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Western Scientific Approaches to Trauma and Healing in a Non-Western Context - A Case Study of the Treatment of Trauma in Sudan

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1.0 INTRODUCTION

1.1 The Background for this Study

In the aftermath of the Cold War, the United Nation Security Council searched for an improved approach to peacekeeping. On this request Boutros Boutros-Ghali, the Secretary-General at that time, put forward the report *An Agenda for peace: Preventive diplomacy, peace-making and peacekeeping*. This new approach designed by Boutros-Ghali widened the scope of the United Nations involvement from the traditional Peacekeeping operations to Peacebuilding. The general idea was the realization that in order to achieve a positive peace, it would demand more than what traditional peacekeeping had offered. As a result, the United Nations and other actors have become more involved in numerous areas concerning the build-up and reconstruction of post-conflict states. This also includes the psychosocial recovery of individuals and communities (Summerfield, 1999, Wessells, 2007, Zelizer, 2008). However, this increasing trend leads to a dilemma put forward by Professor Harry C. Triandis:

"Social psychology is a product of Europe and North America. Almost all that we know systematically about social behaviour was derived by studying individuals and groups from those regions of the world. However, 70 percent of the earth's population lives outside Europe and North America; in cultures that are quite different from those of the "West" (Triandis 1994).

Professor Michael G. Wessells points to the same recognition in his paper *Post-Conflict Healing and Reconstruction for Peace: The Power of Social Mobilization* where he states:

"Increasingly, the international community views healing as a priority in post-conflict situations. Although psychosocial intervention in complex emergencies has become fashionable, this nascent field has a paucity of foundational theory, systematized knowledge about practice, standards for intervention, and widely accepted benchmarks for evaluation" (Wessells, 2007, p. 2).

1.2 Statement of the Research Problem

These statements shows that there is a need for more knowledge of how psychosocial interventions best can be carried out in different cultural settings. It further implies the need of knowledge about what type of cultural aspects that may serve as barriers for the utilization of western scientific approaches to trauma.

The aim for this thesis is to explore the cultural barriers that may occur when western scientific approaches to trauma are used in a non-western context.

These barriers would largely depend on an assessment of each individual context. This thesis will present a case study of the work carried out by trauma counsellors at Ahfad Trauma Centre (ATC) in Omdurman, Sudan. ATC was selected because the counsellors there use western scientific approaches to treat trauma in non-western clients. The ATC was further view as a suited case because all the staff, with the exception of two, are of Sudanese origin and therefore have an extensive understanding of the local context. By exploring this case, this thesis aims to gain a better understanding of how the counsellors at ATC experience certain aspects of their daily work. What are the barriers they experience as a part of their own cultural context? How do they use the western scientific approaches? In what way do they make modifications for these approaches to fit the Sudanese culture? This thesis intends to investigate the thoughts, the meanings and reasons behind these modifications.

1.3 Objectives of this Study

In order to get the necessary information to reach the aim presented in this thesis, it will be essential to:

- Understand what barriers counsellors experience when using western scientific approaches to trauma in a non-western context.

- Understand how counsellors make modifications in order to overcome these barriers.

1.4 Research Questions

Based on the aim and objectives stated above the following research questions were put forward;

1) What are the most significant barriers to trauma and trauma treatment in Sudan?
2) In what way do trauma counsellors at ATC modify western approaches for them to fit their cultural context?

2.0 THEORETICAL LITERATURE REVIEW

2.1 Defining Relevant Concepts

This thesis will begin by defining certain that are of relevance for the understanding of the content of this thesis. The following concepts are addressed: *culture, stigma, structural violence and justice*.

2.2 Culture

The Norwegian anthropologist Thomas Hylland Eriksen claims that culture is the most difficult concept to grasp within the discipline of anthropology (Eriksen, 2004, p. 26). The term does not have one set definition. In fact, Alfred Kroeber and Clyde Kluckholm have identified more than 160 different definitions for culture. One of the most widely quoted definitions of culture is one given by anthropologist E. B. Tyler in his book *Primitive Culture* published in 1871:

"Culture or Civilization, taken in its wider ethnographic sense, is that complex whole which includes knowledge, belief, art, morals, law, custom, and any other capabilities and habits acquired by man as a member of society" (Eller, 2009, p. 24: Eriksen, 2004, p. 26).

Another way of interpreting culture is by using the metaphor of a conversation. A conversation that started among the people in your community before you were born, which you throughout your childhood learned to participate in and contribute to, and which then continues after you pass away. In other words, culture is something that is dynamic and evolves. However, most importantly it can be said that culture is a shared understanding of the world that creates a bases for norms, ideas and behavior. This is fundamental for all human beings. Psychologist Harry C. Triandis states that;

"Culture is to society what memory is to individuals. In other words, culture includes traditions that tell, "what has worked" in the past. It also encompasses the way people have learned to look at their environment and themselves, and their unstated assumptions about the way the world is and the way people should act" (Triandis, 1994, p.1).

Triandis points out a clear connection between culture and psychology. He claims that a particular culture plays an important role in developing each individuals understanding of oneself and its place in the society.

"…we are learning how the central concept of "the self" is shaped by many aspects of our socio-cultural worlds that support values of either individual control and personal achievement, like ours does, or the bonds of social solidarity, as do many other cultures. Those differences, essential for adaption to, and even survival in, a given culture, have an enormous ripple effect that impacts one's thoughts, feelings and actions – the traid key of psychology" (Triandis, 1994, P.xiii).

2.3 Stigma

Sociologist Erving Goffman addresses the concept of stigma in his seminal work *Stigma: Notes on the Management of Spoiled Identity* published in 1963. He explains that societies have a tendency to categorize persons and to attach certain attributes that are seen as ordinary or natural. When we meet someone unknown to us, we assess him or her according to these categorizations. Stigmatization occurs when a person stands out by having undesired differences. Goffman states:

"…his possesses an attribute that makes him different from others in the category of persons available for him to be, and of less desirable kind – in the extreme, a person who is quite thoroughly bad, or dangerous, or weak. He is thus reduced in our minds from a whole and usual person to a tainted, discounted one" (Goffman, 1963, p. 3).

Goffman further explains that we tend to treat a person with a stigma differently because the person has a reduced value in our minds. A stigmatised person may experience varieties of discrimination witch may often reduce his life quality (Goffman, 1963, p. 5). "*We use specific stigma terms such as cripple, bastard, moron in our daily discourse as a source of metaphor an imagery, typically without giving thought to the original meaning"* (Ibid, p.5).

