

## Need for Integration of Indigenous Healing Into Western Psychosocial Interventions in Trauma Healing Among Victims of Armed Conflict in South Sudan

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### Abstract

*The epistemological terrain upon which indigenous and Western psychosocial approaches in trauma healing traverse is not level. This has resulted in superficial dichotomies between the two healing approaches, thereby obscuring opportunities for an integrated approach that provides holistic trauma healing. The victims of armed conflict in south Sudan do not have vocabulary for a pathogen such as post-traumatic stress disorder (PTSD). For them trauma is closely linked to experiences of life such as poverty, hunger, separation of families, and failure to perform necessary rituals. In order to effectively heal the traumas, there is need to integrate indigenous healing into Western psychosocial healing approaches. The study notes that in this era of increasing globalization, transnational migration, and cultural diversity, it is crucial that trauma healers move beyond the western oriented therapeutic protocols and models and forge links with local community-based healing systems.*

**Keywords:** Psychosocial healing, Indigenous healing, Post-traumatic stress disorder, Armed Conflict, South Sudan

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### Introduction

The armed conflict in the South Sudan left many people traumatized. Efforts to heal the traumas has made many victims be subjected to a new and yet unfamiliar western psychosocial trauma healing discourse, known as post-traumatic stress disorder (PTSD). Although PTSD discourse has considerable value, excessive focus on its psychological sequelae tends to ignore the fact that some traumatic experiences are profoundly culture-bound and therefore, might not be adequately addressed. Empirical studies on physiological experiences of trauma across cultures show that virtually all therapies are effective to patients when embedded within their religio-cultural specificities (Janzen, 1978; Green & Honwana, 1999; Kariuki, 2001). There is no single and universal way of treating post-war traumas since people differ markedly in their needs, reactions to experiences and situations, coping

mechanisms, and resilience (Kleinman, 1989; Williamson & Robinson, 2006; Heeren, 2006; Wessells, 2007). Explanatory models of illness category (EMIC) in a given culture constitute an acceptable outcome for treatment of trauma (Bracken, 1998; Wessells & Monterio, 2004). Therefore, it is the negotiability of EMIC with Dinka culture that would actually help the healers to effectively and appropriately deal with the war-related traumas. EMIC approach focuses on processes in which trauma narratives (world-view, war-views, testimonies, stories, and myths) create a framework for understanding trauma aetiology, expected course, predicted outcome, and ideas about appropriate treatment.

### **Statement of the problem**

PTSD discourse focuses on the symptoms and causes with reference to the latest Diagnostic and Statistical Manual of mental disorders. If the symptoms meet the DSM criteria for diagnosis of trauma, they are treated accordingly. If they do not, they are dismissed. In so doing, PTSD faces many challenges:

- Even when PTSD symptoms do not appear, there is no guarantee that trauma has not manifested. This is because the victim's culture-bound symptoms and causes of trauma are not captured in the DSM canon.
- Since PTSD works within a time-frame, incorrect diagnosis might occur in the cases where trauma is transmitted trans-generationally from parents to children through oral tradition, such as myths, chosen traumas, and stories.
- PTSD works under the assumption that the victims moved from normal life to traumatic experiences, and then back again to normal life; hence the prefix 'post'. Given that many victims were born during the war period and are still experiencing war-related traumas, trauma is not 'post' but rather part of everyday life.

In essence, the victim's cultural context should create its own definitions of trauma and healing, in which the basic focus is on the specific context on which trauma appears, its sequential development and effects, coping mechanisms and resilience. Given that PTSD approach is encumbered by many challenges, a victim's cultural beliefs, idiosyncrasies, values, and practices should be the starting point for reframing traumas, providing coping mechanisms as well as healing.

### **Methodology**

The study employed explorative, descriptive, and survey designs. Explorative design was utilized in formulation of the research objectives. It was also used in the review of related literature and positing appropriate model for trauma healing in the south Sudan context. Descriptive design was used to analyze the data qualitatively. It was used to describe the interventions that were utilized to deal with the traumatic war experiences. The design was further utilized to show the relevance of integrating indigenous healing approaches to trauma healing. Survey design was used in the formulating research questions and identifying the samples for interviews. Questionnaires, interview guides, and checklists were used to collect data from the respondents.

