


Spring June 3rd, 2016

Restoring Ubuntu: Ecosystemic, Biopsychosocial, Afrocentric Networks for the Trauma-Healing of Sexual Violence Survivors in Eastern Congo

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Recommended Citation

Downs, Summer D., "Restoring Ubuntu: Ecosystemic, Biopsychosocial, Afrocentric Networks for the Trauma-Healing of Sexual Violence Survivors in Eastern Congo" (2016). *Honors Projects*. 116.
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RESTORING *UBUNTU*:
ECOSYSTEMIC, BIOPSYCHOSOCIAL, AFROCENTRIC NETWORKS
FOR THE TRAUMA-HEALING OF SEXUAL VIOLENCE SURVIVORS IN EASTERN CONGO

by

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A project submitted in partial fulfillment
of the requirements of the University Scholars Program

Seattle Pacific University

Restoring *ubuntu*: Ecosystemic, biopsychosocial, Afrocentric networks for the trauma-healing of sexual violence survivors in eastern Congo

“Please know us before you try to help us.”

Bame Nsamenang, 2011

Introduction

The purpose of this paper is to propose that trauma healing in the Congo should be directed by the agency of Africans, characterized by an *ubuntu*-based systems epistemology, and facilitated through creative, multi-modal networks. The intersection of sexual violence and conflict inflicts psychosocial trauma on thousands of people in the Democratic Republic of the Congo, generating a public health issue that merits much more attention from practitioners and researchers than it currently receives. Mental health services are scarce in the Congo, and of those that exist, their approaches to trauma treatment have historically been dominated by the imposition of Western therapies and psychology. In the contemporary debates, there are three major approaches to developing psychology in an international context: adoption of prevailing Western epistemology, creation of a completely separate indigenous psychology, or adaptation of Western principles to coincide with local epistemology. I argue that the third approach, of adaptation and integration, is the most promising for the traumatized people of eastern Congo. In order to create a strategy for supporting survivors of sexual violence in conflict in international contexts like the Congo, it is time for an African-led perspective to take priority.

This paper will present a case for exploring African methods of healing trauma that utilize, but also reach beyond, contemporary Western trauma theories, with special attention to

the case of eastern Congo's survivors of sexual violence and war trauma. Treating culture as a fundamental base from which humans create meaning and knowledge, the epistemologies of the West and Africa will be juxtaposed, evidencing the need for an exploration of African perspectives on trauma. In contrast to the individualism of the West, Africa's epistemology is communal and relationally oriented, encapsulated in an ancient Nguni concept called *ubuntu* which holds rich promise for nurturing trauma healing. The *ubuntu* epistemology of human interdependence is complemented by contemporary systems theory, a scientific lens which reveals the fundamental interconnectedness of everything from atoms to complex social systems. Utilizing a systemic lens creates space for complex perspectives and causal factors, as well as creative, community-based methods of trauma treatment. Ultimately I propose that trauma healing in the Congo should be directed by the agency of Africans, characterized by an *ubuntu*-based systems epistemology, and facilitated through creative, multi-modal networks.

THE TRAUMA OF SEXUAL VIOLENCE IN DRC

The prevalence of sexual violence in eastern Congo, and the resulting crisis of psychosocial trauma, finds its roots in the wars of the Great Lakes region. The war in this central region of Africa, specifically in eastern Democratic Republic of the Congo, is one of the most devastating and ongoing conflicts of the century, leaving an estimated 5-6 million people dead (Riedel, 2014) and continuing unabated for almost twenty years (Bastick, et al., 2007). Conflict and instability have become the norm in Congo, involving an assortment of Congolese government forces, armed rebel groups and militias, and foreign troops from Rwanda, Uganda, Tanzania, and other neighboring countries (Bastick, et al., 2007). Although various peace accords have been reached, instability continues in the eastern region, where the government

does not have a monopoly on violence and rebel groups still hold power. This lack of political protection has led to rampant violence and suffering, including sexual violence.

The conflict in eastern Congo has been characterized by two devastating human rights abuses: forced recruitment of children into armed forces and the use of rape as a war weapon. In a 2007 survey, 16% of women reported having experienced a forced sexual encounter (Eastern Congo Initiative, 2011); this figure did not include children under 15 or women over 49, who are some of the most vulnerable to sexual violence and abuse. In fact, it has been estimated that in DRC, 48 women are raped every hour (Hobfoll & de Jong, 2014). DRC has become infamous for this “epidemic” of brutal and widespread sexual violence upon women, men, and children (Bastick, et al., 2007). Women and girls experience sexual torture and rape en masse, and many are kidnapped by rebel militias and held in sexual slavery as “bush wives” (Bastick, et al., 184; ECI, 2011, p. 20). Both male and female abducted child soldiers also experience repeated sexual abuse at the hands of their captors. As recently as 2011, two of the top three urgent human rights issues in the Democratic Republic of the Congo were sexual violence and child protection (ECI, 2011). This paper highlights sexual violence against women and children as a crucial issue that demands psychosocial intervention. These regional conflicts have political, economic, and military dimensions, but attention needs to be drawn to the communal trauma of sexual violence as a public health issue. Currently, the survivors of sexual violence trauma in this region are largely bereft of mental health resources.

The survivors of rape and conflict in eastern Congo are arguably some of the most traumatized individuals, because of the nature of their experiences. Of the many people who experience traumatic events that lead to acute stress disorder or PTSD, rape and sexual assault survivors experience some of the highest rates of lasting trauma. Researchers compared the

traumatic symptoms of survivors of different types of traumas to determine which events cause the most extreme psychological wounds. Their results found that conflict and genocide, followed closely by sexual and physical assaults, are the most traumatizing events in terms of lingering posttraumatic symptoms (Staab, Fullerton, & Ursano, 1999). These are the two major types of trauma that routinely affect many Congolese people, and Congolese sexual violence survivors can therefore be considered some of the most severely traumatized, in terms of nature and severity of stressors. Rape in eastern Congo is particularly violent, often conducted with knives, guns barrels, sticks, and other objects, used as a form of torture and humiliation (Leatherman, 2011). Although the number of rapes reported in Congo is alarmingly high, this figure does not even come close to the true number, because many victims die shortly after the brutal experiences. Gang rapes involving seven to eight assailants are also incredibly common, representing the majority of assaults in some places (Leatherman, 2011). The sexual assaults exhibited in Congo are some of the most extreme ever documented, and therefore they have the potential to produce extremely traumatizing effects in survivors.

These victims, mostly women and children (although men are not exempt), have experienced the intersecting violence of warfare and sexual assault, compounding two of the most severe traumas imaginable. Women and children are also hit exceptionally hard by the stresses of war, and their trauma often goes unnoticed by society, whether they are in Western or non-Western nations. Herman (1997) notes that gender inequality devalues women's daily experiences, so that "the most traumatic events of her life take place outside the realm of socially validated reality. Her experience becomes unspeakable" (p. 8). This increases her reluctance to report, and thus her chances of pursuing rehabilitation. Rape is a trauma that magnifies the realities of power, as the perpetrator uses violence to forcibly prove to the victim that she (or he)

is helpless and even subhuman (Spitz, 2006). Sexual violence is a tool that is used to subjugate women and children, emasculate men, and humiliate entire communities through psychosocial trauma. There is a serious dearth in studies that have recorded how Congolese trauma survivors articulate the deep effects of these violent events and how their traumas continue to manifest in their lives. Considering the nature of the traumas they have endured, this research will be necessary for developing targeted and effective interventions.

WESTERN TRAUMA PSYCHOLOGY

In response to the traumas that humans encounter, a field of relatively new and serious inquiry into psychological trauma has emerged within Euro-American psychology in the last fifty years, spurred on by social issues such as war and sexual assault. Through studying subjects such as rape survivors and combat veterans, researchers have learned that psychological and physical trauma can leave a lasting impact on the brain and body that negatively affects individuals for the rest of their lives. Traumatic events viscerally overwhelm the body and mind, usually involving intense emotion and fear of physical harm or death. The common denominator of psychological trauma is a feeling of “intense fear, helplessness, loss of control and threat of annihilation” (Herman, 1997, p. 33). The meaning that the individual attributes to the event and the intensity of her reaction is what ultimately defines the event as traumatic. These events have multiple dimensions of consequence, affecting physiological patterns of arousal, changing brain chemistry and structure, shattering cognitive schemas, and rupturing vital relationships with other human beings (Herman, 1997). The continuing biopsychosocial effects of trauma begin in the physical reactions of the body and brain during trauma, which have been illuminated recently by advances in neuroscience.

The Neurobiology of Trauma

Anatomy of Trauma

A basic understanding of trauma's effects begins with a familiarity with the anatomical structures involved in traumatic events. The brain is crucial in the body's response to trauma, and its functioning is mediated by its three interconnected yet distinct parts. The evolutionarily oldest part of the brain is the reptilian brain, including the brain stem and cerebellum. This most ancient segment of the brain controls the basic functioning of our bodies that maintain homeostasis, including respiration, arousal, the cardiovascular system, and motor skills (van der Kolk, 2014; Malchiodi, 2015). The second is the mammalian brain or limbic system, which is the center of emotional and social functions. Its main structures, the amygdala, the hippocampus, and the hypothalamus, are involved in implicit memory and autonomic nervous system responses. Together, the reptilian and mammalian brain is referred to as the emotional brain which is at the heart of the central nervous system, detecting danger and social information (van der Kolk, 2014). The most recent development in our brains, and the structure whose size and advanced development separates us from all other animals, is the cortex and neocortex, the seat of rational thinking and planning. The frontal lobes of the neocortex are also crucial for empathetic understanding and socially appropriate relationships with others (van der Kolk, 2014). These three structures – the reptilian brain, the limbic system, and the cortex – are affected by the intensity of trauma in distinct ways which determine a survivor's reaction.

The human brain works in concert with other systems in the body when it responds to trauma. One of the most intimately connected is the autonomic nervous system, including the sympathetic and parasympathetic systems. This system controls involuntary functions of the

body and is closely connected to the hypothalamus in the reptilian brain, which receives cues from the limbic brain. The endocrine system, with its network of hormones, is also crucial in trauma response. These interconnected parts of the human anatomy function together to form a complex neuroendocrine response to traumatic events.

The Moment of Trauma

The intense stress of a traumatic event involving an experience of violence or threat of death sets in motion natural responses in the body, beginning with sensory receivers in the reptilian brain. The thalamus receives sensory input and sends it to the amygdala, which determines if the information presents a threat of danger. The amygdala receives notice of a threat much faster than the frontal lobes, setting in motion a natural response in the body before the subject is even consciously aware of the danger (van der Kolk, 2014). Once a threat is perceived, the amygdala takes over, directing immediate action in the interest of self-preservation. It sends a message through the brain stem to the endocrine system, causing the release of stress hormones such as catecholamines, serotonin, opioids, and glucocorticoids, such as cortisol (van der Kolk, 1996). These stress hormones influence the reaction of the autonomic nervous system, instigating the fight, flight, or freeze response. The first two natural responses, fight or flight, are reactions of the sympathetic nervous system, which increases heart rate and quickens breathing to prepare the body for action in response to stress. The third, and least well-known, is the freeze response, also known as tonic immobility. This is a state of hypoarousal catalyzed by the parasympathetic nervous system, resulting in a sense of being frozen, unable to move or speak: a “speechless terror” (Fisher & Ogden, 2009, cited by Haen, 2015, p. 248). These

three responses are automatic, neuroendocrine reactions to threat that the survivor does not consciously control.

When the amygdala takes control and the body's natural survival responses kick in, the frontal cortex, which is responsible for rational thinking, planning, and cognition, is largely offline. Recent "neuroimaging research has shown that as people are reliving their trauma, the brain areas most involved in formal cognition are deactivated" (van der Kolk & Najavits, 2013, p. 519). This means that the response to run, attack, or freeze up is involuntary, and therefore an individual undergoing an intensely stressful experience does not have any conscious control over his or her reaction. The individual's ability to think rationally in response to the situation is highly impaired. In the moment, the individual may also experience dissociation, especially as a component of tonic immobility. This is sometimes described as an 'out of body experience' in which the victim separates mind from body in an attempt to disconnect from the experience, and contributes to the fragmentation of traumatic memory. Dissociation has important implications for the survivor's short- and long-term functioning following the traumatic event.

The Lingering Effects

When the amygdala takes control, it has powerful effects on the memory storage of the traumatic event. In normal situations, the hippocampus is responsible for proper long-term memory storage that integrates the event into a chronological narrative. But during a traumatic event, the amygdala, which encodes experiences with emotional meaning, disrupts the normal memory storage process (van der Kolk, 1996). Research has found that "in animals, high-level stimulation of the amygdala interferes with hippocampal functioning... This implies that intense emotions may inhibit the proper evaluation and categorization of experience" (Ademac, 1991,

cited in van der Kolk, 1996, p. 231). When a memory is captured by the amygdala instead of the hippocampus, the memory is fragmented, somatic, image-based, and strongly sensory, existing as an embodied memory. It is captured as "feel" instead of "fact", or implicit instead of explicit memory (Lewis, et al., 2000, p. 113-114). When a traumatized individual encounters a sensory stimulus that triggers a remembrance of the trauma, such as a smell or color, the amygdala invests the present moment with all the emotional import of the past traumatic event itself. The individual relives the traumatic event in the present, not as a memory of the past, because the hippocampus has been disrupted in its processing of the event into narrative memory. In the days, weeks, and even years following the trauma, the nervous system relives the trauma through symptoms of hyperarousal (shortness of breath, racing heart, sweating) or hypoarousal long after the trauma occurs (Herman, 1997, p. 35). The trauma has been embedded as an emotional, sensory memory, which carries a great deal of power over present body states. It interrupts later life, re-emerging and causing the individual's brain to re-live the event as if it were occurring in the present. Pieces of the experience that have been dissociated return to the survivor in fragments – a sound, a smell, an intense emotion – that are difficult to piece together to form a coherent narrative.

The trauma continues to live in the survivor's brain and body long after the event itself, with traumatic effects beyond intense flashbacks. It reemerges as depression, anxiety, fear, dissociation, chronic hyperarousal or hypoarousal, loss of ability to trust, physical pain (somatic symptoms), nightmares, and lack of focus (van der Kolk, 2014). These symptoms are joined by countless others, because each experience of trauma is different (especially across cultures and social/geographic locations). The survival reactions of the neuroendocrine system which were helpful in the moment of trauma become maladaptive as they are stored in the body and brain,

continuing to repeat and re-shape the way the individual experiences the present. Research has proven that trauma can have a powerful role in shaping the brain, especially in children, whose developing brains are incredibly pliable (Perry & Pollard, 1998, cited in Crenshaw, 2006, p. 22). The experience of trauma physically changes the neural pathways of the brain, ingraining behavioral, emotional, physical, and cognitive patterns.

