expected to satisfy not only needs for acknowledgement, but also reconnection and reconstructing meaning.

**Figure 3: Active Memorialisation Causal Diagram**

The theoretical argument put forth in this study is this - passive forms of memorialisation, at best, provide *acknowledgment* to victims, and therefore only contribute minimally to the healing process of trauma victims. In comparison, active memorialisation possesses a greater range of mechanisms, which provide for *reconnection* and *reconstructing meaning*, thereby consolidating deeper levels of healing.

**Figure 4: Summary of Theoretical Argument**
3. Research Design

A qualitative research design is most appropriate for my study for a number of reasons. First, the study is exploratory in nature, with the aim of expounding causal mechanisms that explain how different forms of memorialisation contribute to healing at the individual level. Qualitative methods, and case studies in particular, possess the greatest potential for identifying new causal mechanisms and tracing pathways between variables (George and Bennet, 2005: 75). Secondly, I attempt to generate new theory, which again, is best supported by qualitative approaches, rather than large-N studies. Lastly, the nature of both my independent and dependent variables - memorialisation and healing - are concepts that resist simple quantification. For these reasons a qualitative case study is best suited to address the objectives of the research.

Selecting appropriate cases is an essential component of conducting good research, where cases should reflect the universe of incidents they hope to represent and the relevant theory to which they hope to contribute (Bennet and George 2005: 76). In selecting Cambodia, the universe of cases this study aims to speak to are: societies recovering from conflict in which memorialisation efforts are part of the post-conflict peace architecture.

Cambodia represents a crucial, least-likely case for the hypothesis to be supported because the levels of violence and trauma exposure are higher than typical cases (Rummel 1994). Having undergone two periods of civil war in addition to the genocide that eliminated 25% of the population, the average Cambodian over the age 37 has been exposed to severe political trauma, making it less likely that memorialization would have a positive impact on healing than in cases where violence and trauma were less intensive. If the hypothesis finds support in a least-likely case it offers confidence that the same would hold true in more typical cases (Gerring 2012: 418). At the same time, the case contains criteria comparable across conflict contexts, making it an ideal selection. Furthermore, given the primary objective of the study to evaluate memorialisation efforts, Cambodia serves as an excellent case because memorialisation has taken multiple forms within the country. This in-case variation of the independent variable makes it an optimal choice, providing greater explanatory value than a case in which a more or less singular approach to memorialisation was adopted.

The remainder of this section will describe my chosen methodology of in-depth interviewing; describe the process of data collection that was undertaken, including selection criteria and sampling methods; operationalize the theoretical argument to be evaluated; and
lastly, explain how the analysis is structured to provide a comparison of active and passive memorialisation and their respective relationship with levels of individual healing.

3.1 Methodology: In-Depth Interviewing

I elect a methodology of in-depth interviewing in order to focus on the micro-processes of post-conflict recovery at the individual level. For this reason, the individual serves as my unit of analysis. Cognizant of the gap that frequently exists between national and individual levels of transitional justice practices (as aforementioned in the theoretical section of this paper), this methodological approach serves to better understand the impact of memorialisation from the point of the individual. As Brounéus writes, “for learning about the micro-processes of armed conflict and peace, those at the core need to be consulted: the people”. This study aims to do just that - to understand what practices of memorialisation “actually mean for those experiencing it” (Brounéus 2011: 131). This selection also compliments my aim to evaluate and generate theory on the subject, as this approach allows for in-depth exploration of processes and can suggest causal inferences (Ibid.)

Prior to conducting field research, a thorough review of secondary sources was carried out to familiarize myself with current literature and identify potential theoretical gaps. I consulted a broad range of resources across the disciplines of social psychology, memory studies and peace and conflict research. From this starting point I was able to identify preliminary hypotheses and a theoretical argument. After arriving in Cambodia and meeting with experts on memorialisation, national reconciliation and genocide educators, I fine tuned and revised my research question. This is common practice in qualitative research, wherein progress is seldom linear in nature and the research design is modified as ongoing feedback offers a clearer reflection of the reality to be studied (Della Porta & Keating, 2008:29). Consultation with local experts assisted in focusing my research question to what forms of memorialisation best contribute to individual healing in post-conflict societies?

From this point forward I created a set of interview questions that could inquire about: (1) the type of memorialisation efforts (passive or active) with which individuals had been involved; (2) the degree of healing each of them experienced; and (3) if and how their engagement with memorialisation initiatives had contributed to their healing journey by identifying causal mechanisms. In order to accomplish this, I used a semi-structured interview format in which the researcher ‘gently guides a conversational partner in an extended discussion’ (Rubin and Rubin, 2005: 4) through a prepared set of questions. Sensitivity was afforded to each interviewee. All participants were asked the same questions, but some chose
to speak at greater length on particular topics compared to others (See Appendix A). Given that nearly all interviewees expressed the desire to share their particular experience under the Khmer Rouge, I began each interview with open space for the respondent to talk freely about their individual history and their life today. From that point the formal interview began. As Brounéus notes, “each in-depth interview will take different twists and turns and follow its own winding path” and so an important responsibility of the researcher is to give the interviewees the freedom to speak as they wish and to follow up on related themes that they themselves have raised – this is part of active, reflective listening (Brounéus 2011: 131). By conducting interviews in this fashion, one can accommodate both inductive and deductive inquiry, helping to uncover mechanisms that may have been missed in previous research (Ibid.).

Ethical Considerations

The ethical imperative of ‘do no harm’ was best facilitated by this style of interviewing as it allowed each interviewee the freedom to speak within their level of comfort. Following practice of highest ethical conduct (Kelman 1972; Wood 2003; Wood 2006:379), each interviewee provided consent for the interview (see Appendix B) which was translated into Khmer, were told they could stop the interview at any time, and only needed to respond to questions they felt comfortable answering. I also ensured that any sensitive information was protected and that the names of interviewees were kept anonymous with the exception of those who wished for their names to be included.

When undertaking research on such a sensitive subject, ethically-informed decision-making needs to be integrated into all stages of planning (Brounéus 2011:141). In order to select interviewees that were psychologically ready to answer questions in relation to their traumatic experiences under the Khmer Rouge, I approached individuals with the assistance of the trusted Cambodian NGO, DC-Cam, allowing me to interact with individuals who had already shown a readiness to engage with the past. To ensure interviewees felt comfortable and safe, they were given the choice of where the interview would be conducted – the DC-Cam office, a public space (such as a café, pagoda or memorial site) their private residence, or another location they suggested or preferred. Those who had to travel for the interview were reimbursed for their travel to ensure participation did not require any cost on the part of the individual. All interview questions were also approved by DC-Cam, and the interpreters exercised a high degree of sensitivity and caution, asking questions only when deemed appropriate. Through consultation with DC-Cam and other local professionals, I assessed the risk to interviewees and was assured that participation would not threaten their physical
security. Given the current openness towards the subject, the broader context proved safe to engage in such conversation.

Revisiting traumatic events is almost always challenging, and if facilitated poorly, can run the risk of retraumatizing individuals (Brounéus 2001:142). To avoid this and uphold the principle of ‘do no harm’, individuals were given ultimate agency in how the interview was conducted. I allowed space for silence when needed and gave room for individuals to share other information that they considered important. In my own self-reflection, I came to see this as critical – through engaged and active listening I could acknowledge and honor individuals’ pain and give them the freedom to share as needed. It is never an easy task to research the pain of others, thus our need for “sensitive methodologies” is paramount (Van der Merwe et al. 2009:5).

De Laine offers valuable commentary on the moral issues of fieldwork and the overlapping of roles in which the researcher is a “thinking, feeling human being” but as also a researcher, which calls for more “maturity, greater sensitivity, authenticity and integrity” (de Laine 2000:16). I certainly experienced the challenge of being a ‘researcher’, while remaining a fellow human being who wanted to sit and attend to the needs of the people I was interviewing. While the ethical considerations of balancing these roles are not easy, I approached the work with utmost sensitivity and ongoing reflection to ensure I was not causing further harm to my interviewees and was frequently told that the act of being listened to was itself healing. Aware that the interviewees may have stirred up past trauma, individuals were left with contact information for myself and DC-Cam, where access to further support and resources could be shared if needed (for example, contact details for the Transcultural Psychosocial Organization).

3.2 Data Collection, Selection Criteria & Sampling

The analysis and theoretical evaluation are supported by data derived from primary qualitative field research carried out in Cambodia between June and August 2015, in which 22 in-depth interviews were conducted with survivors of the Khmer Rouge genocide. Interviewees were identified with the assistance of the Cambodian NGO, DC-Cam. DC-Cam is a respected national organization, considered by Cambodians to be a vessel of reconciliation and healing. I contacted DC-Cam prior to arriving in Cambodia to ask for their assistance in identifying interviewees and carrying out the research. Given the sensitive nature of the subject of study, I felt it imperative to collaborate with an organization already
established and trusted in Cambodia to increase the probability that interviewees would feel safe and free to share openly.

Given that the study seeks to understand the impact of memorialisation initiatives, selecting on the basis of the independent variable, rather than on the level of individual healing (the dependent variable), best protects against selection bias (King et al. 1994: 139). For this reason, the primary selection criteria were: (1) individual engagement with some form of memorialisation initiative, active or passive in nature, since 2001 and; (2) must have suffered under the Khmer Rouge regime. This form of *purposive sampling* helps to overcome deficiencies of complete random selection, and instead enables researchers to select the most appropriate cases to answer the research question (Seawright & Gerring 2008: 295). In addition to this, purposive sampling must ensure there is some *variation* in key criteria – passive or active - so that the impact of the variable of interest can be evaluated (Ritchie and Lewis, 2003: 79).

The interviewees constitute a *heterogeneous sample*, providing for maximum variation sampling (Holloway and Wheeler, 1996; Patton, 2002; Robson, 2002) across different strata of society. The strength of employing this kind of sample is that it helps to “identify central themes that cut across a variety of cases or people” (Ritchie and Lewis, 2003: 79). The sample can be considered heterogeneous across many measures. Interviews took place within the Phnom Penh Municipality and rural residences in the Kandal, Takeo, Kampong-Cham, Kampong-Chhnang and Pailin provinces; therefore, there should be no geographical bias inherent in the sample. The sample contains individuals from a wide variety of educational backgrounds, ranging from those who have not completed secondary education to those with university degrees and graduate education. The sample is more or less gender balanced, with 13 women and 10 men represented, all between the ages of 45 and 83. Furthermore, the sample is representative across different levels of socioeconomic status. The intention of employing a heterogeneous sample, as described here, is to comment on empirical phenomena that cut across nationwide demographics. The sample also includes both perpetrators of violence (former Khmer Rouge soldiers) and victim-survivors. I refrain from using the categories of ‘victim’ and ‘perpetrator’, as the boundary between such conflict identities is always porous, and especially so in the Cambodian genocide, in the context of a paranoid

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1 The study focuses on memorialization initiatives after 2001 because this year marks an opening in Cambodia’s way of dealing with the past. In 2001 the National ‘Day of Hatred’ was changed to the ‘Day of Remembrance’ creating new space for ways of remembering.

2 Note that the Cambodian genocide ended in 1979 and therefore only individuals over the age of 36 could be considered for the sample. The youngest interview was 45 years old. Given the impact and severity of the Khmer Rouge regime, the study assumes all those included suffered during the genocide.
regime that targeted civilians as well as vast numbers of its own people. Instead I adopt the use of ‘survivor’ where possible for all interviewees, as the term holds more agency than that of victim (Dunn 2005) and can apply to all who have survived the period of political violence (perpetrator, victim, bystander) (Garcia-Godos, 2008:10). This is also in line with national opinion in Cambodia, where lower level cadres are generally viewed as victims of the time and the insurgency (Linton 2004).

