

# Integrative Approaches to Trauma Work with Victims of Postelection Violence in an African Nation

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**ABSTRACT** *This article is written in the broad context of armed civil conflicts, genocidal wars, transportation accidents, tribal clashes and ritual killings, and the resultant mass trauma of political violence and the brutal and devastating ethnic hostilities that erupt with contested results of most political elections in Africa. The specific context was the terrible situation in which Kenya found itself in the aftermath of the conflicted Presidential Elections of December 2007. The article reports on a trauma counselling workshop that was organised for volunteers and aimed at preparing them to gain a uniform orientation and well-delineated perspective for working with victims of trauma and violence within the returnee university population. The paper presents integrated techniques of trauma work drawn from both African and Western healing traditions which formed the content of the revised invited address delivered by the author during the workshop. Copyright © 2013 John Wiley & Sons, Ltd.*

**Key words:** violence; trauma work; integrative approaches

## INTRODUCTION

The last forty years have come with incidences of armed civil conflicts, genocidal wars, transportation accidents, tribal clashes and ritual killings in many parts of Africa. The most devastating source of mass trauma among the general African population, however, is the political violence and the brutal and devastating ethnic hostilities that erupt with contested results of most political elections in Africa. This was the kind of scenario which Kenya, a country very well celebrated in the popular press as an island of peace in East Africa, found itself in, at the aftermath of the conflicted Presidential Elections of December 2007. Except for the timely intervention of the mediation process mandated by the African Union and led by a panel of eminent African personalities, comprising former President Benjamin Mkapa of Tanzania, former South African First Lady Graça Machel, and former UN Secretary-General Kofi Annan (as Chairperson), the effect of that violence almost tore the whole country apart as “Reports began emerging early on of killings, widespread looting, and the burning of property”

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(Gettleman, 2007, p. 1). The violence claimed 1000 lives, with a further 300,000 citizens displaced from their homes. As time went on, massacres, sexual violence, beatings, intimidation, and threats were also reported by the Human Rights Watch (2008). In this regard, while the original perception was that those from Kibaki's Kikuyu ethnic group in the Rift Valley, especially in the town of Kisumu, were the main targets of the violence, victims also came from at least four other ethnic groups: the Luo (in Nairobi), the Kalenjin (in Nakuru and Naivasha), and the Luhya and Kisii in less concentrated groups across the country (see Mwiandi, 2008). In Nairobi and its environs, where most Kenyan Universities and their allied Colleges were located, "the situation on the ground was serious, verging on catastrophic; the country collectively held its breath in suspense" (Lindenmayer & Kaye, 2009, p. 4).

This crisis took place when all the public universities in Kenya were closed to enable eligible staff and students to take part in the elections in their various local communities. The dilemma for universities, including my former university of affiliation, the Kenyatta University in Nairobi, became whether to remain closed indefinitely, or to reopen and risk endangering the lives of staff and students from the warring ethnic communities, who would now be thrown together in one compact space before the cessation of hostilities and return of national peace. In the end, the option taken was to reopen the university, after making effective preparations for attending to the possible psychological needs of the returnee staff and students. One of the major services that was planned for the returnees was the provision of trauma therapy and counselling, which was to be staffed by psychologists and counsellors drawn from relevant departments of the university. To brace for this challenge, requests for trauma work volunteers were made and those who offered to participate were recruited.

This article discusses one of the major psychosocial preparations that Kenyatta University had to make before considering itself ready to reopen the university for the January semester. The discussion is organised against the background of the fact that in preparation for reopening the university a Crisis Management Committee was constituted, with members selected from the staff of the psychological sciences departments and other relevant university centres and sections of the University Administration. The purpose was to advise management on what it needed to do to be ready for the possible psychosocial needs of the returning staff and students, who may have suffered severely from the violence. The psychosocial service programs recommended by the committee and approved by the university included the following, each manned by a team of volunteers:

1. Victims' Need Assessment and Referral Services Program
2. Community AID Centre and Outreach Program
3. Student Affairs' and Mentoring Services Program
4. The Chaplaincy Services Program
5. The Psychological Services/Trauma Counselling Program

During the reopening week, each of the program teams was required to mount a tent in designated locations within the university premises, where the returnees in need could access their services. Members of the psychological services/trauma counselling unit were to implement their clinical/counselling services initiative within the newly established university hotel, where some rooms for one-to-one confidential counselling were reserved to attend to the emotional needs of some returnee clients.