### **Study Areas and Target population**

The study was carried out in the Southern Sudan region, which comprises ten States, namely, Northern Bahr el Ghazal, Western Bahr el Ghazal, Lakes, Warrap, Western Equatoria, Central Equatoria, Eastern Equatoria, Jonglei, Unity and Upper Nile. The target population were the victims of civil war from the above-named areas. Other respondents included

professional care givers (for example, psychologists, physicians, mental health professionals, social workers), para-professional helpers (who are not care givers by profession but who have some training in psychosocial healing), and volunteers. The respondents also included indigenous healers such as diviners, medicine-people, spirit mediums, seers, and herbalists.

### **Sample Designs**

The study employed probability and non-probability sample designs. While the former entailed cluster samples, the latter included convenience, purposive, and snowball samples. Cluster samples were obtained using a three-tier sampling design. First, the researcher identified the ten States that constitute the Republic of South Sudan. Second, a selection of 3 States that had highest population of the Dinka victims of armed conflict was done. Third, in each of the 3 States, town and/ or villages were identified. Convenience sample design was used to select the victims of armed conflict. Purposive sampling was used to subjectively obtain data from respondents that appeared representative of the entire population and to select the respondents from those already interviewed for FGDs. Snowball sampling was used to identify ex-combatants who led the research team to other ex-combatants. Notably, the issues tackled in the study were sensitive to the ex-combatants, hence the use of snowballing technique. Being a non-probability sampling technique, snowballing was enhanced through a combination with other approaches such as ‘generation zero’ (initial recruitment of participants from diverse categories) followed by personal referrals of others into the sample by those initially sampled out.

### **Data Analysis and Presentation**

After completing the fieldwork, interviews that had been recorded were transcribed verbatim. Those in vernacular languages were translated into English. Reports from the FGDs were analyzed based on what participants identified as important. Thematic categories were identified through line-by-line coding. Themes related to the objectives were identified based on a number of criteria including: relevance to the research objectives, frequency (themes with largest number of mentions were considered important), universality (how predominant the same theme was across different respondents), differences between respondents, relative importance of the themes within interviews, emphases (for example, emphatic speech), silences and/or any contradictions that stood out. Once the key themes were identified, the relationships and differences between the various themes were examined. The primary data were incorporated into the secondary data. The resultant data were then categorized according to the objectives of the study. Through this categorization, relevant sections for discussion of finding were obtained. In presenting the data, names and significant identifiers were changed to code names to protect the confidentiality of the participants.

### **Research Findings and Discussion**

#### **Traumas Experienced by Victims of Armed Conflict**

The researcher asked the respondents to share their stories about the experiences of the civil war. This was in line with the objective that sought to examine the traumatic experiences and their effects on the victims. It was apparent from the several narratives that the victims’ traditions and customs served to define their own self-identity, as well as their perspectives on how others should be treated. Due to the war experiences, many victims experienced conflict with their identity and continued to struggle to come to terms with traumatic past, and redefine their identity. Their identity has been in constant transition due to war experiences. At the heart of their identity lies the importance of ethnicity and the desire to

peacefully settle and co-exist in their motherland. The following narrative by a respondent captures what defines one's identity:

First, ethnicity is very important among the Dinka. We also have some traditions and practices that show our culture. Everyone Dinka follows the same customs. Because of the forced displacement and process of becoming refugee, our traditions and identity have changed considerably. For example, our occupation as farmers and cattle herders, which also served as an evaluation of status and respect within the community, has changed (Akol, 2010).

Other narratives highlighted that among the Dinka and Nuer, wealth and status were defined by the number of cattle one owned, and was viewed as the foundation of their economic system, including delineation of customs for marriage. Interview with Dinka elder demonstrated that cattle rearing are the core of business of Dinka economic system (Jiel, 2010). Jiel underlined that the wealth of a Dinka household is measured by the number of cattle it owns. He also noted that bride wealth is an important source of income among the Dinka. Before the couples marry, their families agree on the number of cows the bridegroom and his family must give to the bride's family as bride-wealth. He further noted that this agreement usually involves serious negotiations between the family members of the two sides, including extended and intermediate, and sometimes drags on for months. The number of cows paid as bride-wealth ranges from 50 to 200, depending on the agreement of the two families. He observed that although the mode of payment of bride-wealth had changed, its reason for existence stills remains. The Dinka people still dependent on parents and other members of extended family to negotiate the bride-wealth.