Each interview followed the same set of semi-structured questions (see Appendix A) and was open-ended in nature. Interviews on average ranged from 1 to 1.5 hours in length. With the exception of one interview, which was carried out in English, all others were conducted in Khmer, the mother tongue of interviewees, with the assistance of translators employed from DC-Cam.

3.3 Operationalization

To evaluate the theoretical argument developed by this study and test the hypothesis, I operationalize my independent and dependent variables to demonstrate variation within the sample. In order to do this, I classify initiatives of healing as either passive or active and devise three different levels of healing: low; moderate; and deep. Determining the number of categories for variables is an important aspect of designing research as it relates to parsimony and nuance. I have elected a dichotomous independent variable for parsimony and a scaled dependent variable (low, moderate, high healing) to accommodate greater nuance and a richer analysis (George and Bennet, 2005: 77).

To operationalize my independent variable, I assess whether initiatives of memory were passive or active in nature based on the following criteria:

<table>
<thead>
<tr>
<th>Table 1: Indicators for Independent Variable (Passive or Active)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was any action or means of participation required by the individual?</td>
</tr>
<tr>
<td>Did the memorialisation initiative include some form of dialogue?</td>
</tr>
<tr>
<td>Did the individual engage with others while participating in this form or remembering? (ie. share their story, listen to others share their stories?, etc.)</td>
</tr>
</tbody>
</table>

If the memorialisation format satisfies one of these indicators, I code the individual having engaged in active memorialisation. Those who do not satisfy the criteria are coded passive.
Drawing from the theoretical reasoning put forth in this paper, I operationalize the dependent variable, *level of individual healing*, on the threefold-basis of *acknowledgement; reconnection; and a reconstruction of meaning*. In order to do this, I analyze each interview and evaluate the presence of the following three indicators:

<table>
<thead>
<tr>
<th>Table 2: Indicators for Dependent Variable (Level of Healing)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the individual’s engagement with the initiative of memory provided for <em>acknowledgment</em>?</td>
</tr>
<tr>
<td>Has the individual been able to find mutual acceptance and <em>reconnect</em> with others?</td>
</tr>
<tr>
<td>Has the individual been able to <em>reconstruct meaning</em> of their past suffering in the present?</td>
</tr>
</tbody>
</table>

Given the highly subjective nature of healing, these indicators have been selected as the best theoretical markers of individual healing. For each indicator satisfied, an interviewee is given one point on a healing score. This essentially provides a 4-point score in which individuals can receive a healing score of 0 (no healing), 1 (low healing), 2 (moderate healing) or 3 (deep healing). While I resist attaching a numerical value to another person's level of recovery, I have elected to do so for the purposes of conducting a systematic comparison across cases that serves to best evaluate the study’s hypothesis.

Coding the data accordingly has not been without challenge. Given the highly subjective nature of these concepts, I have applied the same evaluative criteria to each interview to ensure consistency. This has been particularly important in relation to identifying indicators, which were seldom named explicitly. For example, respondents adopted language such as “I felt seen,” “made me feel recognized,” “my pain was noticed”, etc. rather than outright saying, “I was acknowledged”. The same was true for reconnection where I assessed a number of more refined criteria to determine whether this indicator was met or not. For example: the opinion held towards the other; whether or not interactions occurred; if a sense of unity existed among former perpetrators and victims; if fear was still present towards the other; etc. Determining when such concepts could be considered synonymous with the indicators was based on a systemic application of discretion. Given the closeness to the subject, there is little concern about the validity of the data, however, to best ensure reliability, it is important to undertake a systemic approach to evaluate indicators (Ritchie and Lewis 2003:270).
Satisfying criteria for reconstructing meaning was less straightforward. For this indicator I had to consider each interview holistically and evaluate if there was substantial evidence to conclude that one’s past suffering had resulted in a reconstruction of meaning in the present day through some form of memorialisation. I looked specifically for language such as, “this brings me purpose,” “this is the most important thing I do now,” etc., and instances where past suffering took on new meaning and purpose in the present day through forms of memorialisation.

3.4 Structure of the Study

In order to structure the study, I have grouped the individuals from my sample into two cases – passive and active memorialisation – each of which serve as a case for comparison. This classification and class designation was determined after coding each individual interviewee as passive or active. A case, as defined by George and Bennett, is “an instance or a class of events” (George and Bennett, 2005: 17) and is therefore satisfied by this distinction of passive and active forms of memorialisation.

Figure 5: Case Designation

To evaluate the theory, I employ a structured, focused comparison of these two cases to test the impact of my independent variable – passive or active memorialisation – on the dependent variable – level of individual healing. The study is ‘structured’ in that the analysis of each case will follow the same set of inquiry, evaluating the level of healing that corresponds to different forms of memorialisation, and ‘focused’ in that it concentrates on a particular aspect of memorialisation – the potential for psychological healing (George and Bennett, 2005: 67).

In the exploration of each case I employ a combination of thematic analysis and process tracing. As it is the responsibility of the researcher to make epistemological
assumptions explicit (Holloway and Todres, 2003), I wish to state clearly why I have chosen these particular methodologies.

Thematic analysis “is a method for identifying, analyzing and reporting patterns (themes) within data” in order to describe datasets in rich detail (Braun and Clarke 2006:79). This approach focuses on the lived experiences and realities of individuals in order to better understand the phenomena in question (McLeod, 2001), making it an ideal tool for use in this study, which focuses on individual perspectives and aims to give experience primacy. In the analysis of the data I aim to capture key themes in each case, coding the data accordingly, as it fits within the outlined operationalization of each variable. Furthermore, thematic analysis will allow me to derive broad themes across each case and identify concepts that may have been missed by my theoretical predictions.

Process tracing, a method that seeks to expound causal mechanisms by analyzing processes and sequences, will add further value to the analysis. By employing process tracing I will be able to determine not only if these forms of memorialisation lead to differing levels of healing, but if so, how and through which mechanisms? With its origins in cognitive psychology, process tracing is an appropriate method of analysis given the study’s focus on the psychological cost and recovery of conflict. Furthermore, the methodology “refers to the examination of intermediate steps in a process to make inferences about hypotheses on how that process took place and whether and how it generated the outcome of interest” (Bennett & Checkel, 2012: 8). While there are different expressions of process tracing (see George and Bennett, 2005; Brady and Collier, 2010), there is consensus that the method is essentially a “technique for capturing causal mechanisms in action” (Bennett & Checkel, 2012: 12) – a key aim of this study.

Overall, a combination of thematic analysis and process tracing applied through a structured analysis is expected to provide for a valuable assessment of the data. The empirical analysis and identification of indicators will allow me to assign a healing score (0-3) to each individual, from which point I will determine the mean healing score for each case (passive and active). In order for my hypothesis to be supported I require that the mean healing score for the active case be at least 1 score higher than the passive case.
### Table 3: List of Interviewees with Empirical Coding and Healing Scores

<table>
<thead>
<tr>
<th>Classification</th>
<th>Gender</th>
<th>Age</th>
<th>Passive/Active</th>
<th>Healing Score</th>
<th>Location of Interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Former Khmer Rouge</td>
<td>M</td>
<td>53</td>
<td>Active</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>Victim-Survivor</td>
<td>F</td>
<td>-</td>
<td>Active</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>Victim-Survivor</td>
<td>F</td>
<td>51</td>
<td>Active</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>Victim-Survivor</td>
<td>F</td>
<td>51</td>
<td>Passive</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>Victim-Survivor</td>
<td>M</td>
<td>52</td>
<td>Passive</td>
<td>0</td>
</tr>
<tr>
<td>6</td>
<td>Victim-Survivor</td>
<td>M</td>
<td>83</td>
<td>Active</td>
<td>3</td>
</tr>
<tr>
<td>7</td>
<td>Victim-Survivor</td>
<td>M</td>
<td>-</td>
<td>Passive</td>
<td>1</td>
</tr>
<tr>
<td>8</td>
<td>Victim-Survivor</td>
<td>M</td>
<td>45</td>
<td>Active</td>
<td>3</td>
</tr>
<tr>
<td>9</td>
<td>Victim-Survivor</td>
<td>F</td>
<td>55</td>
<td>Active</td>
<td>2</td>
</tr>
<tr>
<td>10</td>
<td>Victim-Survivor</td>
<td>F</td>
<td>54</td>
<td>Passive</td>
<td>1</td>
</tr>
<tr>
<td>11</td>
<td>Victim-Survivor</td>
<td>F</td>
<td>68</td>
<td>Passive</td>
<td>1</td>
</tr>
<tr>
<td>12</td>
<td>Victim-Survivor</td>
<td>M</td>
<td>78</td>
<td>Active</td>
<td>2</td>
</tr>
<tr>
<td>13</td>
<td>Victim-Survivor</td>
<td>F</td>
<td>70</td>
<td>Passive</td>
<td>1</td>
</tr>
<tr>
<td>14</td>
<td>Victim-Survivor</td>
<td>F</td>
<td>55</td>
<td>Passive</td>
<td>1</td>
</tr>
<tr>
<td>15</td>
<td>Victim-Survivor</td>
<td>F</td>
<td>59</td>
<td>Passive</td>
<td>0</td>
</tr>
<tr>
<td>16</td>
<td>Former Khmer Rouge</td>
<td>M</td>
<td>-</td>
<td>Passive</td>
<td>0</td>
</tr>
<tr>
<td>17</td>
<td>Victim-Survivor</td>
<td>M</td>
<td>54</td>
<td>Active</td>
<td>2</td>
</tr>
<tr>
<td>18</td>
<td>Former Khmer Rouge</td>
<td>M</td>
<td>57</td>
<td>Active</td>
<td>3</td>
</tr>
<tr>
<td>19</td>
<td>Victim-Survivor</td>
<td>F</td>
<td>-</td>
<td>Passive</td>
<td>1</td>
</tr>
<tr>
<td>20</td>
<td>Victim-Survivor</td>
<td>F</td>
<td>73</td>
<td>Passive</td>
<td>1</td>
</tr>
<tr>
<td>21</td>
<td>Former Khmer Rouge</td>
<td>F</td>
<td>65</td>
<td>Passive</td>
<td>1</td>
</tr>
<tr>
<td>22</td>
<td>Former Khmer Rouge</td>
<td>F</td>
<td>57</td>
<td>Active</td>
<td>2</td>
</tr>
</tbody>
</table>
4. The Cambodian Genocide

4.1 A Brief History

Civil war broke out in Cambodia in the late 1960s when the Communist Party of Kampuchea (CPK) (more commonly known as the Khmer Rouge) fought the Kingdom of Cambodia (the government). Against the backdrop of the Vietnam war, the Khmer Rouge enjoyed the support of their communist Vietnamese allies; while Cold War politics further bled into Cambodia with the onset of an intensive American bombing campaign against communist held areas. Although top-secret at the time, the Clinton administration released details of the campaign, revealing US planes dropped 2,756,941 tons of ordinances over Cambodia. To put this in perspective, “the Allies dropped just over 2 million tons of bombs during all of World War II, including the bombs that struck Hiroshima and Nagasaki: 15,000 and 20,000 tons, respectively. Cambodia may well be the most heavily bombed country in history” (Owen and Kiernan 2006:67). As American bombs continued to fall, the Khmer Rouge were able to recruit effortlessly due to the severe suffering the campaign inflicted on the local population. This led many Cambodians to reject Lon Nol (the pro-US general) and join the ranks of the Khmer Rouge (Bockers and Knaevelsrud 2011: 74; Kiernan, 2008, p. 22).