The Crisis Management Committee further recommended that the reopening process was to be systematised and staggered as follows: staff before students; students' leaders before the general students' population; and first years to return first, followed by the second and third years; and, last, the final and graduate students. Various psycho-educational speech initiatives were recommended to be given to the various groups of the returnees. The first was to be given by the Vice-Chancellor, followed by the Secretaries-General of the Staff Unions; and Secretary-General of the Students' Union. This psycho-educational speech program was planned to be presented to each set of the returnees (staff and students) on their distinct separate days. The key point of such speeches was to raise the consciousness of the returnee members of the university regarding their major role expectation to the entire nation, namely, to rise to responsibility and show the way, as the leading lights of the general population in the art of peaceful coexistence of diversity of peoples. Each speech was intended to underline the fact that this period in Kenya was – is – one in which all members of staff and students of the university must demonstrate to the wider world that the university is an enlightened community of students and scholars where the governing civilisation dictates the understanding that every member is welcome irrespective of race or tribe, or tongue or clime; and where ethnic prejudices must be treated as a disease to be avoided at all costs.

## **THE FOCUS OF THE PROJECT – AND THE ARTICLE**

In the end, all those recommended transforming and critical speeches took place as planned. Staff in the Psychology Department of the university worked to get the trauma counselling volunteers ready for the anticipated trauma work with the possible returnee staff and/or students' victims of the violence. The principal objective of the presentation to the volunteers was – and of this present article is – to show *how*, in striving to achieve success in bringing psychological support to the victims, it was considered advantageous to draw perspectives and techniques from both the Western and African healing traditions. Here the lesson intended was to show that the effective provision of care with victims of post-election violence must entail an effort not at politicking about whether to “go Western” or “go African” in search of healing methodologies to apply to the situation but, rather, to work out an integration of the relevant healing resources drawn from both traditions – and, similarly, this article aims to demonstrate this process of integration. It was and is not claimed that the result of such integration is particularly African.

As importantly, it is crucial to indicate that no attempt was made in the presentation to evolve a specifically Kenyan technique of healing the victims of the 2007 post-election violence. This was considered unnecessary, firstly because some of the returning staff and students of the university, who were predominantly indirectly affected by the violence, were not Kenyans. Furthermore, it was clearly known that even the Kenyans themselves, who made up most of the victim population, did not come from one homogeneous ethnic group. Based on these considerations it was not considered expedient to insist on searching for techniques that would be considered specific in dealing with victims from the different Kenyan ethnic groups.

Last but not least, the ten trauma work processes highlighted below were not given as, or even intended to be, aspects of one debriefing approach. Rather, they were presented as a variety of existing methods for attending to the needs of victims of post-election violence, other than debriefing practice. This means that the author duly recognises the fact that currently many practitioners have moved away from adopting only a debriefing approach to incorporate other

relevant methodologies such as witnessing (Orange, 1995; Poland, 2000; Igreja, Kleijn, Schreuder, van Dijk, & Verchucer, 2004; Reis, 2009); group work (Loewy, Williams, & Keleta, 2002; Beck, 2004); symbolic representation (Honwana, 1997; Hamber & Wilson, 2002; Igreja, 2003); memory healing (Nwoye, 2005); and even the practical approach (Nwoye, 2005).