Porges' polyvagal theory (2011) provides further neuroscientific explanation of the anatomy of trauma. He found that the deepest human emotions, such as anger and fear, are related to perception of threat, and thus are intricately tied to the functioning of the autonomic nervous system. The neural and nervous systems, specifically the primary vagus nerve, react to complex external stimuli of both threat and social engagement, and this feedback system controls an organism's reactions to these stimuli. Traumatized individuals have impaired nervous systems which react to normal situations as threats, causing visceral reactions. They are also unable to engage in meaningful – and necessary – social interaction while they are in this fight-or-flight mode. This impairs social bonds long after the trauma, which contributes to deepening social isolation and inability to heal from the experience.

The Diagnosis: Post-Traumatic Stress Disorder

When a traumatic event occurs, the human body's subsequent stress reactions are considered survival adaptations, and almost everyone experiences them in the short-term. In the first two days to four weeks following a traumatic event, people who experience symptoms of traumatic stress are said to be suffering from acute stress disorder (Johnson, 2011). But if the symptoms persist and increase in intensity, they can be diagnosed with post-traumatic stress disorder (PTSD). Studies suggest that patients with PTSD show ongoing "imbalance between

frontal lobe and amygdala,” as well as the survival reactions described above - “a set of highly conserved and reflexive cardiovascular, hypothalamic-pituitary-adrenal (HPA) axis, behavioral (fight, flight, freezing), and cognitive reactions devoted to survival” (Rasmussen & Shalev, 2014, p. 276). An official diagnosis of PTSD is based on the symptoms presented by the traumatized individual, described below.

In the DSM-5, PTSD is classified as a traumatic and stressor-related disorder (American Psychiatric Association, 2013) and is defined by a structure of eight criteria, all of which must be present in a patient to make the diagnosis. The first is the “heart of the diagnosis”, the A (Stressor) Criterion, which necessitates exposure to a traumatic event (McNally, 2009; Friedman & Resick, 2014, p. 23). Traumatic events include “actual or threatened death, serious injury, or sexual violence” (Friedman & Resick, 2014, 26). Experiencing or witnessing one of these events is necessary for the development for PTSD, and it is the crux around which all other symptoms turn. This is followed by a four-factor structure of symptom cluster criteria: B (Reexperiencing/intrusion of traumatic memories), C (avoidance of traumatic stimuli), D (negative changes in cognition and mood), and E (alterations in arousal and reactivity). These symptom clusters must persist past the first month after a traumatic event, defined as the F (Duration) Criterion (Friedman & Resick, 2014, p. 30). The aforementioned criteria must be accompanied by the G Criterion, “significant distress or functional impairment”, in order to be diagnosed as PTSD (Friedman & Resick, 2014, p. 30). Together, this symptom list determines the psychologically valid diagnosis of PTSD in trauma survivors. A survivor must exhibit each of these symptom clusters to be diagnosed with true PTSD.

Cognitive-Emotional Theories of PTSD

Of the many proposed theories of PTSD's mechanisms, the theories that focus on cognitive and emotional functions have become the prominent explanations. The first, emotional processing theory, views traumatic stress reactions as involving a pathological emotion structure that is associated with certain stimuli from a traumatic memory (Gillihan, S. J., S. P. Cahill, & E. B. Foa, 2014). When the stimuli is encountered, the person will react with fear, shame, guilt, etc., even if it is counter to the reality of the situation (Gillihan, et al., 2014). Treatment of these pathological emotional reactions involves exposure and sensitization to the stimuli, resulting in the lack of distressing symptoms (Gillihan, et al., 2014). This treatment also affects the negative meaning and cognitive beliefs attached to the distressing stimuli, changing these as well.

Cognitive theory is similar and complementary to the above theory, generally based on the idea that emotional reactions are caused by the specific interpretation of an event, not the event itself (Gillihan, et al., 2014, p. 173). Ehlers and Clark's (2000) model of PTSD posits that patients erroneously interpret current stimuli as impending threats, based on the unique nature of traumatic memories. Traumatic memories can be fragmented and detached, and when an individual recalls the memory, it is often perceived as if it is occurring in the present. This incorrect interpretation/belief causes a pathological emotional reaction that is inappropriate to the current situation, even though it was appropriate to the traumatic event, e.g. a sexual assault. These two main theories underpin cognitive-behavioral therapy for posttraumatic stress, the prominent treatment offered to PTSD patients.

Trauma Treatments

The treatments for acute stress disorder and PTSD range from short-term psychological first aid to psychotherapy. In this brief space, I will review short-term aid methods (because of their relevance to international emergency contexts like Congo) and CBT therapies, which are the most widely accepted and practiced PTSD treatments.

Immediate Interventions

The necessity of psychosocial and mental health intervention following mass trauma, international humanitarian crises, and conflict has been recently emphasized following the recognition that it has historically been neglected (Thoburn, et al., 2012). Oftentimes the mental health approaches deployed by humanitarian agencies concentrate on simple, short-term interventions that are meant to prevent the development of full-blown PTSD. Critical incident stress debriefing (CISD) has been popular and widely used as a universal intervention following a traumatic event. Its purpose is to prevent the persistence of traumatic stress and the development of PTSD, and it generally consists of one session in which the survivor discusses the experience and reactions to it (Bryant & Nickerson, 2014). Although there is anecdotal evidence supporting the positive impacts of CISD, most of the research has indicated that it fails to reduce traumatic stress symptoms, and in some situations can actually worsen them (Bryant & Nickerson, 2014). Guidelines for best practice now recommend eschewing this form of narrative debriefing.

In its place, psychological first aid (PFA) has become popular, utilizing an approach that fosters natural resiliency instead of attempting to prevent disorder. Because most people do not experience the persistence of stress symptoms after about a month following a traumatic event,

treatments should be designed to augment the natural process of resiliency and recovery. PFA does not encourage the revisiting of the trauma narrative (as CISD often does), but focuses on assisting the survivor in “reducing arousal; ensuring safety; access to information, emotional support, and services” and drawing on self-care and coping resources (Bryant & Nickerson, 2014, p. 19). PFA has not yet been rigorously tested, and therefore the efficacy of this simple therapeutic intervention is unknown. What is certain is that mental health workers are often deployed immediately after an emergency “without consideration of existing systems of care and resources” (Pupavac, 2001; van Ommeren, Saxena, & Saraceno, 2005)” (Bryant & Nickerson, 2014, p. 27). Any intervention that is embarked upon hastily and without knowledge of the local context, or attempts to engage local actors, does not have a great chance of success.

Cognitive Behavioral Therapies

Although there are a variety of psychotherapies applied to treat PTSD, the type that currently has the most compelling evidence and research support is cognitive behavioral therapy (CBT). CBT was adapted to treat PTSD after its initial formulation for phobias, and most types of CBT follow the same logic as phobia treatments: patients are repeatedly exposed to their irrational fears/trauma triggers in order to desensitize them from negative effects (van der Kolk, 2014, p. 220). Associating previously negative stimuli with the safe, positive therapeutic environment and incrementally increasing a patient’s tolerance is believed to eventually alter negative cognitive and emotional reactions to the stimuli. CBT is usually a relatively short-term therapy, lasting for 8-15 weeks. There are many subtypes of CBT, including prolonged exposure (PE), trauma-focused CBT (TF-CBT), and narrative exposure therapy (NET). These all utilize different methods, but comparative studies have detected similar outcomes overall (Cahill, et al.,

2009). A meta-analysis of twenty-six studies of psychotherapy for PTSD survivors, including twenty-seven cognitive behavioral treatment conditions, found that overall, 67% of patients who engaged in cognitive-behavioral therapies experienced reduction in symptoms (Bradley, et al., 2005). Many practitioners and researchers alike are in agreement that trauma-informed CBT (TF-CBT) has the most evidence of “effectiveness in reducing PTSD, depression, shame, and trauma-related and general behavioral problems” (Fairbank, Briggs, Carmody, Greeson, & Woods, 2014, p. 103).

For children, trauma-informed CBT, KIDNET, and trauma systems therapy have all contributed to improvement in PTSD symptoms (Cohen, J. A., et al., 2009). TF-CBT is being adapted for African children and KIDNET has been utilized with African refugee children. The PRACTICE acronym (Cohen, Mannarino, & Deblinger, cited by Cohen, et al., 2009) describes the components of CBT for children who have experienced trauma: psychoeducation, relaxation skills, affective modulation skills, cognitive coping skills, trauma narrative, in vivo desensitization to trauma stimuli, conjoint child-parent sessions, and enhancing safety and future development. TF-CBT utilizes relaxation techniques to enhance a child’s self-regulation, coping skills, arousal reduction, and problem-solving skills (Fairbank, et al., 2014). TF-CBT is considered one of the most promising therapies for survivors of traumatic events, and it has displayed potential to be adapted for different cultural contexts such as Congo.

Posttraumatic Growth and Resilience

Recently, the concept of posttraumatic growth, as opposed to mere symptom reduction, has become a popular area of exploration, coinciding with the movement toward a more positive and integrative psychology. Researchers have documented the phenomenon of posttraumatic

growth, noting that many people actually change in positive ways after traumatic events (Kinzie & Edeki, 1998; Nicholl & Thompson, 2004; cited by Thoburn, 2014; Tedeschi & Calhoun, 2004). The process of struggling with a traumatic event and its aftermath can lead to transformative change and growth in a survivor's life, as well as in a society after collective trauma (Tedeschi & Calhoun, 2004). The concept of posttraumatic growth suggests that the focus of trauma treatment should be placed not only on symptom-reduction (like current PTSD therapies), but on helping survivors flourish and increase in resilience after a traumatic event. Epidemiological studies in the United States have shown that the majority of people are in fact quite resilient after traumatic events, and most do not develop PTSD (Bonanno, 2004). This is an area that could show much promise for shifting trauma psychology's attention to promoting resilience, and more research must be undertaken to observe this phenomena with African populations. The populations that the resilience literature has observed have generally been Americans who experience a single traumatic event, such as a natural disaster; but the people of eastern Congo experience complex, ongoing traumas. The complex nature of their traumas, combined with their socio-cultural reservoirs of resilience, may affect their potential posttraumatic growth in different ways than seen in American populations

Application of Western Therapies in the Congo

Research on the treatment of African survivors of war and sexual violence is very meager, and it mostly focuses on the use of CBT therapies. Although no large-scale research has been conducted in eastern Congo, some smaller studies have documented positive results for Western-based interventions. One study centered on a group of girls who had experienced traumatic events, including sexual exploitation (O'Callaghan, et al., 2013). The intervention

utilized trained Congolese facilitators to deliver culturally-conscious, group trauma-focused cognitive-behavioral therapy (TF-CBT). It also made use of a uniquely African instrument to assess psychological distress: the African Youth Psychosocial Assessment Instrument, which includes symptoms that are not normally included in a Western assessment (O’Callaghan, et al., 2013). After five weeks of treatment, the girls were reported to have experienced a “statistically significant reduction in posttraumatic stress symptoms and psychosocial difficulties” (O’Callaghan, et al., 2013, p. 365). A similar study conducted with war-affected boys, many of whom experienced trauma as child soldiers, found almost identical results of improvement in psychosocial well-being after TF-CBT (McMullen, O’Callaghan, Shannon, Black, & Eakin, 2013). In both studies, the boys and girls had maintained treatment gains at a three-month follow-up assessment (McMullen, et al.). On a small scale, and with cultural adaptations such as the African Youth Psychosocial Assessment Instrument, TF-CBT seems to have positive effects on posttraumatic stress in Congolese children.

In addition to those mentioned above, several other studies have affirmed the positive results of group psychotherapy for survivors of sexual violence, leading to lower symptoms of PTSD and depression (Bass, Annan, McIvor Murray, Kaysen, & Griffiths, 2013). But these studies are very limited in scope and sample size, and they cannot be taken as representative for the entire population of traumatized Congolese survivors. Although they have shown initial success, the symptoms they measure, and the therapies used, come from Western-based psychology. As revealed below, Western psychology may be a necessary start, but its ethnocentrism and limited cross-cultural relevance make it far from sufficient for African approaches to healing.

BEYOND WESTERN TRAUMA PSYCHOLOGY

Trauma psychology – like psychology as a whole – has historically been a Euro-American enterprise, and no large-scale effort to re-evaluate it from a postcolonial African perspective has been undertaken. While current trauma psychology theories and treatments have undoubtedly accomplished great strides for survivors in the West, the Western response to trauma is not immune to criticism from a cross-cultural and Afrocentric perspective. Western trauma psychology is certainly not the last word on healing, especially in Africa.

Criticisms of Western Trauma Theory

My brief evaluation of Western psychology will begin by problematizing the construct of PTSD, which has been a dominant focus of trauma theory. The diagnosis of PTSD, and the therapies used to treat it, are based on a Western system of medicalization and pathology which classifies symptom clusters into disorders and then seeks to cure them. But in clinical and field practice, the experiences of trauma survivors, even Western ones, rarely fall into the neat categories prescribed by the DSM and psychological theories; patients often manifest trauma in many varied ways. Van der Kolk & Najavits (2013) note that of the thousands of trauma survivors they have treated, only a “handful of cases [displayed] pure PTSD” (p. 518), most showcasing symptoms that are not listed as part of the DSM: alcohol and drug abuse, gambling addiction, somatization, depression, eating disorders, and interpersonal reenactment of trauma.

In fact, the system of classification known as the Diagnostic and Statistical Manual of Mental Disorders (DSM), upon which modern psychology's diagnoses are based, was never intended to hold as much diagnostic power as it does now. When it was created, it contained a preamble that acknowledged the complexity of the mind, the limitations of the DSM's criteria,

and psychology's inability to accurately identify distinct diseases of the brain (van der Kolk, B. & L. M. Najavits, 2013). The disorders in the DSM are actually lists of symptoms, not distinct diseases, many of which overlap. Even now, after the publication of the most recent iteration (DSM-V), "only five of the 23 DSM-V diagnoses have achieved scientifically acceptable (kappa) levels of agreement" (van der Kolk & Najavits, 2013). The DSM is now applied with a certainty that is not merited by its original purpose, investing its diagnoses and disorders with a degree of authority that may be exaggerated.