2.4 Structural Violence

Structural violence is a term introduced by Johan Galtung's article *Violence, Peace and Peace Research* published in 1969. Galtung aims to widen the concept of violence and defines it as*; "violence is present when human beings are being influenced so that their actual somatic and mental realizations are below their potential realization"* (Galtung, 1969, p. 168). This means that violence is not only something that is direct, or solely within a subject-object relation. Violence can also be indirect; that it is built-in as a part of a structure. Galtung refers

to the examples of resources being distributed heavily skewed or education unevenly distributed. Galtung gives the example of food distribution.

"The important point is that if people are starving when this is objectively avoidable, then violence is committed…" (Galtung, 1969, p.171)

In short, it could be said that harmful and unjust practise are imbedded in the political and economic systems. In his later article, *Cultural Violence* from 1990 Galtung argues that violence can be imbedded as a particular aspect of culture. *"Cultural violence' is defined here as any aspect of a culture that can be used to legitimize violence in its direct or structural form"* (Galtung, 1990, p. 1).

2.5 Reconciliation and Justice

Reconciliation and justice are concepts often interlinked with trauma and the healing of trauma. The term reconciliation originates from a sacrament in the Roman Catholic Church where a regretful sinner confesses his sins to a priest and perform a penance to restore his relations with God (Free Dictionary, Reconciliation). The need for restoring individual or community balance is a prominent in idea in the western approach to peacebuilding.

"Processes where victims are recognized, wrongs acknowledged, and responsibility allocated are seen to be required to bring closure and healing" (Skaar, et. al, 2005, p 5).

This leads us to the concept of justice. This concept is also based on the idea that balance needs to be restored. That someone has to admit their wrong doings and thereafter receive a punishment for what they have done. The idea has further been amplified by the growing emphasis on human rights after the end of the Second World War. In relation to this, the United Nations has created the term Transitional Justice:

"For the United Nations System, transitional justice is the full range of processes and mechanisms associated with a society's attempt to come to terms with a legacy of large-scale past abuses, in order to ensure accountability, serve justice and achieve reconciliation" (United Nations, United Nations Approach to Transitional Justice).

As stated, the term includes both juridical and non-juridical processes. The most comprehensive international juridical institutions have been the ones dealing with genocide, war crimes, crimes against humanity and gross violation of human rights. This includes the ad

hoc tribunal of Yugoslavia established in 1993, the ad hoc tribunal of Rwanda created in 1994 and the International Criminal Court established in 2002.

This thesis will relate to these concepts as it addressed the situation of trauma and healing in Sudan and the work of the counsellors at ATC. However, it will now move on by establishing an understanding of the western scientific approach to trauma and trauma treatment. This is done in order to establish an understanding of the approaches that counsellors use in the work with their clients.

3.0 What is Trauma and What Characterizes the Western Scientific Approach to Trauma and Healing?

Trauma and the treatment of trauma is most commonly addressed, in the western world, within the field of psychology. This section will therefore start by introducing the field of psychology. It will then address the western scientific concept of trauma, as well as the most common approaches to trauma treatment. A brief description of the concept of cultural sensitivity within trauma treatment will follow, before a presentation of some controversies within the field of traumatology. This section is meant to give a brief overview of areas that are relevant for the purpose of this thesis.

Western psychology can be traced back to the time of the Greek philosophers Socrates and Aristotle. The word psychology derives from the Greek word *psyche*, meaning mind or spirit (Cherry, 2016). However, western psychology did not develop into a separate discipline of science until the late 1800s. As a discipline, it sets out to conduct scientific studies of the mind, the brain and human behavior. The way of conducting these scientific studies has largely been based on empirical observations in the same fashion as the natural sciences (Holt et al. 2015, p.10). Experiments based on empiricist ideas are conducted in order to seek universal laws, and it is what can be seen or observed that creates the bases for new knowledge. Countless experiments and observations have been made since the late 1800s, and psychology today consists of a number of different branches. The topic of this paper falls under the two branches, *Abnormal psychology* and *Cross-cultural psychology*. Abnormal psychology deals with abnormal behavior and mental disorders, while Cross-cultural psychology studies how cultural factors influence human behavior. Western scientific approaches to treatments of psychological issues are largely based on psychotherapy. The goal of psychotherapy is to change the way the client thinks, feels and behaves in order to live

happier and more productive lives (Holt et al. 2015, p. 776). These processes would commonly involve a number of weekly sessions talking to a trained therapist, either one-on-one, in smaller groups, with your life partner or other family members.

3.1 What is Trauma?

The systematic study of human responses to trauma is a recent area of study compared to other areas of psychology. It was born in the United States in the aftermath of the Vietnam War, as the manifestation of trauma symptoms among the returning soldiers caught psychologists' attention (Briere & Scott, 2013, p.1). Trauma is the term that since then has been used to describe the physical and emotional responses caused by terrible or overwhelming events. The Diagnostic and Statistical Manual of Mental Disorders produced by the American Psychiatric Association includes a number of events that can be seen to cause trauma symptoms. This comprises, among others, combat, sexual and physical assault, robbery, being kidnapped, being taken hostage, terrorist attacks, torture and disasters (Briere & Scott, 2013, p. 7). Wartime or violent conflict involves many of the elements that have a traumatizing impact on people. Long-term effects related with the trauma can be flashbacks, unpredictable emotions, strained relationships, or even physical symptoms like headaches or nausea (American Psychiatric Association, Trauma). Most of the academic interest concerning trauma since the Vietnam War has been centred on Post-Traumatic Stress Disorder (PTSD). The symptoms of PTSD are more specific than those for trauma in general, and they are categorized in four categories: re-experiencing, avoidance, negative cognitions and arousal. The American Psychiatric Association describes the categories in the following way:

- *Re-experiencing covers spontaneous memories of the traumatic event, recurrent dreams related to it, flashbacks or other prolonged psychological distress.*
- *Avoidance refers to distressing memories, thoughts, feelings or external reminders of the event.*
- *Negative cognitions and mood represents myriad feelings, from a persistent and distorted sense of blame of self or others, or markedly diminished interest in activities, to an inability to remember key aspects of the event.*

- *Arousal is marked by aggressive, reckless or self-destructive behavior, sleep disturbances, hypervigilance or related problems.* (American Psychiatric Publishing, Post-traumatic Stress Disorder).