The members of the psychology and other related departments of the university who constituted the counselling volunteer group were also of a highly heterogeneous nature, both in terms of their level of professional preparation and their experience in the field of counselling and psychotherapy. They included members of the academic staff and counsellor trainees of the Department of Psychology, as well as the few available professional staff members of the University Counselling Center, and members (students and staff) of the university peer counselling initiative, plus some volunteer staff from the departments of Educational Psychology, Sociology, and Religious Studies who had some background in counselling. This gave rise to a total number of about 20 volunteers. To prepare this heterogeneous group of volunteers for the psychological/trauma work that was needed, the present author was challenged, as the then most senior member of the Department of Psychology at the university, with the task of preparing and presenting a keynote speech at a one-day refresher workshop/seminar organised for the volunteer trauma counsellors – a speech which was designed to orient, retool, and prepare them for working with victims of trauma and violence within the returnee university population. The speech served as an introductory/general theoretical presentation aimed at providing a point of departure to the workshop/seminar process. The title of the speech was: “*Specialised Techniques for Trauma Work with Victims of Politically Instigated Violence*”. The workshop/seminar was designed with a two-tier structure: (a) a theoretical overview of existing trauma work techniques drawn from both Western and African healing traditions; and (b) micro-training sessions which the present author also led, aimed at simulating for the participants how some of the issues and techniques highlighted in the theoretical presentation could be implemented in practice.

The theoretical component of the keynote speech was intended to promote uniformity of perspectives and perceptions among the volunteers on the variety of trauma work techniques, both African and Western, that is, the debriefing, witnessing, group work, memory healing, symbolic representation, etc. (noted above), that might be needed in working with the returning students and staff victims directly or indirectly affected by the violence. The goal of the micro-training sessions was to give the counselling volunteers the opportunity of some trial, simulation or practice exercises enriched by disciplined peer evaluative correction and modelling. The overall aim was to share with the observing participants, at each practice session, some critical notions and images of the “do”s and “don’t”s in working with traumatised populations.

## **OVERVIEW AND CLARIFICATION OF THE CONTENT OF THE KEYNOTE SPEECH**

The content of the keynote speech to the volunteers was divided into two parts. The first was concerned with highlighting the basic assumptions that guide classical trauma work with victims of loss and violence. The second part was devoted to identifying and clarifying some ten integrated specialised techniques, some Western, some African, for possible trauma work with returnee university staff and student victims of the violence.

## **Basic assumptions in working with victims of loss and violence**

The keynote speech drew participants' attention to the following concepts:

- That members of traumatised populations, whether victims of violence or of tragic natural disasters, present with specialised counselling needs and problems, and inner wounds and concerns that reflect issues of grief and loss.
- That some may come to counselling with both psychological and bodily injuries and disfigurement, while others may come as rape victims or as traumatised orphans who witnessed their parents brutally beheaded or severely manhandled by violent groups of gangsters.
- That, in some instances of traumatising in the heat of post-election violence, the clients may not only be young people but also old(er) adults including parents and fellow teachers who have lost their children, husbands or wives or other relatives, friends or neighbours in the violence.
- That, irrespective of their type of ordeal or their age, people who present with traumatised stories of loss and violence share the common experience of extreme psychological destabilisation that leads to loss of meaning and morale.
- That, although it is usually assumed that life-threatening experiences like those confronting victims of post-election violence can cause long-range individual traumatic reactions such as post-traumatic stress disorder (PTSD), it is now known that such an outcome is not inevitable if prompt professional support and attention are made available to those affected (Herman, 1992; Nwoye, 2007).

Based on these assumptions, the case was made that clinical work with victims of loss and violence requires the provision of some kind of specialised psychological intervention targeted at assisting them to gain psychological re-anchoring and emotional restoration (Nwoye & Nwoye, 2012). It was indicated that for this goal to be achieved there is the need to ensure that, in addition to provision of the general counselling skills and techniques that are shared by all counselling systems such as those emphasised by Carl Rogers, there are other theories which are more specific and relevant to the needs and challenges of the traumatised or the frightened victims of politically instigated violence. It was argued that it was for this reason that the majority of the keynote presentation was oriented to focus on identifying and clarifying what such trauma approaches are by name, and the way they heal.

Presented below (p. 132) is a list of those specialised clinical techniques and practices to which the participants' attention was drawn in the course of the address.

