

# Traumatic Loss and Healing in the Abagusii Culture in Relation to the Western Perspective

Lawrence Machogu<sup>1</sup> and Joyzy Pius Egunjobi<sup>1,2</sup>

<sup>1</sup>.Department of Counselling Psychology- The Catholic University of Eastern Africa, Nairobi, Kenya

<sup>2</sup>.Psycho-Spiritual Institute of Lux Terra Leadership Foundation, Nairobi, Kenya

**Abstract:** People across the world do experience loss. But loss is experienced differently just like it impacts on people differently. When the magnitude of the loss is high, then a traumatic outcome is likely to happen. This research sought to assess how traumatic loss was caused and treated in the indigenous Abagusii culture of Kenya and implications during the Western Missionaries presence. The study adopted a phenomenological design. Using convenience sampling, a sample size of 16 Gusii cultural experts women and men were included in the study. Qualitative data were collected using focus group discussion guide to obtain data about trauma causes, detection, and treatment. Data were analyzed using thematic and content analysis. From the findings, trauma was caused by witchcraft, wars leading to loss of property and loved ones, violation of cultural taboos, calamities and natural and super-natural factors. The Gusii indigenous trauma treatment procedures was effective in the extent it employed indigenous procedures, interventions and cultural experts. Among ways identified for trauma treatment were provision of basic needs and empathy, rituals and libations to appease God / spirits, incision, pouring water on head of the trauma-tormented persons. Also, purification and integration of repented evildoers back to the families and community, prescription of herbal medicines and social support from peers and experts, among others.

**Keyword:** Traumatic Loss, Trauma, Healing, Traditional Healing, Western Healing, Culture, Abagusii, Gusii

## I. INTRODUCTION

Threats and trauma events are perceived as traumatic based on the individual's culture context and capacity to integrate such events into one's experiences. Psychological trauma is a wound caused by a tragic and sudden demeaning events or attacks whose negative impact on persons is deep and lasting. It is believed that people differ in the manner of managing stress and trauma in life (Egunjobi, 2021). No two people react to stressful, traumatic events in the same way (Egunjobi, 2022). While one victim may bear the ability to cope with traumatic situations productively, another may not be in a position to deal with similar circumstances. Trauma victims who may have experienced emotional childhood trauma in the form of an abusive parent or loved one, may have deep and long-lasting effects later in life.

Traumatic events disrupt both the sense of self and the assumptive world of the bereaved, and the bereaved may struggle with a number of challenges in which they manage their emotional distress and engage in intense cognitive processing of beliefs, goals and life narratives (Johnsen & Afgun, 2021). Trauma is a widely acknowledged problem facing both individuals and communities in the world all over. Population-based studies in the US show that unexpected death of a loved one is the most frequently reported potentially traumatic experiences. Both national and international studies show that sudden, unexpected and violent losses increase the risk of prolonged grief (ICD-11, 2017), which again can cause comprehensive health problems, with

consecutive reduced quality of life and impaired functioning. After expected losses, about 10–15% of bereaved develop prolonged grief (Lundorff et al., 2017), compared to 30–70% of bereaved after sudden and violent losses (Johnsen, & Afun, 2021).

Previous studies indicated the presence of emotional distress and psychiatric disorders among adult disaster victims. For instance, psychiatric disorders, such as post-traumatic stress disorder (PTSD) or major depressive disorder, increased in the aftermath of earthquakes in Italy, China, Turkey, and Southeast Asia. Survivors of natural disasters also experience enormous stress, due to relocations and the loss of families, communities, and properties (Kukihara et al. 2014). Simwaka and Peltzer (2007) observed that in many cultures the victims of traumatic loss, or bereavement are always kept in close watch by relatives so that they do not harm themselves due to trauma experienced as a result of loss of property, and / or loss of loved ones. The families offered support, counseling and the basics like food and firewood.