3.2 Trauma Treatment

The fundamental understanding of what PTSD is and how it is meant to be treated can make a significant difference in individual treatments, and the perspectives on how to treat PTSD may vary among therapists (Briere & Scott, 2013, p. 79). However, the most common understanding refers to the earlier mentioned symptom of re-experiencing the traumatic events. This has been understood as a recovery mechanism that humans have evolved in order to process traumatic experiences. Based on this, the common way of treating PTSD has been developed as a response to a need of emotional processing of the events that the client has experienced (Briere & Scott, 2013, p. 79).

3.2.1 Cognitive Behavior Therapy

"CBT is probably the most utilized, most researched, and most consistently effective treatment for the symptoms of posttraumatic stress currently used by clinicians who treat trauma survivors" (Baranowsky & Gentry, 2015, p.12).

Cognitive Behavior Therapy (CBT) consists of a combination of strategies used in Behavioral Therapy (BT) and Cognitive Therapy (CT). BT focuses on the behavioral symptoms that often occur as result of traumatic events. The science behind this therapy claims that a traumatic event alerts survival mechanisms such as fear, anxiety and arousals. The human brain is hardwired to attend to all information associated with survival, and it therefore registers much of the information peripheral to the traumatic event. According to a BT perspective, this peripheral information registered at the time of the event will be enough to trigger survival mechanisms also in the future. So if you have experienced a traumatic car accident, then peripheral information like the honking of a horn, heavy exhaust fume in the air or a traffic light can be enough to alert the survival mechanisms and cause fear, anxiety or arousal. The essence of treating PTSD using BT requires the survivor to confront, rather than avoid, the traumatic memory and/or the triggers associated with the trauma (Baranowsky & Gentry, 2015, p.10). The job of the behavioral therapist is to the give the trauma survivor the

skills to address the fear and anxiety in a way that allows him to gain mastery over these responses. This is done based on the theory of reciprocal inhibition. The theory holds that:

"...when exposure to an anxiety-provoking stimulus is paired with the relaxation response and the client is able to maintain the relaxation, then the conditioned response to fear-provoking stimulus is extinguished" (Baranowsky & Gentry, 2015, p.11).

In opposition to the Behavioral therapists, a Cognitive therapists starting point is that not everyone that experienced a traumatic event will develop the same type of symptoms. Cognitive therapist will therefore be more concerned with the way that the individual client thinks, interpret and give meaning to the traumatic event.

"Treatment is oriented towards identifying the distorted beliefs of the survivor attached to the painful or traumatic experience and helping the survivor renegotiate these beliefs and meanings towards more healthy and adaptive ones" (Baranowsky & Gentry, 2015, p.12).

The goal of Cognitive therapy is to change the way the client sees and interprets the world, and in this case, more specifically the way they interpret the traumatic events that they have experienced. During the therapeutic sessions, the client, together with the therapist, revisits the event in order to reveal to what extent these thoughts and feelings of self-blame, responsibility and self-criticism are appropriate. The purpose throughout this process is that the traumatized client will gain a growing awareness of his or her own experiences, thoughts and feelings, and this is meant to foster a more positive self-perception (Briere & Scott, 2013, p. 126).

3.2.2 Narrative Exposure Therapy

Narrative Exposure Therapy (NET) is frequently used in order to treat clients that suffer from trauma. It uses several cognitive and behavioral techniques, and it is seen to be

"a highly structured process designed to help survivors quickly and effectively confront and desensitize the painful intrusive and anxiety symptoms associated with PTSD" (Baranowsky & Gentry, 2015, p.108).

NET uses five separate narrative procedures: Graphic Time Line Narrative, Written Narrative, Pictorial Narrative, Verbal Narrative and Recursive Narrative (Ibid, p. 109). Throughout the

therapy, the client is meant to repeatedly approach or revisit the fearful event that has caused the trauma. This starts by the client creating an illustrative lifeline or story line pointing out happy and unhappy events. Flowers and rocks commonly represent these events. The client is then asked to write down the story or stories that are represented on the lifeline. When this written task is finished, the client is asked to draw the same sequence of events on a clipboard. The idea is that the process of drawing pictures elicits non-verbal memories more readily than verbal methods (Baranowsky & Gentry, 2015, p.114). The next step in the treatment is for the client to tell the story out loud. The already drawn picture is now used as a helpful tool for the client to navigate through the difficult story. In the last step of the NET the therapist, retell the story presented by the client using third person perspective. The therapist is cautiously monitoring the client throughout all the steps making sure that the client remains calm and relaxed.

"This process of sharing within a safe relationship, such as therapy, is the most potent form of relief presently available for treating PTSD. Sharing narratives as a method of completing reciprocal inhibition (exposure + relaxation) is at the core of most effective treatment for PTSD" (Baranowsky & Gentry, 2015, p.115)

3.2.3 Psychoeducation

Another element that is often addressed as a part of trauma treatment is psychoeducation. It refers to education given to the clients about trauma and its effects. It is seen as essential that the client gains a better understanding about his or her own situation. The therapist use the new knowledge presented to the client to create a new perspective on his or her situation. It can be done in the beginning, as well as throughout the process of psychotherapy (Briere & Scott, 2012, p. 105).

3.2.4 Social Support

Social support from family and friend has been proven relevant for the treatment of clients suffering from trauma or PTSD. In his article *Social support and Psychological Trauma: A Methodological Review* Raymond B. Flannery refers to a study conducted by Stretch and his colleagues. They conducted a questionnaire survey approaching veterans after the Vietnam War. Their main aim was to determine if there was a relation between how well the veterans

were coping with their trauma and the extent in which they felt supported by family and friends. Stretch and his colleagues conclude that:

"For both combat and nursing personnel PTSD was highest in those men and women who lacked positive social support from family, friends and society in general. Helpful social interactions appeared to enable the veteran to cope with PTSD" (Flannery, 1990, p. 605).

The article also refers to a study were 326 structured interviews were conducted with victims of sexual assault. The aim of the interviews was to assess the impact of supportive or non-supportive networks. Five networks were assessed: living situations, family, friends, church and helping professionals. This study concluded that: *"Women with supportive networks coped much better with the assault and its aftermath than females who were alone"* (Flannery, 1990, p. 606). This shows that it is reasonable to believe that there is a connection between successful recovery from PTSD and trauma and the level of support a client receives from his or her surroundings.

