

Healing Through Story: The Effectiveness of Narrative Exposure Therapy for the Treatment of PTSD in Ugandan Ex-child Soldiers

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Abstract: Narrative Exposure Therapy (NET) is an effective medical procedure that incorporates the patient's personal narrative into the therapy session. Through this process, victims with Post Traumatic Stress Disorder (PTSD) are able to formulate a clear, coherent narrative, which mentally allows for the patient to overcome the repressive, disillusionments that haunt their daily lives. Children are not often the victims associated with PTSD, but the oppressive rebel armies of Uganda have forced children into fulfilling the ideologies of corrupt officers, causing children to suffer from PTSD. Several case studies researched in the field of psychology have focused on the mental rehabilitation of these child soldiers. Concentrating on the use of narrative stories has proved useful as a form of therapy. NET's effectiveness is due to its ability to generate the victim's awareness of the situation through truthful reflection and repentance. This process allows patients to move forward and find forgiveness in their actions. Forgiveness on the personal level is the first step to forgiveness from the whole. This narrative practice allows for the stories to be heard, understood, and forgiven, beginning the child's assimilation back into the community to occur. The use of narrative medicine serves as a bridge to join cultural traditions and healthcare practices into a united and effective psychiatric therapy approach.

A memory may bring a person a sense of joy, where others may bring a feeling of extreme fear and emotional pain. The question arises: how does a specific event cause the mind to react in such a way that may lead to certain emotional responses? Memories can bring about a sense of déjà vu, an idea that surrounds the notion of feeling as if one is presently in an event that has happened in the past. What makes Post Traumatic Stress Disorder different than déjà vu is the intensity of

the emotional and mental stimulation involved. Post Traumatic Stress Disorder (PTSD) is an anxiety condition triggered by certain mental stimuli associated with a traumatic event, such as witnessing death, being inflicted with harm, or by being in certain environments, like a warzone. Individuals suffering from the disorder generally have a fragmented autobiographical memory, which lacks contextual information and often leads to a constant sense of threat, due to indistinguishable details of the past and present. Narrative Exposure Therapy (NET) has the potential to serve as an effective therapy approach due to an emphasis on the restructuring of a traumatic event. Psychiatric rehabilitation and therapy are often victims of skepticism, where many believe the patient can overcome a problem on their own without the aids of narrative therapy or prescription medications. Even in countries with advanced health care systems, the idea of mental health treatments and awareness are commonly misunderstood and underestimated. In certain countries, medical amenities are not easily found, nor are the monetary resources available. Narrative Exposure Therapy serves to alleviate some skepticism and provide psychiatric care to communities that lack an abundance of medical resources. Through the use of case studies, narratives, and interviews, the benefits of NET will be exposed as to how it can serve as an effective method to allow victims of tragedy to overcome the past, especially the Ugandan child soldiers.

The children of Uganda have experienced more atrocities than an average American will ever experience. NET can serve as an effective measure to heal victims by taking the emotional stimuli out of the story, allowing the memories to become a coherent, concise, and continuous narrative instead of a fight or flight trigger. This idea conflicts with common theories of storytelling, where emotions are a key aspect for connection within a story. Similarly, the recounting of a tragedy allows for those who experienced the event to unite and overcome the past, providing a welcoming community to assimilate back into. The main problem with the Acholi child soldiers post-civil war was concern about whether they could return to a society where violence was no longer the

motivation for survival. NET poses the possibility to allow for these victims to share their experience of a traumatic event, acknowledging that the past can no longer dictate their future. Narrative Exposure Therapy serves as a connection to bridge the gap between healthcare and cultural boundaries, using the power of story as a method to heal Post Traumatic Stress Disorder amongst the ex-child soldiers of Uganda.

