

CHAPTER 8

RECOMMENDATIONS

From the study it clear that healing is a journey. Healing can happen in different stages of one's life. For some individuals, this is a lifelong journey. For healing to take place, initiating the process is important. It is vital to acknowledge the difficulties faced by one in their life, as a part of the process. Healing does not have a fixed time frame. As soon as an individual takes ownership of the process, healing starts. This study demonstrates that process. The healing process helped the research participants to move on with their lives. In DMT, support group, peer relations, safe space, and self-care play a very critical role. The narratives show the importance of identifying one's potential and strengths which helps one to grow into a person with greater awareness of self. Enabling this awareness is central to the healing process. Therefore, healing can be defined as a process and a journey. Healing implies a greater awareness of self, which helps an individual to connect with their holistic self and start living more intuitively and perceptively. This is a long-term process. When an individual understands this reflective process, self-transformation takes place. Therefore, one can say transformation takes places as a result of the healing process. Without healing, transformation is not possible. This is evident in this study.

Sampoornata in psycho-social rehabilitation. It has been recognized that in psycho-social rehabilitation, basic human needs such as shelter, food, clothing must be addressed along with providing education, legal support and counselling services. The research data shows how deeply trauma gets rooted in the body and impacts, both, the physical and emotional self which could result in loss of self -dignity and self-esteem. This study shows that *Sampoornata* is a body-based experiential approach to healing and well-being. The data illustrates that *Sampoornata* approach works well for psycho-social rehabilitation and empowerment for survivors of sexual violence and trafficking. **Thus, the study recommends that body-based trauma recovery intervention needs to be an integral part of psycho-social rehabilitation.**

Scope for Survivors to engage in ‘Formal’ Education and Training system of DMT. Education and training take place in a formal space and this is necessary. All the professional training on DMT in the West and in India is initiated in a formal academic space. However, the experience from the study shows that this requirement of formal education need not limit the opportunity for anyone. The findings also indicate that it is possible and feasible for one to become a DMT practitioner without any ‘formal academic background’ as creativity, body, dance, movement, experiential process and learning are the

core elements required to facilitate a DMT process. Formal academic programme is very important but it need not be a barrier for anyone. **Therefore, the study strongly endorses that therapeutic skills and knowledge required to become a healer can be acquired without ‘formal academic background’ through the process of *Sampoornata* and one needs to understand this is a long-term process.**

Self-care practice for DMT Practitioners. A long process of healing is required for anyone who has experienced abuse or any form of violence. During this healing journey, they need other support services. A safe space is required. Shila mentioned in her journey that Kolkata Sanved office space became her safe space where she found access to peer support, personal growth sessions among other forms of support. Practicing self-care is essential in healing and well-being processes. When a survivor becomes a healer, it is very important for them to follow their own self-care practices in order to continue their practice as a healer and DMT practitioner. It is evident from this research study and the literature that those who have been marginalized or experienced any form of violence carry a lot of emotional baggage. Because of their marginalization, additional processes and support systems are required to enable them to move from a state of distress to a state equilibrium within self, so that they can become a healer. Those who opt for *Sampoornata* training as a part of a diploma course in a formal space, they may also come with emotional burden. In order to address this and enable movement towards wholeness and well-being, the self-care module has been included in the *Sampoornata* training process. **Thus, the study strongly recommends that survivors or people from communities or other walks from society who aspire to become DMT practitioners need to practice self-care as an integral part of their life.**

Sampoornata in wider population. This study shows the journey of seven survivors and their transformation through *Sampoornata*. *Sampoornata* approach can be used for others also. It is evident that through the *Sampoornata* process, a survivor of violence and trafficking can become a healer and DMT practitioner. It is also clear that this process is effective. However, the scope of *Sampoornata* is wider and it can be used with other people facing other forms of difficulties and marginalization. They require healing as well. Through the *Sampoornata* training process, they can become DMT practitioners and healers. Hence, those who are survivors of violence and trafficking also can be healers and this research study suggests that the effectiveness of *Sampoornata* model needs be tested for the wider population.

Scope of Replication of Sampoornata. The *Sampoornata* model organically evolved from the scholar's practice in a community set up in the Indian cultural context with a developmental framework. As a country, India has larger sections of people who are facing marginalization and it is important to reach out to them. The model works well for settings where emotional support structures are weak, vulnerability and psychosocial trauma is high, emotional isolation is ubiquitous, and where opportunities to heal are non-existent. The study shows that the model is flexible in structure, culture specific and adaptable. This model reinforces the need for holistic well-being and not diagnostic or treatment methods. **Hence, the scope of replication of Sampoornata is large. Therefore, the study proposes that this model can be replicated across India and other parts of the world as well.**

Survivor perspectives in well-being. It is important to integrate the survivor's perspective in process-based intervention. The narratives and cross analysis (see Chapter 4 and Chapter 5) explain the significance of their perspectives. These perspectives help them to build strategy and resilience in their lives. It is obvious that survivors' perspectives are important in a process designed for their own healing and well-being. Therefore, their viewpoints and thought processes need to be considered and reflected upon while facilitating the healing process in equal measure to the importance given to expert knowledge. **Hence, the study strongly recommends including survivor focused wellness programmes in psycho-social rehabilitation and reintegration.**

Sampoornata an an Emancipatory model of DMT and psycho-social rehabilitation. From this study it is clear that DMT and psycho-social rehabilitation are intrinsically linked to one another. The study also demonstrates that *Sampoornata* is a non-clinical approach, based on strengths perspective and positive psychology. This model consciously incorporates the rights perspective and developmental framework into the DMT process and practice for psycho-social rehabilitation. This is relatively a new approach in DMT. The literature shows that this kind of perspective, approach and intervention is missing in global DMT practice. Hence, *Sampoornata* moves beyond DMT. Consequently, *Sampoornata* is an emancipatory model of DMT and psycho-social rehabilitation. Therefore, this study is proposing to recognize *Sampoornata* as a new pedagogy of DMT and healing. It can be adopted as a new approach of DMT.

Implications for Future Research

- In this study, the age group range of research participants was between 25-35 years. A question arises as to whether the findings would be different if the age range was wider? However, it is to be noted that the study included data from childhood till adulthood, and every woman goes through the same life stages from childhood to adulthood, including those who are currently above the age of 50. Age might affect the chances of falling back in to violence, and thus it needs to be studied whether the impact of DMT lasts for a lifetime.
- The indicators have emerged from the narratives shared by the research participants. These indicators have not been clinically tested. Therefore, the indicators of current study need to be sharpened and further tested.
- Sampoornata has the scope to reach out to wider sections of society. The applicability of this model to other groups, including male participants, is yet to be studied.
- Future studies should include how *Sampoornata* can also be used as a preventive and promotive method in other systems such as education and health. This study does not include the preventive aspect of DMT. Hence, further studies can be conducted on DMT and prevention.
- Though the connection between *Sampoornata* and mental health is very clear from this study, yet further study needs to be conducted in the Indian context to establish this linkage.

To conclude, future studies would provide evidence to formulate the strategy to introduce *Sampoornata* in mental health and rehabilitation policy in the country.