In addition to the subjective nature and limited diagnostic power of the DSM, its usefulness for understanding trauma in Africa is uncertain. The DSM-5's definition of PTSD is valid across cultures (Lewis-Fernandez, R., D. E. Hinton, & L. Marques, 2014; Hobfoll et al., 2014), but this does not mean it is sufficient for understanding trauma in all cultures. Although PTSD symptoms may be present in non-Western populations, this does not mean that PTSD is the primary way trauma is expressed in various non-Western and communally-oriented contexts (Hobfoll et al., 2014). In fact, many key symptoms described by African survivors are not captured in the PTSD diagnosis, such as complaints of bodily heat, shortness of breath, depersonalization, and possession trances (Lewis-Fernandez, et al., 2014, p. 530-531). These and other somatic symptoms are common in non-Western cultures but not included in the DSM PTSD diagnosis. Because of the theoretical underpinnings of PTSD, some authors believe that although it has been diagnosed in other cultures, PTSD is not culturally inclusive or applicable to all cultures (Hinton & Lewis-Fernandez, 2011; Osterman & de Jong, 2007, cited by Hobfoll & de Jong, 2014, p. 69). They argue that the preeminent cognitive-emotional model of PTSD is limited, because emotions and cognition are deeply influenced by culture, following the framework set out in particular sociocultural contexts (Hobfoll & de Jong, 2014). In order to be

truly cross-cultural, PTSD must take environment and culture as seriously as biology and cognition. PTSD treatments developed in the West emphasize cognition over bodily regulation and self-awareness, to the detriment of patients who experience somatization and hyperarousal (van der Kolk & Najavits, 2013). Kleinman (1977, 1988) asserts that psychologists offering humanitarian aid in complex emergencies often "misdiagnosed clinical PTSD among populations to whom the concept had no meaning or relevance to their experiences of suffering, committing abundant cultural and diagnostic fallacies" (cited by Abramowitz & Kleinman, 2008, p. 220). Western talk therapy may not have ultimate relevance to many cultures that have "nondiscursive ways of dealing with trauma", yet these narrative and cognitive-dominant therapies are often used in humanitarian interventions (Akyeampong, 2015, p. 43). This imposition of diagnoses and therapies is an expression of the ethnocentrism in Western psychology that harms the development of trauma rehabilitation in African contexts. The traumatic reactions of subjects from different cultures challenge the dominance of current Western therapies. Posttraumatic stress has a much more interpersonal and social nature than acknowledged by the DSM, as it often occurs as intimate relations or in ruptures of the social fabric, such as with war and violence (van der Kolk & Najavits, 2013, p. 518). These social aspects cannot be divorced from trauma's origin and healing, and yet they are not often considered a major factor in Western therapies, which focus on the individual client.

In terms of trauma treatment, the effectiveness of Western-based CBT therapies needs further evaluation. Although the above meta-analysis on cognitive-behavioral therapy for PTSD patients found that 67% of patients no longer met criteria for PTSD, it did not find a differential effect for types of therapeutic treatments included, meaning that it cannot pinpoint the specific techniques which promoted healing. It may be the general effect of a close social relationship

with the therapist that promoted healing, instead of the particular CBT methods. Also, patients who do not get better may tend to drop out of the studies, thus making the success rate seem higher than it is (Bradley et al., 2005). In the analysis of CBT studies undertaken by Cahill, et al., (2009) it was reported that “a significant minority of studies reported analyses only for treatment completers”, not counting results for those who dropped out of the treatment (p. 210). Many studies lacked follow-up after 12 months, leaving questions as to the long-term effects of treatment (Bradley, et al., 2005). Out of the 102 studies reviewed by this analysis, only 2 of them specifically focused on African survivors. Effective treatments for American and European subjects does not guarantee that efficacy will be replicated with a completely different population. Another large study on American female military veterans, most of whom had experienced sexual trauma, found that cognitive behavioral therapy worked better than supportive therapy, but only 15% of participants achieved full remission of PTSD after the treatment (Schnurr, et al., 2007). Lonergan (2014) asserts that cognitive behavioral therapy may not work for all cases of PTSD, especially for those who suffer from complex PTSD. It is apparent that CBT is not a universally effective treatment for trauma survivors, especially those from cultural contexts other than Euro-American and those whose traumas are complex and ongoing.

This highlights another aspect that problematizes Western psychology in African contexts: Africa’s traumas are complex and ongoing. Western trauma theories were formulated mainly around individuals seeking therapy for traumatic circumstances that occurred in the past, such as child sexual abuse, sexual assault, and combat. But many victims of sexual violence and war trauma in eastern Congo and other sub-Saharan countries are not seeking only help for traumas of the past, but for situations that are ongoing. No studies have been done on treatment

outcomes in contexts of ongoing insecurity, and yet this is the daily reality of many survivors in eastern Congo, who do not have access to the safe space that is often required for therapy to begin. Bryant (2014) states that “there is very little evidence regarding the potential efficacy of short-term trauma-focused therapies when threat is ongoing” (p. 30), noting that in these settings, conventional therapy may be much less important than fostering “a sense of safety” (Hobfoll et al., 2007; cited by Bryant, et al., 2014, p. 30). Many of the stress reactions displayed by those in ongoing threat situations may be related to current displacement, meeting basic needs, physical pain, or other factors, and past traumas are caught up in present suffering.

Criticisms of Western Epistemology, Science, and Psychology

Presented above are critiques of PTSD and Western trauma theory, but the evaluation must go deeper than Western trauma psychology. The most foundational criticism of Western psychology confronts the epistemology that underlies it. Recent movements revealed the deep flaws in modern Western thinking that assumes universality and objective reality, claiming instead that all human perception and knowledge is subjective, relative, and contextual. It is now well known – but not always acknowledged – that “science... cannot produce ‘pure’ forms of knowledge unaffected by the knowers’ place in historical time and geographic space” (Christopher, et al., 2014, p. 653). Culture is not an optional add-on to include in research analysis, but the fundamental basis of human knowing. The culture and epistemology from which we view the world deeply affects the scientific frameworks we create: “the worlds in which different societies live are distinct worlds, not merely the same world with different labels” (Sapir, 1929, cited in Shweder, 1991, p. 362). Because of this reality, questions of epistemology must ground any research attempt in the post-modern age (Marfo 2011). The deep

impact of culture on epistemology means there is a large possibility that Western theories and knowledge are not readily generalizable to other cultures (Marfo, 2011), although Western knowledge has largely been dispersed uncritically as though it is. While the European Scientific Revolution and Enlightenment was fueled by a quest for pure objectivity, it has now become evident that there is no such thing as true objectivity, even in science (Polanyi, 1958; Capra, 1996). Value systems and paradigms drive scientific exploration, implying that the facts that emerge from human explorations are not "value free" themselves (Capra, 1996, p. 11). American psychology is influenced by cultural norms, values, and social processes just as much as those values norms and social processes that have shaped the cultures of Africa or Asia.

But Western epistemology is largely built on objectivity, mechanistic processes, and scientific method, which is presented as universal knowledge. Its foundational unit is the rational human individual, making individualism one of its preeminent values. Lederach (2005) describes modern Western thought as “the breaking of complex reality into pieces, the creation of categories, and the pursuit of knowledge by taxonomy” (p. 43), revealing a tendency toward sterile, reductive analysis of human life. It is also firmly based on the rationalism and objectivity of the Scientific Revolution and the Enlightenment, which has major consequences for all theories that emerge from it. The West places so much faith in objectivity that it forgets science, like art, is only one of many "metaphors through which we strive to know the world and ourselves" (Lewis, et al., 2000, p. 230).

But psychology, like most Western knowledge systems, is not conducted in accordance with this reality. US psychology, like the entire scientific apparatus, “remains... largely unaware of how its cultural roots shape theory and research” (Christopher, et al., 2014, p. 645). Most studies are published in the United States in English (Thoburn, et al., 2012), and the greater part

of psychological research is conducted with "participants... from Western, educated, industrialized, rich, and democratic societies" (Henrich, Heine, & Norenzayan, 2010, cited in Christopher, et al., 2014, p. 465). Psychologists' research samples are drawn from less than 5% of the world's population (Arnett, 2008), and yet their findings are generally presented as universal. This cannot be considered a representative sample from which to construct universal theories, but psychology is largely conducted as if these samples are sufficient. When subjects from the other 95% of the population are included, it is usually merely in an attempt to validate theories that have been constructed around the Western experience, instead of basing theories on these populations. By assuming that psychological theories developed in the West will work in all contexts, the fundamental importance of local and contextual knowledge is denied (Hobfoll et. al, 2014).

Even within America, research is ethnocentrically biased toward white, middle-class populations, and differentiations in minority populations are interpreted as abnormality or dysfunction (Tulkin & Konn, 1976, cited by Marfo, 2011). The Western paradigm has a historical tendency to downplay diversity and apply an imperialistic lens that privileges knowledge produced by educated, wealthy, white males. Human rationality has historically revealed a distinct tendency to exert control over knowledge, processes, and even other humans (Lederach, 2005). Objective logic contains a drive to dissect, taxonomize, label, and therefore control the subjects of its study. It is not a surprise that the Enlightenment's triumph of science and rationality directly preceded Europe's conquest of most of the surface of the earth, in an era where imperialistic control was intimately tied to the virtues of civilization and science.

The modern Western scientific paradigm, which undergirds psychology, operates from this positivist epistemology. Therefore, modern psychological science ignores "folk

psychologies", defined by Christopher, et al., as "a set of meanings concerning psychological life that is shared by a social group" (2014, p. 648). Folk psychologies are forged within specific cultural webs of meaning, and they contain beliefs about human identity, self, social relations, human behavior, and acceptable norms. These psychologies are not often explicit but underlie all individual thought processes. Besides including beliefs about reality, they also prescribe a certain "moral vision" of what should be (Christopher, et al., 2014, p. 648). Although not often made explicit, moral visions tacitly influence every scientific and psychological theory ever developed, whether in the United States or Africa. Cultural values drive the topics that are researched and how the conclusions are interpreted. Thus, Western research is overwhelmingly concerned with issues related to Western social realities, instead of those that are most pertinent to Africa.

Western science has also historically devalued African constructs of knowledge, denigrating them as inferior and unworthy of exploration. The racist pseudo-science that upheld the West's imperialistic domination of Africa was firmly rooted in Enlightenment modernism that still undergirds the Western mind today, and therefore the notion that Africans have the right to contribute to scientific knowledge was radical in the near past. Even today, African psychological developments are often considered "second class" (Naidoo, et al., 1999, p. 128). There is still much work to be done in moving beyond the ethnocentrism and cultural imperialism of modern psychology.

Another issue with Western epistemology is its individualistic core, which limits its ability to address social problems in societies with a communal orientation, like Africa (Sinha, 1990, cited by Naidoo, et. al., 1999). Western science approaches problems from a mechanistic, cause and effect viewpoint, often focusing on a narrow aspect of a problem that misses the large, complex, and systemic issues that are crucial to understanding. This individualistic orientation is

based on a Cartesian belief in the ultimate centrality of the "I" - the cogito or thinking subject" (Christopher, et al., 2014, p. 650). This notion had been challenged by the concept that the rational mind is not separated from society but is actually inextricable from it: humans are fundamentally "embedded in and constituted by social practices that are always already imbued with meaning" (Christopher, et al., 2014, p. 650). As will be explored later in this paper, this approach integrates well with African epistemology. The complex realities in Africa today resist Western reductionism and call for a deeper, more systemic approach. This mechanistic and individualistic orientation means that Western psychology and therapies often miss the "interconnected networks, and the interdependency of systems over time and in a relational context" (Sexton, 2012, p. 63). This interdependency is crucial for addressing African psychosocial life, as I will make clear in later sections.

Western psychology inherited this individualistic and radically objective paradigm from Western science, and it is conducted as if the individual is the core entity of exploration, with culture as a mere exterior, mitigating variable. Some have criticized cross-cultural psychology for striving to meet methodological standards of mainstream psychology and consequently "project[ing] culture as a qualifying variable," which downplays the fundamental nature of culture in human behavior and cognition (Cole, 1996; Miller, 1997; Price-Williams, 1980; Shweder, 1991; cited by Marfo, 2011, p. 140). On the contrary, many thinkers have come to realize that "nothing in the social world or in what is mistakenly thought of as an inner self exists apart from culture. It is culture all the way down" (Christopher, et al., 2014, p. 651). If this is true, then the way psychology is approached in Africa needs a complete re-evaluation. An approach to healing for sexual violence survivors in eastern Congo must be critically aware of the centrality of culture and a questioning of Western dominance. The remainder of this paper

will lay out key aspects of a promising attempt at trauma healing for survivors of sexual violence in the Democratic Republic of the Congo.

AFRICAN AGENCY

The essential first step for trauma healing in eastern Congo is to ground all efforts on African agency, with African scholars, psychologists, and communities leading the way. Western psychology has been built upon a tiny sample of the world's population and is not representative of its vast diversity – therefore it cannot comprehensively speak to an African context. African people have long been considered subjects of research and study, but it is time for them to be considered “knowers in their own right” (Paranjpe, cited by Tyler, 1999, p. 122). It is not the purpose of this essay to naively romanticize Africa and assume local epistemologies are always superior to Western ones, because there are damaging discourses in all cultures (such as deeply embedded gender-based violence and inequality, exploitative power structures, etc.). These issues will be discussed frankly and realistically. But Africans must be recognized as creative agents who can disagree with each other, make their own mistakes, and have real autonomy in their issues. The fundamental challenge for the development of a trauma response that will effectively address the needs of survivors of sexual violence in Congo is the creation of valid and Afrocentric alternatives that address the aforementioned criticisms of Western trauma psychology. Africans themselves, including scholars, citizens, and trauma survivors, must be the voices and driving force behind any intervention that seeks to be successful in DR Congo.

The Indigenization of Psychology

The process of recognizing the legitimacy of indigenous and multicultural modes of thought began in the postcolonial era, as the burgeoning self-consciousness of Africans and other non-Western peoples demanded attention. They had become aware that European cultural imperialism imbued all aspects of intellectual life, including psychology, and they were adamant about rejecting this ethnocentrism (Adair & Kagitcibasi, 1995; Azuma, 1984; Serpell, 1984a; Sinha, 1997; cited by Marfo, 2011). Intellectual movements pioneered by scholars like Senghor (Negritude) and Asante (Afrocentrism) emphasized African agency (Anderson 2012). The knowledge developed by non-Western cultures had historically been devalued, disdained, and suppressed in the age of European dominance, when the intellectual world operated on the assumption that there was nothing non-Western agents could add to science or psychology (Candland, 1980, cited by Gire). But postcolonialism and postmodernism exposed the deep flaw in the belief that Western psychology is universally applicable and objective, with the discovery that all knowledge is culturally constructed. This meant that there were vast cultures and peoples around the world who may have much to contribute to psychological knowledge, but were never consulted. Thus the psychological indigenization movement was born, characterized by both “reactive” and “generative” forces: the first which rejected colonial imperialism and the second which strove to create new psychologies arising from non-Western contexts (Marfo, 2011). Non-Western scholars in this movement strove to be considered knowers whose contributions were of significant value, and they forged new exploration of their own cultures, epistemologies, social conventions, and human behaviors.