Traditional Chinese health beliefs with their roots in Taoism, Confucianism, and Buddhism to cope with Chinese exposed to traumatic events (Zheng & Gray, 2015). The European countries have a long history of exposure to large-scale trauma. Mass traumatization was related to military conflicts associated with European colonialism, or conflicts in other continents where European military forces were involved in conflicts. The largest historical burden of trauma in Austria, Germany and Switzerland was from World Wars and the Holocaust. The prevention of trauma in different settings remains a challenge. Recently, initiatives in all three German-speaking countries addressed the problem of institutional violence through in foster care settings. More efforts are however needed to implement preventive efforts and bodies like the childhood sexual abuse (Carmassi & Bui, 2021).

Mburugu (2020) found that widows cope better with grief than men. Women seek for loss and grief counselling services more than widowed men. The men also take more time to grief than women who prefer to share their trauma and grief with other widows through social support groups. In addition, younger female widows sought professional counselling than older widows. Tarigo (2020) found that the coping strategies used to cope with trauma among medical workers were praying/meditation/mindfulness, reading, sports or exercising, and peer support.

The Abagusii, also called the Gusii, or the Kisii are a Bantu-speaking people primarily found in south western Kenya whose roots are in the North; a region they call the Congo or “Misri” some 500 years ago. The Gusii are a highly diverse East African ethnic group and nation, indigenous to Gusiiland; formerly Kisii and Nyamira districts of former Nyanza as well as parts of Kericho and Bomet counties of the former Rift Valley province of Kenya. The Abagusii population was at 2,703,235, and the seventh largest ethnic group in Kenya as per the 2019 statistics (Wikipedia contributors, 2023, February 19). After several migration routes of separating with their brethren, the Maragoli, the Kuria and the Suba; they finally settled in the present day Nyamira and Kisii counties, of Gusii Highlands. They neighbor with the Maasai, Luo, and Kipsisgis. Traditionally the Abagusii had diviners, medicine men, prophets, rainmakers, priests among other professionals with distinguished roles, all assigned for the wellbeing of the community. They majorly engage in farming but also animal husbandry.

Sanou (2017) confirms the Gusii peoples’ belief that witchcraft accusations are a traumatic experience both for the accused and their relatives, especially in contexts where witchcraft is thought to be inherited. These are individuals considered to manipulate natural forces and even cause death for jealousy and for retaliation. The Gusii believed in some people possessing evil powers, thus they were believed to be behind human misfortunes. Whenever this happened, it prompted the use of spiritualized measures by inviting in experts to tackle them; because the belief was some persons were capable of manipulating natural forces to create panic, harm- sickness or even death. Another element of humanly caused evils and trauma was ethnical wars and disputes. The Gusii and neighbors fought for animals and boundaries control, this in return triggered trauma through rape of women, loss of property and loss of life as well.

The Gusii culturally didn’t have assessment tools for screening trauma. However, their experts used observation and expertise. Physical illness linked with nature was treated by incisions to remove bad blood from veins, so as

to relieve pain from the victim especially headaches. The other strategy they used to treat illnesses with natural causes, included steam inhalation of concoctions from herbs. The Gusii culture relied a lot more on medicinal herbs, leaves, barks, and roots of certain herbal trees. They used to boil them, make the herbal solution, then consume orally as per healers' prescription. Others were dried and ground well, and finally used as medicinal powder. Some leaves were used to steam bathe with for healing sickness traumatized patients.

Despite the positives in the indigenous psychotherapy above, there isn't much effort in place to help other category of traumatized cases, for example rape. The indigenous Gusii culture which is purely patriarchal, is accused of discriminatory treatment; tolerated female circumcision, "undisclosed incest" and polygamy. The indigenous approach gives more attention to physical wellbeing, with less emphasis on the emotional care of all trauma-related person and the persistent reported cases of witchcraft over the years

## II. Research Objective

To assess the Abagusii culture's indigenous understanding of sources of traumatic loss and healing intervention.

### Research Questions

1. What was the indigenous understanding of traumatic loss, and causes?
2. What cultural interventions and measures did the experts use in trauma treatment?