3.2.5 Cultural Sensitivity

A growing amount of literature on the cultural component of trauma treatment has brought awareness about the need for knowledge and sensitivity in dealing with trauma clients. Cultural sensitivity has become a part of most curriculums for students of trauma treatments.

"Cultural awareness and sensitivity are an important part of and psychotherapeutic process – including trauma therapy. Clinicians who find themselves, for example, regularly working with Cambodian refugees, Hmong clients, or Mexican immigrants have a responsibility to learn the primary rules of clinical engagement with people from these cultures, as well as, if possible, something of their culture, history and language" (Briere & Scott, 2013, p. 96).

Van der Weele addresses some of the relevant aspects of cultural sensitivity in the chapter *Kultursensitiv Traumebehandling in the book Traumebehandling – Komplekse traumelidelser og dissosiasjon*. Van der Weele stresses that it is crucial that the therapist manages to find a way of approaching the client that suites the client's background and worldview. In order to do so, the therapist needs to be aware of his or her own stands, as well as his or her own communication preference (Van der Weele, 2014, p. 165). The therapist should adjust to the client and not the other way around. She further advices the therapist to use the first few

sessions with the client to observe the clients style of communication. *"The first thing to asses is if the client prefers to use a direct linear or a more indirect circular style of communication"* (Van der Weele, 2014, p. 165).

A client with linear or direct communication style will formulate the story according to a timeline evolving around the past, the present and the future. This client would normally deal well with a structured treatment plan and homework between counselling sessions. The counselling of this type of clients is, according to Van der Weele, more characterized by direct counselling of the client's problem. A therapist educated in a western scientific approach to therapy would, according to Van der Weele, feel more confident and familiar with a client using a linear and direct communication style (Van der Weele, 2014, p. 169). Van der Weele goes on by describing the indirect or circular client. This client expresses his or her story without a clear timeline guiding the events. The client will often tell numerous stories with many details, and the message might be often hidden between the lines. Change is something that is often seen to happen by itself and the conversations with the counsellor are seen more as support than a catalyst for change. Another tendency that Van der Weele claims to have observed that clients that have a more linear communication style are more prone to follow up a regular weekly treatment plan, while clients characterized by a circular approach will seek help from the therapies whenever they struggle and the stay home if they feel better. Van der Weele also addresses the influence of a client's collective or individual self-perception. She points out that the client self-perception plays an important role in how the client relates to his experience of trauma, how he relates to his surroundings and how he relates to the therapist. She states that:

"Family oriented values give these clients different ethical challenges and different burdens related with their trauma than others with a more individualistic self-perception" (Van der Weele, 2014, p. 171).

Level of education is also pointed out as a factor that can play a role in what type of communication that might be suited for the client.

"A client that has many years of education will be more suited for abstract analyses. A client with little education might need a therapist that sticks more closely to the actual problem that the client presents and gives advices accordingly" (Van der Weele, 2014, p. 169).

3.3 Controversies within the Field of Traumatology

The treatments described in the previous section have proven to be effective on clients in many circumstances. However, they are still highly contested. In fact, there is a tension within the field of traumatology. For the purpose of this paper, it will be focused on the tension that arises when the western understanding of trauma and healing meets non-western culture. The ongoing debate within the field of traumatology divides those who believe that the concept of trauma can be applied and understood on equal terms in all circumstances across cultures, and those who believe that culture play a crucial part in determining how trauma is perceived. John P. Wilson and Catherine C. So-kum Tang describe it in this way; *"PTSD has become a battleground on which the ethic-emic controversy has raged"* (Wilson & Tang 2007).

In his article *A Critique of Seven Assumptions behind Psychological Trauma Programmes in War-Affected Areas,* psychologists Derek Summerfield presents his remarks on this topic. He is critical of the growing number of humanitarian operations that aim to address PTSD in war-torn countries. He bases his claims on experiences from the aftermath of the wars in Bosnia and Rwanda. He argues that the increased use of trauma as a concept has reframed the suffering of war into a technical problem that can be solved with short-term technical solutions based on psychological therapy and medication (Summerfield, 1999, p. 1449). He further claims that a number of assumptions have developed regarding the concept of trauma and healing that are false. He lists the following assumptions:

> *1. Experiences of war and atrocity are so extreme and distinctive that they do not just cause suffering, they cause "traumatization".*
>
> *2.There is basically a universal human response to highly stressful events, captured by Western psychological frameworks.*
>
> *3.Large numbers of victims traumatized by war need professional help.*
>
> *4.Western psychological approaches are relevant to violent conflict worldwide. Victims do better if they emotionally ventilate and "work" through their experiences.*
>
> *5.There are vulnerable groups and individuals who need to be specifically targeted for psychological help.*
>
> *6.Wars represent a mental health emergency: rapid intervention can prevent the development of serious mental problems; as well as subsequent violence and wars.*

7.Local workers are overwhelmed and may themselves be traumatized.

Professor Mike Wessells also point to similar limitations with the understanding of PTSD in his paper *Trauma, Peacebuilding and Development: An African Region Perspective*. He claims that:

"The trauma paradigm decontextualize human suffering by reducing it to individual terms, when many of the greatest sources of suffering are collective and are grounded in a socio-historic contexts of human rights violations" (Wessells, 2008, p. 2).

In other words, trauma as a consequence of war and conflict is more complex than trauma caused by other circumstances. He points out that war-torn countries often experience structural violence, human rights violations and state oppression that produces forms of trauma that is difficult to correct through counselling. Distrust and low social cohesion caused by political, economic and social factors are also hard to deal with through trauma therapy. Wessells' second critique is that a focus on PTSD decontextualizes the problems. He argues that many in war-torn countries report other problems to be more pressing than issues related with trauma. *Many people in post-conflict environments report that poverty and the anguish of being unable to provide for their families are their greatest source of distress* (Wessells, 2008, p. 11). The last limitation Wessells adds on his list is ethnocentrism and culture biases. Here he states that humanitarian workers that is trained to understand trauma in terms of the western understanding of the concept are likely to overlook and marginalize indigenous categories of mental illness and local remedies. (Wessells, 2008, p. 12).