## **Specialized clinical practices for trauma work with victims of violence**

An integrated list of the specialised clinical techniques and practices for trauma work with victims of violence notable, not only in Western psychiatric literature and the general field of individual and group counselling and psychotherapy (Orange, 1995; Honwana, 1997; Poland, 2000; Hamber & Wilson, 2002; Loewy et al., 2002; Beck, 2004; McKinney, 2000; Reis, 2009) but also those recognised in African perspectives (Igreja, 2003; Nwoye, 2005; Igreja et al., 2004, 2008), include the following:

- Psychological debriefing and bearing witness
- Psychotherapy as restoration of morale
- Strategic reconceptualization, restitution therapy and finding a survivor's mission
- Redressive mentoring and relational nurturing
- Use of rituals of symbolization
- Letter writing, poetry, and story prescription
- Use of group work
- Thought stopping and intrusion management
- De-reflection
- Response prevention
- Traumatic incident reduction

The main thrust of the keynote presentation included an attempt to clarify what is required in implementing each of these services in support of the victims. For this reason, the next section of this article delineates and reviews the explanations given in the context of that speech, in respect of each of the above themes.

## THE KEY THEMES

### 1. Psychological debriefing and bearing witness

In relation to this technique, what was brought to the attention of the volunteer trainees was that, as far as the mainstream psychology literature is concerned, psychological debriefing is the most essential psychological damage control strategy that victims of loss and trauma need. Clinical wisdom suggests, however, that such a process cannot achieve its intended effect if it is planned too soon after the incident or too late after the event, i.e. at the stage of the post-trauma. In this regard, it is suggested that the optimal time frame for psychological debriefing of victims is between 24 and 72 hours following the traumatic event. This is based on the view that, if the debriefing is carried out too soon after the event, it is going to conflict with the psychological reactions that are common in most victims during the *impact* and the *early recoil* stages of the traumatic event or violence (Garland, 1998).

In further clarifying the basis for this caveat, the attention of participants was drawn to the view propagated in the literature (Garland, 1998) that immediately after the event the victims are thrown into the *impact stage* of the tragic event or violence. This arises from the view that:

after a traumatic event, there are two (often merging) stages of development in the survivor; there is the initial breakdown and the catastrophic disruption of normal mental functioning which follows the breaching of the protective shield, that is to say the mind's normal capacity to filter out excessive or painful stimuli... [and at the impact period of the violence] the survivor is in rude shock and grossly confused, mentally unable to take in what has happened ... some of the victims may become silent and withdrawn, or compulsively talkative and active, but in either case, their normal functioning is in a state of disintegration ... unable to think or behave in a coherent manner. (Garland, 1998, p. 112)

It was also noted that the trauma literature contains a further warning which suggests that, for most victims, after the event the sense of passage of time is arrested, producing what is often referred to as the *limbo effect*. This is a situation that is believed to lead to a disruption or



suspension in those affected of the capacity to carry out normal plans and activities, including readiness to put what has happened to them in story form and, therefore, still unprepared for psychological debriefing. It is widely accepted that, after a traumatic event, the emotional reactions of the victims are severely disturbed, with the most common physiological reactions at this impact stage, such as profuse sweating, rapid heartbeat, trembling, weakness, nausea, and in some cases even vomiting, urination and defecation (Leach, 1994) – which, again, makes it unrealistic to engage victims in the exercise of psychological debriefing so soon after such an event.

Also, after a traumatic event, victims are often in disbelief and denial: at the impact stage of their experience most victims still cannot believe what has happened, for example, that they have lost property, people, even their own limbs. This suggests that they are not in a position to give a coherent account of what happened to them, and what they lost, let alone the extent of pain in their heart – all of which is what psychological debriefing is meant to draw out from them.

The *recoil period*, which begins immediately after the victims have been successfully evacuated from the scene of the trauma, tragedy or violence, leads to termination of the overwhelming sensations highlighted above. Yet it is observable that, even at this stage, victims are still overcome by the state of confusion and bewilderment, and most suffer from group and social fragmentation. This situation often arises from the fact that some of the victims' family members may have been sent to different rescue camps or hospitals, and, at this stage, they do not know where they are and authorities are more often than not unable to give an account of them. On the other hand, it is at this recoil stage that victims start to count their losses and the extent of the damage (injury, loss, and death) they have sustained, and it is in this recoil period, usually about a day or two following the incident, that victims start to regain the awareness of where they are and what has happened to them, including a return of their general reasoning ability and their capacity to recall where they started, the tragedy they faced, and what they have lost. It is in this recoil period, and rarely before then, that the trauma work of psychological debriefing, if planned for the returning victims of the violence, is expected to bear fruit.