Uganda's Troubled Past:

Recently, news of Joseph Kony and his rebel army of child soldiers has made the headlines of many popular social media sites, causing uproar amongst many humanitarian groups and those hurt behind computer screens. Movements to “stop Kony” swarmed the popular columns of social networking sites, with individuals vowing to help those child soldiers of Northern Uganda. The ironic fact behind this movement was that these rebel groups in Northern Uganda have been causing destruction to the livelihood and safety of the Acholi people since the early 1980s. Civil unrest has left little leadership within the country, with rebel armies destroying families and taking children to help accomplish their twisted ideologies. Thousands of children fell victim to the two main rebel armies, the Lord's Resistance Army (LRA) and the Allied Democratic Forces (ADF), being forced to kill other Ugandan people or to become the wives of the rebel officers (Boatswain *et. al* 1). Often many of these children were forced to kill their own families, with some of the soldiers being as young as eight years old. The Acholi people who were able to survive such attacks were displaced into protected camps, where crops could not be planted and hunger was widespread. Families were separated and children were sabotaged. Early recruitment into these armies prevented the children from attending school and disturbed healthy psychological development that should occur during childhood (Martz 195). At this point in time, children begin to learn social norms and build relationships with peers. The child soldiers are deprived of this, spurring the development of mental health abnormalities.

Violence was the only familiarity these child soldiers knew and the psychological trauma was immeasurable (Boatswain *et. al* 2). Along

with the United Nations and other humanitarian groups, governments have conducted several peace talks, but little was done to directly stop the rebel armies. In recent years, the LRA has made appearances from hiding, with their motivations no longer targeting government actions, but rather to cause destruction and tragedy amongst civilians (UN.org 1). The ignorance of such destruction is key to why many of these prior child soldiers have not been able to heal, as well as the uncertainty as to how to heal these children.

What is Happening in the Minds of the Victims?

Victims of PTSD experience severe emotional reactions to certain environmental stimuli that may remind them of a past traumatic event. They often relive the event in their dreams and even when actively awake, causing them to believe that they are currently at risk. This sense of false reality leads to a drastic change in the individual's life, often leading to avoidance of certain emotional cues and repression of invasive thoughts. Such consequences may lead to an avoidance of normal behaviors like walking outside. Most people find temporary comfort in repressing the tragic memory, but repression often leads for the memory to manifest into a worse form. Typically, a type of therapy that is used to relieve the patient from symptoms of PTSD is called exposure therapy. In this therapy approach, the patient is to recount *one* traumatic memory, using vivid details to allow for the emotions to be re-experienced. The problem with this is that many victims of PTSD have experienced more than one traumatic event, so focusing on a single event alone is not as effective (Gwozdziwycz *et al* 72). On the other hand, NET is a therapy procedure that encourages the patient to detail his or her entire life, from birth to the present situation, while a therapist documents the process (Neuner *et al* 580). For instance, an Acholi child might be rescued by the state army and put through therapy sessions before being reintegrated back into his community. The main goals of NET are to reduce symptoms by emotional habituation and to allow the patient to form a continuous narrative of the events that have affected him or her most.

Many victims of PTSD cannot adequately conduct a coherent, concise, and continuous narrative of the traumatic event. Various portions of the brain are intensely activated due to increased levels of stress hormones in individuals impacted by PTSD. The purpose of NET is to allow these individuals to develop an autobiographical context of the traumatic event, which transitions “hot memories” into “cold memories,” or memories that do not trigger these severe emotional responses. A “hot memory” encompasses detailed sensory information, emotional perceptions, and motor and physiological responses, causing major areas of the brain involved with emotions to be stimulated. The stimulation of these portions of the brain cause sensory perceptual representation to be imprinted within memory. Certain stimuli that remind an individual of some aspect of the event trigger these “hot memories,” causing the individual to experience the emotions associated with the trauma. The increase in hormone levels reduces activity of the hippocampus, the area of the brain associated with memory formation, thus stimulating the amygdala, an area of the brain involved in an accentuated sensory representation of an event. This means that more cues and mental associations develop between the traumatic experience and mental stimuli, which leads to increased activation of traumatic memories (Robjant *et. al* 1032). The victim cannot provide an account of the event due to the severe emotional response, leading to a fragmented narrative. NET serves to remove the emotional responses from certain traumatic events, allowing the victim to slowly account the tragedy in a chronological and coherent manner. By doing so, it has been proven to reduce the symptoms of PTSD in most victims. The memory of the tragedy will still remain in the individual's mind, but NET is used to allow for emotional habituation so the victim is no longer impaired by the memory (Robjant 1033).

Theory/Framework:

NET utilizes stories, or the patient's narrative of an event, to function as the mode of treatment.. In communities where medical practices are not common, victims may become skeptical and often

afraid of the uncertainty of medical treatment, not necessarily reaping the benefits the practice may have to offer (Gwozdziwycz *et al* 70). Likewise, most Ugandan families cannot afford an education, let alone medical care. NET serves as the solution to this problem, because it is designed to provide an affordable care session, as well as finding ways to incorporate the therapy sessions into everyday life.