## III. Methodology

### Research Design

The qualitative phenomenological design was used in this study. With a convenient sampling technique, data was collected from 16 Gusii cultural experts, (i.e., 9 women and 7 men), with lived experience, with the help of semi-structured interview. The use of qualitative methods for this study facilitated the gathering of data narratives related to culture and experience of the participants. Themes which emerged based on the questions amongst the study participants were descriptively and thematically analyzed.

### Demographic Information of the Respondents

*Table 1:*

*Gender Distribution of Respondents*

	Frequency	Percent
Female	9	56.25
Male	7	43.75
Total	16	100.0

### Findings

The results of the transcribed focus group discussion data were presented in this study. The participants' responses captured in thematical and content narration are used to support the findings.

### The sources of trauma;

Majority of participants pointed out on the sources of trauma as;

1. Complicated illnesses, witchcraft and tragedies caused by (natural and supernatural forces)
2. Violation of taboos and cultural values (going against ancestral spirits)

3. Calamities and Wars (rape, death of people, animals, loss of properties).

**Table 2: Content Analysis on Causes of Trauma**

<b>Causes of trauma</b>	
<b>Main Theme</b>	<b>Sub-Theme</b>
Long-term sickness& Witchcraft	<ul style="list-style-type: none"> <li>• Trauma was caused when an individual or a family suffered a long-term sickness</li> <li>• Tragedies and mental illnesses associated with witchcraft and curses</li> </ul>
Violation of cultural taboos& Failing to use ancestor names	<ul style="list-style-type: none"> <li>• Transgressing cultural prohibitions</li> <li>• Got married within the clan</li> <li>• Insulting parents</li> <li>• Cursing spirits of the ancestor</li> </ul>
Calamities and tribal wars	<ul style="list-style-type: none"> <li>• Children being orphaned</li> <li>• Women widowed,</li> <li>• Destruction of livelihoods; food, water, livestock</li> <li>• Houses are burnt and people become homeless. Deaths</li> </ul>

*Treatment of trauma;*

Most of the participants acknowledged that treatment of reloaded loss due to trauma was crucial; whether it was a threatening one- time trauma or repeated trauma -regardless of the causes. Treatment was normally intentioned for an individual, the family and community as well.

**Table 3: Content Analysis on Treatment of Trauma**

<b>Treatment of trauma</b>	
<b>Main Theme</b>	<b>Sub-Theme</b>
Empathizing with the grieved	<ul style="list-style-type: none"> <li>• Visit the grief-stricken families and individuals for empathy and warmth</li> <li>• Provide grieved family them with human basic needs like, water, foodstuff, firewood, cook for them and sweep houses and compound during the mourning period</li> </ul>
Organize for social support	<ul style="list-style-type: none"> <li>• Offered counseling and social support, and security/ protection</li> <li>• Organize age-mates of the deceased and/ or age –mates of the bereaved, and/or other counselling professionals to console the family</li> </ul>
Herbal medicine	<ul style="list-style-type: none"> <li>• Administering herbal treatment to people with skin itching, stomachache and fever</li> <li>• In case herbal medicines fail, the affected were advised to seek help from religious leaders.</li> </ul>
Reconciliation & Naming	<ul style="list-style-type: none"> <li>• The priest and village elders offered reconciliation between feuding persons, warring factions and ethnical tensions bringing</li> </ul>

---

	harmony to an individual, family and community at large
Divine intervention	<ul style="list-style-type: none"><li>• The diviners in collaboration with cultural experts do we did rituals of dedication</li><li>• Priests poured cleansing libations/ sacrifices at shrines</li></ul>
Integrating offenders back to the community	<ul style="list-style-type: none"><li>• Integrating the forgiven evil-doers back to families and community</li><li>• It is painful and traumatizing when bodies are not recovered; it was comforting when families view corpse.</li><li>• Fear of being haunted by the spirits of the dead when they are not buried properly</li><li>• Descent burying of the war fallen heroes</li></ul>
Dignified burials	