In terms of psychological debriefing, this entails the exercise of helping each victim, to attempt “eliciting form from muddle” (Nwoye & Nwoye, 2012) of their tragic experience, by creating a personal story of the event. For this reason, psychological debriefing can be defined as the specific technique designed to assist victims of loss and violence to deal with the physical or psychological symptoms that are generally associated with trauma exposure. The process of debriefing allows those involved in and/or with the incident to process the event and reflect on its impact. This definition is intended to show that debriefing is the technique by which each victim or traumatised client is given the opportunity, space, time, and undivided attention from the facilitating professional/s, to recall and retell their trauma within a psychologically holding environment of a meeting place, held by the physical and emotional presence of a listening and non-judgmental person(s), i.e. the counsellor(s) and, where applicable, other victims who act as witnesses (Orange, 1995; Poland, 2000; McKinney, 2000; Reis, 2009) to the story being told.

When a full psychological debriefing process is organised effectively, it encompasses the following major phases:

1. An introductory phase aimed at structuring the experience by setting the tone and ground rules for the process.

2. A middle or narrative phase involving the exercise of drawing out from each victim a first-person account of what happened to them as seen from the inside, and the kind of psychological disruptions they are going through as a result of the trauma or violence.
3. A teaching phase aimed at promoting the reassurance that the various biopsychosocial problems the victims may be currently facing, including fatigue, insomnia, pains and aches, restlessness, nightmares, feeling of alienation, self-blame, and the tendency to social withdrawal, are normal human reactions to a tragic event, and are likely to disappear with time. (In this phase, names and addresses of mental health providers with competence, training, and experience in traumatic stress are offered to members in order that, should things get worse, they have a place to access more specialised help and support.

The participants in the workshop/seminar were informed that clarifying the detail of what is entailed in psychological debriefing was necessary, due to the continuing relevance of this debriefing as a preliminary technique of choice when working with people who have been traumatised.

## 2. Psychotherapy as restoration of morale

The second technique identified and clarified in the course of the keynote speech was intended to remind the participants that, in clinical work with victims of trauma, violence, and loss, such as that experienced in Kenya during the political turmoil that arose with the contested elections results, the most relevant aspect of psychotherapy practice is the one that sees its task as entailing the attempt to restore and enhance morale and emotional re-anchoring in the traumatised clients (Nwoye & Nwoye, 2012). This observation is supported by the views of Frank (1974) and Smail (1997) who, in their respective ways, emphasised that morale-building therapy in the context of trauma work is an essential psychological booster process that encompasses presentation of three main interventions: the *provision of comfort*, the *provision of clarification*, and the *provision of encouragement* to the victim(s). In the context of working with victims of trauma, psychological recovery often emerges from the emotional comfort each victim receives from the therapeutic relationship made available to them. This implies that, from the elucidative psychotherapy that is provided to victims of violence at this time, plus the words of encouragement and reassurance offered by the counsellor, the victims are assisted to reclaim their morale in spite of the event. It was noted that trauma survivors do so more effectively if assisted to evolve a new belief about the self that can support and sustain them after the meeting.

## 3. Techniques of reconceptualisation, restitution, and finding a survivor's mission

Apart from the use of psychotherapy as a means of promoting restoration of morale and emotional re-anchoring in the traumatised victims (Nwoye & Nwoye, 2012), as mentioned above, there are three other equally important approaches from which victims benefit. The first is the *technique of reconceptualisation*, the aim of which is to enable the victim(s) to see something positive even in their negative situation. In this way, each victim is assisted to look forward and to redirect attention away from the negative part of their situation to another way of looking at it that is less than threatening; this is the second aspect of the above technique: the *phenomenon of benefit-finding*. A successful use of such reconceptualisation is said to be achieved if the victim is assisted to make the third aspect of the technique, that of a *downward*



*comparison* Taylor (1989), which aims to help the victim realise that, in counting the costs arising from the same political violence, there are others who are less fortunate than themselves. It is this same technique of *benefit finding* to which Lazarus and Lazarus (1994) were alluding when they observed that: “A judgment that we are better off than others is sometimes a way of coping with adversity ... Positive comparisons can sometimes change the personal meaning of a situation enough to mitigate some of the distress” (cited in Nwoye, 2005). Clinical wisdom suggests that the overall effect of the reconceptualisation technique is to prevent in victims the development of tunnel vision or the danger of fixating only on the negative and discomforting aspects of their situation.