This section of the thesis has presented the underlying ideas of the western scientific approach to trauma and trauma treatment. This has been done in order to establish an understanding of the approaches and methods used by the counsellors at ATC to treat non-western clients. Examples have been given showing that social networks like family and friends are important factors for a successful recovery from trauma and PTSD. It has further shown that culture plays an important part in how different people relate to trauma and this should be taken into account as a part of their treatment. Cultural sensitivity is therefore included in most curriculums for students of trauma treatments. In the end, it has been pointed out that the focus on trauma and trauma treatment might oversimplify the situation in war-torn countries. The next section moves on by looking the particular context of Sudan.

4.0 SUDAN – IDENTITY, CONFLICT AND TRAUMA

This part of the thesis will look at the current situation in Sudan. It will give a brief introduction to the country itself before addressing some important issues related to the situation of mental health care and the role of traditional healing. In the last section, it will address the issue of human rights and justice in Sudan. This is done to give an understanding of the context of the fieldwork conducted for this thesis.

4.1 Identity as a Cause of Conflict

The Republic of Sudan (Sudan) is Africa's third largest country and it occupies 1,886,068 square kilometres (World Population Review, Sudan). It has an estimated population of close to 40 000 000 inhabitants (Ibid). Sudan is a multi-ethnical and multi-religious melting pot, consisting of around 19 different ethnic groups and close to 600 subgroups (Fahmi, 2012, p. 2). These groups hold a mix of Arabic and African origin, and they belong to Islamic, Christian or animistic faith. The lack of one joint Sudanese identity is by some seen as an underlying cause for numerous military coups and unresolved conflicts. In her essay, *Is Identity the Root Cause of Sudan's Civil Wars?* Monica Fahmi claims that the divisions between the ethical and religious groups became more apparent during the colonial period. This was when Sudan acquired its governmental structure, something which politicized and consolidated the divide between the different ethnical groups (Ibid, p.2). This political structure established a divide between the Arab Muslim entity in the North and a Christian and animist entity in the South. Fahim further claims Sudanese governments has been imposing a policy of Arabization and Islamization. That resulted in a political, economic, religious and cultural marginalization of the peripheral areas of the country. This sentiment is also put forward by The World Factbook that states; *"Military regimes favouring Islamic-oriented governments have dominated national politics since independence from Anglo-Egyptian co-rule in 1956"* (The World Factbook, Sudan). This unbalanced structure lead Sudan into its first civil war in 1955, even before independency was granted. The first Sudanese civil war came to an end by the signing of a peace agreement in Addis Ababa in 1972. However, the disputes reoccurred again in 1983. The catalysis for new turmoil is seen to be the discovery of oil in the south and that the president at the time, Jaafar Nimeiry, decided to implement Islamic Sharia laws throughout the country (Fahmi, 2012, p. 5). An uprising erupted in the south steered by The Southern Sudan Liberation Movement/Army

(SSLM/A) lead by colonel John Garang de Mabior. The events that followed would lead to what has been known as *"...one of the longest lasting and deadliest wars of the 20th century where approximately 1.9 million civilians were killed"* (Ibid, p. 5). Few years after the outbreak of the second Sudanese civil war, in 1989 Omar al-Bashir gained power in Sudan as a result of a military coup. He has remained the president in Sudan and the head of the National Congress Party for the last 27 years.

In 2003, yet another bloody civil war broke out in Sudan in the region of Darfur. The United Nations (UN) states that this civil war:

*"...led to the deaths of tens if not hundreds of thousands of Darfuris and the displacement of nearly two million. In the fighting between the Government of Sudan and militias and other armed rebel groups, widespread atrocities such as the murder and rape of civilians have been committed" (*United Nations, UNAMID - African Union - United Nations Mission in Darfur).

The gross violation led the UN to deploy its first mission in Sudan on 31st of July 2007. The International Criminal Court has issued two warrant of arrest for Omar Al-Bashir, one in 2009 and one in 2010. He is seen to be criminally responsible of ten counts under Article 25(3)(a) of the Rome Statutes. This includes five accounts of crimes against humanity; murder, extermination, forcible transfer, torture and rape. Two counts of war crimes; intentionally directing attacks against a civilian population and pillaging. As well as three counts of genocide; genocide by killing, genocide by causing serious bodily or mental harm and genocide by deliberately inflicting on each target group conditions of life calculated to bring about the group's physical destruction (The International Criminal Court, Al Bashir Case). The International Criminal Court has so far not succeeded in bringing Omar al-Bashir to justice and the war in Darfur is still ongoing.

The civil war between North and South of Sudan ended by the signing of The Comprehensive Peace Agreement (CAP) in 2005. The agreement created the backdrop for a referendum of independency for South Sudan, and on January 9th 2011 South Sudan seceded from Sudan. Around the same time a new civil war between Sudanese government forces and armed opposition erupted in Southern Kordofan's Nuba Mountains and spread to Blue Nile state (The World Factbook, Sudan). There is also an ongoing conflict in the oil rich region Abyei on the border between North and South Sudan. The government in Khartoum sent its troops to

Abyei in 2011. A few months later The United Nations deployed its second peacekeeping mission in Sudan, the United Nations Interim Security Force Abyei.

"On 27 June 2011, the Security Council authorized the deployment of a peacekeeping force to the disputed Abyei Area, which straddles northern and southern Sudan and has been claimed by both sides" (United Nations, UNISFA - United Nations Interim Security Force for Abyei).

The long-lasting conflicts described has created a large number of internal displaced people. The latest numbers provided by the UN Refugee Agency counts about 400 000 newly registered internally displaced people between January and August 2014 (UNHCR, 2015 UNHCR country operation profile - Sudan). The neighbouring countries, Ethiopia, Eritrea, Chad, Central African Republic and South Sudan has also produced a considerable number of people seeking refugees in Sudan (The World Factbook, Sudan).