Inspired by Stalinist and Maoist ideologies of the 20th century, Pol Pot set out to return Cambodia to an egalitarian and agrarian society and he did so with force and brutality (Bockers and Knaevelsrud 2011: 75). On April 17, 1975 the Khmer Rouge took control of Phnom Penh and began one of the “world’s most radical political, social and economic revolutions” (Linton 2004: 39). Year Zero began. Urban centers were evacuated within days, executing those who resisted and pushing others into the countryside for forced labor projects. The years that followed were marked with brutality and genocidal violence. Forced labor led to many deaths from exhaustion, malnutrition and disease. The Khmer Rouge rejected education and government, closing schools, embassies, courts and state ministries. Cambodia was cut off from the outside world as foreigners were expelled and foreign languages forbidden. Individuals were separated from their families, marriages were forced and rape was frequent. The currency was abolished as was religious practice, together with all newspapers and radio. Anyone who opposed the regime, or was suspected of doing so, was considered an ‘enemy of the people’ and paid greatly. As paranoia grew within the regime, Khmer Rouge soldiers themselves became victims. Torture was common practice, with schools and state
buildings transformed into torture centers. Mass executions took place frequently in
countryside settings that infamously became known as “killing fields”. The Khmer Rouge
maintained full control until 1979, ending what is now recognized as the Cambodian
Genocide. In less than a five-year period (April 1975-January 1979), it is estimated that 1.7
million Cambodians lost their lives, or roughly 25% of the population (Kiernan 2002).

When Vietnamese troops defeated Pol Pot and entered Phnom Penh on January 7th,
1979, they established the People’s Republic of Kampuchea (PRK). The PRK’s leadership
was significantly composed of former Khmer Rouge cadres, including current Prime Minister,
Hun Sen and others who had escaped internal purges and joined forces with the Vietnamese.
In this setting, low intensity conflict continued throughout the remainder of the decade. With
the collapse of the Soviet Union and the end of the Cold War, the changing world order
created the right international climate for significant changes in Cambodia. With mounting
international pressure, the four remaining warring factions signed the Paris Peace Accord in
1991, ending 22 years of war (Linton 2004: 41) and establishing the United Nations
Transitional Authority in Cambodia (UNTAC) with representation from each party. After 20
years of impunity, the government of Cambodia requested the UN’s assistance in bringing
justice to the highest levels of Khmer Rouge leadership. In 2005 agreement was finally
reached and the Extraordinary Chambers in the Courts of Cambodia (ECCC) was established
as a hybrid UN/Cambodian tribunal to prosecute the most severe crimes of the Khmer Rouge
regime (1975-1979), with trials officially beginning in 2007. The remaining population,
composed of both former perpetrators and victims, continue to live side-by-side.

4.2 Cambodia’s Memoryscape

Memorialisation of the genocide was first crafted by the Vietnamese following their
invasion in 1979 and concentrated on two main sites: Tuol Sleng and Choeung Ek. Tuol Sleng
(the S-21 prison) was a political torture center in Phnom Penh where perceived enemies of the
regime were held captive and tortured. When the Vietnamese invaded in 1979 and discovered
Tuol Sleng they found instruments of torture, bloodstains, human remains and meticulous
documentation of forced confessions and executions (Williams 2004: 198). The Vietnamese
forces recognized this as an opportunity to showcase the brutality of life under the Khmer
Rouge in order to legitimize their authority and construct an image of themselves as the
liberators and saviors from such violence. The army recruited Mai Lam, a Vietnamese colonel
and museum specialist, to turn Tuol Sleng into a museum. As described by Brigitte Sion, “he
came with experience and with an agenda,” (2011: 3) omitting key details of historical
significance. These agendas have mostly remained in tact as James Tyner notes, “Tuol Sleng is remarkable for its literal and metaphoric silences. There is little textual material; most photographs and exhibits are unmarked. Such a minimalist approach was (and is) deliberate … the attendant question of why these crimes took place remains unasked and unanswered” (Tyner et al, 2014: 285). In such instances it has been argued that the “rush to turn a death site into a gallery for visitors is [an] indication that the new leadership had less concern about the memory of victims than about using the site for immediate political purposes” (Sion 2011, 5; see also Hughes 2003, 2008). It is unlikely under such circumstances that memorialisation will contribute to healing.

The Killing Fields of Choeng Ek were the second site selected to represent the brutality of the regime (Williams 2004: 235). Choeng Ek is one of more than 450 killing fields documented throughout the country where many prisoners from Tuol Sleng were transported for mass execution and burial (Moore, 2006: 52). Choeng Ek became a memorial site in the early 1980s and similarly lacks historical background on the Khmer Rouge and details about how the ideology and genocidal policies took off. The central feature of Choeng Ek is a large stupa displaying rows of skulls and piled bones. For the predominately Buddhist population who practice cremation, this display has been problematic. The king himself has publically stated opposition to the matter, suggesting that the bones should be “gathered together and given a mass incarceration in tune with Buddhist values. The resulting ashes should then be enshrined in a national stupa envisaged as offering the possibility of rebirth both to individual victims and the nation as a whole” (Sion, 2011: 8). However, the exposed remains served the interests of the PRK party at the time and today retain value for dark tourism, irrespective of the requests of survivors.

These two sites have been instrumental in crafting a “master narrative of the past that legitimizes the current nation-state” (Moore, 2006: 52). The Vietnamese are depicted as having “save[d] the Khmer people from genocide” in a time when a “handful of sadistic, genocidal traitors deliberately exterminated their country men” (Ledgerwood 1997: 82). These sites were designed to act as evidence and confirm the genocide, however they lack contextual information and provide little background detail on the rise of the Khmer Rouge and the murderous regime.

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3 A stupa is tall Buddhist structure often marking a place for meditation and honoring ancestors. They are particularly common as religious sites of memorialization.
In addition to these primary physical sites, a national “Day of Hatred” was implemented for people to gather to burn paper dummies of Pol Pot. Similar to the physical memorials however, their purpose “was not to create an open discourse on the past, nor to initiate healing for victims, but to sustain animosity toward the Khmer Rouge and – by implication – allegiance to the government” (quoting Moore 2009:54; see also Williams 2004: 249). As noted by Hoelscher and Alderman, the memorialisation of violence is “inherently instrumental: individuals and groups recall the past not for its own sake, but as a tool to bolster different aims and agendas” (Hoelscher and Alderman 2004: 349). In the case of Cambodia, where a large portion of the emergent PRK leadership consisted of former Khmer Rouge, memorialisation was sanitized of any elements that did not suit the interest of those in charge.

In the early 2000’s Cambodia experienced a new climate of openness. The establishment of the ECCC and the conversations that preceded its formation contributed to renewed ways of memorializing the genocide. In 2001, the “Day of Hatred” was symbolically changed to the “Day of Remembrance” (Bockers and Knaevelsrud 2011:78). While Tuol Sleng and Choeng Ek remain the sites used by the ECCC for outreach activities, numerous complementary initiatives have been developed by national NGOs and CSOs, such as DC-Cam, Youth for Peace (YFP), Center for Social Development (CSD) and Transcultural Psychosocial Organization (TPO), among others.

Current research reveals the strong emphasis Cambodians continue to place on honoring and remembering those lost to the Khmer Rouge. In Cambodian society Pchum Ben is one of the most significant celebrations in the year – a time when Cambodians visit Buddhist temples and pay tribute to deceased ancestors. For the thousands of Cambodians who lost loved ones to unknown locations under the Khmer Rouge, this proves challenging as they are not sure where relatives died. In this context, memorialisation projects are a central aspect of reconciliation and healing in Cambodia (Poluda, Strasser, and Chhim 2012) and continue to be given preference as reparations in comparison to other measures (Ryan and McGrew 2016). Today more than 300 memorials have been erected to pay tribute to those who suffered under the Khmer Rouge (Tyner et al, 2014: 277). But memorialisation initiatives themselves are conflicted, with different efforts taking on “different shapes and espousing narratives that serve opposing agendas in which the memory of the Khmer Rouge victims is not always the priority” (Sion 2011:2).

4 “Day of Hatred” is considered a mistranslation by some scholars. Others suggest “Day of Maintaining Rage” (See Fawthrop and Jarvis 2005).
5. Empirical Analysis

After coding individual interviewees as passive or active, the sample has been divided accordingly to constitute two cases for comparison. In order to test the hypothesis that active forms of memorialisation will lead to enhanced levels of individual healing, I begin by conducting a comprehensive within-case analysis of each group to determine how different modes of memorialisation correlate with differed levels of healing. I evaluate each case on the basis of acknowledgement, reconnection and the reconstruction of meaning. By applying a combination of thematic analysis and process tracing I seek to identify the mechanisms through which different levels of healing are realized. Following the exploration of each case, I conduct a comparative analysis to better articulate the variation in healing evidenced by different forms of memorialisation. To conclude, I discuss additional findings that surface in the empirical data but remain outside the scope of my theoretical framework.

5.1 Passive Memorialisation

"I don’t want to forget. I don’t want to. But when I go there, I feel so bitter, so sad. We have to remember, we have to. But that is no medicine, there is no medicine enough for this”
Survivor, 2015

Levels of Healing

The case of passive remembering consists of twelve individuals, each of whom have encountered some form of passive memorialisation in which significant interaction with oneself or others was absent. The mean healing score of individuals in this case is measured at 0.67/3.0 (as per the 4-point scale outlined in the research design, 0-3).

| Number of respondents represented in the passive case | 12 |
| Mean Healing Score | 0.67 |

The strongest finding in this case is that passive forms of remembrance provided for a sense of acknowledgement in eight of the twelve individuals, but as predicted, simply being acknowledged did not lead to high levels of healing. The indicator measuring ‘acknowledgement’ was satisfied eight times, revealing that public recognition through
memorialisation provided for this preliminary healing need. In contrast, the indicators for deeper healing, reconnection and reconstruction of meaning, hardly registered in the passive case. Of the twelve individuals, only two satisfied the indicator for reconnection, where mutual acceptance was realized and no hostility towards former Khmer Rouge soldiers was expressed. Significantly, none of the individuals in the case exhibited a restoration of meaning in which past suffering could become meaningful in the future.

The remainder of this chapter explores the channels through which passive remembering provides – or fails to provide – for acknowledgment, reconnection and meaning. Moving through a thematic analysis, it draws conclusions to understand why passive remembering contributes only minimally to individual healing.

**Acknowledgement: Present, But Not Universal**

The theoretical prediction that passive remembrance provides acknowledgment for survivors is strongly supported by the empirical data – as is the second line of argumentation that acknowledgement alone is an insufficient mechanism for deep healing. I will deal with the prior finding first, exploring the provision of acknowledgement through passive remembering.

Congruent with what could be expected from previous research (Lederach 1997; Monteville 1993; Cohen 2001), nearly all participants raised the importance of acknowledgement, with eight of the individuals represented in the case having met this need through forms of passive remembrance. Articulating this need is somewhat simple – survivors want their suffering to be seen and passive forms of remembrance can provide for this in some instances.

When reflecting on a visit to the Choeng Ek Killing Fields, one survivor states, “I am very grateful for this place, to have a site to go to. It is so important.” She explains that her gratitude for this site has to do with her pain being acknowledged and no longer being “invisible” to others, which she says brings some sense of relief (Interview No. 11, 2015). Another participant who has visited the Tuol Sleng Prison Museum, without participating in any substantial activity, reported that going there “dignified his suffering” and that this helped him move on in some ways (Interview No. 7, 2015). Others expressed the importance of acknowledgement being made public, stating that visiting these sites felt to them as if the government was acknowledging the injustice that was done to them and that the public gesture put “something to rest” (Interview No. 13, 2015). A number of these accounts further linked acknowledgment to responsibility, suggesting that once an individuals’ suffering had
been recognized, a degree of accountability was satisfied. Given that accountability fits well into the broader objectives of transitional justice, one could conclude that these initiatives of memory have made some contribution to this end.