In trauma work with victims of loss and violence, a related technique to that of *reconceptualization* is that of *restitution therapy*, which aims to help victims to make amends for the unplanned loss of a valuable aspect of their identity, arising from the violence. For this reason *restitution therapy* is said to be a key technique applied when working with young maidens that present as victims of rape occasioned by the political violence, whose pain and concern is focused largely on the crisis of loss of their valued virginity. Clinical wisdom suggests that for such victims healing can come if they are reminded and reassured that since the loss of what may be referred to as their primary virginity happened under duress and without their consent, they can build up and sustain a secondary virginity of which they can still be proud. It was noted that the application of restitution therapy is also particularly relevant when doing trauma work with people who have lost their limbs or other parts of their body in the face of the violence.

Finally, in addition to the healing practices of reconceptualisation and restitution, is the critical service of helping victims to find a *positive survivor's mission* by which to come to terms with the currently imposed brokenness in their lives. Here, the major understanding is that such clients can learn to derive inspiration to transcend their loss if they are encouraged to make a vow to themselves to the effect that, even with one limb, eye or leg, they can still introduce order into their lives and learn to reclaim their future, given that humans are more than the sum of their body parts. Both the resilience of victims of violence in Sierra Leone and the inspiration of para-Olympians were cited to give a historical perspective to the healing power of this technique.

#### 4. Redressive mentoring and relational nurturing

This was the fourth technique identified and clarified in the course of the keynote address and workshop/seminar. The point was made that certain trauma work with victims of post-election violence may require the counsellor to operate in a variety of roles:

- As advocate – which involves the task of “speaking for and to others” on behalf of the victims by, for example, helping them to gain access or hearing in places (within the society or help institutions within the country) where they cannot go.
- As prosecutor/interpreter – which entails clarifying the constraints and resources of some government institutions or centres where victims are receiving attention, to discourage their sometimes unrealistic complaints against the institutions, centres, or special programs.
- Partner: this involves the practitioner having to share and discover together with the victims the whereabouts of their missing family members, and other redressive actions for rebuilding and constructing their future.

- Anchor: this involves the professional serving as a model and point of reference and stability in this current time of confusion for the victim and being a point of departure for each victim's exploration of the unknown and difficult world awaiting them, including how to restart nurturing positive attitudes and communication with members of the ethnic group that may have caused their ordeal (Nwoye & Nwoye, 2012).

These processes are valuable in the psychological restoration and re-anchoring of traumatised victims (Nwoye & Nwoye, 2012). This is due to the fact that the event of adversity reduces its victim to a humble position in which their previously coping strategies have been constricted or severely affected, requiring that they be assisted through aspects of relational nurturing and other supportive actions, to enable them to regain some sense of vision and agency in rebuilding their lives.

### **5. Use of rituals of symbolisation**

This is a process through which victims or their relatives are helped to recognise the psychological value of reviewing as often as possible the symbols of those they lost to violence, e.g. photographs of the deceased, their letters, books, diaries, drawings, clothes, or any other item of the deceased. This is useful in bringing the bereaved client emotionally and spiritually closer to the deceased (Hamber & Wilson, 2002). It was emphasised that this psychological ritual heals largely by diminishing the "snatching" effect of the hand of death. Consequently, it is argued, that this technique should find useful application in trauma work with the university returnees overcome by the lingering grief caused by the sudden death of a loved one, friend, roommate or workmate from the heat of violence.