4.2 The Situation for Mental Health Care in Sudan

The history of modern psychiatry in Sudan has its origin in the 1950s when the Mental Health Association of Sudan and The Sudanese Association of Psychiatrists was established (Sorketti, Zainal & Habil, 2012, p. 366). The establishment of El Tigani Mahi Hospital in Khartoum in 1971, as well as four psychiatric units in provincial capitals followed this. However, little development has happened since the 1970s and mental health is still not included as a part of the primary health care system. A study conducted by Sara H. Ali and Vincent I. O. Agyapong takes a closer look at the barriers to the utilisation of mental health services in Sudan. They used mixed, qualitative and quantitative, methods in order to collect their data. The study, conducted between April and July 2014, included 103 persons registered as carers for patients admitted at Tijani Elmahi Psychiatric Hospital, as well as 6 in-depth interviews with psychiatric consultants. One of their informants stated that, *"if we are taking about primary health, still we are lacking the community psychiatry and primary mental health care so most people come to secondary care and to the hospitals*" (Ali & Vincent, 2015, p. 4). The majority of their informants perceived that the authorities did not give mental health enough focus and funding. The study further determines that there is a lack of the qualified health personnel needed to provide adequate services, and that there is a considerable "brain-drain" of professionals leaving the country to work elsewhere. The social stigma towards mental illness and the cost of medication was also seen as barriers to the use

of mental services. Another central issue effecting the utilization is that many people in Sudan perceive mental illnesses as being caused by spiritual forces, and this makes them seek help from spiritual and traditional healers.

"Overall, 80% of respondents who had only primary or no education resorted to other types of treatments before coming to the psychiatric hospital compared to 62.2% of those with higher education…" (Ali & Agyapong, 2016, p. 4).

4.3 The Role of Traditional Healing in Sudan

The World Health Organization defines traditional medicine as follows:

"Traditional medicine refers to the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, used in the maintenance of health and in the prevention, diagnosis, improvement or treatment of physical and mental illness. Traditional medicine covers a wide variety of therapies and practices which vary from country to country and region to region" (The World Health Organization, Traditional medicine).

In his book *Traditional Sudanese Medicine - A primer for health care providers, researchers and students* Al Safi states that a dual division often distinguishes the cognitive framework used by non-westerners. This is *personalistic* and *naturalistic*. He explains that a personalistic system is one in which illness is believed to be:

"...caused by the active, purposeful intervention of the physical agent who may be a supernatural being (a deity or god), a nonhuman being (such as a ghost, ancestor, or evil spirit) or a human being (a witch or sorcerer)" (Al Safi, 2006, p. 43).

The sick person is, in other words, a victim. He or she is the object of aggression or punishment directed specifically against the person, for reasons that concern only him or her. Naturalistic systems are based on an equilibrium model. This means, *"...health prevails when the insensate elements in the body, the heat, the cold, the humours are in balance"* (Ibid, p. 43). Illness is explained as a disturbance within this system. Psychiatrist and researcher, Ehab Sorketti divides traditional healing in Sudan into two distinct groups. He divides between healers that base themselves on Islamic and Arabic culture, and those based on animistic African culture (Sorketti, 2008, p. 246). Regarding the first group, he gives the example of healers providing koranic treatment based on particular verses in the Koran. He states that

this; *"involves reading of the and listening to the Koran with the active participation of the patient"* (Ibid, p. 246). These Islamic healers are highly influential also among governmental officials and politicians. They can be approached when important decisions are to be made. In the second group of African animistic healers Sorketti mentions the belief in Kogour and Zar Kogour is a practice used by healers that claim to have supernatural powers. These supernatural powers are used to cure disease, to solve problems and even to control the rain (Ibid, p. 246). While in the Zar cult it is believed that illness is caused by the devil taking over the human being. Zar is also an accepted concept among both Muslims and Christians. The majority of people in Sudan see local medicine as a fine skill that requires knowledge, intelligence and probably supernatural gifts such as magical powers and divine assistance (Al Safi, 2006, p 25). The treatments provided by traditional healers has been subjected to little academic study.

4.4 Human Rights Abuses and Justice

The Human Rights Watch (HRW) published a report on the 23rd of March 2016 called *"Good Girls Don't Protest"- Repression and Abuse of Women Human Rights Defenders, Activists and Protesters in Sudan*. The HRW report describes a worsening in the situation for human rights activists in Sudan over the last five years. It is based on 85 interviews conducted to female activists between November 2014 and January 2016. The report starts by giving some background information about the development in Sudan. It explains that the falling oil prices, discontent with the National Congress Party and the influence from the Arab-spring in Tunisia and Egypt are seen to be the backdrop leading to increased political protests in Sudan. This new uprising was largely driven by youth and had a larger participation of women than commonly seen (Human Rights Watch, "*Good Girls Don't Protest",* 2016, p. 10). The report refers among others to the example of the "Sudan Revolts" in June and July 2012 where female students at Khartoum University played a key role. The report further states that the government used violent means to put-down the protests, and that journalists and humanitarian organizations have been directly targeted in order to silence and oppress opposition. It also gives examples of government officials openly expressing hostility towards female activists, and thereof contributing to the difficult situation for women. The report states:

"Negative cultural and social perceptions of women, promoted in official ideology, further reinforce discrimination, harassment, and various forms of ill-treatment of women activists" (Human Rights Watch, *"Good Girls Don't Protest",* 2016, p.13).

The report then moves on to describe how the National Intelligence and Security Service (NISS) have deliberately targeted female activists and human rights defenders. Nearly all of the women interviewed by Human Rights Watch had experienced some type of gendered-based violence ranging from raped, threats of rape, attacks on their reputation and verbal harassment. (Ibid, p.16). One example that is used to illustrate the violence that many of these women have experienced is the story about Safiya Ishaq. She was an active member of Girifna[1], who was abducted by two security agents and taken to the NISS office on the 13th of February 2011. The story is described in these words:

"They threw me on the ground and were beating and kicking me with their boots. They accused me of distributing fliers for Girifna… they insulted me saying I am a communist and an indecent girl." She fainted during the beating. "When I woke up I found two men holding my legs and the other one raping me. Three of them took turns and raped me. I was in a lot of pain. My hands were tied with my headscarf" (Human Rights Watch, *"Good Girls Don't Protest",* 2016, p. 17).

Safiya's story is one out of a number of similar descriptions where women have been abused by the NISS because of their political activism. Quite a few of the women has decided to flee the country fearing for their safety after being abused by the NISS or the police. Another girl named Rihab was detained by NISS. She explains that:

"…she lost consciousness and woke up "naked with all four security officers there looking at me." She said that she was then shown a video of the four men raping her. Rihab said security officers raped here three more times during her month of detention. Upon her release, she appeared bruised and could not walk properly. She left Sudan fearing for her safety and now lives in exile" (Human Rights Watch, "*Good Girls Don't Protest",* 2016, p. 19).

Some of the women report that they left the country because of the social stigma following the arrest.

[1] Girifna is an activist movement formed in Khartoum in 2009. The word Girifna means "We are fed up" in Arabic and its members are opposing the government by demanding the right to vote.