Although the victims of armed conflict who had resettled in Kenya and other parts of the world were physically removed from their community, one aspect of their identity that did not significantly change was the pride in their culture and sense of belonging to their country. A victim of armed conflict who had been taken as refugee to the United States of America shared his sentiments in the following manner:

The people of southern Sudan have culture that is full of pride and self dignity. For more than 22 years, I was a refugee in the US, and I was comfortable but my heart and soul were still in my country because people were still suffering a lot. But I kept hoping there would be more freedom and I hoped that God would free Sudan like other peaceful countries (Bel, 2010).

It was essential in this part of the study to assess specifically how the social life of victims was affected by war. This provided insights about the effects of war on identity of the victims, and consequently their concept of corporate living. Therefore, the interview question asked how one's cultural identity changed since flight to peaceful countries. One of the recurring themes identified in the responses was the challenges experienced while trying to adapt and assimilate into the culture of the people in the host countries. Others expressed challenges and conflicts resulting from the encounter with western cultures, where they had settled as refugees.

It was noted that there were identity conflicts between those individuals who had assimilated western cultures and yet remained respectful of their culture, and those who had abandoned their culture and traditions and embraced the western code of behaviour. Moreover, identity conflicts existed between those who remained committed to their culture in spite of fleeing

their motherland, and those who had abandoned their culture. The following interview excerpt from a respondent is indicative of these perspectives.

My culture has changed abruptly after I went to the United States. Although I am more cautious to re-adjust to my cultures, most of my friends have abandoned our culture and completely assimilated into American cultures. They like American fashions and speak like Americans. They are always conflicting with those who are strongly committed to their culture and traditions (Wol, 2010).

In order to present a comprehensive overview of how the victims defined and ultimately approached post-war trauma, it was vital to ask the respondents to share their own constructions and meanings of conflict. These issues were clearly expressed in the following interview quotes.

When I think of conflict, I think of war in my country and this was very bad. Conflict happens when two people see each other in bad ways and do not understand and accept differences. The Arabs did this a lot with us (Atem, 2010).

I define conflict as two people or groups not getting along, as one does not recognize the other as important. I saw this when I was a refugee in Kakuma Refugee Camp in Kenya (Rec, 2010).

From these responses, we can interpret that one of the essential aspects of trauma healing is the establishment of how an individual or group approaches and manages identity conflict. Although traumatic events will almost always have difficult side-effects on an individual, outside factors in the person's background will determine the overall effects of trauma and will influence the severity and duration of problems. Much of a person's recovery from trauma depends predominantly on the way one processes the traumatic experience. The processing includes one's self-identity with regard to history, cultural background, religious beliefs, family relationships, and connections with others in the community. All these affect an individual's resilience, coping strategies, and the healing process.

Most communities in the southern Sudan place critical value on unity, harmony, loyalty, and the overall continuation of the culture and lineage. Mutual cooperation and collective responsibility were traditionally emphasized in order to provide the basic needs, including food and shelter, for all members of the community. For example, among the Dinka concept of *cieng* was the foundation for all harmonious living and co-existence. In the course of flight from the war, most Dinka victims were exposed to new cultures, which often resulted in great divergences of values and ideologies. For those who had been refugees in foreign countries, the choice of settlement location was not under their control and, therefore, *cieng* support was unavailable. The loss of *cieng* support structure created significant challenges for addressing the traumas.

### **Effects of War Experiences on Mental Health of the Victims**

It was imperative to explore the effects of armed conflict on the mental health of the victims. The findings attest that trauma has the distinct ability to create internal and external conflict that ultimately shapes people's identity, memories, culture, survival mechanisms, and deeply impacts on mental health. Many of the respondents shared the experience of trauma as a result of the civil war. Trauma affected victims as individuals, families, as well as their relationship with their community.



One of the central elements and patterns identified among the interviewees is the familiarity with traumatic experiences. Many described the fleeing from their villages due to civil war and violence as the most traumatizing experience. Within the psychology and social work fields, this type of forced migration and displacement have been identified as causes of depression, stress, sleep disorders, and intrusive thoughts that prevent adequate daily coping (Summerfield, 2005). The issues of coping also typically have a direct impact on effective strategies to manage trauma. After the respondents were asked to share their distressing experiences, the following extract of interviews elicits the impact of war traumas.

I was then a little boy, while grazing the cattle with my grandfather, some Arabic men followed us into the field. They shot and killed my grandfather. They tried to capture me but I ran away. They took away the cattle. From that day, I have never forgotten it at all. Even nowadays, I still dream about it. I don't think I will forget it. It is the day I will never forget (Okoth, 2009).