By disguising psychiatric therapy under the cover of storytelling, many cultures may open up to the possibilities of NET. “The oral tradition is a common element among many cultures; thus narrative approaches seem ideally suited to cross-cultural applications,” (Neuner *et. al* 580). Helping the individuals overcome their tragedy and enabling them to share his or her story with their community, strengthens the group from the parts to the whole. By being able to reflect on a tragedy experienced by the whole community, it allows them to recognize the security and support of those around them. This relates to Sobol’s idea of “storytelling as a medium of connectivity” (Sobol *et. al* 3). The main threat of the aftermaths of the atrocities in Uganda was whether or not the Acholi child soldiers could assimilate back into a society where violence, hatred, and thirst for power was not the daily motivations for survival. Ishmael Beah, an ex-child-soldier, details this idea of the need for acceptance. He states the motivation of many child soldiers, “They also want to belong to something, especially if they live in a society that has collapsed completely. Their communities are broken down, they want to belong” (Barnett 3). By allowing these child soldiers to detail their story, they begin to realize that what happened in the past is not entirely their fault; they begin to forgive themselves, which allows the community to also forgive. NET serves as a transition state for these victims to slowly assimilate back into the community.

Breaking the story of the tragedy out of the confines of the mind, not only helps PTSD victims, but others who also suffer from similar psychological disorders. Detailing a story outside the confines of the mind, especially in the presence of a medical professional, helps a victim realize that what they are going through is normal; by seeing

and hearing another individual respond to the story alleviates some of the guilt suffered by the victim. One begins to formulate and put things into a logical manner, which essentially, is the point of NET, The individual needs to be able to hear and organize their thoughts so they can focus and overcome instead of repress. One case study that used psychological storytelling to treat ex-child soldiers with PTSD details, “the advice given to the children was that it was ‘normal’ to have nightmares and that people having them should be left alone and not woken up or interrupted” (Akello *et. al* 217). This reassurance allows the children to further open up and reveal the tragedies that are swarming their minds. Similarly, this correlates with one of Sobol’s theories: “Storytelling is a process... that works with ... technologies of the human mainframe- memory, imagination, emotion, intellect, language, gesture, movement, expression, and, most crucially, relationship in the living moment- person-to-person” (Sobol *et. al* 3). Hearing another person on the other side helps to humanize these children; they see that their doings are forgiven, but most importantly understood. Having this reassurance not only leads the children to be re-assimilated back into society, but also allows them to begin to forgive themselves, which is essentially the most ideal outcome of NET.

With repression of memories comes denial and falsification of events that have occurred in the past, preventing a person to ever successfully overcome a tragedy. Falsifying an event, or making it seem better than it really was, does nothing to aid an ailing person. NET practices amongst the Ugandan children serve to uncover the truth about what happened in the child’s life, essentially forcing them to reflect on the painful past and become responsible for their actions. Truth in a person’s narrative is a common theory within Robert McKee’s article, “Storytelling that Moves People”. McKee emphasizes the need for truth and emotions in a story to help one confront and deal with the tragedy at hand; “We’ve told stories to help us deal with the dread of life and the struggle to survive. All great stories illuminate the dark side,” (McKee 53). Pretending something did not happen or repressing the memory,

does not help one deal with what has happen. It allows the past to become coated with cobwebs of falsified memories, webs of lies that have been weaved to cover the scars of mental and emotional pain.

One child soldier, Apio, describes an event where she was sent on a mission to find supplies, when she came upon a store where the owner refused to lower his prices. “At night I led our group to that shop. After taking all we wanted, the commanders did not know what to do with the man. I killed him on my initiative. Since that night, the cen (spirit) of that man disturbs me. In some nights or even during day, he comes with a gun to kill me...I scream in my sleep” (Akello *et. al* 215). Through her narrative, she is able to admit to her actions and she does not put the blame on anyone but herself. Apio is acknowledging that it was her duty to kill the man, and her actions are reflected psychologically with the PTSD dreams that haunt her. This is one of the most important stages of NET: being able to recognize one’s actions in a tragedy and put forth a truthful story to help oneself to overcome the haunting trauma. Through NET, soldiers who have faced similar circumstances are able to come to conclusion that their past is something that cannot be changed, but now they have the control to take their life back to become the person behind the war-torn façade.

