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## **The power of rituals in dealing with traumatic stress symptoms: cleansing rituals for former child soldiers in Northern Uganda**

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International guidelines for emergency response note the importance of cultural adaptations and facilitation of local spiritual and religious healing practices when appropriate. Deciding whether traditional medicine is safe, effective and appropriate is a complex matter. This study explores the therapeutic factors of a local cleansing ritual in Northern Uganda aimed at healing former child soldiers. The components of the ritual are analysed and compared with research-based therapy for post-traumatic stress disorder. Participant observation was used during the ritual, followed by qualitative in-depth interviews and follow-up interviews over three years. The key informant is a former child soldier participating in the ritual. He was abducted and forced to commit several killings during a three-year period. The collective mobilisation of social support, the collective forgiveness and the strength of the psycho-education appear central for the effect of the ritual. In addition, the ritual draws on common therapeutic factors. The findings indicate that such a ritual involves elements that safely and effectively deal with symptoms in accordance with modern research on trauma therapy, perhaps more powerfully than Western-style therapy. Implications for collaboration with local healers in emergency settings are indicated.

**Keywords:** traumatic stress; mental health; emergency response; cultural adaptations

### **Introduction**

The last decade has shown a greater focus on the gap in access to Mental Health and Psychosocial Support (MHPSS) between low-/middle-income countries and high-income countries. It is estimated that about four out of five people in low- and middle-income countries who need services for mental, neurological and substance use conditions do not receive help (World Health Organization [WHO], 2010). In 2008 the WHO launched the Mental Health Gap Action Programme aimed at scaling up mental healthcare beyond the use of specialised staff, by using protocols for clinical decision-making for non-specialist healthcare providers. Among the conditions to be treated by non-specialists are depression, psychosis, seizures and suicide; in 2013 the 2010 guidelines were supplemented with how to assess, prevent and treat conditions associated with traumatic stress (WHO, 2010; WHO & United Nations High Commissioner for Refugees, 2013).

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It has been argued that especially in emergency settings with high levels of mental health needs, internationally launched MHPSS interventions need to integrate the use of healers and traditional medicine (de Jong, 2004). The WHO launched the Traditional Medicine Strategy in 2002, working towards developing systematic research and policies, norms and guidelines. “Traditional medicine” is a comprehensive term that includes “medication therapies – if they involve the use of herbal medicines, animal parts/or minerals – and non-medication therapies – if they are carried out primarily without the use of medication, as in the case of acupuncture, manual therapies and spiritual therapies” (WHO, 2002, p. 1). In Africa up to 80% of the population uses traditional medicine, and in Uganda the ratio of traditional healers to population is estimated to be between 1:200 and 1:400, in contrast to the availability of Western-type medical professionals which is typically 1:20,000 or less (WHO, 2002).

In 2007 international guidelines were developed on providing mental health in emergency settings (Inter-Agency Standing Committee [IASC], 2007; Patel et al., 2012) with a focus on including cultural, spiritual and religious healing practices. Specifically, it is advised that local religious, spiritual leaders and other cultural guides should be approached to learn their views on how people have been affected and on local practices that could support the affected population (IASC, 2007).

The IASC guidelines emphasise that understanding and supporting cultural healing practices can improve psychosocial well-being for survivors of emergencies. Ignoring such healing practices may prolong distress and even cause harm by marginalising helpful cultural ways of coping. In many contexts, working with religious leaders is an essential part of emergency psychosocial support (IASC, 2007). The guidelines also call for caution: since some local practices can cause harm, humanitarian workers should “think critically and support local practices only if they fit with international standards of human rights” (IASC, 2007, p. 106). It is an obvious challenge for foreign relief workers to evaluate local traditions and engage in collaboration with healers who hold different worldviews and rationales on cause and effect. The use of spirituality and supernatural elements can be challenging for those not accustomed to their rationales. In order to determine whether herbal medicine and complex local rituals are in accordance with the principle of *do no harm* (Patel et al., 2012; Wessels, 2008), thorough in-depth inquiry and study are needed.

There is a rich tradition of research on the meaning of rituals in anthropology (e.g., Van Gennep, 1960) and research on therapeutic rituals in medical anthropology (e.g., Kleinman, 1980; Turner, 1997). However, there has been far less research on the safety, efficacy and quality of traditional medicine (WHO, 2002). This lack of clinical research on traditional medicine can be seen as a result of this field being viewed as too strange and eccentric to be a part of academic analysis. Recent decades have seen growing interest within the field of psychotraumatology (see de Jong, 2004; Schultz & Lien, 2014), and research in medicine (Accorsi et al., 2003), psychiatry (Bragazzil & Del Puente, 2012) and psychology (Lesmana, Suryani, Jensen, & Tilio-poulos, 2009). This heightened academic interest can be explained by the growing general public interest in alternative medicine, and the greater exposure to traditional medicine due to increased immigration and the large-scale international emergency responses in low- and middle-income countries that demand cultural sensitivity to local traditions. As yet there is scant research available that can help decision-makers and non-local relief workers in designing emergency responses to incorporate local healers and evaluate the safety, effectiveness and quality of local traditional medicine.

The aim of this study is to identify potential therapeutic factors of a cleansing ritual in Northern Uganda aimed at healing former child soldiers. The components of the ritual are analysed and compared with research-based therapy for post-traumatic stress disorder (PTSD).