In 1987 the Arab militiamen attacked our village, killing many people including my father. It was a bloody chilling terror, after which they took the cattle, and burnt the houses. After seeing and experiencing all these atrocities of war, we decided to run away from my beloved village to seek refuge in Kenya, which borders my country. I was depressed because I never stayed happy with my father and villagers (Angui, 2009).

Another concern was to find out whether the experiences of trauma are the same for all victims. This concern was meant to find out how cultural beliefs influenced trauma perception, coping strategies and resilience. It was noted that the victims who had suffered as refugees experienced many life-threatening incidents during their flight. Many suffered from depression, and constructed their suffering along religio-cultural lines. They perceived their suffering as being caused by the anger of God, divinities, and ancestors due to immoral behaviour of some of their community members. Subjecting such people to the western psychosocial trauma healing interventions would not be appropriate. An integrated approach that seeks to address a victim's religio-cultural idiosyncrasy would be appropriate. This is in agreement with the research assumption that postulated that integrated trauma healing approach is effective and appropriate in the sense that it takes into account the religious, cultural and social dimensions of trauma.

The study found that the culture does not have linguistic connotation of pathogenic nature such as PTSD. It was therefore imperative to find out how the victims of armed conflict construed trauma. The responses given elicit that suffering, depression, disturbing memories, and disruptions during sleep were construed as traumatic episodes. It was noted that such episodes had religio-cultural connotations. It was commonly thought that one experiences trauma because he/she has broken relationship with others, the world, ancestors, or God. There is a cause for every suffering, however mysterious. From this religio-cultural understanding of trauma, one can understand the deep sense of indigenous healing rituals for the victims since everything comes from God, and goes towards God. This religious perception is based on their philosophy of life, in which vital force permeates the whole community.

### **Relevance of PTSD in the Treatment of Traumas**

The second objective sought to explore the relevance of PTSD in the treatment of traumas experienced by the victims of armed conflict in southern Sudan. It is noteworthy that PTSD refers to a configuration of symptoms experienced by an individual after an occurrence of

life-threatening events such as war, natural disasters, terrorist attacks, serious accidents, or violent assaults like rape, torture and assault. It is classified as anxiety disorder, which may be acute or chronic, and short or long term duration (Cunningham & Cunningham, 1997). In its initial formulation, PTSD was conceptualised as a catastrophic stressor that was outside the range of usual human experience. It was clearly different from the ordinary stress. The former entails an extreme response to outside stressors termed as traumatic events, while the latter constitutes the normal vicissitudes of life such as failure, rejection, financial reverses, and the like. The following table lays out the difference between PTSD and ordinary stress:

**Difference between PTSD and Ordinary Stress**

<b>PTSD</b>	<b>Ordinary Stress</b>
Sudden, significant loss during or immediately after a traumatic event	Slow or gradual change
Piercing intensity; shock to systems that give one a sense of control, connection and meaning	Wearing down over time
Overwhelming sense of helplessness; delayed responses	Able to plan, problem-solve and cope depending on one's resilience
Symptoms are specifically cognitive, emotional, physical, and behavioural	Symptoms are varied, people are affected differently
Frightens everyone; events are beyond the fringes of ordinary human experience, personal and external factors	Depend on personal factors (e.g. gender, age, personality) and external factors (e.g. social support)

Adapted from, N. G. Sider (2001), 'At the Fork in the Road.' Mennonite Conciliation Services.

PTSD is unique among psychiatric diagnosis because of the great importance placed upon the etiological agent, that is, the traumatic stressor. According to a trauma healer interviewed in this study, it is hard to make a PTSD diagnosis if the patient has actually not met the stressor criterion. The healer further revealed that clinical experience with the PTSD diagnosis among the victims of armed conflict had shown that there were individual differences regarding their capacity to cope with catastrophic stress (Medani, 2010). Like pain, the traumatic experience is filtered through cognitive, behavioural and emotional processes before it can be appraised as an extreme threat. Due to individual differences in this appraisal process, different people appear to have different trauma thresholds. Some are resilient, while others are more vulnerable after exposure to stressful situations.