The experience of another respondent’s visit to the Tuol Sleng Prison museum draws out a number of the pathways that exist between remembering, acknowledging and healing. Interviewee No.19 was an infant during the Khmer Rouge insurgency and was imprisoned with her mother in the Tuol Sleng prison, where her mother later died. Today, her mother’s portrait is exhibited at the Tuol Sleng Museum, a photograph in which she is holding her daughter. This respondent spoke of the relief she feels knowing that the photograph of her and her mother is displayed in a space dedicated for remembrance. As she explained, she feels the gesture acknowledges both her and her mother’s suffering, as well as the collective suffering of Cambodians as a community. This was a dignifying experience for her, offering acknowledgement and some sense of relief (Interview No. 19, 2015).

While multiple interviewees reported that the presence of memorials and museums makes their suffering “feel seen” in the public sphere (Interview No. 11, 2015), this was not a unanimous finding. Acknowledgement and dignity were further connected to the way in which physical sites were commemorated. For example, sites that considered the sensitive nature of the loss and included protective shelters for the remains of victims were more closely associated with acknowledgement – this included stupas in particular, built to house the bones and skulls of victims. Stupas also possess spiritual significance for the majority Buddhist population. On the contrary, physical sites, which did not include mechanisms of preservation for remains, did not satisfy individual needs for acknowledgement, but rather, were considered offensive. For example, participants spoke of Killing Fields in which bones were dug up by dogs and played with by children as toys. Passive engagements at these sites left participants feeling an extended absence of dignity and said the memorial sites were “useless” and “humiliating” (Interview No.16, 2015).

Others, in spite of engaging sites considered respectful, or having attended memorialisation activities, spoke strongly about an ongoing lack of acknowledgment, and the impact this unmet need has on their ability to deal effectively with the past. For a third of those represented by the case sample, acknowledgment was not satisfied through passive forms of memorialisation. Perhaps surprisingly, a number of these individuals also communicated experiences of denial – a problematic consideration towards the aim of healing (Cohen 2001).
Empirical support is found with an interviewee who expressed the impediment that his children’s’ denial of the genocide and his suffering has had on his individual recovery process. Although he and his children have visited memorial sites together, his children do not consider the historical accounts of genocide legitimate, instead believing these narratives have been fabricated for political purposes, which do not accurately depict history. When expressing how ineffective the sites are for bringing his own healing he says, “Can you imagine. My own children do not believe me; they do not believe this. They think it’s a political story” (Interview No.5, 2015). This example signifies a serious limitation of passive forms of memorialisation - they often do not provide opportunity for these realities to be confirmed by multiple voices, including manifold individuals and authorities. When asked about his experience of visiting these sites, he says he sees them as “tragic places” that cause him emotional distress and leave him feeling worse off. “Nothing can heal this … not even my own children believe this … how can I heal from this?” he asks (Ibid.). Other respondents share similar experiences, with loved ones or the broader community not believing that the genocide happened (Interview No.15, 2015). For those who experience denial, their suffering remains unseen and unacknowledged, impeding their ability to move on. This is an important finding. Although the majority of individuals (8/12) felt that passive forms of memorialisation provided some sense of acknowledgement, the experience was not universal. It is imperative that we caution against the assumption that passive initiatives guarantee acknowledgement or unanimously protect against denial.

Reconnection: Limited Signs of Acceptance

The theoretical framework suggests that passive forms of remembrance will have little impact on reconnection between survivors and those responsible for their suffering. Reasons for this include the limited degree of interaction and encounter that passive memorialisation facilitates between these groups. As stated, only two respondents in this case expressed some degree of mutual acceptance towards former Khmer Rouge cadres, with the majority of interviewees (10/12) rejecting this notion.

The range of sentiments towards former perpetrators varies greatly in terms of content and intensity. Some respondents voiced their lack of acceptance in the framework of retributive justice stating, “I cannot except them, I cannot forgive them. They should be prosecuted” (Interview No.5, 2015). Others used very strong language speaking quite brutally towards former adversaries (Interview No.4, 2015). For example, when asked how she feels towards the Khmer Rouge today, one interview responded,
I told some people, I said that, a life sentence, it’s too easy for them. They ask me, what would you want to see? I said that millions of people died in the conflict, the whole infrastructure of the country was destroyed, and so what is enough? Should they face 500 years [in prison]? Or 1000 years? Even when they pass away, we should bring chains to their grave, so that the next generation will see that they were responsible for all those peoples’ deaths during that time... If I saw them today, I would shoot them to death” (Interview No.14, 2015).

This same respondent expressed the importance of remembering stating, “We have to remember all those people…if we forget, if I forget…then I also forget my family. Our suffering is forgotten. So I don’t want to. I don’t want to forget” (Ibid.). While the interviewee speaks strongly about the importance of remembering, describing it as the only thing one can now do for those lost, it is clear that her passive engagement with memorialisation initiatives has not helped her to move towards acceptance or reconnection with former perpetrators.

I caution against the suggestion that acceptance, or some form of forgiveness, needs to be sought by this individual, as the decision to accept or forgive should remain always the choice of the affected. At the same, I believe that the strong sentiments are a clear indicator of a lack of healing, as the respondent’s past suffering continues to impact the present in negative ways, impeding her from moving on. In this sense, it is clear that passive memorialisation has not provided opportunities to engage others, understand why former Khmer Rouge may have acted as they did, nor build empathy or begin to work towards mutual acceptance.

The importance of engagement and reconnection, and the inability of passive memorialisation to provide for these needs, is further articulated by a respondent who was responsible for committing acts of violence as a Khmer Rouge soldier during the genocide. He stated that the memorialisation efforts he has engaged with did not help reconnect former perpetrators with survivors. When asked how remembering could be better facilitated he said that all people needed to be given a voice, including the former perpetrators. He spoke of the political dynamics and pressures under Pol Pot that made joining the Khmer Rouge attractive, such as the Vietnam War and the secret bombing campaign the Americans carried out in the north of Cambodia and how these events, in many ways, led to the rise of Pol Pot and those who aligned themselves with his policies. These parts of history are seldom memorialized.

This respondent expressed the importance of being able to remember in engaged ways that allowed survivors and former perpetrators to tell their stories and grow understanding about why they chose to join the ranks of the Khmer Rouge. This opportunity had not been granted to him, but he believed it would be beneficial for reconnecting with survivors. Passive
initiatives, which do not facilitate engagement and encounter among participants, forgo the potential to deepen understanding, develop empathy between former perpetrators and survivors and eventually, move towards reconnection and healing.

Another respondent, when asked how she perceives former Khmer Rouge cadres today, described feelings of bitterness and says she cannot accept them, even the lower-ranking soldiers. Her experience is that of many in the passive case – expressing the importance of remembering and the acknowledgement it provides, while at the same time exemplifying acknowledgment as an insufficient condition for recovery. She says that she is “so miserable” and that she continues to feel bitterness towards those responsible for her suffering (Interviewee No.11, 2015).

With the exception of two respondents who reported having accepted former Khmer Rouge cadres, the general sentiment in the passive case is one of rejection, in which reconnecting and mutual acceptance have not been realized. This finding is not surprising, as passive forms of memorialisation do not allow for engagement between individuals, in which stories can be shared, perspectives challenged and empathy and understanding fostered. The empirical data offers strong support that passive memorialisation does not facilitate reconnection among survivors – particularly with regards to victim opinions about former perpetrators. Thus, the theoretical argument that passive memorialisation does not contribute to deeper levels of healing among individuals is supported.

There are two anomalous individuals in this case who expressed feelings of mutual acceptance and reconnection with former perpetrators, however, according to the interviewees, these reconciliatory movements were not facilitated through acts of memorialisation. There are, of course, many possible confounding variables that could explain such movements, such as engagement with other transitional justice processes (e.g. testifying at the ECCC; community reconciliation initiatives; etc).

**Meaning: The Scarce Potential of Passive Initiatives**

The ability for survivors to reconstruct meaning in the present is identified as one of the deepest indicators of individual healing following traumatic experiences (Herman 1992; Janoff-Bulman, 1992; Hamber & Wilson 2002). To this end, contributions made through passive memorialisation are mostly immaterial, as evidenced by this case.

None of the respondents reported finding renewed meaning in their lives following passive engagement with memorialisation efforts. On the contrary, some reported the very
meaninglessness of such engagement. An interview with a man who used to attend remembrance ceremonies stated that the way they celebrated was “childish and useless” for bringing meaning to the present day (Interview No.16, 2015). In relation to this, the interviewee stated how he wanted to share his story at this event and the significance such an act would have possessed for him - but he was denied that opportunity. It is an important finding that alongside his critique of the event he motions towards forms of memorialisation that would be more active in nature. An exploration of the mechanisms for healing through such practices will be explored in the next section of the analysis. A second respondent also uses the word “meaningless,” reporting that the remembrance ceremony she went to “did not mean so much. Only some people talked. They gave us some food. But it was useless, it cannot do anything” (Interview No.11, 2015). There is a clear consensus among interviewees that passive formats of memorialisation do very little to bring a renewed sense of meaning to the present and future.

Conclusions from Within-Case Analysis

In conclusion, the healing potential of passive initiatives is limited at best. For 67% of individuals represented by the case, passive memorialisation provided acknowledgement to survivors, thereby providing for the very lowest levels of individual healing. However, acknowledgement is not guaranteed. Passive initiatives that did not protect the physical remains of victims, such as skulls and bones, were seen to deny respectful acknowledgement. Others, even when constructed in a respectful manner, did not unanimously protect against denial of suffering on the part of the survivor.

The deeper indicators of reconnection and reconstruction of meaning were hardly satisfied, with only two respondents displaying signs of reconnection with former perpetrators and none reporting a renewed sense of meaning following engagement with passive remembering. To conclude, passive forms of memorialisation contribute only in minimal ways to the healing and recovery of individuals following mass violence.
5.2 Active Memorialisation

“We are all Khmer again, we are all one”
Survivor, 2015

Levels of Healing

The case of active remembering consists of ten individuals, each of whom have encountered some form of memorialisation in which significant interaction with oneself or others was present. The mean healing score of individuals in this case is measured at 2.4/3.0 (as per the 4-point scale outlined in the research design, 0-3).

| Number of respondents represented in the passive case | 10 |
| Mean Healing Score | 2.4 |

Active memorialisation provided for a sense of ‘acknowledgement’ in all ten individuals in this case (100%). Additionally, the indicators for ‘reconnection’ and ‘reconstructing meaning’ were satisfied to a much greater extent, as predicted by the theoretical argument. Of the ten respondents, nine satisfied the indicator for reconnection (90%), where no hostility towards former Khmer Rouge soldiers was expressed. Significantly, half of the individuals in the case exhibited a reconstruction of meaning in which these individuals were able to find ways to transform their past suffering into something meaningful in the present and future (50%), reflecting a satisfaction of the deepest levels of healing needs.

The remainder of this chapter explores the channels through which active memorialisation better provide for acknowledgment, reconnection and meaning. Moving through a structured thematic analysis, causal mechanisms will be identified to better understand why active remembering contributes more fully to individual levels of healing.