## Method

### *Participants and context*

Northern Uganda has been the scene of a 22-year long war between the Lord's Resistance Army (LRA) and government forces. The LRA has been responsible for the murder, rape, torture and abduction of thousands of children. Late in 2005 the International Criminal Court (2014) issued warrants for the LRA leader Joseph Kony and senior commanders for having established a pattern of brutalisation of civilians by acts including murder, abduction, sexual enslavement and mutilation, as well as the mass arson of houses and looting of camp settlements. Following a ceasefire agreement in 2006 the situation calmed down, and the area has been transformed into a post-conflict situation. From late 2007 until present, there has been a constant slow flow of people returning from refugee camps to their former lands. Cleansing and healing rituals are practised upon the return of child soldiers and former rebels. In the Acholi culture of Northern Uganda, sophisticated cultural beliefs in the spiritual world greatly shape perceptions of truth, justice, forgiveness and reconciliation (Baines, 2005).

The key informant in this study, here called Patrick, was involved in a previous study (Schultz, Sørensen, & Waaktaar, 2012). At that time, he was enrolled at an educationally based rehabilitation centre in Northern Uganda run by the Norwegian Refugee Council (NRC), attending a one-year accelerated learning programme at a refugee camp for internally displaced refugees. When he planned to participate in the cleansing ritual, the research was expanded to include this study.

### *Procedure*

Patrick was paid 50 USD by the study to cover the costs of having the cleansing ritual performed. This ritual was something that Patrick, his mother and stepfather had wanted to carry out, but they lacked the necessary financial resources. The first author was invited to participate in the ritual. Within a longitudinal design of three years and three months, nine in-depth qualitative interviews were conducted with Patrick, each lasting from one to two hours. During the three first interviews, we explored the content of his nightmares, constructed a timeline of his life and conducted diagnostic interviews based on the *DSM-IV* (American Psychiatric Association, 2002) before and after the ritual. Patrick had been forced to become a child soldier at the age of 13 and had escaped three years later. At the time of the ritual he was 21 years old.

Qualitative interviews were conducted with his wife, mother, stepfather, brother, uncle, closest neighbour, former teacher and former headmaster. These interviews were performed to better understand Patrick's situation, the ritual and how these respondents perceived him before and after the ritual. Three interviews were carried out with the "medicine woman" – also referred to as the healer or traditional doctor. With the exception of the teacher and the headmaster, no one spoke English. The translator, a native-born Ugandan raised in the Acholi culture, was fluent in English and the local language Lwo. He had a vital role as a cultural translator, explaining the culture to the first author through daily conversation and in structured in-depth interviews. Interviews with Patrick were audiotaped; other interviews were written down as notes.

Prior to the ritual there was one week of preparations and meetings, during which time the first author had daily conversations with Patrick. The ritual was then performed over a period of three days. The researcher took an active role, participating in the ritual together with the translator. Participant observation during the ritual was used as a supplement for the main method of qualitative in-depth interviews. In total the first author spent four months in Northern Uganda. Comprehensive field notes were taken and used as an integral part of the data collection. The first interviews with Patrick were held in December 2007, the ritual in April 2008, and then follow-up interviews at 3, 15, 23 and 35 months.

## Results

### *From child to child soldier*

Patrick's early childhood was fairly normal. Even though there was an ongoing civil war, there were no major battles in his area during his first years. He started at the same school as his older brother, and he explains that his whole family was "happy". Three years later, however, the situation changed: one day the rebels abducted his father, to serve as guide in an unfamiliar territory. Later that day, he was found shot dead. The security situation in the area changed and the boys were never to return to school again. During the next five years "nothing happened", but they were restricted to staying within their village, which was now turned into a refugee camp. His mother reports that Patrick reacted to his father's death by changing and becoming quiet, weak and not social – what we would interpret as depressed and withdrawn. Patrick recounts his abduction:

It was a Friday night in February 2000 that I got abducted. We knew the LRA were sneaking around, so there were many from the village who didn't take the risk of sleeping in the huts. We were hiding outside and sleeping in the tall grass. They had taken one woman from our village. After she was brutally beaten, she talked, and they found us. There were lots of soldiers, probably 20 of them. They took me.

Soon after his abduction he witnessed several people being killed. "I knew it was coming, I knew it would be my turn to kill." Two weeks later, he was forced to kill for the first time. When four men were abducted one of them tried to escape. "They thought the other three also wanted to escape, so it was ordered that all of them be killed." Eight newly abducted children were organised in pairs and ordered to kill one man each. They were given axes and big logs to hit with. After this, Patrick began having recurrent nightmares.

After one month I began the soldier training. I didn't really get a uniform, it was only a green shirt, and the rest was my old clothes. I got a machine gun without any ammunition; we trained in aiming and handling it, taking cover, rolling and stuff like that. When the training was completed, I got ammunition and I became a soldier.

After one and a half months, he participated in his first attack on a convoy of trucks headed for Sudan. The convoy was stopped and everyone was ordered out. Patrick was under strict command and was ordered to tie their hands, blindfold the prisoners and line them up. The soldiers killed around 20 with axes and shot the remaining prisoners. After looting the trucks, the soldiers set fire to them.