It is noteworthy that the application of PTSD is extremely challenging because the manifestations of trauma vary across cultures. It is even more challenging for clinicians who are not familiar with the victims' culture-bound illnesses and idioms of distress. Such clinicians may incorrectly judge the ordinary stresses to be PTSD. Therefore, there is need to clearly understand a victim's cultural constructions of trauma.

**Incorporation of family network and support in trauma healing**

The third objective of this study sought to demonstrate how indigenous and western psychosocial approaches could be incorporated to effectively deal with the traumas. Findings reveal that one of the key mitigating factors in the trauma healing is family network and

support. The essence of family network and support in mitigating trauma is likened to a tree with many branches. A tree with deep roots and strong branches will withstand strong winds, while a tree with shallow roots and weak branches will fall down even by a relatively light wind. The roots of a person are his/her family legacy, socio-religions values, and cultural heritage. A person who is grounded on these attributes is more likely to survive the turbulence of displacement due to war, while a person denied these essential ingredients can easily go adrift and be lost.

Due to the civil war, many victims and their families were dispersed throughout the world, yet the customary familial responsibilities could not easily cease. The fact that some victims remained deeply connected to their families, people and country even as they moved around the world was attested to in the following observation by one respondent:

The fact the seeds of deep connection are planted very early in life may escape notice of many casual observers. I once received a telephone call from a family that was hosting one of the so-called Lost Boys. The family was surprised that the boy wanted to send money to his family in the village in the South Sudan. How could that be when they thought the boy was lost? (Abul, 2009).

From the above observation, the members of the community learn very early the genealogy of their families, names of the clan, villages, sections, and ethnicity. Even when one is “lost”, he/she is able to carry along these symbols of identity through which all members of the community into which he/she moves can easily trace the details. Being connected with one’s family and community need not be physical; it is a state of mind that allows one to be concerned and conscious of one’s contribution, whether materially or otherwise. Among the victims who sought refuge and resettlement in other peaceful countries in the world, the concept of family identity transitioned to one that spanned both real and imaginary borders. This is what Bryceson & Vuorela (2002, p. 19) refer to as “trans-national families that have multiple community identities related to all places where their members are resident.”

The research posed questions that sought to probe about the Dinka social constructions of family. The questions further probed on whether the respondents had family members living in other countries, and what it meant to have family living in other countries. In addition, the questions probed whether being separated from one’s family affected how one viewed and approached trauma and conflict. For those who had been separated from their families by the war, it was apparent that many could not know if their members were alive, and could not even trace their location. While some could identify that their family members had moved to some countries such as Kenya and the United States, they could not account for how they lived. A few of them could use email, Skype, and other modern modes of communication to establish links with their family members, thus allowing for the reduction of uncertainty and the maintenance of traditional familial responsibilities such as collective financial support. All in all, many of the victims who had taken refuge and resettled in other countries later re-established contacts with their families after going back to their motherland.

Traumatic events breach the attachments of family, friendship, love, and community. They shatter the construction of the self that is formed and sustained in relation to others. They undermine the belief system that gives meaning to human experience. They violate the victim’s faith in a natural or divine order and cast the victim into a state of existential crisis.



Separation from their families of origin has led many of the victims to seek new structures of emotional support. However, regardless of these new developing relationships, several victims continue to honour their cultural obligations to provide support to their families throughout the world. The following three quotes are representative of the cultural and emotional trauma and conflicts that have been experienced by the victims who were considered part of a transnational family.

For my relatives who live and work in Kenya, it has not been easy to support two families (their families and ours). They spend a lot of money, and have indicated that they cannot continue supporting their families there and here in Sudan (Nyirou, 2009).

It is disastrous to have families living in two different worlds. I have not taken advantage of the good caring my parents would have offered me if I were raised by them. On the other hand, my parents missed my help, especially my mother who is now in her late 60s. It is within our tradition that children should take care of their elderly parents. Because there are no social security benefits for the elderly people in our socio-economic system, children are the source of their support. I try to help when I can because I do not want my parents to suffer (Akot, 2009).

It was crucial to examine how the transnational family status of the victims had affected their view and approach to dealing with trauma and conflicts. The responses indicated that separation has indeed had a significant and lasting impact on the perception of trauma and conflict as well as the methods of management, as seen in the example below.

Being separated from my family has changed how I view and approach stress and conflict. I have learned that support from one's family is very crucial. The challenges of adapting to the host country were a source of stress to me. This far exceeded the stress I got prior to my flight. In order to fit well in my country I try to relate with other members in a way that is safe (Abiem, 2009).