---

#### IV. Discussions

##### *On the sources of traumatic loss*

The study was to explore the Abagusii culture's indigenous understanding of the sources of traumatic loss and treatment interventions. Some participants pointed out on traumatic loss as being caused by witchcraft and calamities linked with supernatural forces (the deity and spirits- good and evil). These findings are in agreement with the study by (Asamoah 2015) that there is an undeniable connection between the material and spiritual worlds. This worldview supports the idea that there are spiritual reasons for ordinary everyday occurrences. Because sacred and secular realities are inseparable in African traditional beliefs, it is a common practice to attribute the misfortunes that happen to people to supernatural powers. Sanou (2017) study also supports our research findings by ascertaining that witchcraft accusations are a traumatic experience both for the accused and their relatives, especially in contexts where witchcraft is thought to be inherited.

Some participants reported ethnical wars as the source of traumatic loss in animals, house burning and/or property, and loss of human life and sometimes rape. Tribal wars among communities was driven by theft of livestock- for prestige, food and boundary control. However, it led to serious traumatizing consequences of being orphaned and widowed. This research results agrees with Murthy (2006) who found out that, among the consequences of war, the impact on the mental health of the civilian population is one of the most significant. Studies of the general population show a definite increase in the incidence and prevalence of mental disorders. Women are more affected than men. Other vulnerable groups are children, the elderly and the disabled. The use of cultural and religious coping strategies is frequent in developing countries.

The Gusii people and Africans at large were known to be brothers' keepers. However, there existed inter-personal/ inter-family forms of animosity and fights besides the ethnical wars; all of which were considered a taboo to pour the blood of fellow kinsman. Any blood shed because of conflict traumatized both the wounded and the offender. Endless fighting and conflict as lived experiences, create significant mental ill-health to families and communities all over. Our research findings are consistent with (Musisi, 2020) results; that trauma, especially war-related mass trauma, is endemic and enigmatic in Africa stretching over 600 years. The 400+ year (1,451 to 1,870) history of the trans-Atlantic slave trade was associated with incessant slave raids which fueled age-old ethnic rivalries and migratory movements on the continent.

A section of participants in this study narrated violation of cultural values and/or taboos as responsible in attracting punishment on individuals, families and entire land. This study is in agreement with (Anedo 2019) research which stated that violation of taboos has been seen as agent of disintegration and its observation means progress in nation's socio- political life. The breaking of taboo in the entire Gusii society usually required banishment of the offender from the community or some sort of ceremonial purification. It is prescribed when a person has succumbed to malignant disease, such as leprosy or small pox... or when a man dies when wife is

being buried. Man's conscience had always instructed him, that there are certain things which are forbidden and he was to abstain from in order to have peace. Such things which are forbidden and must not be done are taboos, and any violation of a taboo was considered to be next to committing a sin.

### ***On the cultural indigenous intervention***

This study was also interested to know the Gusii culture indigenous trauma intervention approaches. Some participants pointed the roles of women and experts in accompanying the bereaved families in grief, with social support and empathy. They sighted talking to them and counseling as intervention skills. Journeying with and provision of basic needs to families with terminally sick persons. This research is in agreement with (Lotte, 2020) – a UN based study, which found out that women in the military use a range of strategies to mitigate these taboos and stigmas, including sharing information with their family and friends, working harder to prove themselves, and avoiding certain situations. They also turn to informal and formal support structures, when addressing discriminatory and sexualized behavior of UN- based taboo-traumatized military women.

Some participants narrated of prescription and multiple forms of application herbal medicines, exorcism, and cleansing homesteads and dedication of remnants (persons, animals, fields etc.) after misfortunes. Traditional medicine is an important component of the health care system of most developing countries. The findings on herbal treatment resonates well with (Boadu, 2017, whose study showed that the herbal medicines were used for treatment and management of both common ailments (e.g., cuts, foot root) as well as the more specialized diseases such as stroke, diabetes, cancer, and stomach ulcer. Herbal medicines were reportedly used for treatment and management of 42 diseases and ailments in Ghana alone.