Nwoye (2015) traces four distinct phases of psychology in Africa, beginning at the end of the colonial period. The first stage was characterized by the dominance of Western psychology,

when “the people of Europe and America were doing all the talking and we here in Africa were doing all the listening” (Achebe, 1989–1990). This general state of affairs characterized much of the intellectual and political action in Africa during the colonial years, when African agency was suppressed. Following decolonization, the social, political, and psychological domains of Africa were united in a passionate interest to explore uniquely African approaches and traditions. During this stage of psychology, African scholars internalized the realization of the “partiality and relativity of much of human knowledge” (Nwoye, 2015), leading them to accept some aspects of Western psychology while seeking alternative African approaches. This became a type of dual mindset, where neither methodology was jettisoned, but neither was embraced fully. Scholars experienced difficulty reconciling their Western training, which was “forged on the basis of racial and cultural differences,” with “practice in their own societies and cultures” (Sow 1980, cited by Akyeampong, 2015, p. 35). Psychology in Africa had mostly operated out of a “Western ‘transplant’ orientation” (Marfo, 2011, p. 140), continuing to view culture as a variable instead of an underlying epistemological structure.

The third stage of African psychology evolved further, continuing to uncover the fundamental epistemological problems with Western psychology. This is when an innovative alternative option, described as “*both-and* psychology” (Nwoye, 2015, p.105), began to take root in many African psychologists and scholars. The final and current stage continues this *both-and* approach, challenging African psychologists to draw on both their African and Western influences in order to create new strategies, theories, and values for the African continent. African scholars recognize that psychology is largely still practiced in a Eurocentric fashion (Dasen, 1993; Owusu-Bempah & Howitt, 1995; cited by Nsamenang, 1998), but many of them

are seeking to generate their own distinctive approaches to psychology that describe human behavior in their local context.

The African Way

There are several common themes in the way African psychologists approach psychology in the contemporary global era. First, many acknowledge that psychology should be both locally grounded and globally adaptable. Their primary focus is on exploring patterns and methods that are manifested in African communities, based on the fundamental reality of the “culturally situated nature of human functioning” in all contexts (Marfo, 2011, p. 145). But this does not mean they reject Western psychology wholesale; rather, they hope to glean useful knowledge from all available traditions and apply it to Africa’s pressing issues (Edwards, 2014). Africa’s cultural landscape is a “triple heritage” of African, Islamic, and Western influences (Mazrui, 1986, cited by Kurtz, 2014), and this reality of Western influence is a large piece of African history that cannot be erased. Thus instead of rejecting all Western psychology and starting over, most African authors desire to explore how they can adapt these theories to complement African epistemologies, methodologies, and developments. Marfo (2011) envisions an African psychology that is

[not] a culturally insulated enterprise cocooned in its own traditions and designed exclusively to address questions of local relevance but as a field that is mindful enough of the interconnectedness of the human condition across cultures to be able to benefit from and contribute to other understandings. (p. 143)

This is an ecosystemic and contextual perspective, grounded in the understanding that the local is always embedded in the global. Knowledge in Africa, like all locations, is locally derived but

applicable to a global system of knowledge.

In light of this Afrocentric and adaptive approach, African authors embrace plurality in epistemology, perspective, methodology, and discipline (Marfo, 2011). Marfo and other African authors resist the need to categorize and are more comfortable with diversity, believing they must both forge their own way based on a particular African epistemology and context but also draw from, and contribute to, a global psychology that spans societies and cultures. They do not seek to replace Euro-American ethnocentrism with “African culture essentialism” (Nsamenang, 1998, p. 82), but seek instead to contribute to the global body of knowledge and respect all sources of psychological insight. African thought has much more ease dealing with contradictions, diversity, and complexity than does traditional Western thought systems, partially due to its holistic orientation that inherently recognizes the biopsychosocial-spiritual nature of human beings. African authors acknowledge the complexity of the post-colonial African background, and they seek to integrate this complexity into their work instead of resorting to reductionism. This includes accepting a variety of mixed-methodologies in conducting research, which utilizes both quantitative and qualitative techniques for collecting data in a much more effective and locally derived way (Betancourt, 2015).

In addition, African psychology is primarily concerned with practical relevance and usefulness for contemporary issues. African authors display a desire to both reinvigorate traditional African culture and to transform it to better address current societal needs. They recognize that culture is not a static, unchanging edifice, but is constantly changing and being transformed by the people who inhabit it. Marfo (2011) calls on African universities to strengthen their commitment to “local relevance” (p. 142), which includes the ability to convey psychological findings and concepts to local people. The community-based participatory

approach to research holds much promise for African psychologists, as it seeks to establish collaborative partnerships with local people, especially those affected by war (Betancourt, 2015). This approach recognizes that interventions cannot be truly effective without the input and participation of the local community, especially those that are most affected by the psychosocial health problems. This means that “people with an intimate understanding of the local context and culture must carefully review the meaning of the constructs being measured and the manner in which procedures are administered for the local population” (Betancourt, 2015, p. 321) in order to avoid the epistemological oversights of Western psychology. This also means sharing the results with the community, and working in partnership to develop action plans based on the knowledge derived. African psychologists embrace collaboration in these psychosocial interventions, working with "non-professional community helpers" (Edwards, 2014, p. 528), community-based organizations, and traditional healers.

Finally, Africans may also have a unique contribution to psychology as a whole that is grounded in their traumatic history. Lederach (2005) has found that the people who experience the most violence and abuse have intuitive and visionary approaches to creating social change, born through “their hard-earned calluses... layered after decades of pain, injustice, and violence” (p. 42). Those who have survived trauma and violence have an intimate and personal knowledge that academics cannot have, and their ability to endure has much to teach the rest of the world about recovering from trauma. Many African authors have articulated a feeling of deep responsibility to respond to the trauma of recent and historical African experience in their writing (Kurtz, 2014). They understand the complexity and difficulty of enacting social change and restorative healing, including the long-term commitment that is necessary. African literature and oral tradition display distinctive “imaginative ‘re-membering practice[s]’ that promote recovery

and healing from the destructive effects of trauma” (Kurtz, 2014, p. 421). Kurtz believes that African literature, and by extension Africa’s moral imagination, holds within it a uniquely traumatic past as well as intensely transformative resources for healing (2014).

Proposed Participatory Trauma Research

Today, there is still a dearth of research by native African scholars and universities (Marfo, 2011). Therefore, the next major step is to fund and support research conducted by Africans, an endeavor which has already begun in the work of Nwoye (2012, 2015), Nsamenang (1998, 2011), Marfo (2011), and others (Mpofu, 2002; Okello & Musisi, 2015). Their work has proven that the epistemologies, development, and trauma responses of Africans are different enough from Euro-Americans to merit their own status as knowers and subjects of knowledge. Culture is not simply a variable that affects a research study, but the very foundation of the research and the subjects themselves. African-led research is crucial as a base from which to begin crafting effective interventions in the eastern Congo. Most of the research conducted by African psychologists has been in the field of developmental psychology, with virtually no African contributions to trauma psychology. The field of trauma psychology, with specific focus on conflict, disaster, and violence, is a promising endeavor for African psychologists to develop.

The next step for a trauma healing intervention in eastern Congo is to conduct a mixed-methods research program in the local population to determine the unique manifestations and expressions of traumatic stress, as well as the effects of sexual violence on individuals and communities. A hallmark of this research would be a participatory model, including the local population as negotiators and collaborators (Nsamenang, 1998). This research would incorporate both quantitative and qualitative data, operating in a nonlinear method and sharing research with

participants. It will be characterized by reflective, interpretive practices, as African researchers are continuously sensitive to the context and cultural underpinnings of every theory and data generated, whether European, American, or African. This research should strive to include “indigenous methodologies’ that prioritize community control and participation in the research process” (Kovach, 2009; L. T. Smith, 1999; Wiggins, Ostenson, & Wendt, 2012, cited by Christopher, et al., 2014, p. 653). Although there are several studies that consult the populations of eastern Congo, there is a need for greater representation of local knowledge in the discourse on both the problems and the solutions in the region.

UBUNTU EPISTEMOLOGY

African Epistemologies

As noted above, the need for African-led psychology is largely predicated on the continent’s epistemological differences from European psychology, which has resulted in gaps in African research and practice. Although African epistemology’s “frames of reference and social reality” (Nsamenang, 1995, p. 729) are pluriform and diverse depending on the geographical context (Nwoye, 2015), there are also shared characteristics that differentiate it from Euro-American perspectives. One of the most fundamental differences is the African emphasis on interconnectedness and community over individuality, considering the self an inherently social concept. Being human is defined by being in relationship with other humans, and “self is nested in relationships” (Mboya, 1999; Mpofu, 1994a; cited by Mpofu, 2002, p. 181). As part of this relational, holistic perspective, the African worldview does not separate between body, soul, and spirit. Thus, spirituality is intimately connected with the physical world, in marked contrast with the Western world’s Cartesian duality.

The wisdom traditions of Africa emphasize that everything in the universe is interrelated and human beings are an "integrated bio-psycho-socio-cultural-spiritual-ecological unity" (Edwards, 2014, p. 526). This holistic philosophy includes an expanded view of consciousness, including the past, present, and future, and all beings that exist, including departed ancestors (Edwards, 2014). African traditional cultures place a much higher value on history and oral tradition than does the Western world, which is often focused on future progress. This is encapsulated in the West African concept of *sankofa*: looking backward in order to move forward (Bangura, 2011). Understanding the past is essential to knowing how to act in the future, and history is a circular, not linear, process. Likewise, psychological healing's goal is wholeness, both individually and communally. The concept of *ubuntu*, discussed below, is a rich way to capture the ethos of Africa's epistemology, which is deeply relational, holistic, and multi-modal.

The Epistemological Centrality of Ubuntu

African Child Development

Recently, African scholars have undertaken ethnographic and psychological research to articulate the underlying epistemologies of the African paradigm. Their results suggest that for Africans, social life and connection to others is the most fundamental aspect of existence and holds developmental implications (Nsamenang, 1998, 2011). Nsamenang proposes that African child development does not fit within the linear Western conception, but is rather "a circular path to being human" that emphasizes the child's identity as "connected to the human community" (p. 242). Newborns are born into a specific system of support for mothers and their children, nurtured by community and tradition (Zimba, 2002, cited by Nsamenang, 2011). As they grow, African children are encouraged to "define self... by gaining 'significance from and through

their relationships with others”, gaining intelligence mainly through interaction with peers and elders (Ellis, 1978, cited by Nsamenang, 2011, p. 247). This method of building intelligence through social interaction is different from the Western model that associates intelligence with cognition, not often considering it social or relational. In fact, “Africans cherish cognition not as an end in itself but as a means to social ends; it is subordinated to servicing human needs or enhancing children’s social competencies” (Nsamenang, 2011, p. 243). This idea that intelligence is closely linked to social harmony has been documented in groups as geographically distant as the East African Baganda and the West African Yoruba (Durojaiye, 1993, cited by Naidoo, et al., 1999). This is a constellation of human development goals that revolves around a person’s relationship and integration within the community, instead of his or her individual accomplishments.

African Communalism

African children, adults, and elders are embedded in societies that prize relationships above all, and these relationships are expansive. African family units are not nuclear but extended, composed of large groups of relatives (Nsamenang, 2011). Whereas Western epistemologies focused on the autonomous individual, African folk psychologies define humans in terms of “social selfhood” (Nsamenang, 2011, p. 243), meaning that self is inextricably connected to a community of others. In African social thought and reality, the self cannot be meaningfully divorced from other humans, and identities are forged within and through relationship. While the West emphasizes achievement, rationality, and individuality, African societies prize relatedness above all.

In the face of this robust communalism, Western psychological treatment is often unfamiliar and mismatched. Following a therapeutic protocol, psychologists often ask for an African survivor to divulge her personal trauma narrative in order to heal from her past. But she does not view her history as hers alone; based on her communal epistemology, she and other Africans see their stories as interconnected with significant others in their lives and part of a larger collective of local history (Mpofu, 2002). Telling her story to a stranger would “violate the integrity” of the whole, because her story is much more than “self-representation” (Mpofu, 2002, p. 181). These epistemological differences between Westerners and Africans must not be ignored, because they have critical bearing on programs for treatment, healing, and psychosocial growth.

Ubuntu

This idea of the integrity of the whole is ubiquitous in Africa; even amidst the diversity of the continent, one of the strongest commonalities found in sub-Saharan African epistemologies is a rich and multi-layered concept called, in the Xhosa language, *ubuntu*. *Ubuntu* is a Pan-African moral and social idea that has its roots in the Nguni language family (part of the large Bantu language grouping), and *ubuntu* has equivalent terms in many African languages (Nyengele, 2014; Van Dyk & Nefale, 2005). *Ubuntu* is a “humanistic orientation towards fellow beings” (Mokgoro, 1998, p. 2.1), arising out of the foundational belief that all humans are deeply and inextricably connected. In marked opposition to the Western foundation of individualism, *ubuntu* holds that “it is a person’s connection to other people that constitutes this person’s existence” (Kadiangandu & Mullet, 2007). In essence, it is only possible to be fully human in community. *Ubuntu* is both a positive and normative statement, offering both a description of reality and a

moral vision for how humans ought to live. According to *ubuntu*, humans are inextricably connected to each other and their communities, and individuals cannot be separated from relationships or defined without them. Humans need each other to be human, an idea that is embodied in Desmond Tutu's phrase: "a person is a person only through other persons" (Tutu, 2010, p. 15). In other words, "I am because we are". Connection, interdependence, and relationships are the fundamental features of reality (Nyengele, 2014).