Everybody was screaming ... lots of noise, and blood everywhere. The road was all red from the blood (...) my body was shaking, but I managed to appear calm. If not they would have killed me. The next day I experienced the Ghost People for the first time. I could see them get chopped up and sliced apart with axes. I saw the same scenes over and over again. My heart was beating hard ... I was sweating. I don't know why they had to kill them all; they could have been released.

After this attack he only saw killings of civilians in small numbers. Except for the two described occasions of killings he has no clear recollections:

Lots of it is sort of blurry and I can't separate it ... it's all mixed up together. But during military attacks there were many killed on both sides. I killed a lot of soldiers myself ... it was me or them.

Patrick became a skilled soldier, he gained trust and after more than two years in service, he became part of the special unit guarding the rebel leaders. Then, after three years, he was shot

and seriously wounded by government forces. They captured him and later released him to a rehabilitation centre for child soldiers.

***“My life is ruined – I need another ritual.”***

During captivity under the rebels, Patrick was forced to kill, including killing two of his friends; he was tortured, forced to torture prisoners and had several times been in armed and unarmed combat during which he fought for his life and killed enemy soldiers. During the first half of his captivity, he was regularly beaten and punished, and was constantly afraid of being killed by the rebels. Throughout a period of three years, he had episodes of severe and exhausting nightmares, and frequent reliving of traumatic events. Afterwards, he experienced repeated nightmares, reliving episodes, somatisation and other problems:

I very often have headaches and I can easily get worked up and I am often sick even though I am not really sick. I feel the energy is drained out of me. I often feel afraid when there is no reason to be. Sometimes I stay alone, I just have to be alone and I want to hide from everyone.

I started getting nightmares in the bush and I still get them. I dream about battles and some of the civilians I killed. I see soldiers standing over me ordering me to get up. They are screaming and take me back to the bush. I shout and scream ... people think I am a mad man. When I wake up I am shaking and I can't sleep. When I came out of the bush, I had nightmares every night. Now just about twice a month. The days after the nightmares I see the Ghost People.

While he was in the reception centre, about 100 former child soldiers gathered for a collective cleansing ritual. Patrick felt it helped, but the effects “only lasted for a week”. This was a ritual originally meant for individuals, not to be conducted in groups. Patrick believes that if it were done properly, it would work. “I have so many problems now that I need another ritual so the nightmares and the Ghost People could go away. A ritual will help and the people who joined in could love me more.”

The “Ghost People” usually appear after a nightmare, and they are the same persons who figure in the nightmares: “I saw the dead soldier standing on the path in front of me. I stopped, and slowly walked toward him. As I came closer, he slowly disappeared in front of me.” On this occasion, he could see the soldier for about three minutes before he disappeared. When Patrick saw him, he froze, but he says that he knew instantly the soldier belonged to the Ghost People, because he had seen the same man several times earlier and knows that he is dead. The Ghost People appear in periods, sometimes on a daily basis. Most often, Patrick sees a single soldier, but sometimes the Ghost People are from the civilians he killed. He never sees them when he is together with other people; they only show up when he is alone. They do not talk to him and he does not talk to them. He gets very frightened when they appear. This upsets him for the rest of the day and he fears their return.

Patrick completed the school year graduating as a carpenter, but did not pass any of the written exams. In the first interviews, he reported having severe nightmares twice a month, followed by several days with frequent relivings and intrusive memories and images of the Ghost People. The content of the images he saw was all detailed material from his traumatic events and not a result of psychosis or lack of reality. He suffered from concentration problems, sleeping disorder and somatisation and energy loss. During interviews he was withdrawn; he appeared clinically depressed and according to the *DSM-IV* symptom criteria also suffering from moderate to severe PTSD. Four months later, the nightmares were occurring twice a week and again he saw the Ghost People every day. He had moved out of his hut because his nightly screams scared his wife and he was not able to associate with friends. At this point, he clearly stated that his life was ruined, and he could no longer manage his daily life.

### *The cleansing ritual*

In preparation, Patrick and his mother had two meetings with the traditional doctor during which she got detailed information about Patrick's current problems and assessed his relation to both living and dead people. The traditional doctor explained that she had performed the ritual on 14 former child soldiers, all of whom had shown good recovery. She went on to explain she had a gift from God that allowed her to communicate with spirits. She consulted her own good spirits, which were able to establish contact with Patrick's evil spirits, and she could determine that he was hunted by three different spirits. The first spirit came from a dead man whom Patrick had passed three days after the abduction. While walking past, he accidentally stepped in the dead man's blood, and the spirit entered him. The two other spirits came from two men Patrick had later killed.

According to the medicine woman such spirits, or Ghost People, appear in images and in dreams. They have the ability to take control over the host and perform actions that the host would not normally do. If you kill a person, his spirit may return and haunt you. This may lead to serious illness, sudden pain, chronic pain, madness or even death. It is possible to chase the demon away by performing a ritual: the possessed person is placed on a chair and the demons are addressed by singing "demon songs". If they are present, they will emerge and the person will be overwhelmed and fall off the chair. The traditional doctor will become affected by dealing with the spirits, but medicine people have a special gift for withstanding their influence. The medicine woman said that it is very difficult to judge this process and to know when the real spirits are there. This requires years of experience. By communicating with the spirits, she can determine when they are ready to leave Patrick's body, but she can never be completely sure that they will leave permanently.