The other angle of intervention of trauma was when priests offered libation and sacrificial rituals to God and the spirits at shrines to appease the deity and repel evils. According to the Mpangu people of Congo and the Gusii in this study agree on the ideal of harmonious. And on how life is repeatedly disturbed by unsettling events, such as death and illness, conflicts among members within the clan, childlessness (in women), failure of all kinds (in men) and various misfortunes which befall the community. Our findings concur with the (Kitewo, 1998) study that, Religious and healing rituals are therefore enacted in order to restore a harmonious balance.

While other participants said of fetching of the bodies of fallen war heroes for family/ community viewing and descent burials to be trauma treatment skills. Offering counseling and treatment to victim- survivors. Provision of Socio- material support to such families by age-mates. The bodies of people who die during armed conflict or situations of violence falling below the threshold of armed conflict – or who have perished in disasters or in the course of migration – must be handled respectfully and their dignity protected; and the remains of unknown individuals must be identified. The National Human Rights Commission- India (NHRC-2021) in its advisory reports to be in agreement with our study findings that, to disregard treatment to the dead might be failure, but it might also show a lack of respect for the dead, and disregard the rights and needs of their relatives and prolong their suffering. Religious rituals that do not require touching of the dead body may be allowed such as reading from religious scripts, sprinkling holy water, et cetera.

### **African Indigenous Trauma healing Vs. Western worldview**

African scholars view a person from a socio-centric perspective because a person is part of the bigger whole. An individual is an individual in as much as he or she belongs to others in the community. The African view thus understands trauma to be a problem that affects the whole person and the whole community. Western philosophy, on the other hand, understands a person as single entity and distinct; to them, a person is simply composed of soul and body and that trauma is a thing of the mind (Vanessa, 2013).

In the African worldview, and more so in the Gusii culture, life is perceived as holistic rather than being fragmented. A human being is regarded as complete person whose core is his or her spirituality - there is no distinction between spiritual or secular in many African communities. Contrary to the individualistic approach

of the Western worldview, African people tend to view life communally. One is part of the whole, the whole is represented in a part (Vanessa, (2013). Another unique and interesting element in African psychotherapy lies in the great respect it accords to understanding and working in line with the spiritual view of the people (Nwoye, 2002).

## V. Conclusion

This study covered psychotherapeutic concerns that are psycho-spiritual and multicultural in nature; pitting the indigenous African approach of trauma healing and the Western worldview of psychotherapy. Many African cultures just like the Abagusii culture, seem not to have the conventional terms of psychotherapy like trauma, PTSD and theories, and tools like DSM and others; however, whenever traumatic losses occurred and the state of harmony and wellbeing disrupted, there were strategies that the Gusii culture put in place to deal with such traumatizing occurrences. The causes of trauma were categorized into human, superhuman, and natural factors. For the Gusii, manifest ways of trauma and traumatic losses were evidenced through grief due to terminal sicknesses, bereavement, reloaded calamities, cattle rustling, wars and many others. Unlike the Western psychotherapy, where patients are viewed as subjectively as separate entities, the African psychotherapy looks at a patient and offers him/her help as a member of the community (Ubuntu spirit). The African spirit and practice is communal-concern to seek healing for one- for all. The local people had experts ranging from diviners, medicine professionals and licensed sorcerers. They diagnosed trauma through observation and expertise, recommended treatment, emotional support, offered (prayer-rituals, and libations- at shrines) to God /gods /and ancestral spirits, to bring healing to individuals as well as integration for communal stability. Having covered the African indigenous psychotherapy (specifically on the Gusii culture), we feel a lot still need to be done with the African contemporary psychotherapy for traumatic healing, since trauma is an experience which over a long period of time becomes complicated to handle properly.