### **6. Prescription of letters, poetry and story writing**

This therapeutic approach is recommended for victims or grieving clients in search of vision for remaining whole in the aftermath of the violence in which they lost their loved ones. In this context, the healing technique is writing a letter, poem, or story (Pennebaker & Beall, 1986) to the deceased relative or loved one, bidding goodbye. The understanding is that such a ritual heals by helping the victim to cope with the experience of grief at a personal level, and to help them achieve some closure with the deceased before they can live comfortably without them. The use of such writing is a vital therapeutic technique, especially in the context of the sudden death of someone whom the client has wronged in some way, in order that the client feels forgiveness from the deceased and an emotional restoration. This is a psychology of "as if" as discussed by Vaihinger (1924/1968) and Taylor & Brown (1988). By means of such ritual, the client/survivor can "talk" to the deceased, tendering their apologies to their spirit, asking for forgiveness for the wrong committed. In line with the African spiritual perspective, the letter, poem, or story should be burnt, thereby posting the message to the dead through the medium of smoke. In some cultures the ashes from such an artefact are thrown into a flowing stream, river, or ocean. Such a ritual, if solemnly conducted, is expected to enable the victim to reconcile him/herself with the deceased. Such writing rituals are crucial for surviving victims in search of a positive survivor's mission by which to live. This is particularly important for those burdened by survivor's syndrome, i.e. disturbed by the guilt of being the one(s) to survive the violence.

## 7. Use of group work

This theme represents the view that helping certain classes of survivors of trauma, such as the victims of rape, can be more successful when the intervention is organised in groups (see Loewy et al., 2002; Nwoye, 2002; Beck, 2004). The advantages of a group approach to and in trauma work include:

- That it provides an opportunity for clients to alleviate alienation, isolation and loneliness, and provides them with a sense of universality.
- That it gives members opportunities to disclose, explore, and share their experiences with one another, and thereby to see how others are coping and to learn from that.
- That, especially for victims of sexual abuse, it provides a better opportunity for developing trust in other participants and interpersonal confidence as a possible step for them to learn to regain the integrity of broken trust in people.
- That, when group members see that their support or suggestions have a good effect, it enhances their self-respect and self-confidence.
- That, as a psychologically holding environment, it helps survivors face the task of creating a future by developing future maps of themselves, new relationships, and a sustaining faith in themselves and the world (Penn, 1985; Herman, 1992).
- That it offers a richer forum (than individual counselling) for practitioners to disseminate effective methods for victims to cope with their ordeal.
- That it serves as a springboard to social action aimed at securing improved attention to the general welfare of survivors.

## CONCLUSION

Political violence is political, as is working with the consequences and aftermath of such violence. How individual and group counsellors work with the victims of such violence is also political in terms of the values they embody in the work, the approaches they use, how they think about the therapeutic relationship, and so on. As the article has suggested, when working or planning to work with victims of violence in any setting, in this case post-election violence, it is recommended to draw from a number of psychotherapeutic approaches found in *both* the Western and the African healing traditions. Whilst both traditions are important, local knowledge is crucial. As Totton (2005) put it: psychotherapy should entail not an application of a “generalised expertise ... formulated on a scientific or pseudoscientific model, in terms that are standardised, quantifiable and not open to subjective interpretations” (p. 85) but, rather, as aspects of local knowledge inspired by intuitive reason that are “essentially practical and qualitative in nature, involving continuous negotiation between practitioner and the client” (p. 85). In terms of the therapeutic relationship, it is important that victims of the kind of violence discussed in this article experience the therapist as there for them; as a concerned human who is interested in promoting their emotional restoration not through negative politics but, rather, through the psychological power of service – and the service of empowerment.