"...national security personnel began to contact her family directly, telling them she had "bad-ethics" and spent time with "bad people". "My family started putting so much pressure on me, they asked me to leave the country because they were afraid of a bad reputation" (Human Rights Watch, *"Good Girls Don't Protest",* 2016, p. 23).

The report also noted that none of the perpetrators had been charged for the offences made. *"...none obtained legal redress either because they were too afraid to report or because law authorities did not investigate or prosecute the crimes"* (Human Rights Watch, "Good Girls Don't Protest", 2016, p. 3).

This section has described Sudan as a country largely affected by war and conflict since its independency in 1965. The gross violations that have taken place in large parts of the country correlate with the events that The Diagnostic and Statistical Manual of Mental Disorders by the American Psychiatric Association claims have a traumatizing effects on individuals. This section has further illustrated that the mental health system in Sudan is poorly developed and that the majority of the population approached traditional healers regarding their mental problems. The end of this section has further described how the Sudanese government itself targets its own population, using violence and abuse to oppress the opposition. Sexual abuse of women has been emphasised as something highly stigmatizing within a Sudanese cultural context. This thesis will now move on by addressing the field visit conducted at Ahfad Trauma Centre in Omdurman, Sudan. It will start by describing the methodology used and then present the findings, before it gives the analysis and interpretations.

5.0 METHODOLOGY

5.1 Background Information

Ahfad University for Women (AUW) has been collaborating with the Dutch non-profitable organization, War Trauma Foundation since 2011. The collaboration has involved the training of Sudanese Mental health professionals in advanced psychotherapeutic and supervision skills (War Trauma Foundation, From individual to Collective Healing). The main goal of the collaboration has been to improve the access to mental health care in Sudan. One important step in this process was the founding and opening of Ahfad Trauma Centre (ATC) in June 2012. The purpose of the ATC is to provide psychosocial support to individuals, families and communities affected by traumatic events. Mainly professionals working at AUW staff the

ATC. They serve as counsellors at ATC on a voluntary base, and they offer their services free of charge for everyone in need. The ATC in collaborating with the War Trauma Foundation has also established a small out-reach team that provides services in areas outside Khartoum.

Ahfad University for Women and Høgskolen i Hedmark in Norway have for the last two years had an agreement regarding the exchange of professionals between the two institutions. The purpose of this exchange is "*to assist, guide, and build up competences and education in the field of trauma through mutual exchange of professors and teachers"* (Høgskolen i Hedmark, Spennende utvekslingsmulighet til Sudan).

As earlier mentioned, ATC was selected because the counsellors there use western scientific methods to treat trauma in non-western clients. The ATC was further viewed as a suited case for this thesis because all the staff, with the exception of two, are of Sudanese origin and therefore have an extensive understanding of the local context. Both War Trauma Foundation and Høgskolen i Hedmark describe Ahfad University for Women and Ahfad Trauma Centre as respectable and professional partners. Selecting ATC as a case for this thesis was therefore also based on the successful cooperation that portray ATC as a serious and reliable institution.

5.2 Qualitative vs. Quantitative Research

One of the fundamental considerations that needs to be made while designing a research project is if the research question will be addressed using qualitative, quantitative or mixed-methods. The answer to this question often depend on the purpose of the research and what the researcher is aiming to achieve. The different methods are founded on different philosophical stands often addressed as the naturalists and the interpretivists (Lazar, 1998, p. 7). The naturalists claim that only scientific methods are valid in order to produce knowledge. Naturalists therefore focus on methods that produce results that can be tested in order to draw conclusions and gain new knowledge. The interpretivist, on the other hand, claim that certain experiences in life cannot be captured by the use of experiments and expressed through numbers. They see social science as something distinctly different form natural science, and claim that the essential point of studying social science is to grasp social meanings (Lazar, 1998, p. 8). *"Qualitative research, thus, refers to the meaning, concepts, definitions, characteristics, metaphors, symbols, and descriptions of things."* (Berg & Lune, 2012, p. 3).

The purpose of this thesis is to gain a better understanding of how the counsellors at ATC experience certain aspects of their work. What are the barriers that they experience as a part of their own cultural context? How do they use the western scientific approaches, and in what way do they make modification for them to fit the Sudanese culture? This thesis aims to investigate the thoughts, the meanings and reasons behind these modifications. It is therefore important to understand how the counsellors interpret their own context. The underlying thoughts, reasons and meanings that they express is therefore central to answer the research question, and a qualitative research design has therefore been chosen for the purpose of this thesis.

5.3 Sample

As already mentioned, the counsellors at the ATC in Sudan were selected based on their education in western scientific approaches to trauma and their extensive understanding of the local context. Approaching these counsellors in particular would therefore more easily allow for the extraction of relevant data. For the purpose of this study, seven out of the eleven staff members at ATC were interviewed. This counts for 63.6 % of the total sample population. These seven were selected randomly based on availability. Out of the seven counsellors interviewed were six of Sudanese origin, while the last one was from the United Kingdom (UK). Four of the staff held Master degrees from Ahfad University for Women within the programs Counselling and Health Psychology and Trauma and Community Counselling. The two remaining staff were educated as Psychologists in the UK. The group of staff further held a broad range of work experiences. This included, among others, experience from the Ministry of health in Sudan and public Sudanese mental hospitals. As well as work experience from NGO's such as UNICEF, Save the Children and Amnesty International. Many of the interviewees had also worked in the conflict areas of Darfur and Kondorfan. Some also had experience working with refugees and minorities in Sudan and the UK. All of the interviewees were women.