## References

- [1.] Allwood, C.M. (2006). Origins and development of indigenous psychologies: An international analysis. *International Journal of Psychology*, 41(4), 243-268.
- [2.] *American Psychiatric Association*. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- [3.] Anedo, A. & Onukwube, A. (2019). Violation of Taboos among Igbo People of Nigeria: Socio-Political Implications. ResearchGate. <https://www.researchgate.net/publication/335224288>
- [4.] Asamoah-G. & Kwabena J. (2015). Witchcraft Accusations and Christianity in Africa. *International Bulletin of Missionary Research* 39(1)no. 1 (January): 23-27.
- [5.] Benner, D.G. (1998). *Care of souls: Revisioning Christian nurture and counsel*. Grand Rapids, MI: Baker Books.
- [6.] Boadu, A. A. & Asase, A. (2017). Documentation of Herbal Medicines Used for the Treatment and Management of Human Diseases by Some Communities in Southern Ghana. *Department of Plant and Environmental Biology, University of Ghana*
- [7.] Boyatzis, R. E. (1998). *Transforming qualitative information: thematic analysis and code development*. London: Sage.
- [8.] Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3 (2), 77-101
- [9.] Carmassi, C. & Bui, E. (2021). Validation of the Italian version of the peritraumatic distress inventory: validity, reliability and factor analysis in a sample of healthcare workers. *European Journal of Psycho-traumatology* 12:1
- [10.] Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among the traditions*. Thousand Oaks, CA: Sage.

- [11.] Creswell, J. W., Vicki, L. & Clark, P. (2011). *Designing and conducting mixed methods research*, (2nd Ed.), Sage, Publications, Inc.
- [12.] DSM. Psychiatry.org - DSM. (n.d.). Retrieved March 29, 2023, <https://www.psychiatry.org/psychiatrists/practice/dsm>
- [13.] Egunjobi, J. P. (2022). Child Sexual Abuse and Child Response Styles. <http://doi.org/10.13140/RG.2.2.22085.12006>
- [14.] Egunjobi, J. P. (2021). Child Response Styles to Parenting. *International Journal of Research and Innovation in Social Science*, 5(12) 448.
- [15.] Egunjobi, J. P. (2019). The Yoruba psycho-spiritual heritage and its implication for counselors. In Okpalaenwe, Elizabeth Ngozi (Ed.). *Psycho-spiritual Practices in African Communities*. Kenya, Nairobi
- [16.] Gay, L. R., & Airasian, P. (2000). *Educational research: Competences for analysis and application* (6th ed.). Upper Saddle River, NJ: Prentice Hall.
- [17.] Hakansson, T. (2006). Culture summary: Gusii. HRAF. <https://ehrafworldcultures.yale.edu/document?id=f108-000>.
- [18.] Heeke, C., Kampisiou, C., Niemeyer, H., & Knaevelsrud, C. (2017). A systematic review and meta-analysis of correlates of prolonged grief disorder in adults exposed to violent loss. *European Journal of Psycho-traumatology*, 8(sup6), 1583524.
- [19.] Ivey, G., & T. (2008). The psychology of bewitchment (Part I): A phenomenological study of the experience of bewitchment. *South African Journal of Psychology*, 38(1), 54-74.
- [20.] Jean, D. M. (2012). *The ripple effects of trauma. Victims, perpetrators and criminal justice systems*. Carolina: Spinfox Press.
- [21.] Jean, E. W. (2017). Burnout, Coping and Suicidal Ideation: An Application and Extension of the Job Demand-Control-Support Model, *Journal of Workplace Behavioral Health*, 32(2), 99-118
- [22.] Johnsen, I. & Afgun, K. (2021) Complicated Grief and Post-Traumatic Growth in Traumatically Bereaved Siblings and Close Friends, *Journal of Loss and Trauma*, 26:3, 246-259
- [23.] Kitewo, A. M. (1998) Healing rituals as an expression of religious thought among the Mpangu, Congo Kinshasa. ProQuest LLC (2017)
- [24.] Kukihara, H., Yamawaki, N., Uchiyama, K., Shoichi Arai, S. & Horikawa, E. (2014). Trauma, depression, and resilience of earthquake/tsunami/nuclear disaster survivors of Hirono, Fukushima, Japan. *Psychiatry and Clinical Neurosciences*, 68. 524–533.
- [25.] Levers, L. L. (2006). Traditional healing as indigenous knowledge: Its relevance to HIV/ AIDS in Southern Africa and implications for counsellors. *Journal of Psychology in Africa*, 16,87-100.
- [26.] Losi, N. (2000). *Psychosocial and trauma response in war-torn societies: The case of Kosovo*. IOM
- [27.] Lotte, V. (2020). Woman First, Soldier Second: Taboos and Stigmas Facing Military Women in UN Peace Operations. by *International Peace Institute*, 2020 [www. ipinst.org](http://www.ipinst.org)
- [28.] Mburugu, M. (2020). Loss and grief counseling as a coping mechanism of widowhood: A comparative study of widowers and widows in Meru County Kenya. *International Journal of Psychology and Counselling*, 12 (4)109-114.
- [29.] Merchant, N. (1997). Qualitative research for counselors. *Counseling and Human Development*, 30, 1-19.
- [30.] Miller, D. C., & Salkind, N.J. (2000). *Handbook of research design & social measurement* (6th ed.). Thousand Oaks, CA: Sage.
- [31.] Miranda, O. (2019). Facts on psycho-traumatology. *European Journal of Psycho-traumatology* 10:1
- [32.] Motsi, R. G., & Masango, M. J. (2012). Redefining trauma in an African context: A challenge to pastoral care. *HTS Theologiese Studies / Theological Studies*, 68(1).
- [33.] Murthy, R. & Lakshminarayana R. (2006). Mental health consequences of war: a brief review of research findings. *World Psychiatry*(1):25-30.
-