Acknowledgement: Moving Beyond the Public to the Personal

The theoretical prediction that active memorialisation provides for deeper levels of healing is first supported by the finding that all ten individuals represented by the case satisfied the acknowledgement indicator. Given the severe impediment denial can have on individual healing and recovery, this is an important finding. The remainder of this section will analyze the ways in which active memorialisation consistently provided for the need of acknowledgment among survivors, attempting to identify the particular advantages and the mechanisms at work in active initiatives.
One powerful account comes from Interviewee No.8, Norng Chan Phal\(^5\), a child survivor of Tuol Sleng prison who lost both his mother and father in the prison. His younger brother and himself represent two of five surviving children who were found at Tuol Sleng when the Vietnamese liberated Phnom Penh in 1979. When asked about the importance of these sites today, Chan Phal likens memorials, and the former prison turned museum, to that of a hospital bed. He says, “These sites encourage me to live on. They help to heal my scars because, when people come to learn and hear about the past, I feel supported. It is like I am a patient … in the hospital with an injury, but with lots of friends, lots of visitors coming to my bed, with flowers, with gifts. I feel relief because my suffering is seen here” (Interview No.8, 2015. Emphasis added). This picture powerfully demonstrates the ability of memorialisation to contribute to the restoration of individual dignity following mass violence and provide for acknowledgment. Chan Phal represents one of the most active respondents in the case; today he works as a caretaker for the museum, keeping the site clean and orderly. He is highly engaged in a range of memorialisation initiatives, such as living memorials, where he interacts with former perpetrators and they, together, tell stories, remember and educate the next generation. It is significant to note that his high degree of participation in memorialisation activities corresponds with high levels of acknowledgement that he receives from the site.

Process tracing throughout the case reveals this is not a unique finding. Multiple respondents link their personal engagement and active participation with high levels of acknowledgement. A female respondent who shared her personal story at a memorialisation ceremony demonstrates how active engagement solidifies deeper levels of recognition. She credits the act of sharing her story and knowing her individual narrative would be “remembered” as a kind of “reparation” (Interview No.9, 2015). Her participation is significant; she describes a much greater degree of acknowledgement following the act of sharing her story as part of a memorialisation effort, in comparison to what she says is satisfied through broader acts that seek to provide public recognition. Another respondent adds, “there is not medicine enough… but it helps that our suffering is seen, that people hear us. When I tell my story to other people here [at the memorial site], I feel a sense of relief that I could share with someone else, that they could understand my story and what I experienced” (Interview No.22). A strong theme emerges in the empirical data – validating an individual’s personal experience, beyond the broad public narrative, provides for deeper and more consistent acknowledgement.

\(^5\) Permission has been granted by this interviewee to use his name.
Another example is that of Chum Mey. Mey was one of the seven adult survivors of Tuol Sleng found in the prison on the day of liberation. Today, Mey spends his days as a living memorial at Tuol Sleng museum. He engages with visitors, allows people to ask questions and shares his experience. Mey has also written a memoir, which he referenced many times during our interview. Mey says his written testimony is deeply significant; when people read the book he feels acknowledged and “valued” (Interview No.6). Again, this is an example of recognition moving from the public to the personal. These findings are not surprising. While political violence often causes widespread suffering at the collective level, the particularities of suffering are always individual, and therefore, memorialisation that recognizes the unique suffering of individual survivors can be expected to offer greater levels of acknowledgement.

The empirical data reveals that active memorialisation best allows individuals to represent their own experiences, resulting in strong correlations with deeper and more consistent provisions of acknowledgement. The mechanism of voice, as described in Guthrey’s research, is most apparent here. A clear process emerges; individuals frequently report exercising voice allowed them to feel individually heard and acknowledged. What is significant is the link between allowing individuals to construct their own narrative, as facilitated by more active engagements, and consolidated levels of acknowledgement.

As has already been established, acknowledgment is a critical, but insufficient condition on its own for high levels of healing. What then, does active memorialisation provide for the deeper healing needs of social reconnection and reconstructed meaning?

**Reconnection: Interaction, Understanding, Empathy**

The theoretical framework suggests that active memorialisation will have a greater impact on reconnection between survivors and those responsible for their suffering because active formats facilitate interaction between these groups, creating opportunity to grow understanding, build empathy and eventually, move towards mutual acceptance. The empirical support for this prediction is strongly provided for by this case, with nine of the ten respondents having reconnected with either former perpetrators, or in the case of former perpetrators, those upon whom they have inflicted harm.

One respondent, a Buddhist nun, explains how she receives healing through active encounter and acts of service at stupa memorial sites. A woman in her late eighties, she was

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6 Permission has been granted by this interviewee to use his name.
exposed to great suffering under the Khmer Rouge and lost the majority of her family. Today
she spends her days at a memorial site located in a Buddhist monastery outside of the capital
city, Phnom Penh. It is here that she prays with survivors, listens to their stories and engages
in spiritual practices with them, such as lighting incense. These activities take place at stupas,
which could more commonly be understood as passive sites of memorialisation. However,
this nun brings an active quality to these sites, which transforms her past pain. She believes
that engaging with former perpetrators is particularly important, as she can help them to feel
connected again to the community and know that they are no longer hated or blamed
(Interview No.2). This serves the argument that the particularities of which sites are
commemorated is not as important as how remembering is facilitated around sites. In this
example, active engagement and spiritual practices carried out at the site facilitate
reconnection between the survivor and former perpetrators.

Chum Mey, the Tuol Sleng survivor, also emphasized the importance of conversations
with former cadres as part of memorialisation initiatives. He says these encounters have
helped him to better understand the cadres’ experiences and the range of difficult choices they
also faced during the regime. He explains that these encounters have helped him to build
empathy under very challenging conditions and led to increased levels of understanding and
reconnection. He speaks about this as a ‘transformation of anger’ that has been an important
part of his healing journey (Interview No. 6).

Numerous respondents reference the interactive nature of memorialisation as
fundamental in their movement towards acceptance and reconnection. One respondent notes
that telling her story and listening to others has been the central way in which she has come to
accept those responsible for her suffering. Through these exchanges she has been able to both
communicate her losses - and learn about the experiences of perpetrators who also suffered
and were victims under Pol Pot. These experiences have helped her to develop empathy
towards former Khmer Rouge soldiers and today she accepts them as members of a shared
community. She reports that as a result of these interactions, the presence of former Khmer
Rouge no longer causes her distress or anxiety (Interview No.3). It is clear that her
engagement with these initiatives of memorialisation has aided in her recovery, transforming
her prior fear around former perpetrators into a sense of unity found in suffering.

Another interviewee communicated a similar experience of mutual acceptance
following the opportunity to meet with former perpetrators through memorialisation
initiatives. He expressed his sentiments like this,
I never think of those people [perpetrators] now as bad people, because there was so much going on. The influence of the Cold War and the country was influenced by the ideology. The poor were brainwashed, indoctrinated…yeah. With communism or with public conversations or something like that. So we have to keep that in mind. It is hard to blame them because they were indoctrinated and socialized through that kind of ideology. They kill their own people under these kind of circumstances (Interview No.8).

This interviewee stated that prior to meeting with former Khmer Rouge soldiers he thought “their hands were soaked in blood.” However, through engaged memorialisation encounters, he began to understand their experiences under the Pol Pot regime and eventually came to empathize with the challenges they faced. He speaks of the paranoid nature of the regime that killed thousands within its own ranks and says, the perpetrators, “they didn’t have a choice” (Ibid.). This is a significant finding. Prior to engaging in memorial activities he spoke of the discomfort and insecurity he felt when in the same space as them. However, after engaged memorialisation activities, he began to empathize and understood it was not out of malevolence or evil that these individuals carried out their orders. To the contrary, those he engaged with expressed sentiments of deep remorse and moral anxiety under the Khmer Rouge and the orders they were tasked to carry out. The mutual acceptance he expresses represents enormous potential for healing and widespread reconciliation.

The respondent noted above is Norng Chan Phal, the previously mentioned child survivor of Tuol Sleng prison. Through active initiatives of memorialisation, Chan Phal has developed a friendship with a former Khmer Rouge soldier who was assigned to the very prison that took the lives of both Chan Phal’s parents - Tuol Sleng. As he mentioned, he was initially hesitant to meet with the former prison guard and felt anxious around him, but with time these feelings dissipated and these meetings have contributed in great ways to his healing process. Today these two men participate together in public commemoration activities as living memorials, sharing the combined narrative of both their experiences. This remembering together has assisted Chan Phal to move on from the bitterness and fear he previously felt towards the Khmer Rouge, and helped the former Khmer Rouge soldier move on by feeling understood by those to whom he has caused great suffering. Through these interactions, the perpetrators are also able to experience healing from the guilt and shame of their actions, and move towards acceptance from the wider community.

Another former Khmer Rouge soldier expressed a similar relationship between active memorialisation and reconnection, facilitated by dialogue. When participating in memorial activities where he told his story, the respondent had the opportunity to talk to survivors and explain the circumstances that led to his actions. He specifically stated that these interactions
diffused previous misunderstandings and anger he felt from survivors, building empathy between the groups. In addition, this grew his empathy for the higher ranking Khmer Rouge, towards whom he had spent years feeling angry and bitter for his own suffering (Interview No.1). These examples demonstrate the potential of active memorialisation to facilitate quality engagement among survivors, both with those responsible for committing acts of violence and those who were victims.

Similar attitudes are expressed by a former soldier who worked at Tuol Sleng. He speaks of survivors of Tuol Sleng and notes, “These people, they were so persistently angry with me.” However, after much time of talking and beginning to understand one another, he speaks of them becoming like “equals”. Through these engagements he notes that the “truth has been revealed …now the survivors understand the lower level Khmer Rouge and the Khmer Rouge understand the survivors. So it means, right now, we are completely joined” (Interview No.18. Emphasis added). He also says that through these processes others realized that the Khmer Rouge were victims as well. He talks about the difficulty of being a Khmer Rouge and how if he wasn’t careful during that time he too would have been killed in an instant. Although he is indeed responsible for the deaths of many, he also saved others and helped to sneak them out of prison. He considers this an important part of his story to be shared with others, so they can begin to see the more complex picture of reality for Khmer Rouge. In the words of another survivor, such acts can reclaim the sense that “we are all Khmer again, we are all one” (Interview No.22).

What is apparent through these examples is that active memorialisation often allows for fruitful interactions in which previous assumptions about the other can be challenged - and slowly, mutual acceptance and reconnection can be fostered. This is a significant move towards healing as it can reduce the fear and anxiety survivors feel towards those who were responsible for their suffering, as well as begin to alleviate the guilt and shame carried by former perpetrators.

Meaning: A Reclamation of Place and Pain

As already established, reconstructing meaning is an essential component in the psychological recovery of individuals following mass trauma. The capacity to reconstruct meaning and purpose following episodes of widespread political violence depends on many factors. For example, conflict intensity, individual levels of victimization, the presence and durability of peace agreements, applications of transitional justice, etc. While memorialisation is certainly not a standalone resource, the empirical support reveals that memorialisation can,
in many instances, serve as a conduit for meaning-making and healing in post-conflict societies. Through active memorialisation, 50% of the interviewees represented by this case experienced a reclamation of place or pain, wherein past suffering provides meaning in the present and future.

A common theme found in this case is that of reconstructing meaning through spiritual acts and practices at memorial sites. A predominantly Buddhist nation, survivors spoke openly about the importance of their religious beliefs and the rebirth they experienced when participating in spiritual ceremonies at memorial sites. This finding was particularly strong among former cadres, all of whom expressed the importance of visiting sites to “confess” and atone for past actions (Interview No.1 & 18). In line with their Buddhist beliefs, many expressed the importance of living well today, of serving the community and doing good deeds. Through these acts, many participate in the reclamation of place and pain. By gathering at sites of former violence and atrocity and conducting spiritual ceremonies and practice, these survivors are participating in the reclamation of the physical locality, transforming a place of death into a place of life. This provides new meaning and purpose, especially, it appears, for those who were responsible for acts of violence. Through these engagements they are provided with a positive purpose and something for which they can feel proud. This contributes to their healing in significant ways. It helps them move on with their lives and no longer be tied to a shameful and destructive past. As the theoretical argument suggests, this provision of purpose gives survivors a way to locate themselves meaningfully in the current social framework.