The trauma experiences among the victims of armed conflict in the southern Sudan pose formidable obstacles for use of western psychosocial approaches for trauma healing which focus on individual victims. The traumatic experiences were communal and could not be addressed effectively at the individual level. The war in the Southern Sudan badly damaged the community fabric of family network and support by creating displacement on a massive scale. This also led to deterioration of religio-cultural norms. In this context, it would be meaningless to think of trauma healing in individual terms, disconnected from the wider family network and support systems. Communal wounds require communal interventions, which focus on rebuilding positive community and re-establishing normal patterns of living and tradition that contribute to people's sense of continuity and meaning. This is best accomplished through re-establishing family network and support systems.

### **Dinka Notion of Trauma**

In order to find out how indigenous healing approaches could be integrated into the western psychosocial model of trauma healing, it was imperative to find out how the Dinka culture determines a victim's response to trauma. One of the research questions asked: What do the concepts of health and illness entail in the context of the Dinka community? Responses from our respondents pointed to the fact that culture serves as a powerful socializing force, creating and shaping beliefs and regulating patterns of behaviour and adaptation. For

example, among the Dinka, health is defined by harmony and balance in all things and all relations in the environment and amongst people. Illness is thought to result from imbalance, loss of harmony, and being dispirited within oneself due to a loss of vital connectedness.

There are certainly commonly held assumptions about the origins, manifestations, and treatment of trauma among the Dinka. The angered and malevolent spirits as well as immoral actions of people are often believed to be at the root of a person's illness, death, and other misfortunes. A great deal of importance is placed on the role that God, divinities and the ancestral spirits play in the processes of causation and healing of mental health problems. Here, the emphasis is not only placed on the individual self as such, but also on the wider collective body which can interfere and affect the health and well-being of the person. In such a context, therefore, the western psychosocial healing that tends to focus on the individual self and fails to take into account the roles of the family and the community in the causation and elimination of trauma might not be effective. Inclusion indigenous aspects that focus on the role of God, divinities, ancestral spirits, community and family in healing, address trauma in holistic and more effective.

### **Frames of trauma**

As indicated earlier, the Dinka culture does not have a vocabulary for a pathogen such as post-traumatic stress disorder (PTSD). However, as a result of personal experiences, the Dinka victims have formed frames that reflect their own impressions of how trauma is understood. Among the victims, trauma is viewed as serious and destructive. The social context in which the trauma actually occurred plays an integral role in understanding it. Given that Dinka victims of armed conflict have undergone some experiences that affect their construction of self-identity, the construction of trauma can also evolve and change dramatically.

Therefore, in the treatment of trauma, it is crucial to consider that its manifestations are dynamic. It is important to develop a comprehensive understanding of the victim's culture and belief system in order to effectively treat trauma. In the Dinka community, cultural beliefs are central in constructing the notion of trauma as a mental illness. Due to the holistic approach to health and healing, mental illness (trauma) is wholly perceived as illness of the body. Accordingly, mental illness or trauma and physical illness, are understood to be interrelated: the mind influences the body as much as the body impacts on the mind. Literature review on the African notion of illness and attitudes toward health indicated that the Cartesian dichotomy of separation of mind and body, on whose western psychosocial approaches are based, does not apply.

Trauma is closely linked to the culture because the ways in which people express, experience, and give meaning to their afflictions are tied to specific social and cultural contexts. Trauma has a social and cultural dimension. The manner in which the Dinka people understand their afflictions is undoubtedly connected to cultural beliefs about the origins of such afflictions. Such beliefs are central in devising appropriate therapeutic strategies for dealing with the afflictions.

### **Culture-specific syndromes**

In line with the concerns expressed in the background of this study, and in respect to the conceptual framework, it was important to find out whether there were culture-bound syndromes (not necessarily PTSD) of post-traumatic adaptation. If yes, what were their

psychological structures? What were the implications of culture-specific post-traumatic adaptations for culture-specific interventions?