The medicine woman further explained that the reason why Patrick had several different nightmares and saw different Ghost People was because he was haunted by three different spirits. After getting the necessary information and successfully establishing contact with the evil spirits, she determined she could try to chase away the spirits so Patrick could "get himself back again". She made the necessary assessment and provided the following list of items for the ritual:

- one fully grown, completely black male goat
- one female goat of any colour and any size: must be old enough to eat grass
- one all-black cock and one all-white cock
- eggs from hens of the local breed
- between 5 and 10 singers and one drummer.

In order to get the goats and the hens, Patrick had to go to the local market twice on a borrowed bike, which involved two four-hour round trips. He had to get up at five in the morning in order to be at the market at seven. It was a challenge to find animals of the right colour and specifications.

The ritual began rather slowly in the afternoon. About 50 people gathered under the big tree close to Patrick's hut. The community leader had brought in the elders to help conduct the ritual. The elders told the crowd about the ritual and how such rituals had been conducted by their ancestors from "the beginning of time". The medicine woman arrived and sat with the singers inside the hut talking to Patrick and his mother. Later, Patrick was sent out of the village, so that he could officially "return home". He re-entered the village, approached the hut and stepped on an egg. The egg symbolises purity and the beginning of life. Then he entered the hut together with his mother, while the leader of the elders sprinkled clean water on both sides of the entrance and on the roof. Inside, the mother fed her son. The leader of the elders pronounced that Patrick was clean and no

longer contaminated by the influence of being outside his village. This is a mild form of cleansing from a variety of types of contamination acquired from staying outside the village and not being able to comply with local rules. (For a more specific description of this ritual, see Baines, 2005.)

For the next step in the ritual, the growing crowd gathered in a tight circle around Patrick. One of the elders led the black goat around Patrick three times. The leader of the elders, the ceremony leader, addressed the evil spirits with the following words:

Our son came across you. It is not our son that killed all of you; even if he did, we recognize that you are present. We are offering you this goat. We accept that he has done something wrong. We request that you accept the offering we are slaughtering in your name. Let the blood cleanse our son and receive this offering so that you all free him from your captivity. Receive this offering and leave him forever so that he can live a normal life.

The black goat was efficiently slaughtered by Patrick's friends and the process was carefully overseen by the elders and the ceremony leader. It is important for the blood to flow freely without being touched so the medicine woman can "read" the bloodstream, and that the goat's mouth is held shut so no noise can be heard. Then the carcass was opened, and part of the intestines was smeared on Patrick's bare chest by each of the elders and then by his mother.

Next, he entered his mother's hut with the medicine woman, seven singers, the drummer, his brother and mother and one researcher. Patrick was wrapped in an animal skin and sat on a small chair holding a metal rod. The singing started, accompanied by the drummer and the rhythm instruments that we all held. He sat there without moving and looked down at the floor. After a while, he started to move his body to the rhythm, carefully at first, then gradually more violently as the rhythm grew stronger. He eventually stood and jumped up and down in the little place. The movements became more and more violent, and suddenly he fell on the floor and lay motionless. The medicine woman moved towards him and violently communicated with the spirits. The singing and the rhythm became intense and the lead singers screamed into the constant drumming. Patrick slowly came alive and sat up while the medicine woman smeared a variety of herbs on his face and chest. There was a lot of bodily contact during this process. The women singers took off their tops so their breasts swung free. The singing continued in the constant rhythm and with increasing intensity. All the movement stirred up the dust from the earthen floor. Outside, the sun was shining and a ray of light entered the hut through the door opening, illuminating the dust. There was a magical and hypnotic atmosphere that was gradually built up and varied in tempo and intensity. It was carefully and skilfully conducted: the intensity gained momentum before exploding into ecstasy; then it would slow down before again gathering momentum. This all lasted for about one hour.

While the dancing and singing continued, the meat from the black goat was being cooked outside the hut. The elders gathered to talk and to taste the local brew. The atmosphere outside had become rather lively with everyone preparing for the big meal as the sun set. Water was poured into a large calabash and all those present washed their hands. After eating, they again washed their hands in the same water. The water was then thrown over the roof of Patrick's mother's hut while he was inside. The dirty water filtered through the roof, which symbolised both that the filtered water was clean and it cleansed Patrick while it sprinkled over him. He then emerged cleansed, and the social gathering continued for hours.

On the second day, the black cock was held by its legs by the leader of the elders and swung three times around Patrick's head while the leader communicated with the spirits:

You receive this offering in your name. Let the spirit and the blood of this bird cleanse our son so he can live with his whole soul inside him, so that he once again can live a normal life.



When Patrick was born his head was quite large. Therefore, one of his names became Ojok, which was commonly given when something occurred during birth that cannot be explained. Some two weeks after he received this appropriate name, his head became normal in size. During a previous consultation with the medicine woman, she suggested that they should pay a tribute to these good spirits that had interfered during his birth. The white cock was offered to keep these spirits happy and satisfied. The white cock was flipped around his head three times. The cock was kept alive and walked around the compound as a symbol of goodness and good spirits. These words were communicated to the good spirits:

We are thankful for the spirits that came and did something we didn't understand during your birth. We accepted it and we were happy about it. We will keep this white cock in the compound as reminder that we accept you. You are good spirits.