Spiritual memorial sites appear equally important for those who were not perpetrators but suffered under the Khmer Rouge. The previously mentioned Buddhist nun provides one of the strongest examples. Today she considers it her purpose to serve at these memorial sites - to pray with people and as she describes, to help lead them out of their suffering. This act has provided a way to reclaim her own past suffering, as she offers herself in solidarity with those who also have suffered. Through these engaged acts she has found meaning by making herself available to enter into the pain of others in a spiritual and communal fashion (Interview No.2).

These examples portray individuals that have been able to locate themselves meaningfully in the post-conflict landscape, wherein they perceive themselves as active agents of transformation in the present and future. This relates to Jelin’s (2003) theory on the ‘labor of memory;’ as hard memories are entered into and labored through, they give birth to something new - meaning.
The second, and most recurrent method through which individuals expressed reclaimed meaning was through acts of inter-generational memorialisation and educating the next generation. As one respondent explains, by actively engaging with the next generation, he can “witness and provide evidence and history” for young Cambodians (Interview No.1). In this sense, education through memorialisation is considered a tool for prevention. Partaking in these activities is deeply meaningful for those who have suffered under the Khmer Rouge as they consider their participation to contribute to a more peaceable future for Cambodia. Again, this is significant. Given the challenge individuals face to understand their role in societies that have caused them deep suffering (Janoff-Bulman, 1985), any reclamation of purpose which provides a way for survivors to see themselves as playing a meaningful role in repairing the social fabric is a step towards healing.

A strong illustration is provided by a respondent who is a school teacher. Interviewee No. 17 teaches high school classes on Khmer history, providing a comprehensive picture of the rise of the Khmer Rouge in historical context. He prompts his students to go home and ask questions of their parents, grandparents and aunts and uncles. He says this is highly important that they know the history of their country and their families. For many years following the genocide, he says that he didn’t talk about it, that he tried to forget. He speaks of the early memorialisation activities he attended in which few people spoke and says, “[they] don’t do so much…it’s not so effective” (Interview No.17). In contrast, he has found active and engaged memorialisation as a healing source for himself and has sought to develop this in his classroom also. He speaks of this being his purpose— to educate the next generation. In this sense, he has transformed his own pain into something that can contribute to a more peaceable future, educating young Cambodians about the importance of upholding human rights and freedoms. While the effectiveness of education for prevention and ‘never again’ is sometimes questioned, what is important here is that these individuals derive meaning and purpose from intergenerational memorialisation.

Similar connections between educating the next generation and increased healing are expressed by a former Khmer Rouge soldier who engages with young Cambodians in less formal educational contexts. By orally remembering and sharing his testimony he explains to the next generation how the ideology of the day was dangerous and convinced many people to do regrettable things. Through this acts of memorialisation he feels he is contributing to a better future. He speaks of this as a source of meaning, to which he now contributes a great deal of his time. As he is over the age of 80, he speaks of this as being the most important thing he can do with the rest of this life (Interview No.18). Again, the concept of reclamation
is evident, as these engagements have helped the individual to reclaim the past and repurpose it towards the prevention of similar acts of violence in the future.

The final examples I draw from illustrate individuals who exhibit an impressive degree of having reclaimed painful memories and reconstructed meaning. Through engagement with initiatives of memorialisation, these individuals are active agents of transformation who participate in reclaiming former sites of atrocity and the pain inflicted upon them. They exhibit those in the sample who have done the greatest amount of “labor” (Jelin, 2003) and who in doing so have activated a wider degree of “intra-sites” through which painful memories can begin to be worked through (Küchler, 1995:55). As a result, these individuals exhibit the highest degree of healing.

The first example is Chum Mey, one of the two living adult survivors rescued from Tuol Sleng on the day of liberation in 1979. Chum Mey endured two years of torture as a political prisoner and witnessed the death of both his wife and son from Pol Pot’s soldiers. At the end of the genocide, Chum Mey says he “had nothing to live for” – everything that mattered to him was taken. Drawing from the theoretical framework, this relates to the cognitive disorientation and a subsequent loss of meaning described by Hamber and Wilson (2002) following mass trauma. How does one begin to find meaning again after such egregious experiences? Or, as stated by Neal (1998), begin to re-establish order following the psychological chaos of trauma? For Mey, memorialisation has been key in his recovery.

Mey has worked closely with DC-Cam, national archivists and foreign researchers to contribute to the collective memory of Cambodia’s past. He has also written his own memoir, telling his personal account of life lived under the Khmer Rouge. Today, Mey spends the majority of his days at the location that has been the source of his deepest suffering: Tuol Sleng. He is, as he says, a living memorial. He arrives in the morning and sits with Bou Meng (another survivor) where he sells his book and talks with people visiting the museum. This fulfills the need for acknowledgement and reconnection as he often meets with former guards and interrogators, but it has also become a powerful way for Mey to reconstruct meaning. By being present at the site daily, he contributes to the reclamation of both the physical locality and his pain. He speaks of this being the most important thing he can do, that there is no greater purpose for him in his final years of life than to be present at this place and active in preserving the memory of the past for the betterment of the future.

Norng Chan Phal represents another powerful account of reconstructing meaning in the wake of mass trauma. As previously mentioned, Chan Phal was the child survivor who
witnessed the death of his mother in Tuol Sleng. Chan Phal and his younger brother survived Tuol Sleng – but not without great loss. Left without any other surviving members of the family, the boys spent the next fourteen years in an orphanage with more than 500 others whose families had been absorbed by the regime.

Today, Chan Phal is deeply engaged in memorialisation efforts. He is also a *living memorial*, meeting often with former soldiers, with whom he has even formed strong friendships, and publically sharing his testimony at memorial sites and ceremonies. The most notable part of Chan Phal’s story is related to his day job. Today, Chan Phal works as a caretaker of Tuol Sleng. He cuts the grass, prunes trees, picks up garbage and waste. Chan Phal talks about the importance of “redesigning” and “repurposing” the space. He wants it to be transformed into a place for learning, for reflection, where people can come to remember and to “feel peace”. By offering his labor to Tuol Sleng, Chan Phal contributes to the reclamation of the physical site and also his pain. He has derived meaning from these engagements that give him purpose and empower him to be an active part of Cambodia’s future.

Through the described acts of deeply engaged memorialisation, these individuals have been able to bring order to the often chaotic psychological state that follows mass violence (Neal, 1998:6). Their actions have allowed them to not only activate their voices, but construct narratives in which past pain is no longer harmful and disorienting, but empowering, rich with meaning – and healing. It is also important to note that 50% of the respondents in this case did not exhibit a restoration of meaning through engaged memorialisation and therefore we must caution overemphasizing this potential benefit. Reconstructing meaning is not a simple task and not all survivors will get to this point of recovery. It may also be true that these benefits are only realized after ongoing active engagement and not to be expected in the immediate stages of memorialisation efforts. I draw from these positive cases in the policy recommendations section of the paper, where I suggest ways in which meaning-making through active memorialisation can be maximized.

**Conclusions from Within-Case Analysis**

The empirical findings from this case are strong - active memorialisation is capable of activating multiple mechanisms of healing. Acknowledgement was consistently provided for across all ten individuals represented by the case. Furthermore, 90% of the respondents satisfied the criteria for reconnection, having moved towards mutual acceptance of either former perpetrators or those upon whom they inflicted violence. This is a strong indicator of
individual healing, revealing that the levels of fear and mistrust among former perpetrators and survivors are lower after engagement. As revealed in the interviews, active forms of memorialisation frequently led to opportunities for dialogic exchange, empathy building and understanding, and thereby led to increased levels of reconnection. Lastly, with regards to reconstructing meaning, 50% of respondents displayed renewed ways of finding meaning through participation with active memorialisation. This is a significant finding that sheds light on the potential of memorialisation initiatives to contribute to the deepest recovery needs of survivors. The cases where meaning is reconstituted are predominately those in which survivors take ownership over the process and construct ways of remembering that are unique to their individual experiences of suffering. These positive findings will be later integrated into the study’s section on policy recommendations.
5.3 Comparison of Cases

This chapter presents a structured and focused comparison of passive and active memorialisation as represented by the two cases. As already evidenced, active memorialisation has a clear healing advantage over passive remembering, with the average healing score of active respondents (2.4) more than three times the score measured in the passive case (0.67). The purpose of this section is to identify positive mechanisms by comparing the cases across the three healing criteria: *acknowledgement, reconnection* and *reconstructed meaning*. Following the structured comparison, I offer additional observations, which are relevant for the argument, but not provided for by the theoretical framework, particularly related to the cathartic value. I conclude by proposing alternative explanations unrelated to memorialisation that may account for levels of healing and finally, provide critical reflection on the study.

**Acknowledgement**

Although the theoretical argument predicted that *both* passive and active remembering would provide acknowledgment, it is clear that active formats have an advantage even when comparing the most fundamental and basic healing needs. 67% of respondents in the passive case demonstrate receiving acknowledgment as a result of engagement with memorialisation efforts, in contrast to 100% of those represented by the active case. But why? What mechanisms exist in active formats that allow for a more consistent and consolidated provision of acknowledgment?

By comparing the cases, it becomes apparent that the healing advantage of active formats is realized in the movement from broader public narratives of memorialisation to the personal. Passive formats often commemorate a generic, collective narrative, which may or may not be congruent with individual experiences. In instances when the publically commemorated narrative is compatible with that of the individual, it is likely they will feel acknowledged and some degree of dignity will be restored. However, in instances where the broader narrative omits key parts of the individual experience, these formats of memorialisation will likely fail to provide acknowledgement. This falls in line with Hamber’s concept of the “juxtaposition of the individual and the national” – the two do not always line up.

Consider, for example, a former Khmer Rouge soldier represented in the passive case who feels that memorial sites and museums do not represent the historical context in which
the Pol Pot regime emerged (Interview No.16). This respondent speaks of the significance of Cold War ideologies of the time and how much easier it was for the Khmer Rouge to recruit soldiers when everyday Cambodians were dying from American (capitalist) bombs. In this context, many Cambodians joined the ranks of the Khmer Rouge not to pillage their own people, but to protect themselves and their families from the violent campaign being waged against them by the west. His engagement in passive memorialisation did not provide space for these details to be included in the collective memory. Consequently, the public narrative expressed was incongruent with his own experience and therefore did not provide a sense of acknowledgment. His experience is not unique. Passive remembering infrequently allows for the particularities of individual experiences to be recognized. When a large divergence exists between the personal and the public narrative that is memorialized, the healing potential of such initiatives is limited.

Compare this to an example of active memorialisation where a former cadre had the opportunity to speak from his own experience and in doing so could offer greater context for the reasons why he joined the Khmer Rouge. He could speak about the guilt and shame he has carried and how in addition to being responsible for violence, he also suffered greatly and was a victim in many regards. Such acts create opportunity for personal acknowledgement and satisfy survivor needs to a much greater degree than broad and simplistic narratives. As a result, this individual’s engagement with active memorialisation led to a fulfillment of acknowledgement.

It cannot be expected that one narrative will be congruent with the multiple ways in which individuals experience conflict. For this reason, it is not surprising that formats of memorialisation that allow individuals to speak from their own voice will lead to higher levels of acknowledgement. Imposing memory on individuals, as is often the case with passive formats, will not necessarily resonate or satisfy needs for acknowledgement. In comparison, active formats invite survivors to participate in constructing what will be memorialized, thereby acknowledging greater particularities of individual suffering. This theme or imposed versus constructed memory emerges as a central theme in consideration of all healing indicators and is something I will discuss at greater length in the subsequent parts of this chapter.
Reconnection

Comparing the cases on the basis of reconnection is rather straightforward. Passive formats, by their very nature, do not facilitate interactions between survivors and those responsible for their suffering.