In order to fully embody their humanity, *ubuntu* compels humans to treat others with respect and compassion, including those who are different. Africans place a high value on hospitality, as reflected in the Dagbani proverb "The stranger is God" (Lange, 1998). The web of relationships extends to outsiders, foreigners, and even ancestors who have died – "the living and the dead depend on one another" (Bangura, 2011, p. 239). Ancestors are a major part of African life and spirituality, and this connection with their families and histories is central to identity. African spirituality is intertwined with the moral primacy of relationship, with an emphasis on right relationships with others. In *ubuntu*, the essence of being human is linked to empathy for others, human love, and healing (Edwards, 2014). Social experience is fundamentally moral (Kleinman, 1997), something that *ubuntu* conveys deeply. *Ubuntu* is considered "the Soul of African society" (Mnyandu, 1997, cited by Van Dyk & Nefale, 2005, p. 64), and therefore the trauma of African survivors cannot be addressed without incorporating an African epistemology based on a moral vision of *ubuntu*.

Social Support & Trauma

The Western view of trauma has privileged a medical and pathological paradigm, defining traumatic stress as a disorder that affects an individual and should be addressed through

clinical treatment. But viewing trauma from an African epistemology creates dissonance with the Western view, because African individuals are defined primarily as a social self. Van der Kolk and Najavits (2013) believe that the Western paradigm de-contextualizes trauma into an isolated medical model of disease and cure, ignoring that humans exist within “tribes, communities, and groups” (p. 519) and that this infuses everything that occurs to us. Trauma is deeply interpersonal, impacting not only individual psychological functioning but also relationships and attachment (Herman, 1997). Trauma fundamentally impacts social relations, including individuals’ and communities’ abilities to engage in harmonious interactions. In eastern Congo, the trauma of war is inherently divisive, creating mistrust and violence among communities that were once strongly connected by traditional bonds. Sexual violence also creates deep social ruptures, as one major effect on survivors can be their marginalization and break with the community. Trauma survivors often experience social shame and disconnection (Spitz, 2006), a reaction that is incredibly damaging in African communities where social ties are of the utmost importance. Rape and sexual violence have especially strong effects on relational capacity, as these violations can sever a victim’s “interpersonal trust and trust in the social world” (Spitz, 2006, p. 128). Sexual violence violates the individual and community’s *ubuntu* foundation.

An approach to psychosocial healing that privileges an *ubuntu* epistemology will highly prize the presence of social support. Social support has been proven time and again to be a major factor in traumatic recovery and well-being (Cohen, Gottlieb, & Underwood, 2000, cited by Yamashita, 2012; Helliwell & Putnam, 2004, cited by Lomas, 2015). In cultures where communalism is highly valued, such as eastern Congo, social support is absolutely crucial for a survivor’s sense of identity and empowerment. Local leadership is also vital: utilizing pre-existing networks that occur naturally in social systems is most helpful, instead of superimposing

interventions from the outside (Seligman & Csikszentmihalyi, 2000; cited by Thoburn, et al., 2014). African community leaders have the best resources for community-based social support, and they must receive the training they need to effectively support their people (Thoburn, et al., 2014). Time and again, Western research has found that social support is a common thread in trauma healing, validating the *ubuntu* values that African communities have held since time immemorial.

Social support's emotional power - caring, listening, and understanding, is just as important as its practical power to help survivors meet basic needs (Feeny et al., 2014). A survivor's reception of meaningful relationships and continuous, informal emotional support is one of the strongest factors protecting her from developing PTSD (Feeny et al., 2014). Honwana's ethnographical research on the rehabilitation of former child soldiers in Angola and Mozambique has convinced her that individualistic Western talk therapies are not nearly as effective as community-based reconciliation efforts with families (2006, cited by Murphy 2015). She advocates for traditional models and resources for healing that capitalize on social support, beyond the individual trauma-narrative focus of Western therapies (Honwana, 2006, cited by Murphy 2015). Approaches like these were used with child soldiers in Sierra Leone, forging community reconciliation through traditional rituals of forgiveness and "togetherness... acceptance, sharing, and eating together" (Bangura, 2011, p. 256). It makes sense that traditional African resources of social support would be powerful and necessary tools for the healing of sexual violence survivors in the Congo.

But social ties and community have a strong danger of being romanticized, because community is not always a positive reality. Communal structures and norms are often the means of oppression, based on hierarchical systems of power and privilege (Murphy, 2015). Those who

are most vulnerable to becoming victims of sexual violence, such as women and children, often hold the least amount of power to begin with. Patriarchal social forces in many societies, including traditional African societies, cause women to be devalued and ignored. Reinforcing these communal norms inhibits trauma healing and often adds to the shame and psychosocial stress that sexual violence survivors experience.

Negative communal influences are a common theme for trauma survivors in many cultures. Communities often marginalize, shame, and even shun women, men, and children who have experienced sexual trauma. In eastern Congo, social norms obligate a man to abandon or divorce his wife if she becomes a victim of sexual violence, and this only compounds the trauma of rape (Kelly, et al., 2011). Restoring *ubuntu* means holding community and individual healing in balance by attempting to re-shape harmful social values. In eastern Congo, the community has already been shattered by divisive conflict and collective trauma, which lessens the power of positive social support and traditional *ubuntu*. As will be discussed later, sexual violence has been used as a tool to deliberately erode preexisting networks of social support, and therefore an Afrocentric model for healing must include initiatives to rebuild shattered social networks.

Attachment Theory

The *ubuntu* epistemology of Africa is increasingly gaining validation from scientific evidence, as neuroscience reveals the significance of human attachment. Lewis, Amini, and Lannon (2000) reflect what African folk psychologies articulate: the human body and brain are fundamentally interdependent, displaying an integrated psychobiology. Human physiologies are also socially dependent: we need each other to survive, in the most literal way possible. The mammalian limbic system, the part of the brain associated with emotional resonance,

synchronizes with attachment figures to sustain the nervous system's equilibrium (Lewis, et al., 2000). This biological need for attachment to a caregiver is most strong at birth, when a child is most dependent on other humans. Research on the brain's regulation of our most basic processes, including cardiovascular function, sleep rhythms, hormone levels, immune function, body temperature, and oxygen intake, shows that from birth, a human body is not designed to stabilize itself (Lewis, et al., 2000). Children are more dependent on their caregivers for this regulation, but even adults "cannot be stable on their own – not should or shouldn't be, but *can't* be... Limbic regulation mandates interdependence" (Lewis, et al, 2000, pp. 86 - 87). And limbic interdependence is not confined to a mother and her child, or a wife and husband – brains share information and emotions in a local communal network (Lewis, et al., 2000). An entire community of interconnected humans have strong emotional and neural influence on each other. African *ubuntu* values mirror the way our brains work: "our neural architecture places relationships at the crux of our lives" (Lewis, et al., 2000, p. 170). Relationships, and loving mutual exchanges between limbic systems, actually influence personal identity – giving neuroscientific proof to *ubuntu's* assertion that, "a person is a person through other persons".

Our bodies depend on relationships and community to function healthily, which means that the consequences of broken relationships and human-caused trauma, like sexual violence, wreak havoc on a human body's ability to function. Especially in childhood, when our brains are most vulnerable to breaches in attachment and disordered patterns of relationship, traumatic ruptures in relationship can have significant effects. Sexual violence in eastern Congo damages limbic connections in individual relationship and across entire communities, making trauma truly collective. But although our brains and actions have the power to destroy each other, they also contain the power for positive healing, known as limbic revision. Porges' (2011) research has

proved that humans can affect each other's physiology, such as when a kind face displaying positive affect calms a hyperaroused nervous system. Our brains, by virtue of their plasticity, can be remodeled by those of the people we love and are close to, and this is one reason why the therapeutic relationship can be so powerful. Regardless of the type of therapy utilized, the strength of the limbic connection between the counselor and the client has the power to restore a traumatized survivor through powerful, healing neural connections (Lewis, et al., 2000). When people are displaced, as many eastern Congolese trauma survivors are, the loss of strong limbic attachments to familiar humans causes intense "emotional frailty" which compounds the effect of trauma (Lewis, et al., 2000, p. 159). Human brains are vulnerable to the loss of these limbic attachments at any point in life, but will also be more resilient in the face of trauma if early emotional attachment is strong, as it is in many traditional African communities (Lewis, et al., 2000). The African *ubuntu* epistemology and value system may offer protection from the ravages of trauma, and in this way it has much to teach the West. The effect of *ubuntu* social systems on trauma resiliency is an intriguing, and important, direction for future African-led research.

SYSTEMIC APPROACH

In reaction to a scientific legacy of mechanistic models of life which still permeates much of Western science, some researchers and theorists have been exploring a systemic worldview which unwittingly validates the *ubuntu* epistemology Africans have held all along. The West's focus on the individual, and the epistemology that follows from it, is being challenged by the uncovering of the deep rootedness of interdependent *systems* in the world, which are complex, dynamic, and holistic. Systems theory situates human behavior in multiple interconnected, relational networks, uncovering connections between all aspects of ecological and human

existence (Thoburn, et. al, 2014). This theory is circular, not linear; interdependent, not independent; and holistic, not reductionistic. It is the cutting edge of many diverse fields of scientific and social inquiry, essentially espousing the centrality of relationships at every level of existence. Everything in the universe, from subatomic particles to nation-states, exists in a web of relationships - “nothing in the universe exists as an isolated or independent entity” (Wheatley, 2002:89, cited by Lederach, 2005, p. 34). In human contexts, these relationships are nested, with individuals embedded in interpersonal relationships (micro), communities (meso), and societies (macro) (Bronfenbrenner, 1979, cited by Thoburn, et al., 2012). Each level of the system engages in reciprocal interaction with the others, each affecting another to various degrees over time. Currently, the emergence of systems theory is scientifically validating the *ubuntu* epistemology of ancient Africa, where relationships have always been considered central.

Since Newton and Descartes, science has operated from a mechanistic viewpoint, but the systemic approach defies analysis and dissection by asserting that the parts cannot be understood apart from the whole (Stanton & Welsh, 2012). Instead of isolating parts to analyze them, systems thinking searches for patterns and connections across dynamic and ever-changing systems (Stanton & Welsh 2012). This reflects the *ubuntu* conception of humans as dynamic, irreducible, ever-changing beings (Bangura, 2011). Sensitivity to complex connections highlights possible unintended consequences, which are often missed by Western analysts but are crucial in development and post-conflict work. Interdependence is a fact of reality, boding ill for those who ignore it in their intellectual and practical pursuits (Lederach, 2005).

Systems thinking is ecological and contextual, moving the focus from individuals/objects to relationships, all of which are embedded in systems of interdependent networks. The ecosystemic approach revolves around the centrality of context and sensitivity to local

ecosystems in understanding human behavior. Instead of trying to understand human behavior by isolating an individual, systems theory takes into account the environment. A central concept is “niceness” – the reality that every human’s behavior, cognition, and emotions are embedded in a “a specific eco-cultural niche” (Nsamenang, 1994; Nsamenange & Lamb, 1993, Craik & Fermer, 1987; cited by Nsamenang, 1998). Individual human psychology cannot be understood apart from the local context. The systems view, which incorporates the micro, meso, and macro levels of experience, “embrace[s] the ambiguity and complexity... [of] a larger whole” (Sexton, 2012, p. 62), refusing to reduce and categorize the parts and thereby diminish reality

One of the main critiques of Western psychological approaches is its individualism and lack of awareness of the systemic context. As evidenced in the previous exploration of the centrality of *ubuntu*, African epistemology has at its core a deep sense of the interconnectedness of all people, processes, and relationships. A truly *ubuntu*-infused approach to sexual violence in the Congo will prioritize the systemic and structural nature of this collective trauma. This means the public health issue of sexual violence must be examined from all perspectives: macro, meso, micro, economic, political, social, individual, communal, ecological, and psychological. African psychologists like Nwoye (2005) firmly believe that a systemic approach is necessary in Africa, especially considering the complex nature of its contemporary conflicts. A systemic approach also acknowledges that culture and social systems are not static but dynamic, constantly changing and requiring flexible, innovative healing strategies. Especially in contexts of mass violence and trauma, it is crucial to employ an approach that takes into account the ecological, embedded nature of an individual’s psychological response in the “community’s social structure and political economy” (Murphy, 2015, p. 302). Communal atrocities require communal understandings and solutions. This is a dizzyingly complex endeavor, but one that is necessary

for effective, *ubuntu*-driven healing. Intimately understanding the context and root causes of violence is vital to nurture healing in eastern Congo. The following section will briefly analyze Congo's public health issues of sexual violence and psychosocial trauma through a systemic lens, in order to provide a basis for systemic intervention.

Social, Political, and Historical Context in Congo

The issue of sexual violence in the Congo cannot be divorced from the larger ecological and social context, nor can it be reduced to a problem of individual pathology. The sexual violence in Congo can be viewed as a series of nested circles, in which the most immediate circle contains the recent traumatic events. Each circle that envelops the one before it contains history that precedes and influences the present (Lederach, 2005). The Congo's traumatic and brutal history has far-reaching influence on its psychosocial health. During the colonial era, Congo was personally owned by King Leopold II of Belgium, under whom it experienced widespread forced labor, exploitation, and accompanying atrocities. An estimated ten million people died during this "forgotten holocaust" of imperial greed and brutal control, many from sheer exhaustion (Hochschild, 1998, pp. 168-178; Marchal, 2008; Ndaywel e Nziem, 1998, p. 344; Spaas, 2007, cited by Nyengele, 2014, pp. 4-12-4-13). After independence, control of the country shifted to the repressive and kleptocratic dictator Mobutu Sese Seko, under whom the culture of corruption, violence, and threat continued.

In addition to extractive and exploitative authority structures, eastern Congo has been overwhelmed by regional and civil conflict since the overflow of the Rwandan genocide in 1994, when Hutu genocidaires and refugees fled across the border. War broke out when multiple states in the region sent invading troops, many of which still hold territory in eastern Congo. This

began a period of instability in the region that soon continued with the rise of armed Congolese rebel groups, the most famous of which is M23, that terrorized the countryside with sexual violence, massacres, and abductions of children to be used as soldiers. The Congolese army itself has participated in human rights abuses and collusion with armed groups, contributing to local suffering and instability. Various peace accords have been signed but conflict still simmers and breaks out in some areas. The political grievances and motives of each of the parties in this conflict, including the various militias, foreign troops, and Congolese government and military, are direct causes of sexual violence and trauma. Further research into the incentives that drive the persistence of violence is absolutely essential for any type of mental health intervention, because the politics and economics of these wars are deeply intertwined with their psychosocial effects. Any hope to prevent violence and foster rehabilitation in eastern Congo cannot ignore the political and historical factors.