- [34.] Musisi, S. &Kinyanda, E. (2020). Long-Term Impact of War, Civil War, and Persecution in Civilian Populations—Conflict and Post-Traumatic Stress in African Communities
- [35.] National Human Rights Commission, India Advisory for Upholding the Dignity and Protecting the Rights of the Dead, 2021
- [36.] Nwoye, A. (2002). Hope-healing communities in contemporary Africa. *Journal of Humanistic Psychology*, 42(4), 58–81.
- [37.] Nwoye, A. (2005a). Memory healing processes and community intervention in grief work in Africa. *Australian and New Zealand Journal of Marital and Family Therapy*, 26(3), 147–154.
- [38.] Sanou, B. (2017).Witchcraft Accusations: Destroying Family, Community, and Church*Journal of Adventist Mission Studies*, 13(1), 33-43.
- [39.] Simwaka, A., &Peltzer, K. (2007). Indigenous healing in Malawi. *Journal of Psychology in Africa*, 17(1/2), 155-162.
- [40.] Tarigo, C. (2020). *Severity of Vicarious Trauma amongst Medical Workers at Kenyatta National Hospital, Nairobi, Kenya. Unpublished Masters' Thesis*, United States International University-Africa
- [41.] Vanessa, W. (2013) A socio-cultural understanding of trauma in Black Africans in KwaZulu-Natal
- [42.] Wikipedia contributors. (2023, February 19). *Demographics of Kenya*. Wikipedia. [https://en.wikipedia.org/wiki/Demographics\\_of\\_Kenya](https://en.wikipedia.org/wiki/Demographics_of_Kenya)
- [43.] Willis, J. (2007). *Foundations of qualitative research: interpretive and critical approaches*: Sage Publications, Thousand Oaks, CA
- [44.] Zheng, P., & Gray, M. J. (2015). Posttraumatic Coping and Distress: An Evaluation of Western Conceptualization of Trauma and Its Applicability to Chinese Culture. *Journal of Cross-Cultural Psychology*, 46(5), 723–736