Over the two next days, the same dramatic attempt to chase away the evil spirits was carried out inside the crowded little hut. It lasted for hours with even more intensity as the medicine woman reported that the spirits were getting closer to leaving Patrick. On several occasions the spirits came out and took control of Patrick and he was visibly possessed. On the third day, a shift occurred: the spirits who were acting through him forced him to run out of the hut, and "they" grabbed and stole whatever they could find. The spirits found a pair of boots, a bag of clothes and some empty jerry cans. Patrick was stopped and held so that the white goat could be placed on his shoulder, while he held its legs and at the same time carried these stolen goods. The spirits made him run out of the compound and into the nearby bush. The traditional doctor, the singers, the drummer and the spectators followed. At this time, the three spirits consented to leave Patrick, and inhabit the white goat instead. Then the medicine woman came up behind him and stuck a spear several times into the belly of the goat. The blood pulsated out of the white goat and poured down Patrick's bare back while the goat screamed and resisted violently. The singers screamed to the steady rhythm of the drums as the goat convulsed for a final time while its life slowly faded out and the stream of blood subsided. The spirits followed the blood, so they were then free to leave for their own spirit world. The dead goat and the snatched goods were left behind in the bush. All of it had become possessed and should therefore never be touched by humans.

When Patrick later returned to the village, he was told about the preceding events. Because his "unconscious" state had been controlled by the evil spirits, he himself had no recollection of what was going on. Later, the owner of the stolen bag of clothes demanded compensation for her property. She held the traditional doctor accountable, because the owner was a visitor and had not been informed that such a ritual was taking place. The people living in the other huts had prepared themselves by hiding valuables and being alert, because under such circumstances no one could know how the spirits would behave. Sometimes they can become aggressive and dangerous because they realise they are about to leave their host. These spirits had previously been looters, which is why they were looting in their final hours of desperation.

Over a period of two months after the ritual had been conducted, the medicine woman came twice a week to visit, and then once a month for the next seven months. Patrick described these meetings as helpful. She always asked about the changes he had felt since the last time and she enquired "about all sorts of problems". She listened and gave him advice; she told him that he would gradually feel better, that "it would all go away and things will be fine". She also prescribed a herbal treatment that he used daily for the next eight months:

It was made of some roots and when I added water it turned into a paste. Every night before I went to bed I smeared a little of it in my face and a little on the tip of my tongue. It has a mild and distinct smell

and it tasted a little bitter. It keeps the evil spirit away; it prevents them from coming back in my sleep. I used most of it, but I still have a little, in case I should need it.

### ***Symptoms after the ritual***

Three months later, the frequency of severe nightmares had declined from about twice a week to once or twice a month. The Ghost People he used to see on a daily basis before the ritual had disappeared completely. Patrick was happy about this improvement and said he was feeling stronger and had more energy. Patrick's mother was very clear: "I got my old son back." She described the change as him being more present in his daily life; he talked with his mother frequently and seemed generally more sociable and talkative. Patrick's brother and stepfather emphasised that he had become more sociable. During the interview with Patrick, he appeared to be somewhat more talkative and took the initiative to take up subjects outside the line of questioning.

Fourteen months after the ritual, he had not had any nightmares for the past seven months. This was the longest period he had ever had without nightmares after the traumatic events. He reported no sleep-related problems. The Ghost People had gone completely, and he reported no kinds of intrusive memories. His headaches had disappeared, and he reported being generally in good health and seldom felt sick. He said he felt strong and had more energy. In interviews with his mother and stepfather, they confirmed Patrick's description of his improvements.

Over the next eight months he had two nightmares, but on the next day he could shrug this off and not dwell on it. The next 12 months were free of nightmares and Ghost People. According to Patrick:

My mind is free and I feel relaxed. I don't have the evil spirits anymore, they are all gone and I can sleep now. The only thing that disturbs my sleep is my newborn daughter. Oh, she screams ... but I'm happy!

At the three months post-ritual follow-up he had symptoms of depression. His mental and physical situation was much better after the disappearance of both the nightmares and the Ghost People, but he was still mired in the realities of living in war-torn Northern Uganda. He explained that he was "sad" because he had little schooling and scarcely any money. Moreover, the last harvest had failed due to drought, and the next harvest would probably not provide the family with enough food. In addition, someone had stolen most of his tools and his carpentry business was not paying off. In spite of these depressive symptoms and harsh realities Patrick was also future-oriented, had plans and believed he could solve his problems by continuing to work hard. By the last three interviews he was not clinically depressed. For two years he had not fulfilled the criteria for a Western-style PTSD diagnosis. Judged by local norms and traditions, he was free of the evil spirits – he had returned to himself, returned to his normal state. The birth of the second child and his pride in the child were viewed as a visible sign of normality.

### **Discussion**

The treatment described here was started by several assessment sessions, with a preparation period where the patient was given specific pre-operational tasks. Then came a three-day high-intensity treatment involving the entire local society, followed by weekly sessions for two months. The follow-up period consisted of seven monthly sessions. The involvement of the whole local society stands in stark contrast to Western-style therapies, but the combination of family-setting therapies and individual follow-up can be seen as a shared general framework. The cleansing procedure followed a traditional therapy structure with defined phases: assessment and motivation, treatment and follow-up. The treatment period of three days followed by 16

individual sessions is somewhat similar to the time frame of short-term therapies such as Trauma-Focused Cognitive Behavior Therapy (TF-CBT) (Cohen, Mannarino, & Deblinger, 2012) and Narrative Exposure Therapy (Schauer, Elbert, & Neuner, 2011).