Sexual Violence as Betrayal of *Ubuntu*

In war, sexual violence is a tool that fundamentally disrupts normal patterns of community relations and interpersonal harmony. *Ubuntu* has been destroyed in many communities, as one man from Bukavu related: “Before all this, people lived in harmony with each other. We indeed loved each other as brothers and sisters, but today we turn to kill each other” (Kelly, et al, 2011, p. 28). Sexual violence is intentionally used to deliver not only individual psychological and medical damage, but also social devastation and division,. The message of sexual violence is “I am because you are not” (Leatherman, 2011, p. 155), a twisted reversal of *ubuntu*. In societies where *ubuntu* is of the highest value, sexual violence marks an escalation of horrific proportions, used to make a deliberate statement against the values of

communalism and compassion. Rape in conflict is part of a "systematic campaign of terror" (Leatherman, 2011), violating societal taboos in ever-more horrific forms: gang rape, mutilation, sexual slavery, forced incest, and rape of children, pregnant women, and the elderly. As conflict rages on, perpetrators must use "ever-greater spectacles" of horrific sexual violence to maintain shock and power over communities (Leatherman, 2011, p. 156; Roe, 1992). Although women are usually more vulnerable, both genders are victims of sexual violence in wartime, since it can serve a function of emasculation and humiliation when males are targeted. In a society that nurtures its young and reveres its old, rape victims include children as young as two and women as old as eighty, evidencing the breakdown of cohesive norms (Leatherman, 2011).

Women who experience sexual violence often sustain lasting biopsychosocial effects beyond PTSD, including pregnancies or traumatic fistulas. Fistulas are tears between the vagina and anus or bladder that cause incontinence, and there are few resources available to treat these conditions. Beyond the intense physical pain these conditions can cause, they also catalyze social rejection. As a result of rape stigma, pregnancy, and/or fistula, women are often divorced by their husbands and shunned by their communities (Leatherman, 2011), effectively severing them from the social system that forms their selfhood. In this way, beyond the individual psychological trauma of rape, many Congolese women experience extensive damage from the social rejection that accompanies rape, destroying traditional community networks of *ubuntu*.

Even though rape violates traditional community norms, its use has become so common as a tool in wartime that it has become normalized for civilians as well. Violence has become embedded in many communities and children have been born into a context where the threat of terror, rape, and death is ever-present as the new normal. Corruption, lack of political stability, and the impotency of the rule of law has led to a society where warlords seize power and enforce

their control over regions, receiving no official sanctions for their actions. In order to survive in this “criminalized society” it becomes necessary for “individuals, who in normal circumstances would not be attracted to violent behaviour... [to work] in collusion with armed groups that are engaged in predatory activities” (Beneduce, 2006, p. 35). A society in constant conflict (or threat of conflict) has a particular effect on the development of children and adults who are born and shaped in it. Children who grow up without the loving limbic attachments described by Lewis, et al. (2000) can develop physical neural deficits that promote a propensity toward violence. Studies undertaken in refugee communities and post-conflict regions have demonstrated that exposure to trauma is correlated with higher levels of violence, creating a cycle wherein violence begets violence (Elbert, et al., 2006; Saile, et al., 2014; cited by Hecker, et al., 2015). This relationship has been specifically demonstrated in populations of Congolese refugees (Hecker, et al., 2015). When rape becomes normalized as a weapon of war it also becomes normalized for civilian populations, as one study carried out at Panzi Hospital in eastern Congo proved. During the period from 2004-2008, when rapes by armed forces were prevalent, civilian rapes increased by 1733% (Harvard Humanitarian Initiative, 2010). This staggering increase is accompanied by the normalization of other sexual behaviors that were traditionally prohibited, such as child sexual abuse (Kelly, et al., 2011). The perpetrators and victims of extreme sexual violence are part of a collective social trauma that has infected the entire society.

Kleinman’s (1997) concept of “social suffering” is particularly relevant in the context of eastern Congo, as it intertwines physiology, religion, morality, medicine, politics, and emotions in a complex web, where none of these elements can be ignored (p. 317). Social suffering in particular highlights the unequal distribution of resources and care for the suffering, based on global and local power structures. Social institutions further marginalize certain sufferers, and

“social force breaks networks and bodies” (Kleinman, 1997, p. 317), as seen in the broken bodies of women who experience fistulas from sexual violence. The connection between individual bodies and social networks is seen in the cultural rituals practiced by the east Congolese (and all human societies). Social memory inhabits the body, as the work of culture is manifested in a highly physical way (Kleinman, 1997). Both minds and bodies are socialized into a particular way of life; this is why there are local or “cultural biolog[ies]” (Kleinman, 1997, p. 326). Therefore, when the body is penetrated and torn apart, the social bonds of *ubuntu* are likewise severed. Social, psychological, and physical pain are intertwined, as are individual and collective trauma. The individual trauma, pain, and suffering of the Congo is also deeply social, spreading through the entire network and creating fractures in formerly strong connections.

Gender Inequality

Another major systemic factor that must be considered in eastern Congo is gender inequality. Sexual violence is a manifestation of preexisting societal gender imbalances (Leatherman, 2011), and suffering during wartime is often distributed in gendered ways. Women in traditional cultures like eastern Congo are diagnosed with PTSD at a rate of 2:1 when compared to men (Thoburn, et al., 2014). The DRC is a patriarchal society where women do not have much control over their sexual and economic lives, and there are not many legal protections against sexual violence even in peace. During wartime in eastern Congo, hyper-masculinity appeals to marginalized men who have found themselves in situations of powerlessness, and they are encouraged to employ violence and exaggerated toughness (Leatherman, 2011). Child soldiers who are abducted often fall prey to the social force of hyper-masculinity, by which they are manipulated into killing or raping their family members and then inducted into a new social

order of combat. Hyper-masculinity takes women and non-combative men as its victims. Women's "bodies are war's most intimate and enduring theater of violence" (Leatherman, 2011, p. 64), facing high risk in both conflict and post-conflict phases. Women are victims of intimate partner violence in both peacetime and war, and sexual violence in conflict only heightens men's propensity to violate women's bodies.

Studies have found a compelling relationship between gender inequality and armed combat: countries with higher gender equality (in terms of education and political representation) display lower levels of conflict, and preexisting gender inequality is correlated with mass rape in conflict (Leatherman, 2011). Men who live in a patriarchal, hyper-masculine context, where male gender is associated with power, often resort to acts of violence and rape in order to prove their manhood (Cooper, 2009). In accordance with this, rapes are often fueled by anger or a desire for power, not merely sexual desire (Cooper, 2009). In Congolese society, women's bodies are considered property to be regulated by men. In war, these normal societal regulations cannot be enforced, and the men who hold the power are able to defy them by seizing indiscriminate power over women. Women's bodies are associated with the honor of their husband or father, and therefore sexual assault against women is often used as a way to humiliate Congolese men. This is also why men become a target of sexual violence themselves, as they have in the Congo: male rape is the ultimate power display for perpetrators and the ultimate humiliation for victims, who often die of their injuries rather than seek medical attention and incur shame (Leatherman, 2011). Rape and the mutilation of body parts that often accompanies it communicates political and economic power over the victim and, by extension, her community (Leatherman, 2011). Sexual violence is a tool used to subdue and control entire communities through the preexisting forces of gender inequality.

Economic Motives & Consequences

When the layers of the conflict in eastern Congo are peeled back, strong economic motives are revealed as root causes of the sexual violence and continued conflict. Congo has a history of extractive economic action, beginning with the colonial period that stole labor, resources, and decades from the Congolese people and their land. The rulers and political structures that followed reinforced the extractive colonial legacy, using state resources and power to extract wealth and labor from citizens for the personal use of dictator Mobutu Sese Seko. In the contemporary context, the extraction of resources has continued, but those who are benefiting has shifted: rebel groups, neighboring states, and multinational companies. The Congo is one of Africa's most resource-rich countries, with vast reserves of coltan (used in modern electronics such as cell phones), uranium, gold, tin, diamonds, and copper (Leatherman, 2011), and groups fight viciously for control over mining sites. Sexual violence is seen as a useful tool for subjugating and terrorizing communities, leaving the region free for rebel groups and various militaries to mine and sell precious minerals on international markets. The Congo's history of a predatory political economy displays "longstanding contours and mechanisms of inclusion and exclusion, created and reinforced through violence" (Jackson, cited by Leatherman, 2011).

In the Cold War era, the proxy wars of Africa were funded by America and the Soviet Union, but when the Cold War ended, these sources dried up. This has led to a strong incentive for rebel groups and even national militaries to illicitly fund their campaigns by extracting local resource, forcing civilians into slavery, and engaging in lucrative contracts with multinational companies (Leatherman, 2011). These minerals are extracted and then sold on the global market to Western and Chinese companies, funding the violent rebel militias and sustaining their existence. Many eastern Congolese people are impoverished and vulnerable to exploitation, even

though they live in one of the most resource-rich regions of the world. Armed groups smuggling minerals make millions of dollars per year to finance their continued control over land, communities, and women's bodies. The coopted nature of Congo's economy is deeply embedded in its historical and current reality, and these economic factors have damaging effects on mental and physical health.

Sexual violence in Congo has also had particularly harmful effects on the local economy and the livelihoods of Congolese people. Fear of sexual assault has restricted the ability of many women and men to farm, travel, and trade, as focus group participants from Bukavu, Goma, and Kalehe reported. This fear is well-founded, as one participant made apparent: “If they find you in the field, they rape you” (Kelly, et al., 2011, p. 12). Because of the decline in income-generating activities like farming and trade, some women are forced into even further sexual exploitation by turning to prostitution for survival (Kelly, et al., 2011). Economic pressures make commercial sexual exploitation and trafficking another form of sexual violence that flourishes in conflict areas (Leatherman, 2011). International NGO and UN aid workers contribute to the rates of prostitution among women and young girls, providing a market for women to trade sexual favors for money and food (Kelly, et al., 2011). In impoverished communities, sexual violence and war only deepens poverty and desperation to provide for large families. Those with power, such as international aid workers and local armed forces, take advantage of this economic desperation, as will be discussed more fully in the next section.

Power Structure Issues

As mentioned earlier, the community surrounding survivors can be a great resource for healing, but is often a source of further disempowerment. Murphy cautions that “in postwar

situations, the therapist cannot assume the existence of a benign and supportive community” (Murphy, 2015, p. 292). Every context has pre-existing power systems that structure society’s distribution of resources and status, the particulars of which constrain programmatic and treatment outcomes (Abramowitz & Kleinman, 2008). This can be particularly magnified in situations of mass disaster and emergency, such as eastern Congo, where resources and power are desperately scarce. These pre-existing hierarches include both the international political system and local power structures. Victims of conflict and humanitarian crises are often at the mercy of international donors and politics, with mental health and psychosocial interventions being considered "elective forms of aid", which are not funded because of the alleged existence of other "pressing needs" (Abramowitz & Kleinman, 2008, p. 224). Global donors control the flow and destination of aid, which is often not sustained long enough to construct real development. In this way, the global power structures limit the resources that are devoted to psychosocial development interventions in the Congo.

In terms of local power structures, African cultures have a strong emphasis on traditional authority and seniority, and this means that certain members of society are marginalized within the social hierarchy. Elders have the power to shun former child soldiers from a community or to implement shaming rituals that limit survivors’ future opportunities (Murphy, 2015). This provides a strong incentive for the continuance of conflict and sexual violence, as soldiers have no foreseeable future in community reintegration. Patriarchal power particularly silences the voices of female survivors of sexual violence, even in truth and reconciliation processes (Ross 2010, cited by Murphy, 2015). When collective trauma and structural violence affect the community, this only increases the pressure that is put on its most vulnerable members. Riedel speaks of this as "circular oppression", wherein the community "scapegoats its victims" (Riedel,

2014, p. 256). Armed forces often intentionally cause this community reprobation by forcing child victims to commit sexual or physical violence against their own family members, in order to ensure that the children will be shunned by their own communities if they attempt to return (Leatherman, 2011). Any women or men who experience sexual violence will also experience shame from their communities. And although there are meager resources for women who have experienced sexual violence in the Congo, there are even less for male victims, whose experience is entirely outside of the normal social paradigm. The dependence of all Africans on their communities and families that is so prized in *ubuntu* becomes a weapon to use against them after they have experienced sexual violence.

Any intervention of trauma restoration in Africa must be deeply acquainted with the local power structures, especially the nuanced ways in which poor populations are disempowered (Nsamenang, 1998). Local people often perceive traditional leaders and even churches as using their power in their own economic interests, rather than for the flourishing of the people (Kelly, et al., 2011). Therefore, a participatory and collaborative structure of research and treatment must be implemented at every stage of the process. Psychosocial therapies should form part of a broader campaign to transform exploitative social structures that perpetuate violence and conflict (Murphy, 2015). Ideally, the authority figures, whether they are local chiefs, government leaders, or international representatives, should acknowledge and apologize for their complicity in the conflict that created situations of sexual slavery, child soldiers, and gang rapes (Murphy, 2015). But the potential backlash and consequence of encouraging authorities to admit their own abuse of power could reap even more destruction. This is why African-led perspectives are crucial in any trauma-healing interventions for Congo: local people, who are sensitive to the mechanisms

of power structures and systemic causal factors, have the best possible viewpoint from which to launch and sustain effective services for sexual violence survivors.

Directions for Systemic Intervention

Although the systems approach may seem to magnify the challenges of trauma healing for sexual violence survivors by introducing a stunning complexity of factors, when complemented by an *ubuntu* outlook it provides hope that goes beyond isolated mental health interventions. The systemic approach to global issues stems from an "ethics of care", envisioned as an alternative type of leadership based on the belief that humans are "relational and interdependent", evoking an *ubuntu* spirit (Leatherman, 2011, p. 174). This ethical position prioritizes trust, empathy, and care for all members of the global community, recognizing that "the interests of self and other [are] intermeshed", as opposed to the traditional Western approach of rational self interest (Leatherman, 2011, p. 175). This approach and its values apply to all spheres of human life, including the political, social, international, and economic, and its overall goal is to oppose masculine imperialism in favor of "relatedness and the positive involvement in the lives of others distant from ourselves" (Leatherman, 2011, p. 175). These ethics, inspired by feminist and postcolonial philosophy, merge seamlessly with the core values of African *ubuntu* epistemology. The systemic approach, which appreciates human interconnectedness and seeks to nurture flourishing in all aspects of life, harnesses the power of *ubuntu* to foster collaboration and empathy in confronting local and global challenges.