## REFERENCES

- Beck, R. C. (2004). *Group interventions for treatment of psychological trauma. Module 8: Unique aspects of group work with trauma*. New York, NY: American Group Psychotherapy Association.
- Frank, J. D. (1974). Psychotherapy: The restoration of morale. *The American Journal of Psychiatry*, *131*, 271–274.
- Garland, C. (Ed.), (1998). *Understanding trauma: A psychoanalytical approach* (2nd enlarged edn.). London, UK: Karnac.
- Gettleman, J. (2007, 31 December). Disputed vote plunges Kenya into bloodshed. *New York Times*, p. 1.
- Hamber, B., & Wilson, R. (2002). Symbolic closure through memory, reparation and revenge in post-conflict societies. *Journal of Human Rights*, *1*(1), 35–53.
- Herman, J. (1992). *Trauma and recovery*. New York, NY: Basic Books.
- Honwana, A. (1997). Healing for peace: Traditional healers and post-war reconstruction in Southern Mozambique. *Journal of Peace Psychology*, *3*, 293–305.
- Human Rights Watch. (2008). *Ballots to bullets: Organized political violence and Kenya's crisis of governance*. New York, NY: Human Rights Watch.
- Igreja, V. (2003). Why are there so many drums playing until dawn? Exploring the role of Gamba spirits and healers in the post-war recovery period in Gorongosa. *Transcultural Psychiatry*, *40*, 459–487.
- Igreja, V., Dias-Lambranca, B., & Richters, A. (2008). Gamba spirits, gender relations, and healing in post-civil war Gorongosa, Mozambique. *The Journal of the Royal Anthropological Institute*, *14*, 350–367.
- Igreja, V., Kleijn, W., Schreuder, B., van Dijk, J., & Verchucer, M. (2004). Testimony method to ameliorate post-traumatic stress symptoms: Community-based interventions study with Mozambican civil war survivors. *The British Journal of Psychiatry*, *184*, 251–257.
- Lazarus, R. S., & Lazarus, B. N. (1994). *Passion and reason: Making sense of our emotions*. Oxford, UK: Oxford University Press.
- Leach, M. (1994). The politics of masculinity: An overview of contemporary theory. *Social Alternatives*, *12*(4), 36–37.
- Lindenmayer, E., & Kaye, J. L. (2009). *A choice for peace? The story of forty-one days of mediation in Kenya*. New York, NY: International Peace Institute.
- Loewy, M. I., Williams, D. T., & Keleta, A. (2002). Group counseling with traumatized East African refugee women in the United States: Using the Kaffa ceremony intervention. *Journal for Specialists in Group Work*, *27*(2), 173–191.
- McKinney, K. (2000). Breaking the conspiracy of silence: Testimony, traumatic memory, and psychotherapy with survivors of political violence. *Ethos*, *35*(3), 265–299.
- Mwandi, S. (2008). *Moving beyond relief: The challenges of settling Kenya's internally displaced*. Washington, DC: United States Institute for Peace. Document also available at: [www.usip.org/resources/moving-beyond-relief-the-challenges-settling-kenyas-internally-displaced](http://www.usip.org/resources/moving-beyond-relief-the-challenges-settling-kenyas-internally-displaced).
- Nwoye, A. (2002). Hope-healing communities in contemporary Africa. *Journal of Humanistic Psychology*, *42*(4), 58–81.
- Nwoye, A. (2005). 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.
- Nwoye, A., & Nwoye, M. A. C. (2012). Memory and narrative healing processes in the clinical management of suicide ideation: Reflections on promotion of re-anchoring. *Journal of Family Psychotherapy*, *23*(2), 138–158.
- Orange, D. (1995). *Emotional understanding: Studies in psychoanalytic epistemology*. New York, NY: Guilford Press.
- Penn, P. (1985). Feed-forward: Future questions, future maps. *Family Process*, *24*, 299–310.
- Pennebaker, J. W., & Beall, S. (1986). Confronting a traumatic event: Toward an understanding of inhibition and disease. *Journal of Abnormal Psychology*, *95*, 274–281.
- Poland, W. (2000). The analyst's witnessing and otherness. *Journal of the American Psychoanalytic Association*, *48*, 17–34.
- Reis, B. (2009). Performative and enactive features of psychoanalytic witnessing: The transference as the scene of address. *The International Journal of Psychoanalysis*, *90*, 1359–1372.

- Smail, D. (1997). Psychotherapy and tragedy. In R. House & N. Totton (Eds.), *Implausible professions: Arguments for pluralism and autonomy in psychotherapy and counselling* (pp. 159–170). Ross-on-Wye, UK: PCCS Books.
- Taylor, S. E. (1989). *Positive illusions: Creative self-deception and the healthy mind*. New York, NY: Basic Books.
- Taylor, S. E., & Brown, J. D. (1988). Illusion and well-being: A social psychological perspective on mental health. *Psychological Bulletin*, *103*, 193–210.
- Totton, N. (2005). Can psychotherapy help make a better future? *Psychotherapy and Politics International*, *3*(2), 83–95.
- Vaihinger, H. (1968). *The philosophy of "as if": A system of the theoretical, practical and religious fictions of mankind* (C. K. Ogden, Trans.). New York, NY: Barnes & Noble. (Original work published 1924)



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