At best, passive memorialisation can be expected to have minimal impact on social reconnection. At worst, such formats can impede social reconnection as they risk solidifying conflict identities and the fear and mistrust associated with perpetrators. This is evidenced by the passive respondents who had little engagement with others and remained fearful and bitter towards those responsible for their suffering. While only 17% of the passive sample accept former Khmer Rouge cadres and have been able to reconnect, 90% of those in the active sample have reconnected. The reasons for this are quite straightforward.

Active memorialisation facilitates interaction, allowing individuals to share their particular experience. This is significant as it creates space for understanding and empathy to develop. Many of the active respondents reported feelings of mistrust and fear before meeting former perpetrators. However, through engaged active memorialisation, they came to understand former cadres also as victims. These encounters allow for previously held perceptions to be deconstructed, from which a truly shared or collective memory can be formed. 90% of active respondents had come to a place of accepting former Khmer Rouge and spoke at length about coming to see them as victims of the time. These views were not held prior to the engagements facilitated through active memorialisation, and in this way it can be concluded that memorialisation contributed to deconstructing conflict identities, growing understanding and empathy and eventually contributing to social reconnection.

Again, this finding closely reflects the comparison of memorialisation narratives imposed versus constructed. Memorialisation narratives that are forced on individuals without their consultation appear to contribute very little towards social reconnection following mass violence. This is due to the fact that passive formats are often constructed from a single narrative and do not allow perceptions of the other to be challenged and reconstructed through interaction and dialogue. Memorialisation presents valuable assets for healing and reconciliation, however passive formats seldom activate healing mechanisms. In comparison, active memorialisation is more participatory in nature, inviting a greater range of voices and perspectives to contribute to a cohesive collective narrative. Through these initiatives, different recollections of the past have the opportunity to interact with one another, through which previous assumptions can be negotiated, and understanding, empathy and reconnection
facilitated. This is of course, not an automatic or guaranteed outcome. There are plenty of examples of different versions of the past coming into conflict with one another rather than forming a harmonious and amicable collective memory. Further comment on this point will be offered in the section on critical reflection. It can be concluded however, that active memorialisation provides much greater opportunity for facilitating social reconnections and thereby, contribute to increased levels of healing.

**Meaning**

As the data reveals, passive remembering has shown to be more or less *meaningless* with respect to the deepest needs of recovery. Respondents from this case report that memorialisation “did nothing” and “not much happened” as a result of their engagement with these initiatives. Given that passive memorialisation does not facilitate ways of laboring through hard memories or accessing important ‘intra-sites’ for psychologically processing pain, it is not surprising that their contribution in this regard is insubstantial.

In comparison, active memorialisation stimulates a range of mechanisms that contribute to meaning-making, and thereby contribute to healing. Active remembering most often requires individuals *enter into* memory. Although this is difficult at first, for many survivors this provides an opportunity to process and transform the past, and in doing so, brings meaning to the present. As noted in the theoretical chapter, there is strong clinical support for the idea that processing memory can act as treatment for dealing with a traumatic past (Smyth & Pennebaker, 199:79). The active case reveals strong support for this claim with many engaged respondents selecting medical terminology to describe their experiences. For example, “being here [at the memorial] … it’s like I have the medical staff to heal me” (Interview No.6). As evidenced by the respondents who have reconstructed meaning, they have done so through *active* participation – by serving as a *living memorial*, being part of intergenerational dialogue and remembering, engaging in education initiatives or giving themselves in spiritual service to others at memorial sites. These activities facilitate a number of mechanisms not present in passive formats. First, they provide access to *intra-sites* for psychologically processing a painful past. In doing so, individuals are able to craft new narratives in which their past suffering begins to acquire meaning in the present and future as it serves a current or future need (e.g. educating the next generation). This can be described as a psychological movement from *chaos to order*. This argument is supported by the empirical data, with 50% of active respondents having found ways to transform past suffering into
something meaningful in the present. However, with half of the respondents in this case not having come to rediscover meaning, such an outcome is not necessarily guaranteed.

Conclusions from Comparison of Cases

By comparing passive and active memorialisation across all three indicators, it is clear that the study’s hypothesis is supported – active memorialisation contributes in far greater ways to individual healing following mass political trauma. As has already been mentioned in the analysis, a key finding that has emerged is the association of passive formats of memorialisation often being susceptible to forms of memory imposed by a single actor (usually the state), versus active initiatives, which more frequently allow for memory to be constructed by individuals themselves, resulting in a kind of democratization of memory. This gives space for exercising voice, allowing individuals to enter into memory, or as Jelin (2003) writes, labor through, to a place in which they are no longer held captive by the past.

Extending the Analysis - Additional Observations

Cathartic Value. By applying a process of thematic analysis, other important themes emerged in the study that were not captured by the theoretical indicators. The first is the presence (or absence) of cathartic value expressed by respondents as a result of their participation in memorialisation activities. Previous research has looked at this aspect of healing more specifically and found that cathartic value varies greatly throughout transitional justice processes. While the activation of voice in truth commissions can facilitate healing in some cases, such as East Timor and the Solomon Islands (Guthreys 2015), we know other processes have caused further harm and re-traumatization, such as the Rwanda Gacaca courts (Brounéus 2008). Similar variations in cathartic value were found by comparing the passive and active cases of memorialisation and their impact on healing. as a result of memorialisation.

The passive case reveals that in many instances memorialisation hurts rather than heals. A considerable number of respondents reported psychological distress when visiting sites or participating in commemorative activities. “When I go there I just feel so bitter” (Interview No.14, 2015). “I visit these [memorial] sites but I just feel so sad…so miserable, so regretful for what I have lost” (Interview No.15). “When I remember like this I just cry and feel sad and angry. It is painful” (Interview No.13). There are a few testimonies that reveal cathartic value, such as the statement that visiting sites helps one interviewee “to move on”
(Interview No.7, 2015) and for another has “brought some sense of relief” (Interview No.19, 2015) – however, the predominant finding from this case is that individuals’ experiences of passive memorialisation are more painful than helpful.

In contrast, those in the active case draw many connections between engaged memorialisation and catharsis, particularly in relation to telling their stories and connecting with others. One interviewee reports that sharing her story is “a kind of reparation for my health, my mental health and my feeling, because I share. Before sharing my story, I feel so upset, so bitter, but whenever I share it [at these memorial activities] I feel better” (Interview No.9). Reflections from respondents include: “I am so grateful to share. It means I don’t have to carry this alone” (Interview No.6). “When I tell my story to other people here [at the memorial site], I feel a sense of relief that I could share with someone else, that they could understand my story and what I experienced” (Interview No.22). “[It] encourages me to live on. This can help to heal my scars, yes, because they come to learn about the history. It is like a patient, living or staying in the hospital with his injury, but he has a lot of friends, visitors coming to see him, to his bed, with the flowers, with gifts. So I feel relief” (Interview No.8). It is important to note that many active respondents reported that their initial engagements were not easy, but became cathartic over time. This is critical and should not be understated.

It is helpful to return briefly to Brounéus’ research on the Gacaca courts in Rwanda. A clinical psychologist, Brounéus warns about the potential harm of single acts of testifying in truth commissions. She suggests that these engagements are comparable to one-session debriefing following trauma and argues there is “no evidence that one-session debriefing is useful in preventing or reducing the severity of depression, PTSD, anxiety, or general psychological morbidity. To the contrary, there is an indication that it may even increase the risk of PTSD and depression” (Brounéus 2008:62; quoting Rose et al. 1996). It is important to consider that one-time memorialisation engagements might result in similar psychological harm. Drawing from the data, there is support for this as the frequency of exposure and engagement seemed to impact the cathartic value. For example, interviewee No.18 reported that his first encounters with perpetrators through memorialisation were filled with mistrust, fear and bitterness and that it was only after multiple engagements that these encounters brought cathartic value.

**A Physical Locality.** While I argue that simply erecting a monument or developing a memorial site is insufficient on its own, the physical tenancy of remembering proves central across both cases. According to respondents, it is important that memory be physically
located. This is important to recognize as much of my argument suggests that what is memorialized is not as important as how that remembering is facilitated. I hold to this assertion, however, I caution against understating the importance of the site or memorial itself. A number of themes emerge here. First, is the importance of memory as evidence. This is particularly interesting when considering where memorialisation fits within the broader spectrum of transitional justice initiatives, revealing how memorialisation can further contribute to tribunals or truth commissions. One respondent noted the importance of being able to visit sites where it was believed that relatives had died (Interview No.9). This is not dissimilar to individuals visiting gravesites of their loved ones. Material sites have the potential to ground our experience in something physical and move suffering beyond the abstract. They also provide a place to go to intentionally grieve and mourn; important preconditions to healing.

Former perpetrators also named the importance of a physical site as a place where confession could take place. One respondent says he visits pagodas to “repent” and “tell the victims that he did not intend to cause harm, but that he was following orders”. The lack of choice expressed here is common among génocidaires in many contexts (see Rwanda, etc.) and it appears the importance of having a physical locality to visit to “confess” to the dead was significant for his psychological recovery. He reported that this “really helped, it helped to get better and to feel relief and less anxiety” (Interview No.18). In conclusion, I retain my argument that how memorialisation is facilitated remains the most critical consideration, however, it is imperative that the physical sites and localities remain focal points around which memorialisation is conducted.

Alternative Explanations & Further Research

While this study has revealed that a positive relationship exists between active memorialisation and healing, I am careful to avoid overstating the connection without recognizing other variables of influence. It is unreasonable to suggest individual healing is solely a function of one’s engagement with memorialisation – it is not. Many other factors will influence the psychological recovery of survivors following mass trauma. Alternative explanations could include the level of trauma individuals were exposed to during the genocide. Previous research reveals the importance of contextual factors in determining the success of conflict management efforts, suggesting that success or failure is “largely determined by the nature of the dispute” (Bercovitch and Jackson 2001: 22). Similar logic should be applied to memorialisation and its ability to facilitate healing, with higher levels of
trauma exposure requiring greater support than memorialisation initiatives. I should mention I did not find individuals in the passive case had experienced more trauma than those in the active case. On the contrary, some of those who had suffered greatly were those who had been actively engaged in memorialisation and recovered most. However, the degree of trauma exposure or suffering was not measured in my study, and therefore I cannot offer significant comment on the potential influence of this variable.

Other explanations include the level of engagement individuals have with other forms of transitional justice, such as the ECCC or community reconciliation initiatives; the level of psychosocial support made available to individuals following genocide; the presence (or absence) of family and social support networks; and even individuals’ socioeconomic status following the genocide.

Recognizing the complex nature of healing, this study can comment only on the impact that different formats of memorialisation have on individuals’ recovery process as they relate to acknowledgement, reconnection and meaning. Further research could build on the evaluation of this typology and argument by conducting a large-N study that could control for other variables and test the hypothesis across cultural contexts.