Of the therapeutic factors identified in the ritual, we will focus the discussion on the use of (1) psycho-education and spiritual guidance, (2) common therapeutic factors, (3) symbolic exposure to the traumatic event and (4) externalisation of symptoms and disease.

### *Psycho-education and spiritual guidance*

Before the ritual was conducted, Patrick frequently experienced severe symptoms. He felt haunted and torn apart by evil spirits, he felt he was behaving like “a mad man”, he was isolated and excluded – his life was “ruined”. But he had a clear awareness of what it would take to restore his quality of life: “A ritual will help, and the people who join in could love me more.” He knew that the evil spirits were causing his problems, and they would have to leave his body so he could regain his functioning and people could “love him more”. Patrick knew that help was available, he knew where to find it and he had a general idea of how it worked; he had a strong self- and collective efficacy – the ability to re-establish a sense of control over positive outcomes in his own life. Bandura (1997) describes self-efficacy as the individual’s belief that his actions are likely to lead to generally positive outcomes; Antonovsky (1987) defines collective efficacy as the sense of belonging to a group that is likely to experience positive outcomes. Patrick received a comprehensive psycho-education rooted in local folk psychology, and the cure was scripted in the ritual. Dealing with both good and bad spirits was a skill passed down through generations “from the beginning of time”. The elders are skilled spirit-communicators but sought help from the specialist, the medicine woman who did most of the direct communication with the spirits due to her special gifts and her connection to God. The elders conveyed to the villagers an explanation of how and why the spirits had possessed Patrick and directly influenced his actions.

These explanations were a comprehensive form of psycho-education administered not only to the patient and those close to him, but also to the entire village community. The ritual does not have official, legal status, but the explanations delivered by the elders served as the authoritative explanation of what had happened, and they broke the silence surrounding the murders. Patrick had never told anyone about the killings – now the whole village knew his secret. This comprehensive psycho-education put the homicides and their consequences into a context that could be comprehended and communicated by Patrick, his family and the village. The authoritative explanation also relieved Patrick of responsibility for the murders and indirectly his need to feel shame and guilt, making the ritual instrumental in community reconciliation (see Honwana, 2006; Wessels, 2006). The spiritual guidance went beyond the Western concept of psycho-education by reaching out to both the patient and the villagers, breaking the silence of the murders, providing an authoritative explanation, relieving Patrick of responsibility for the murders and ultimately building his self-efficacy and strengthening the village’s collective efficacy. Still, some conditions remain unclear – there is mystery at play.

From conversations and interviews with the villagers, it appears that they have a good overall understanding of the ritual, but a rather sketchy understanding as to matters of cause and effect. However, they seem content to have a rather blurry picture, accepting that there are hidden meanings in the unexplained. This is a part of the mystery and the magic introduced throughout the ritual. This was most evident in the offering made to the good spirits, with a clear message that there is a hidden meaning in the unexplainable: we must respect and accept that humans are not meant to understand everything. Patrick has accepted there is much that cannot be explained. When confronted with cause-and-effect rationales during the interviews, he frequently

said, “That’s the way the spirits are.” This probably helps him to avoid ruminating and lessens his feelings of a “lost childhood”. Patrick does not know how the medicine that he regularly applies actually works. The only thing he is sure about is how and when to use it, and that the medicine is highly effective.

### ***Common therapeutic factors***

The ritual was a long-desired procedure: Patrick and his mother had waited for years. The weeks of preparation prior to the ritual involved both Patrick and his close family, making them actively participate and prepare. Soon his secrets would be communicated to the whole village, marking a point of no return; he must carry on. Both Patrick and his family were highly motivated and prepared. The therapeutic alliance was carefully constructed involving close follow-up with guidance in the preparation phase as to how he was supposed to act, building trust and self-efficacy, empowering him and his family to continue. Together they defined practical tasks, built bonds and defined goals for the ritual. Patrick describes the healer as highly competent and respectfully acknowledges her as being instrumental in giving him his life back. We describe the therapeutic alliance as especially strong between Patrick and the healer, but there is also a strong relationship between the healer and Patrick’s family. Patrick is not treated as an individual but as a part of a family and the community, as is common in several African healing rituals (Honwana, 2006).

There are a variety of variables influencing client outcome in therapies. The variables are often divided into four areas: (1) extra therapeutic change, factors outside the therapy itself such as social support; (2) expectancy effects, including the placebo effect; (3) specific therapy techniques, and (4) common factors that are variables found in most therapies concerning therapeutic relationships, for example, person-centred conditions (empathy, warmth and congruence) and therapeutic alliance. Based on reviews of psychotherapy-outcome literature, it is estimated in approximate and highly disputed numbers that the four categories have the following relative impact on client outcomes: extra therapeutic change (40%), expectancy effects (15%), specific therapy techniques (15%), and common factors (30%) (Lambert & Barley, 2001).