Emotions for Healing: Possible Improvements

Emotional investment in a story allows for a more personal and genuine story and serves as a way to confront emotions affiliated with a certain memory. The problems that victims of PTSD face when they try to retell their experience is that certain memories cause an overwhelming emotional response, leading to a fragmented narrative. They cannot finish their story due to the fear stimulated by the emotional cues of the memory. NET serves to remove some of the emotional responses to the tragic memory through emotional exposure and habituation. So by further reduction of emotional responses, which NET emphasizes, it may make the child soldiers feel as if they are still repressed and unlikely that they can move on. This leads to question the effectiveness of NET, because if emotions are necessary for dealing with a traumatic

event, how does emotional habituation prove to be beneficial? Likewise, Ishmael Beah describes how emotions of the Acholi child soldiers were repressed with death or torture expected, if the child showed emotion of any form (Barnett 2).

The repression of emotions does not allow a person to effectively heal, however, there is still a social stigma about how expressing emotions shows weakness. One child describes, “I can have par madongo (deep painful thoughts), can dwong ataa (deep emotional pain), and cwer cwiny (sadness), but I cannot show it to people” (Akello *et. al* 216). For emotional therapies, such as NET, there needs to be ways to show the patient that emotional release is necessary for healing, regardless of the negative attitudes they may receive from those around them. Emotional release may be the way to allow these child soldiers to begin assimilating back into their communities, and show that they are not the people that their actions may describe.

The Negative Possibilities Associated with NET:

The truth, at first, can seem to help a victim, but through time the social rejection sparked by the revelation of atrocities may harm the victim in more ways than the emotional pain alone. NET may then function as a way to mentally heal the patient and allow them to forgive themselves, but could possibly lead them to be rejected by their community due to their lack of forgiveness. The communities know of the atrocities that these children committed; most of the killings or destruction in the community was most likely caused by the children under the command of the LRA. This rejection from the community may force the ex-combatant to seek the only form of organization they know, the rebel armed forces, beginning the cycle over.

Many of the communities of the child soldiers are not aware of the idea of mental disorders; the Ugandan children grow up in an environment where any distressed person is said to be mad. The screams of terror of the ex-soldiers are interpreted as “a source of happiness to the people around. People argue that it is the only way you can pay for the bad things you did in the bush” (Akello *et. al* 237). A problem faced by

NET, and other psychological therapies, is the cultural boundaries that divide modern healthcare and ancient community beliefs or practices. The Acholi people believe that the spirit of a deceased person can haunt a person in their dreams, especially spirits who are seeking revenge from a past wrong doing (Akello *et. al* 231). Most ex-child soldiers have expressed the notion of being haunted by these disturbing dreams, not realizing that this is a prime symptom of PTSD. Victims of the Acholi people suffering from PTSD expressed the traditional rituals used to appease the spirits stating, “Each night I burn atika branches on a partially broken pot. I crush its seeds and leaves to smear on my head and mat. I have also placed branches of atika at my doorpost and window” (Akello *et. al* 215). The challenges arise due to the fact that the psychologists need to first assure the children that the episodic hauntings are not caused by the vengeful spirit, but rather psychological distress expressed through memory. Only when the child comes to realize that a spirit is not the cause of the anguish, can the treatment be effective.

The amalgamation of healthcare and heritage can be the most effective way to bring about a cure for those suffering with PTSD. Children exposed to the terrors and atrocities of war are mentally scarred with the images of death, hatred, and seemingly endless torture. Child soldiers of the rebel armies of Northern Uganda were repressed of emotional release in any form, leading to psychological manifestations of the atrocities they saw to engulf any sort of reason or feeling of safety after the war. Through NET, the children are able to formulate their stories into a logical and coherent manner, helping them to expose the truth about their lives and to move on. Along with self-forgiveness, begins the transition into community forgiveness, where the use of NET exposes the truth behind the child soldiers’ actions, allowing the community to find forgiveness in what has occurred. NET is not only effective because it leads to self-forgiveness and awareness of the past, but it has the ability to cross cultural boundaries. Storytelling is a nature process prevalent in all cultures, and labeling NET as a form of narration removes the negative stigma associated with psychiatric therapy. Some

Acholi traditions associated with spiritual appeasement may create an obstacle for psychiatric therapy, but through the power of story, a brighter future is evidently possible for the Ugandan children.

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