It was important to consider and conceptualize these core issues since there were unique ways that post-traumatic adaptations occurred within the Dinka culture. In order to find out manifestations of culture-bound traumas, the researchers explained the concept of trauma to the respondents, and then sought their understanding of the same. From the variety of responses, it is accurate to report that trauma was understood as that which causes one to lose balance in living with positive relations with God, divinities, ancestral spirits, cosmic forces and nature (Nyot, Mayom, & Alor, 2009). Some of the ways that made one to lose balance included immoral acts, such as contact with dead bodies, failure to perform necessary rituals, violation of taboos or moral injunctions, and aggression by malevolent spirits. Moreover, within this understanding, it was well captured that the war made Dinka victims to lose balance in harmonious co-existence, and it is only indigenous healing rituals that could restore the balance. This is supported by the conceptual framework that articulated the fact that the western psychosocial approaches might not adequately address culture-bound traumas experienced by the Dinka people.

The Dinka people have variety of rituals and sacrifices that are used as mechanisms for assuaging traumas experienced by the victims of armed conflict. An examination of culture-specific mechanisms of dealing with trauma is significant since it highlights the areas of convergence and divergence between the indigenous and western psychosocial trauma healing approaches. It also adds empirical weight to the assumption that integration of indigenous healing into western psychosocial models of trauma healing would provide effective, appropriate and holistic trauma healing.

### **Transmission of trauma**

When a conflict occurs, victims are left with shock and grief. For a long time, their minds are preoccupied with images of death and destruction. They may exhibit what is known in psychiatry as “survivors’ guilt” whereby they condemn themselves for having lived while others perished. A shared anxiety may also linger for a long time, and the victims may come to find comfort in ascribing a myth to what happened, and simply declaring that it was the will of God.

The chaos of armed conflict led to enormous traumas among the Dinka victims. Many were killed, property destroyed, families got disintegrated after massive displacements, and the community social support systems collapsed. The pride that the Dinka people had come to be replaced by tales of woe, in which God, divinities and ancestors are seen as unleashing anger on the community for immoral behaviour. This twist of things is a clear indication that the Dinka people experience the survivors’ guilt. This has greatly affected their self-identity, confidence and dignity.

The traumatized members of Dinka community have undergone what Volkan (1999, pp. 89-92) refers to as “psychosocial degeneration.” Volkan notes that in such a situation, a large fraction of the community loses its sense of basic trust or faith in the wider world. Feeling of rage and revenge often oscillate with feelings of helplessness, humiliation, and victimization. The sense of communal shame, humiliation and helplessness may become internalized, and may even complicate the already existing survivors’ guilt. This may translate into maladaptive social patterns, especially among the youth, such as drug abuse, prostitution, domestic violence, organized crime, and increased sense of the large-group identity.

Volkan further notes that trauma within a community can also be passed along one generation to another, in what is termed as “trans-generational transmission of trauma.” It was not possible to determine whether trauma among the Dinka victims of armed conflict was passed from one generation to the next. Such a venture calls for longitudinal study on the effects of trauma, which is outside the scope of this study. However, interviews with some professional care-givers attested that untreated trauma can have significant impact on the psychosocial well being of future generations (Volkan, 1999). This happens when parents or families pass on anxiety and depression to their children. This later affects the large group or community identity. While each child has his/her individualized personality, they all share similar links to the memory of the trauma. Under such a situation, when the traumatized children advance to adulthood, a network among them as “traumatized category” is created. Usually, the shared task among the traumatized people is to keep the “memory” of the predecessors’/parents’ trauma alive and to mourn their losses, revere their humiliation, or take revenge. If the traumatized category cannot effectively deal with their shared tasks — more often than not, this is usually the case — they pass such tasks to the next generation, and so on.

The ‘memories’ of the shared revenge tasks among the large group are referred to by Volkan (1999: 89) as the ‘chosen trauma’. Whether in open or closed fashion, a chosen trauma can continue to persist across generations over periods of decades or centuries. When there is a new crisis in the large group, leaders of the group often re-ignite memories of past chosen traumas, leading to a vicious cycle of trauma. Psychosocial degeneration and trans-generational transmission of trauma in the Dinka community can be avoided if there are appropriate interventions to help the community to regenerate and recover its basic trust, faith and pride. In deciding the appropriate interventions, the circumstances in which the victims are currently living need to be taken into account. It has been noted that most of the victims were living in situations that often remind them of the past traumatic experiences. There were also many cases of immoral behaviour among the youth, such as sexual violence, drug abuse, and hatred, which created conducive atmosphere for re-experiencing trauma.