In the ritual we describe here, both prior expectations and the therapeutic alliance appeared to be particularly strong. In addition, the interpersonal process of the therapy was extended to include the family and the local community, allowing for a direct activation of social support as a component of the therapy. A possible placebo effect could in this case be explained by the expectation model (Moerman, 1981), explaining how thoughts and beliefs might influence health through neurochemical reactions leading to hormonal and immunological responses (Požgain, Požgain, & Degmečić, 2014). In the context of the ritual we argue that it is not particularly relevant to take the placebo effect into consideration as such, because positive expectancy, hope, belief and faith in the treatment appear to be specific elements of active treatment in several stages of the ritual and are assumed to be active mechanisms of change. The placebo effect might be more relevant explaining the potential effect of the herbal medicine. However, the bitter and distinct smell of the medicine applied on the tongue and the upper lip might tap into classical conditioning, inducing calm, hope, and well-being.

Meta-analyses of treatments for PTSD have found evidence for the effectiveness of trauma-focused psychological treatments compared to therapies that do not focus on the trauma. There is currently insufficient evidence for comparison between different forms of trauma-focused psychological treatments. As a result, international treatment guidelines recommend several trauma-focused psychological treatments as first-line treatments for PTSD (for overview: Ehlers et al., 2010; Gillies, Taylor, Gray, O’Brien, & D’Abrew, 2013). Within trauma-focused treatments, there are a number of trauma-specific (systematic recall of the trauma memories) and generic psychological therapy approaches (addressing responses to the trauma). Most of

these therapies include common elements such as *psycho-education elements* which may help normalise PTSD reactions, *psychodynamic elements* which can help emotionally process the trauma and gain better understanding and meaning, different levels of *exposure elements* to desensitise trauma-related memories, *cognitive behavioural elements* to help rethink assumptions and reactions to the traumatic event and *coping skills* such as problem-solving, anxiety management and safety planning (Gillies et al., 2013).

### ***Symbolic exposure to the traumatic event***

Among specific therapeutic factors used in evidence-based trauma therapies such as TF-CBT, both exposure and restructuring are central. By contrast, in the cleansing ritual there was no direct exposure to the traumatic events, although the ritual provided indirect exposure in the staged role play involving the violent killing of the white goat. This involved graphic visual elements and strong sensory stimuli, both tactile and auditive. We interpret this as a symbolic exposure to the traumatic events in Patrick's past. The killing of the white goat marked the climax of the ritual; the energy was at its most intense, providing a flow of powerful sensory stimuli. We argue that it is reasonable to assume that the symbolic exposure described above could have the power to initiate a therapeutic response in Patrick.

The element of exposure in trauma therapies is disputed and it has not yet been established how intense and explicit exposure needs to be in order to initiate a therapeutic outcome (Benish, Imel, & Wampold, 2008; Cohen, Berliner, & March, 2000; Ehlers et al., 2010; Gillies et al., 2013; Markowitz et al., 2015). Several therapies using a low degree of exposure, and some using no exposure at all have also indicated positive outcomes, for example, acceptance and commitment therapy (e.g., Woidneck, Morrison, & Twohig, 2014), stress-inoculation training (e.g., Krupnick et al., 2008), and interpersonal therapy (e.g., Foa et al., 1999). These results might indicate that a proportion of PTSD patients recover from therapies without a systematic confrontation with their trauma memories. This leaves the field in need of more knowledge of active mechanisms of therapeutic change in PTSD, including more in-depth understanding of elements commonly considered to be non-trauma specific (Ehlers et al., 2010).

### ***Externalisation of symptoms and disease***

A formalised collective forgiveness and understanding were put in place when the elders used their authority to instruct the villagers to "welcome back" Patrick once the evil spirits had left him. His stigma was removed; once again he could become "one of us" and social order could be restored. All this was because the authoritative explanation made it clear that Patrick was not to blame for his actions: the rebels had abducted him and he became possessed by evil spirits. Patrick could now be relieved of responsibility for his actions. First this was explained in the ritual, and made explicit when the evil spirits appeared and took control over Patrick. They engaged in conversation and ultimately left Patrick by entering the goat, thereby becoming free to depart and find peace. Patrick has become a free man: his stigma is removed, he has been declared not responsible for the murders, and he receives forgiveness and massive social support – his internal and external shame can be removed.

Meta-analytic reviews indicate strong associations between shame and depression and somewhat weaker associations between guilt and depression (Kim, Thibodeau, & Jorgensen, 2011). Shame can be divided between internal shame, which involves negative views of self through one's own eyes, and external shame, involving negative views of self seen through the eyes of others. External shame shows stronger links to depressive symptoms compared with internal shame (Kim, Thibodeau, & Jorgensen, 2011).

Numerous studies have confirmed the strong relationship between lack of social support and negative mental health following adversities. Meta-analysis shows that lack of social support is one of the most prominent risk factors for post-traumatic stress reactions following traumatic events (Brewin, Andrews, & Valentine, 2000; Ozer, Best, Lipsey, & Weiss, 2003). Symptom severity and the recovery appear to be related to social support (Charuvastra & Cloitre, 2008).

Patrick's new position promotes social connectedness, allowing him to rebuild and make new relationships. The prevention principle of promoting connectedness relates to research on the central importance of social support and sustained attachments to loved ones and social groups in dealing with stress and trauma (Hobfoll et al., 2007; Norris et al., 2002). There has been little research on identifying social support barriers (Thoresen, Jensen, Wentzel-Larsen, & Dyb, 2014) and how to translate connectedness into practical interventions (Hobfoll et al., 2007); however, connectedness stands out as a particularly strong factor in traditional rituals. In terms of ritual theory, Turner (1997) would define the sacrifice of the white goat as a phase in the ritual where "anti-structure" is created. This provides the opportunity to establish *communitas* – a feeling experienced here and now, of spontaneous fellowship among persons reaching towards a perfect state of unison. They experience, act and work together towards a common goal (Turner, 1997). A potential strength of such formalised rituals for prevention and care of traumatic stress seems to lie in the various stages of connectedness (e.g., Schultz & Lien, 2014).