But as explored above, the systemic approach to humanitarian and public health issues like sexual violence reveals a complex, nested phenomenon that is impacted by political conflict, economic exploitation, power imbalances, gender inequality, and poverty. This complicates

mental health interventions, proving that psychotherapy on its own is not enough to promote effective trauma healing. Since there are so many intersecting factors affecting the biopsychosocial health of sexual violence survivors in eastern Congo, the establishment of collaborative networks is imperative. Relationships are integral to the human experience, as systems theory and *ubuntu* prove, and restoration of relationships is crucial to addressing sexual violence. These issues cannot be addressed by one organization or intervention alone, and this is why diverse local and global groups must be mobilized to cooperate and efficiently use available resources. This will be explored in the final section below.

MULTI-MODAL NETWORKS

It has become clear that in the complex landscape of eastern Congo's sexual violence epidemic, a multitude of interdisciplinary resources must be mobilized in order to truly facilitate healing. The above explorations of African epistemology and systemic complexity prove that Western psychological treatment is not sufficient, but must be complemented by a multi-modal methodology that includes the arts, social change strategies, community development, and peacemaking practices. Systems theory and African *ubuntu* epistemology make it clear that a network approach to healing, emphasizing connection and collaboration among diverse groups and people, is essential in eastern Congo. Abramowitz and Kleinman emphasize the importance of humanitarian interventions as locally-driven projects that are "a rejection of 'victim' models" (Abramowitz & Kleinman, 2008, p. 221). As described above, these mental health interventions must be led by Africans themselves, who are deeply aware of "the cultural and local experiences of suffering" (Akyeampong, 2015, p. 43). The following section will describe several key

components of a psychosocial intervention for Congolese sexual violence survivors, each of which responds to the critiques of Western psychology and the systemic issues delineated above.

Community Development

The systems approach to psychosocial healing makes it apparent that therapy alone will not be effective without a commitment to community development. When the focus shifts from individual pathology to systemic, communal conditions, it becomes clear that efforts to alleviate poverty and build up institutions are critical to psychosocial rehabilitation. Although therapeutic psychological interventions can be powerful, Musisi (2004) believes it is also crucially important to rebuild communities “through the construction of infrastructure, roads, clean water, power, health centers, housing, schools and viable small economic projects and vocational skills training” (p. 81). These are the projects of community development, a complex web of interventions that seek to prevent violence, alleviate poverty, and promote human well-being. In a postcolonial and post-conflict environment like eastern Congo, the health of a society and the health of its citizens are inextricably tied, and this means that political and economic concerns cannot be ignored by psychologists and others concerned with posttraumatic stress. Community development pursues human well-being and flourishing from a systemic perspective, not person-centered but social justice-oriented (Lomas, 2015). As Murphy (2015) states, “the task of psychosocial healing is inextricably linked to the fundamental challenge of alleviating extreme impoverishment in a postcolonial society” (p. 301). In eastern Congo, poverty makes women and men vulnerable to sexual violence and economic exploitation, compounding trauma and leaving the people powerless against violence. Therefore, poverty must be targeted in order for positive psychosocial interventions to take root.

Local Congolese initiatives to combat poverty in the wake of sexual violence are already being enacted. Women in particular have been engaging in collective action to ensure their own economic livelihoods and psychosocial rehabilitation in the midst of conflict. One example is the *likelemba* system, a local version of rotating savings and credit associations (ROSCAs) (Kelly, et al., 2011). This system allows women to contribute to group savings, take out loans for small businesses, and cooperate toward economic stability. Women have also formed farming cooperatives, microloan associations, and other group economic activities, which foster psychosocial support as survivors of sexual violence find solidarity with group members (Kelly, et al., 2011). Other economic and vocational activities that have seen success are efforts to provide demobilized soldiers with job training, to help them integrate back into communities (Kelly, et al., 2011). This partial solution addresses the systemic issues that lead to conflict by responding to the grievances of combatants and thereby de-incentivizing war. Local initiatives that provide economic support to war-affected women and men need to be provided with the resources so that they can multiply their impact. Both men and women in Congo acknowledge the importance of job creation and economic community development to prevent future conflict and sexual violence (Kelly, et al, 2011). The economic motives and consequences of sexual violence are clearly delineated above, and therefore economic development solutions must be a priority in eastern Congo.

Expressive and Somatic Therapies

In terms of actual psychosocial interventions, Western psychology's emphasis on empiricism and cognition is misguided because it cannot fully encapsulate the human experience (Lewis, et al. 2000). New interventions that harness the human powers of creativity and non-

verbal processing are emerging as potentially revolutionary tools. Art has a power of meaning-making and healing that transcends logic, rationality, and politics, connecting us to our humanity in a way that other disciplines cannot (Lederach, 2005). Imagination and creativity is required to break out of the cycles of violence that have come to define the status quo in Congo. Expressive and somatic therapies that utilize the arts should be included in skills-building and reconciliation programs, especially because creative arts like music and dance are a deeply rooted part of African societies. Congolese people process trauma and build relationships through music and dance, which can often create connections where talk therapy cannot. Music stimulates the neural social engagement system when it has been shut down by trauma (Porges, 2011). Only art can transform the most brutal and unspeakable acts into meaning and renewal (Morrison, et al., 2005, cited by Kurtz, 2014).

Expressive therapies are an emerging field in research, and thus the studies conducted on them have been scarce. Gray's (2011) review of books, articles, and studies pertaining to these therapies designates them as promising techniques that merit further in-depth research, especially in their unique capacity to address the unspeakable trauma of survivors of torture and sexual violence. She references studies of varied modalities: art therapy, dance/movement therapy (DMT), drama therapy, music therapy, and ritual and ceremony, all of which were used to engage survivors of war, torture, and displacement. These therapies engage the body, spirit, and mind, integrating them in a manner that is more in line with integrative African epistemology. Somatic Experiencing Therapy is another promising technique that is based on the neurobiology of trauma and has been used to treat disaster survivors (Parker, et al., 2008). Especially for sexual violence survivors, whose very bodies have been violated, these therapies that engage the body in powerful movement could transform their trauma on a deeply physiological level. These

therapies seek to engage the whole person, rather than simply the cognitive and emotional as contemporary PTSD therapies do. Creative therapies in eastern Congo hold exciting promise, especially if conducted through traditional modalities.

Counseling

The necessity for creative and movement-based therapies does not mean that counseling interventions are obsolete. Combining evidence-based approaches like trauma-focused CBT with approaches developed by African counselors themselves could have major impacts on sexual violence survivors. Mwiti (2009) has been leading in this area at a trauma center in Kenya called Oasis Africa, and she has written several resources that help other African practitioners conduct crisis and trauma counseling. Her approach combines Christian spirituality, African culture, community-based methods, reconciliation focus, and Western training into a hybridized approach that she has used to treat thousands of patients in East Africa. Her approach follows the socially focused, both-and nature of contemporary African psychology, which seeks to pull the best from several different traditions to create a practical model for treatment. Her guidelines for trauma counselors include detailed information on stress management, PTSD, working with children, building resilience in communities, and conflict resolution and reconciliation. She encourages African practitioners to take stock of the local needs and resources and to mobilize groups to create community programs. She describes how to lead small support groups after disasters and conflict, encouraging the use of indigenous cultural and community-based approaches to healing (Mwiti, 2009). As discussed earlier in relation to limbic attachment, these therapies can be of value for limbic revision, fostering neurogenesis and synaptogenesis for those traumatized by war, including child soldiers and children who experienced sexual slavery.

Another approach is explicitly based on *ubuntu* values and seeks to integrate Western psychology with traditional African cultural values. This psychotherapy is called *ubuntu* therapy, and utilizes African techniques such as “telling the story”, dancing, singing, and art, all adapted to the particular client and situation (Van Dyk & Nefale, 2005, p. 61). This unique combination of counseling and expressive therapies promotes holistic growth in sexual violence survivors. The studies I reviewed above, wherein TF-CBT was shown to be effective for sexual violence survivors in Congo, should also be taken into account when tailoring interventions. The use of these Western-based psychotherapies should be continued, adapted to integrate more fully with Congolese epistemology, and combined with other methodologies described in this section.

Peace and Reconciliation Initiatives

Social change is absolutely essential for trauma healing in eastern Congo, as evidenced by the systemic factors that affect individual trauma survivors. First of all, relational networks must be restored and deepened, creating a platform from which to launch multi-modal interventions. The entire community must be able to foster “ongoing social and relational spaces” (Lederach, 2005, p. 47) that allow for constructive dialogue and collaborative social change. The sexual violence and war that plague Congo are essentially the collapse of the relational center of gravity that holds society together. When relationships are dissolved and *ubuntu* is violated, healing requires that the intricate and powerful relational webs be rebuilt. Without them, programmatic interventions will wither and fail. Africans have the social and cultural resources, including *ubuntu*, to draw from in the pursuit of transformational change (Kurtz, 2014). Many African communities also have elaborate, deeply meaningful rituals of mourning that integrate remembrance practices and foster healing (Kurtz, 2014). Peace

initiatives must be highly sensitive to relational connections and must focus on these in order to build solutions, instead of relying on short-term agreements, plans, and programs. These will all fail if genuine relational spaces are not built.

Secondly, the protections of justice and the forces of peace must be engaged. Both peacebuilding and the deliverance of justice are critical as prevention strategies for future violence and trauma. The cycle of violence (Hecker, et al., 2015) that is perpetuated by trauma's effects on survivors must be interrupted, and this can be accomplished by fostering peace amongst groups in conflict and by holding perpetrators of sexual violence accountable for their actions. The balance between peacebuilding and justice is a fine one, and the twin considerations must be held in tension. Western legal systems and discipline focuses on guilt, retribution, and punishment, while African communities focus more on shame, restoration, and communal harmony. In order to prevent further violence, the rule of law and justice must be restored (Riedel, 2014), because the lack of it gives perpetrators free reign to seize power and terrorize Congolese people. But although local and international human rights laws have an important part in the protection of victims and accountability of perpetrators, they often fall short and do not address all of the dimensions of the issue. As this paper has emphasized, the methods that will aid in healing and restoration for communities affected by war and sexual violence are highly contextual, as the complexity and systemic nature of the issues belie a one-size-fits-all solution.

In Western contexts, forgiveness has largely been conceptualized as an individual action, but Congolese attitudes challenge this notion. Consultations with people in the Kasai province of the Congo revealed that many of them hold a communal and democratic attitude toward forgiveness and reconciliation after conflict. They largely agreed with the notion that forgiveness can be collective (not just individual), and that this process should be public and democratic

(Kadiangandu & Mullet, 2007). Forgiveness should give special recognition to the offended group, and it is seen as promoting intergroup reconciliation. The Congolese attitude about forgiveness, as revealed by the surveys distributed in this Kadiangandu and Mullet's study, focuses on civil society (as distinct from military or political processes), forging ways for groups in conflict to live together in interdependence and peace (2007). The importance of harmony and interdependence is a main priority in the *ubuntu* epistemology of the Congolese people, and their concept of reconciliation is highly relational and practical.

Centre Ubuntu, a peace and reconciliation association in Burundi led by the Dominican Friars, is an attempt at creating a space for healing and cooperation by combining many of the methodologies discussed above. Their goals include promoting the traditional values of *ubuntu*, training local practitioners to respond to trauma, increasing mental health resources for traumatized people, and mobilizing communities to build non-violence and resilience (Ntakarutimana, 2008). In particular, they utilize the narrative theatre methodology in community workshops to recognize local "problem stor[ies]", envision and act out a new story, identify community assets, and organize follow-up committees to work toward change (Ntakarutimana, 2008, p. 164). They report an "awakening of inner energies in traumatized communities" during and after their workshops, catalyzing community trust, collaboration, and association (Ntakarutimana, 2008, p. 164).

Therapy will not be effective if it does not also engage in promoting social justice and correcting colonialism, oppression, and injustice (Edwards, 2014). In many sub-Saharan countries, solutions for justice and reconciliation have been crafted by turning to "traditional methods of disciplining and forgiveness that have been practiced for centuries", such as the Gacaca courts in Rwanda after the genocide (Leatherman, 2011, p. 177). These ceremonies often

include components that allow the shamed individual to re-enter the community, ending the social isolation that is one of the most devastating effects of sexual violence on its victims. Traditional justice rituals and ceremonies have been adapted in post-conflict settings in Rwanda, Burundi, Sierra Leone, Uganda, and Mozambique, and they do show potential in contributing to reconciliation and restoration of social bonds in war-torn communities (Huyse & Salter, 2008). But they must be utilized with caution and nuance, because these traditional methods can contain oppressive power structures as well, contributing to the marginalization of women, youth, or disempowered ethnic groups (Huyse & Salter, 2008). All of the methodologies recommended in this section must be undertaken with the utmost sensitivity to local power balances and cultural epistemologies; therefore adapted versions of these traditional reconciliation methods could be developed to address violence.

Collaboration with Traditional Healers

Traditional healing rituals are culturally embedded and trusted practices in sub-Saharan Africa, where it is estimated that 80 percent of Africans seek the services of traditional healers (Kale, 1995, cited by Okello & Musisi 2015). Since social harmony is so integral to African concepts of self and well-being, traditional healers who perform healing rituals in conflicted communities restore integration. These healers often utilize empathic approaches that display “keen insight into the social and psychological causes of illness” (Edwards, 2014; Okello & Musisi, 2015, p. 252). In one randomized controlled trial reviewed by Edwards, patients rated traditional healers equally as helpful as modern psychologists (Edwards, 2011, cited by Edwards, 2014, p. 530). Utilizing unfamiliar Western psychological interventions may actually increase a survivors’ stress and inhibit progress toward healing (Okello & Musisi, 2015). Involving trusted

local healers who enact socially comforting rituals contribute to a sense of well-being and belonging, crucial components to healing in an *ubuntu* approach (Okello & Musisi, 2015). Research conducted in Uganda revealed the practices patients found effective: counseling, drumming, dancing, rituals, group therapies, faith healings, and ancestor worship (Abbo, 2003, cited by Okello & Musisi, 2015). Instead of viewing traditional healing rituals as diametrically opposed to evidence-based medical approaches, psychosocial and physical medical treatments would do well to seek a harmonious integration of both. Their embeddness in the social system, their ability to alleviate psychological suffering, and their providing a familiar identity in situations of cultural upheaval and turmoil provide a strong argument for their continued use in collaboration with other treatment modalities (Okello & Musisi, 2015).