**Critical Reflections & Limitations of the Study**

*Research Design.* While the research design has been selected to best meet the needs of the study, critical reflection on decisions remain part of responsible scholarship. To this end, I recognize a lack of generalizability to be the greatest limitation of the study. This relates both to the decision to do an in-depth case study and the methodological application of process tracing. As any social scientist well knows, you can’t have it all - there are always trade-offs to be had when selecting methodology. By choosing an in-depth study of one country, I have sought greater explanatory value of the case, but arguably at the cost of generalizability. Similarly, the decision to use process tracing offers more comprehensive, nuanced and relevant causal explanations, but to some extent sacrifices parsimony, and generalizability. Aware of the limitations of this particular design, I am confident it remains the most appropriate choice for the research question at hand and that case-study research can contribute to generalizable data when similar designs are applied across many cases (Griffin, Botsko, Wahl, & Isaac, 1991). Furthermore, I do not see these mechanisms as culturally specific and expect that similar mechanisms would be found in alternative contexts as the logic is transferable.
**Possible selection biases.** Because my sample was drawn from personal connections already established with DC-Cam, it is possible that I selected those individuals who were already the most likely to seek healing and therefore might not be truly representative of the larger population of Cambodia. Consequently, the results may exhibit higher levels of healing than is experienced by average Cambodians. This does not undermine the argument or findings of the study, but it does caution against overstating the relationship between memorialisation and healing.

**Theoretical limitations.** Constructing a theory of memorialisation on the basis of passive and active engagements and the predicted healing potential was not straightforward. Both memorialisation and healing are slippery concepts that prove challenging to measure and evaluate. With particular reference to the *indicators of healing* developed from the theoretical framework, I remain confident that these indicators are valid, but not exhaustive. The value of this measure could have been enhanced by including a more comprehensive list of healing indicators and is something I will consider in further research.

**Time.** My study does not overtly consider the dimension of time, which arguably impacts how individuals have come to deal with the past. Given that my study explores the impact of memorialisation efforts following 2001 (22 years after the genocide) it could be questioned how applicable the findings are for post-conflict settings in the more immediate aftermath of conflict. Cognizant of this, I recommend that any recommendations from my study be carried to other contexts with sensitivity to the particular conflict context and the time that has passed since the cessation of violence. Healing and reconciling is slow work and timeliness or *ripeness* for remembering must remain a key consideration.
7. Conclusions

“We Cannot Forget”
How Then Shall We Remember?

When speaking with Cambodians on the subject of healing one word was frequently spoken: ៣៤ (phsas phsa). In English it most closely translates as “putting the broken pieces back together.” The complementarity of this concept and memorialisation is striking and is something I have been reflecting on ever since. As a word forming element, ‘re’ means “back to the original place; again, anew, once more” and ‘member’ is understood as “an individual thing, or organization belonging to a group; or a constituent piece of a complex structure”. From this understanding, one can say that to ‘re-member’ is to participate in “putting the broken pieces back together”.

Yet the study reveals that the relationship between the two is far from guaranteed. In some instances, memorialisation acts as an agent of individual healing, while in others it entrenches divisions and causes further harm. In this section, the study’s main conclusions are summarized in reference to the question: what forms of memorialisation best contribute to individual healing in post-conflict societies? I conclude by offering a list of policy recommendations relevant for societies recovering from conflict for which memorialisation is an important component of dealing with the past.

**Main Conclusions**

In line with previous research, this study confirms a gap often exists between national policies and individual experiences of transitional justice practice. While remembering occurs at the individual level, the what and how of memorialisation are often formed by national actors with political agendas in mind. Consequently, the assumed healing benefits of memorialisation are not always realized. To the author’s knowledge, this is the first study that compares the healing potential of different formats of memorialisation and therefore, makes an important theoretical contribution.

By combining the research fields of psychology, memory studies and peace and conflict research, the study developed a theoretical framework to evaluate the impact of memorialisation efforts on individual healing in post-conflict settings. Furthermore, combining previous theoretical understandings of trauma recovery, the study has developed a
model to depict different levels of healing through the satisfaction of the following indicators: *acknowledgment, social reconnection* and *reconstructing meaning*, which respectively represent low, moderate and high levels of healing. From this point, a simple *typology* of *passive* and *active* memorialisation was constructed to identify specific causal mechanisms through which healing is facilitated.

The empirical analysis finds support for the theory and the following hypothesis: *active forms of memorialisation will lead to enhanced levels of individual healing.* The findings suggest that passive memorialisation efforts possess limited healing benefits for individuals due to the fact that they are non-participatory in nature and require limited psychological or social engagement on the part of the individual. Consequently, few mechanisms for healing are activated in these initiatives. At best, passive memorialisation may contribute to restoring the dignity of survivors if the narrative that is publically memorialized is congruent with their own experience. Under these circumstances, it is probable that individuals will receive a sense of acknowledgement for past suffering, a critical constituent for healing. This was true for 67% of passive respondents. However, while it is possible that passive memorialisation may satisfy individual needs for acknowledgement, these initiatives do very little to contribute to the deeper healing needs of social reconnection and reconstructing meaning. Only 17% of passive respondents showed signs of reconnecting with others (either with former perpetrators or victims) and significantly, none were able to reconstruct meaning of past suffering through these efforts. At best then, passive memorialisation can only be expected to lead to low-level advances in healing.

In contrast, the analysis reveals that active memorialisation hosts a greater range of healing mechanisms and therefore contributes to enhanced levels of recovery among individuals. Active efforts, which often provide space for individuals to speak from their own voice, unanimously provided acknowledgment to survivors. Re-established social connections occurred in 90% of active memorialisation efforts, as a result of encounter and dialogue occurring between former perpetrators and victims. Through these encounters, mutual understanding and empathy were fostered and new collective narratives of the past were developed. Furthermore, by providing the opportunity for psychologically processing the past, 50% of active respondents were able to find ways in which past suffering took on renewed meaning and purpose through memorialisation. These findings offer a significant contribution to the field and provide insight for policy makers and practitioners working in the field of transitional justice and memorialisation.
Additional findings reveal that passive memorialisation rarely offers catharsis to individuals, but more frequently causes survivors to relive painful histories without offering constructive ways to psychologically process and deal with the past. In comparison, respondents who engaged in active memorialisation reported the cathartic nature of their engagements, particularly in relation to telling their stories, connecting with others and finding ways to work through the past. This confirms the healing potential of mechanisms identified by previous research in other transitional justice processes and suggests similar pathways can be activated through memorialisation.

Another key finding to emerge was the theme of memorialisation imposed versus constructed. Passive efforts frequently impose a single narrative (often crafted by the state) in memorialisation efforts, without consultation with survivors. This can be disempowering when imposed narratives are incongruent with individuals’ experiences, silencing marginalized voices and limiting the discourse value of such efforts. In contrast, active memorialisation invites individuals to participate in constructing what is memorialized. This is done by facilitating encounter with former perpetrators and victims and creating space for dialogue and exchange. In this sense, participants are given agency and voice and multiple narratives can interact, forming a more representative collective memory that will resonate with a greater number of individuals.

This study does not suggest that individual healing following mass violence is solely a function of one’s engagement with memorialisation initiatives, but rather, that memorialisation can at least make a contribution towards healing, and an important one at that. Other factors, such as levels of trauma, engagement with alternative transitional justice processes, levels of psychosocial support available and physical security will further impact individuals’ capacity to resume the course of their lives and heal.

This study has revealed that how memorialisation is facilitated matters for healing and long-term peace. Memorialisation is no panacea, but it does prove to be an important resource for individual post-conflict recovery, one that, if mismanaged or abused, can cause greater harm than good. Memorialisation presents an opportunity for post-conflict healing and conflict transformation if entered into with sensitivity and an understanding of positive mechanisms. Because few best-practices have yet been established on the topic, I conclude by offering a list of policy recommendations to enhance the healing potential of memorialisation efforts in societies recovering from conflict.
Policy Recommendations

I recommend the following principles be integrated into memorialisation efforts in order to enhance the healing potential of such initiatives in post-conflict societies:

1. **Participation is key.** It is not enough to erect a monument or build a museum. Efforts should encourage *participation* and the *active engagement* of those most affected.

2. **Individuals must give consent.** Participation must never be forced. Individuals are the experts on their own recovery processes.

3. **Memorialisation needs to be inclusive.** Multiple voices and perspectives need to be represented to avoid monolithic narratives or ‘single memories’. This includes both ‘victims’ and ‘perpetrators’ as boundaries between conflict identities are porous in any context. Memorialisation should provide survivors the opportunity to expound the complexity of their experiences, which are seldom binary in nature.

4. **Dialogue.** The value of memorialisation rests largely in the discourse it sparks. Memorialisation should aim to create space for open and democratic conversations about the past.

5. **Civil Society engagement and local ownership are paramount.** Both the design and process of memorialisation should consult a broad range of stakeholders to ensure efforts are reflective of individual experiences and owned by those whom they intend to represent and offer something to.

6. **Empower not disempower.** Memorialisation needs to give voice to those affected by the past rather than suppress individual narratives and voices.

7. **Adequate psychosocial support** needs to be provided for those who choose to participate in memorialisation efforts.

8. **Memorialisation Plus+.** Memorialisation should be considered in support with other components of transitional justice and the broader peacebuilding architecture. It is not a stand-alone solution.
Bibliography


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Appendix A: Interview Questions

Opening Questions:

1. Where are you from?
2. Are you married?
3. Do you have any children?
4. Do you work? What do you do?
5. Have you gone to school?
6. Is there anything you would like to tell me about your experience under the Khmer Rouge?

Question to determine Active/Passive Memorialisation:

7. Which memorialisation initiatives have you engaged with?
   a. What was your experience when you visited those sites?
   b. Did you share your story or engage in dialogue as part of your engagement?
   c. Did you interact with others?
   d. Did your engagement require any other forms of participation? (e.g. spiritual practices?)

Questions for Acknowledgement:

8. Do you feel the memorialisation initiative acknowledges your suffering?
   a. If yes, what needs for acknowledgement have been satisfied?
   b. If no, what needs for acknowledgement remain unsatisfied?

Questions for Reconnection:

9. How was memorialisation impacted your social connections with former Khmer Rouge (or survivors)?
   a. What is your current opinion towards former Khmer Rouge (or survivors)?
   b. Do you feel fearful or apprehensive around former Khmer Rouge (or survivors)? Do you perceive the other as a threat to the community?
   d. Is your experience of the other different as a result of memorialisation? If so, how?

Questions for Reconstructing Meaning:

10. Has your engagement with memorialisation helped you find purpose or meaning?
    a. If yes, how?

Closing Questions:

11. Has memorialisation helped you to recover and move on with your life? In what ways?
12. How do you think memorialisation could be improved? How could it better serve survivors?
13. What is your hope for Cambodia?
Appendix B: Consent Form

Consent Form for Participation in a Research Study
Uppsala University, Sweden

An Exploration of Memorialisation and Individual Healing in Post-Conflict Cambodia

Description of the research and your participation
You are invited to participate in a research study being conducted in Cambodia from June – August, 2015 by Krystal Renschler. I am conducting this research in order to understand the impact that genocide memorialisation has had on post-conflict healing among survivors of the Khmer Rouge regime.
With this intent, I would like to interview you about your perspectives on genocide memorialisation efforts in Cambodia since 1979. If you decide to participate you will be asked to answer a series of questions in a one-on-one interview. The questions pertain to your participation in, or knowledge of, genocide memorialisation. I estimate the interview will take approximately 30 minutes.

Voluntary participation
Your participation in this research study is voluntary. You may choose not to participate and you may withdraw your consent to participate at any time. You will not be penalized in any way should you decide not to participate or to withdraw from this study.

Protection of confidentiality
The information from the interviews will be used for academic purposes only and the information will be carefully handled, with confidentiality and consent of those interviewed. Your information will be protected and only exist on my computer that I keep in a secure location.

Contact information
If you have any questions or concerns about this study or if any problems arise, please contact Krystal Renschler:

Email: renschler.k@gmail.com Phone: 017 52 04 81 (Cambodia) +46 76 794 8779 (Sweden)

Consent
I have read this consent form and have been given the opportunity to ask questions. I give my consent to participate in this study.

Participant’s signature: ___________________________ Date: __________________

A copy of this consent form should be given to you.
We Cannot Forget

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