Understanding the concept of ritual, we need to go beyond seeing it as a set of special practices, in favour of a focus on common strategies of ritualisation, and take on an analytical exploration of the purpose, efficacy and values ascribed to it (Bell, 1992). The function and efficacy of ritual is widely discussed in the literature of anthropology and medical anthropology (Sax, Quack, & Veinhold, 2010; Waldram, 2000). A part of this discourse is how culture and meanings shape systems of healthcare. In a broad sense of healthcare, the system as a whole, not just the healer, is a vital part of the outcome (Kleinman, 1980, 1995). This indicates that the healthcare provided through ritual includes more than simply a cure and more than a ritual.

### ***Limitations***

The combination of in-depth qualitative interviews and supplemental participant observation provided us with rich empirical data allowing for the analysis of the therapeutic power of the cleansing ritual. The first author spent four months in the cultural context, where he was assisted by two cultural advisors. However, this study was challenged by cultural barriers, leading to potential lack of understanding of deeper meanings embedded in the rituals. Our focus was limited to parts of the ritual that addressed "problematic behaviour" that hindered Patrick in living his life fully. Moreover, we have not investigated the chemical content of the herbal medicine that was applied. We have not identified anything in the ritual that could cause harm – but we have not studied whether such rituals differ markedly between various traditional doctors and local districts in Northern Uganda or in neighbouring countries. Due to the case study design, we cannot document that the removal of Patrick's PTSD was directly caused by the ritual.

### ***Conclusions***

The therapeutic factors identified in the cleansing ritual are largely the same ones that underlie modern trauma-focused therapy. A thorough psycho-education is administered within a cultural framework. The client becomes motivated, a therapeutic alliance is established, and the client is engaged and empowered with coping strategies. The ritual was a short-term high-intensity intervention of three days with the family and the community, followed by 16 individual sessions and seven monthly follow-up sessions. We did not identify anything in the ritual that could cause

harm. Quite the contrary: we noted several therapeutic factors that were delivered with a broader perspective than Western-style therapy and that might be more effective.

Just as regular psycho-education provides understanding of symptoms, motivates for treatment and instils hope and self-efficacy, the explanations within the spiritual guidance also serve a wider purpose. The spiritual guidance effectively reaches out to both the patient and the villagers. It breaks the silence surrounding the murders by providing an authoritative explanation that relieves the patient of responsibility for the killings and strengthens self- and community efficacy. The divine authority of the traditional doctor allows for acceptance that not everything can be explained or understood by most human beings. Her divine status further strengthens the therapeutic alliance, while reinforcing her social status and position of respect in the village.

Once the evil spirits left Patrick, his stigma could be removed. He was declared not being responsible for the killings, and he is entitled to receive collective social support. When Patrick is welcomed back to the village, social order is restored and he gets a new start as a free man – liberated from evil spirits, social stigma, shame, and guilt, he can once again be responsible for his actions and can rebuild social relationships.

Where the therapy differs most from Western trauma-focused therapies is the mobilisation of social support and that this therapeutic element is to be controlled by the intervention itself. The social support and connectedness further allow for a potential effective removal of external and internal shame and guilt – all elements highly associated with improved mental health following traumatic stress. Another striking feature compared to Western cognitive therapies is the lack of direct exposure to the traumatic events. Patrick was indirectly exposed through a staged symbolic exposure that appeared to initiate a therapeutic response. Despite its graphic unfolding, this can be viewed as a defocused and mild form of exposure. Another therapeutic element is the marked externalisation of the cause of the problem: Patrick himself was not to blame because he was possessed by evil spirits.

The symbolic exposure, externalisation and rapid mobilisation of social support appear to be effective factors in extinguishing or reducing the traumatic memory, without dwelling on the traumatic memories as such. Within Patrick's culture there appear to be effective mechanisms for "closing down" the traumatic memory – as opposed to a Western Freudian style and trauma-focused therapies using exposure, with its stronger focus on "opening up". Comparing the set of rituals with trauma-focused therapies, we find that the rituals have a considerably wider and more comprehensive approach, and appear to harmonise with local beliefs as to what it means to be unwell.

Our analysis of this particular cleansing ritual provides arguments for engaging in serious and equal collaboration with traditional healers in planning mental healthcare in emergency settings. Our findings also indicate that the inclusion of local and cultural approaches with holistic perspectives may prove far more effective than interventions with a narrow focus on PTSD and traumatic stress alone. Since the local extended version of psycho-education is indicated to be a highly effective factor in the therapeutic outcome, caution should be exercised in employing Western-style psycho-education with narrow explanations based on cognitive and neurological perspectives. If such psycho-education is introduced, it should be presented as a non-competitive and complementary explanation. Facilitating a bridge between different systems of care by combining traditional folk theories and research-based theory in a complementary way may prove effective in reaching larger populations in need in emergency settings – especially because traditional doctors are widely available and are culturally accepted.

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