Local CBOs and Network Creation

In order to utilize all of the multi-modal strategies above, it is crucial to begin by creating culturally-situated, local networks. Psychosocial intervention should begin by looking for the assets, resources, and strengths of the local community, specifically identifying community leaders who have a vision of change and healing. A small group of diverse individuals with the necessary social connections can catalyze the momentum of social change (Lederach, 2005). Social change and healing require an intimate and intuitive knowledge of the community and its social landscape. Therefore, local people have the greatest capacity to cast a vision for the path forward. They have an intuitive knowledge of how the parts of their local system interact and impact each other, including the unintended consequences and externalities that may result from programs. Therefore, trauma healing and social restoration must be led by local Congolese people, centered in African agency, local resilience, and capacity-building.

Recently many community-based organizations (CBOs) run by local Congolese people have been launched to respond to the complex and vast needs of their communities (Eastern Congo Initiative, 2011). In order for the psychosocial treatment and prevention programs mentioned above to succeed in a sustainable, culturally relevant way, they must be integrated into these existing local initiatives. Congolese CBOs often operate as holistic programs that offer shelter, food, economic training, counseling, and a variety of other services. These are systemic interventions which consider the multi-faceted needs of all people (including psychological, social, physical, and economic), and they have the highest potential for success in Congolese communities. Since the Congolese people are collectivist, interventions that make use of group therapy and focus on building up the entire community are to be encouraged.

One world-class example is a comprehensive health center in Bukavu called Panzi Hospital, founded by Dr. Denis Mukwege. Panzi has been recognized internationally for its bold and innovative efforts to address the psychological and physical effects of sexual violence, most recently as Dr. Mukwege was honored as one of TIME magazine's 100 most influential people (Biden, 2016). Another program that has received international recognition is the City of Joy, "a transformational leadership community for women survivors of violence" (City of Joy, 2016). A joint project between Dr. Mukwege's Panzi Foundation and Eve Ensler's V Day, the City of Joy is a truly holistic center for healing and posttraumatic growth.

Another effort to integrate local efforts into purposeful action is the Mobile Clinic Program in South Kivu (Riedel 2014). The project reaches rural victims of sexual trauma by forming a collaboration of doctors, psychologists, community organizers that travel in mobile clinics (Reidel, 2014). They utilize traditional grieving and healing rituals, contemporary medicine, and vocational training to support the survivors' psychosocial, physical and economic

development – promoting holistic healing. They also conduct community sensitization workshops to decrease the cycle of violence, training for social assistants, and aid in reintegrating former child soldiers (Reidel, 2014, p. 269). They report having served over one thousand survivors in the pilot program, a model that is intended to be replicated by local leaders across the country. It is conducted from an *ubuntu* value-system, seeking to reinstate the social bonds that have been broken by empowering local people. These efforts could be bolstered by including “intense promotion of gender equality as a part of public education”, in order to undercut gender inequality and prevent the hyper-masculinity of sexual violence (Promundo, et al., p. 69). There is a need for a new socialization of gender roles for both men and women in Congolese society, including programs for women’s empowerment (Hersh, 2015).

Community psychology interventions are typically carried out by non-professional community helpers, who may function at least as effectively as professionals (Edwards 2014). One Congolese woman interviewed by Refugees International works with a local NGO that assists survivors of sexual violence who have been displaced by conflict. She reported feeling “overwhelmed by the work she was doing, and yet she was the only one able to respond” (Hersh, 2015, p. 23). She strongly voiced the need for more training on psychosocial counseling and support for CBOs like the one she works with (Hersh, 2015). Programs that train local social workers and CBO employees to provide emergency psychosocial care could be an invaluable way to fill in the mental health care gaps in the DRC. Building out the response of CBOs by bolstering their effect on mental health, through prevention, intervention, and recovery programs, could make all the difference for millions of resilient Congolese survivors. African psychologists may lead the world in developing psychosocial healthcare that integrates a diverse group of caregivers, emphasizing collaborative networks. In order to combat the interconnected facets of

sexual violence and conflict, an equally systemic intervention of cooperative networks could prove incredibly powerful.

CONCLUSION: AFROCENTRIC, ECOSYSTEMIC NETWORKS OF HEALING

In conclusion, this paper has shown a promising direction for the trauma healing of sexual violence survivors through African-led initiatives that are systemic, *ubuntu*-driven, and utilize multi-modal networks. The next steps in this process are to increase funding and support for African research efforts and local CBOs such as those mentioned above, prioritizing the agency of Africans. One promising research center could be established at Makerere University, which is developing an interdisciplinary psychological trauma center to address the trauma issues of East Africa, including Congo. This will be a place of collaboration for community leaders in the area to receive training and conduct necessary research (Riedel 2014). Currently, the center is searching for funding in order to launch a five-year pilot program and begin training local East African practitioners as professionals in psychosocial trauma rehabilitation. The launching of this center would be exactly what East Africa, including eastern Congo, needs to embark on a new African era of competent psychosocial trauma healing and post-trauma flourishing. A research center like this is needed to conduct large-scale, Afrocentric research to discover the actual nature of Congolese trauma and the best strategies to address it.

Building on a baseline of local research, the goal of healing approaches is to restore the *ubuntu* of the community where it has been shattered and fragmented. The research explored above has pointed toward a methodology that is led by African researchers and creates collaborative networks of psychosocial intervention. Partnerships between African researchers and practitioners on the ground must be forged in order to carry out research and implement care

through local CBOs and community structures. This could include implementing Western trauma-informed CBT for both adults and children, but not stopping there – creative and embodied therapies should be explored, as well as community development and reconciliation strategies. Psychosocial and public health initiatives are part of a larger network of initiatives that address the systemic factors affecting the psychosocial health of sexual violence survivors. Care should be taken to seek out CBOs that recognize gendered aspects of power in the local communities, and to search for community healing rituals that will bring the women and men who have been shunned back into their communities. The restoration of African *ubuntu* through collaborative networks, in systems fashion, is the trajectory of Congolese trauma healing. An abundance of Congolese survivors of sexual violence, researchers, and local community leaders are eager to lead this initiative, and the global community should commit to support their ultimate goal of promoting renewal in eastern Congo.

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Appendix: Faith and Scholarship

My particular intersection of faith and scholarship has been latent in me for most of my life, but in the last several years I have learned how to more fully articulate and en flesh my attitudes toward scholarship. I come from a background of non-denominational evangelical Christianity, and most people in my community shared very similar, conservative views on religion. But unlike many other Christian scholars I know, my intellect and academic efforts were always highly encouraged by those around me, and I was expected to rise to a high standard. In terms of faith, I have always had a yearning to experience more of the diversity the world had to offer, and I was not completely satisfied with some of the traditional beliefs I held. I knew that my experience of the world was very limited, and I came to SPU hoping to encounter more of this diversity and stretch my worldview to fit it. Here I was exposed to more and more difference within the Christian faith and outside of it, and I began to wrestle with some of the beliefs I had held from childhood. At SPU I was able to confront the cognitive dissonance in myself between some of my theological beliefs and their implications in the world, and I came to a place of more wholeness and integration.

I now consider my Christian faith to be much more progressive, and I have come to resonate with the Mennonite tradition because of its emphasis on peace and justice. My faith has always been centered around the issues of poverty and injustice around the world, and although I am uncertain about many things, I believe strongly that God is deeply concerned with people who are suffering and oppressed. Because of this, I also resonate with liberation theology, a contemporary constructive theology that seeks to call attention to the massive injustices against the poor and to work toward their liberation. Liberation theology comes from the voices of the oppressed in the Global South, and I believe it is about time that their unique perspective is heard

and prioritized. My faith is informed by Christian tradition and contemporary constructive theology, centered around the love of God and others. God as Trinity embodies a community of love, and God imbues humanity with the identity of Beloved by choosing to passionately love us and give of Godself sacrificially. God has also created humans to exist in an interconnected and interdependent web, and as Mother Teresa once said, “we belong to each other”. We are all brothers and sisters on this earth, and God commands us to love one another above all else. God created us to be intentionally diverse, and we can only have true unity when we are not all uniform. Although the world has been broken and divided by the forces of oppression and evil, God is working to bring the world back to the kingdom of *shalom*. I believe that my scholarship should amplify non-western and diverse voices who have traditionally not been heard, because we cannot have a full and true picture of reality without them. I also believe that my scholarship should ultimately be put to action in the world, and I will never be satisfied to stay in an ivory tower of theoretical contemplation. My scholarship must combine head, heart, and hands in order to truly fulfill what I believe to be my purpose in the world, which is loving others and passionately pursuing the vision of *shalom*.

One of the models of scholarship that I resonate with is Anabaptist/Mennonite scholarship, with its emphasis on peacebuilding, conflict resolution, and social justice. David L. Weaver-Zercher characterizes the ethos of Anabaptist scholarship as “a keen interest in recognizing, evaluating, and addressing the needs of the world’s most vulnerable people” (113). This is my main concern in scholarship as well (reflected in my discipline of Global Development), and I direct all of my scholarly efforts toward real-world problems and people. I admire Mennonite scholars like John Paul Lederach, a researcher who has extensive international experience working in conflict areas. He has combined theory, research, and practice in his life,

and he uses his work in the world to inform his research (and vice versa). Mennonite scholars tend to let their concerns about peace, economic justice, and the world's vulnerable to drive their scholarship, and I want to follow in their footsteps. Mennonite scholarship intersects strongly with social justice scholarship, the kind championed by Martin Luther King, Jr. and Dorothy Day. This type of scholarship "seeks not merely to comfort those in pain but to change the world so there will be less pain to experience" (92). This is the drive beyond my academic efforts, and I would confidently place myself within the social justice scholarship model.

I have always approached education and scholarship from a practice-oriented viewpoint, and my ideal goal is to follow the school-practitioner model, embodied by John Lederach (as discussed above). I also find a model to emulate in Paul Farmer, whose extreme lifestyle and radical devotion to the world's poor is explored in Tracy Kidder's *Mountains Beyond Mountains*. Paul Farmer is a highly trained medical doctor who spends most of his time in developing countries with the poorest of the poor. Kidder notes that for Farmer, "The central imperative of liberation theology – to provide a preferential option for the poor – seemed like a worthy life's goal" (81). As noted above, I am also motivated and informed by liberation theology, and I identify with Paul Farmer's urgency and passion. I believe that Jesus had a strong concern for the poor and oppressed, and it is because of his command and the radical equality of the Spirit that I believe in liberation theology. Although I would like to employ more balanced self care techniques than Paul Farmer does, I see a lot of my own sense of outrage against injustice and zeal for serving others in him. Although I want to be moderated by research and reason, I hope to never lose my idealism and identification with the sufferings of the poor and the necessity to work for their liberation. I believe it is my responsibility as a follower of Jesus and a human being to dedicate my life to serving others, working for equality, and alleviating suffering.

A third model that I find fascinating is empathic scholarship, a way of studying the world, people, and objects without objectifying them. Jacobsen and Jacobsen discuss this concept in their work *Scholarship and Christian Faith: Enlarging the Conversation*. Empathic scholarship stands in stark opposition to the Orientalism and racist pseudoscience of the Enlightenment and the colonial era, wherein other human beings were considered objects to be classified and therefore manipulated. Empathic scholarship focuses on uncovering our fundamental interdependence, highlighting our interconnections, and shortening gaps between the knower and the known. I believe that our scholarship should be a respectful partnership with others who are different from us. Often, the answers are already there if we will only look for them: “empathic scholarship seeks to elicit from the world the answers to questions that already exist in the world” (127). By focusing our intense, empathic, and compassionate attention on humans and the natural world, we can view them as partners in the process of scholarship instead of static objects to be studied. From there we can discern the practical questions that need answering and work together toward solutions that make a real difference for the poor, vulnerable, and oppressed. This is the ultimate reason I decided to pursue my education. Through my classes – in global development, sociology, theology, and psychology – and my involvement with the John Perkins Center, I have learned the deep value of mutuality and partnership in our efforts with others, and I believe this includes our work in both development and scholarship.

I have always believed that my education should be for the purpose of action in the world, but as I have studied at SPU, I have come to recognize the deep value of research and preparation *before* action. There are too many western idealists and enthusiastic evangelists who have started programs halfway across the world without doing the proper research, and their efforts have often caused more harm than help. I have worked with several non-profits in the last

few years and I have learned to admire initiatives that are grounded in deep preparation, informed by research, and carried out responsibly. I have also learned that complications and difficulties arise when a non-profit is formed hastily and programs are started without much preparation or research. When I was in my first year at SPU, I often had the longing to move to Africa, driven by compassionate identification with suffering. I was frustrated as I sat in my University Scholars classes, discussing theories and literature that I did not find meaningful or relevant to the only thing that mattered to me: the suffering of people, my brothers and sisters, in the world today. As I have traveled internationally and continued my honors education here, I have come to deeply appreciate my later UScholars courses – especially the courses on modernity, faith, and science – and the way they have shaped my understanding of the modern world. I have also come to value preparation and education more than I ever did before, recognizing that I still need to apprentice myself to others and learn many more skills before I attempt to engage the world’s problems responsibly. In my interdisciplinary major Global Development Studies, I have been able to see how action flows naturally out of faithful scholarship. Within the global development field, there is a growing amount of work that specifically connects scholarship to practice by focusing on program evaluation and measurement. I have seen that we should be using locally-derived research to determine what actually works in development, and then build our programs on that research. If we want to truly and effectively enhance the lives of the poor, instead of just making ourselves feel better or more compassionate, we must put in the work of preparation, local knowledge, and research to find out what really works for the people who suffer.

In my academic work, situated within Global Development Studies, I merge my beliefs about faith and scholarship by pursuing projects on psychosocial trauma, conflict, and peace, and

I almost always include a recommendation component that proposes action. I do not find it difficult to blend my spirituality, focused on justice and liberation, with my discipline of Global Development, and I have sought to integrate these aspects of my identify. I believe in the theological necessity of diversity and unity, and therefore I seek to partner with others who are different from me to solve problems in the world. I believe in Jesus' preferential option for the poor, and therefore I devote my life to identifying with the oppressed and working alongside them to reduce their suffering and vulnerability. I believe in the interconnection of all humankind in God, and therefore I work toward a reconciled future, growing out of a moral imagination that creatively looks for the "third option" that others may not see. I seek to be holistic and integrated in my mind, body, spirituality, scholarship, and practice, and my beliefs strongly influence my practical action in the world. I know I am here to identify and stand with the oppressed, and this core value will guide everything I do in my scholarship-driven practice. It is my human and moral responsibility to live as a scholar-practitioner in a world where relationships are broken and yet have the powerful potential to be reconciled and transformed.