### **Trauma healing approaches**

Trauma healing implies a restoration of the people in social, psychological and spiritual ways. Trauma healing is closely related to peace-building efforts since they are both concerned about developing or restoring healthy human relationships. Trauma healing implies the decrease of loneliness, mood improvement, a sense of inner peace, a decrease in isolation, anger and bitterness, and a decrease in feelings of animosity and hatred toward others. This can only take place in the context of relationships. Healing cannot occur in isolation because it is necessary to heal the psychological faculties that were damaged by the trauma, and this healing can only occur in connection with other people. Healing communal trauma involves the development of support groups that employ a facilitated process to heal individuals in the context of a group.

Interview with trauma healers (Medani, 2010; Shoumena, 2010) revealed that trauma healing programmes are predicated on three psychological stages that the victims move through as part of the healing process:

1. From a feeling of unpredictable danger to one of reliable safety and security.
2. From a sense of dissociated trauma to acknowledged memory.
3. From feeling isolated and stigmatized to restoring meaningful social connections.

The first stage is the most important because safety and security provide space in which the victims could rebuild their previous social contacts and make new contacts. The trauma healers noted that safe space was more important than any particular type of psychological intervention or therapy.

The study sought to find out what safety and security entailed in the context of trauma healing. Responses indicated that safety refers to a feeling of being respected and not pressured to discuss matters beyond personal comfort zone. In trauma healing sessions, the facilitator starts by getting agreement from the victim on some simple ground rules. A feeling of safety encouraged victims to open up and reveal details of their ordeal. A social worker described the process as follows:

Retelling the details of one's story is therapeutic and allows those memories to be incorporated into the victim's life story. When the story is told in the presence of the other, it can lead to acknowledgement, apology, forgiveness, and reconnection (Aluel, 2009).

The second stage is basically acknowledgement. This occurs when a victim tells the story of the trauma in detail and depth and the traumatic memory becomes integrated into the memory of his/her life story. Acknowledgement also occurs in the context of renewed human relationships, whereby the victims recreate their psychological faculties damaged by the trauma, including trust, autonomy, initiative, competence, identity and intimacy. Traumatic events of the past are discussed, acknowledged, and mourned within and between the affected individuals or groups. According to a counsellor working with the Dinka victims:

Storytelling is an essential part of the acknowledgment, not only for the victim reconstructing the story, but also for the aggressor. There is within individuals and groups a tremendous need to grieve and to mourn the losses that they have suffered themselves and that they have inflicted upon others (Athuai, 2009).

The counsellor underlined that acknowledgement of the past should be facilitated in a safe and carefully-structured environment, so that it does not rekindle trauma or deteriorate into a competition for the construction of victimhood. Therefore, the objective of acknowledgement is to unify previously divided individuals or groups with a collective acknowledgement of the past. Further interview with Medani and Shoumena (2010) disclosed that acknowledgment further seeks to train participants in active listening. It allows the listener to understand and empathize with the speaker, and the speaker is better able to articulate what he or she is thinking and feeling.

The final stage entails reconnection with the others, such as family or community. A trauma victim finds that the beliefs that gave meaning to his/her life before the traumatic event have been challenged, and so he/she must find a new sustaining creed through which to live her life. This need is even more acute for an individual whose self-identity was formed in a traumatic environment. Such a person lacks experience of normal life. It was evident from the trauma narratives of the Dinka victims that their relationships were either damaged or made difficult by the civil war. It is only through rebuilding previous relationships or establishing new ones that the Dinka victims are empowered and can reclaim their peace and social well being. Therefore, trauma healing is achieved through restoration of healthy relationships, building of trust, hope, and mutuality.



### **Conclusion and Recommendations**

Trauma healing among the Dinka victims of armed conflict cannot be fully addressed by application of western psychosocial approaches alone. The PTSD discourse that is often used by psychosocial trauma healers was conceived as an instrument to deal with trauma among people who went from a situation of normality to traumatic experiences, and then returned back again to normality. Hence the prefix 'post'. Given that majority of Dinka victims grew up or were born during the civil war, or even spent greater parts of their lives in the war, trauma is not "post" but is rather part of their everyday life.

It has been pointed out that the Dinka people frames traumas along self-identity with regard to history, culture, religious beliefs, family relationships, and connections with others in the community. The way in which trauma healers address these processes will have profound effects on an individual's resilience, coping strategies, and the healing process. Though the western psychosocial interventions are helpful to certain extent, they are limited when confronted with culture-bound traumas. Therefore, they should synergize with the indigenous healing methods in order to provide holistic healing to the victims.

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