5.4 Method

Seven interviews were conducted with the staff at ATC in Omdurman, Sudan between the 30th of March and the 7th of April 2016. There are three different styles for conducting

research interviews. They are standardized interviews, unstandardized interviews and semi-standardized interviews. A standardized interview follows a set of structured questions with no deviations. Adjustments like clarifications or additional questions are not to be made. This style of interview can be compared to a pencil-and-paper-survey, and is often used in large research project. (Berg & Lune, 2012, p.109). The unstandardized interview, on the other hand, does not have any type of structure, no set order of questions and the interviewer may add or delete questions between interviews. Unstandardized interviews are optimal for creating a dynamic conversation and to explore unforeseen situations. The standardized and unstandardized interview style is based on two fundamentally different assumptions;

"Whereas highly structured interview assumes that the researcher and the informant share a system of meaning, researchers undertaking loosely structured interview typically seek to learn the nature of the informants' meaning system itself" (Berg & Lune, 2012, p. 112)

The semi-structured interview is located in between the two styles described. The main advantage of this style of interview is that it gives the researcher more flexibility and freedom than in a structured interview. At the same time as it maintains a level of uniformity across the different interviews. Another important advantage with this type of interview is that a semi-structured interview allows the interviewer to ask follow-up questions and probes, and that the interviewees can provide additional information. The limitations or weaknesses with a semi-structured interview is that it is largely dependent on the skill of the interviewer to conduct the interview in a way that relevant data is obtained from the interviewee. Validity is another issue regarding semi-structured interviews, as there is no way of knowing to what extent the respondents are telling the truth. The validity of the information can therefore not be determined based on a semi-structured interview alone. Validity is most commonly achieved, in social sciences, through triangulation. Triangulation refers to the use of multiple data-collection techniques in order to study the same research question. This is done to check the reliability of the result (Berg & Lune, 2012, p. 6). Semi-structured interviews were used to obtain information from the interviewees in this study. It was chosen because it would allow the interviewees to express their experiences more freely. This makes it easier to understand the way they conduct their work and how they modify the western scientific methods in a Sudanese context. Having a number of predetermined topics and questions made it possible to see if the respondent had similar or different understandings on this topic. Probes could further be made to clarify or to get a deeper understanding of what the respondent meant. An

interview guide was made consisting of four categories, with a number of questions and probes ready for the sake of keeping the conversations with the different interviewees evolving in a somewhat structured fashion. The interviews lasted on average about 40 minutes, and all of the seven interviews were recoded and later transcribed. The transcribed interviews were read multiple times. The transcribed interviews were then coded. This means that any information that stood out as important was underlined. This could be information that seemed relevant to the literature previously presented in this thesis, information that was repeated by many of the interviewees or information that an interviewee explicitly emphasized as important. The information that had been underlined was then systemized in to eight different categories. The collected data is presented below in the *Findings* section, and discussed in the *Analysis and Interpretation* section of this paper.

5.5 Ethics

"Social scientists, perhaps to a greater extent than the average citizen, have an ethical obligation to their colleagues, their study populations, and the larger society. The reason for this is that social scientists delve into the lives of other human beings." (Berg & Lune, 2012, p. 61)

This section will describe how this responsibility have been addressed and what considerations that have been made throughout this project. In the initial state of planning for this study, an application form was sent to the Norwegian Centre for Research Data (NSD). This described that nature of the study that was meant to be conducted and the ethical consideration that was meant to be taken as a part of the process. Throughout the working process of this thesis, a number of ethical considerations have been made based on the guidelines provided by the NSD. All potential interviewees were informed about the purpose of this research and the efforts made in order to maintain their confidentiality in an information letter sent to them by email three weeks in advance. In the letter, they were informed that no personal information would be collected and that they therefore could not be directly identified as participants in the project. They were further informed about the style of the interview that was planned and that the interviews were meant to be recorded. It was also stated that these recordings and all other information related to this project would be stored in a password protected computer in order to secure the confidentiality of the interviewees. On the day of the interview, a form of consent was presented to the participants. This reminded

interviewees again, what was expected of them during the interview and how the information was meant to be treated. They were further informed that they could redraw their consent at any point throughout this process. All of the interviewees signed the form of consent. An additional email was sent to all interviewees three weeks after the interviews, reminding them that the name and a description of their work place, Ahfad Trauma Centre, would be mentioned in this thesis. It was also pointed out that this means that there is a slight possibility that they might be indirectly identified. They were informed that they were welcomed to read the information that they had given before it was published. Finally, they were reminded that this project is meant to be completed by the 19th of June 2016 and that all data will be made anonymous after that date. This means that all email lists and recordings will be deleted, and the transcribed interviews will be demolished. All interviewees were reminded that they could redraw their consent at any time throughout this process.

5.6 Importance and Limitations

5.6.1 Importance

As stated earlier in this thesis, there is an ongoing debate within the field of traumatology that divides those who believe that the concept of trauma can be applied and understood on equal terms in all circumstances across cultures, and those who believe that culture plays a crucial part in determining how trauma is perceived. There is further a lack of knowledge of how psychosocial interventions can be carried out best in different cultural settings. There is also a need for knowledge about what type of cultural aspects that may serve as barriers for the utilization of western scientific approaches in non-western contexts. This thesis is a small contribution in order to shed some light on these issues.

5.6.2 Limitations

There are limits for how far the findings in case study can be generalized (Berg & Lune, 2012, 341). Some may claim that it is hard to verify to what extent other counsellors in other institutions in Sudan would experience the same barriers and conduct the same modifications that are presented in this thesis. However, Berg and Lune address this assumption by arguing that:

"...we accept the notion that human behaviour is fairly consistent – a necessary assumption in all behaviour science research – then it is a simple jump to accept that case studies have scientific value" (Berg & Lune, 2012, p. 341).

6. RESULTS AND FINDINGS

At the time of the interviews, the sample group was first asked some questions regarding the methods that they use in their practice. This was done to gain a better understanding of how these methods fit and what barriers they may encounter in the cultural context in Sudan. The interviewees were then asked more general questions addressing the wider social, political and cultural context that they are working on. This was done to address other issues that might serve as barriers to their daily. The following contains the most prominent findings based on the data collected during the interviews.

6.1 Language and Communication Style

When asked what type of methods they most commonly used in their practice, all interviewees mentioned a number of western-developed scientific methods like Cognitive Behavioral Therapy, Narrative Exposure Therapy, Narrative Theatre and Play Therapy. All interviewees initially responded that they found these methods to be suitable for their clients. However, when further probed about how these methods fit the cultural context, they all started mentioning a number of ways that they modify the methods in order to make them fit their clients. The way that they used language, metaphors and songs, the way of being sensitive towards religious beliefs and stigmas, as well as the openness towards working under a tree or in someone's home was some of the aspects that they mentioned that could be important ways to modify their methods of work. The use of language and metaphors has been a returning topic in many of the interviews. Language is something that often has to be adjusted for the methods of work. Written material has been translated into Arabic and ATC is in the process of translating the material into other local languages. However, a large number of those struggling with trauma in Sudan are illiterate, so oral communication is important for much of the communication in use. Most of the interviewees emphasised the importance of communicating and understanding the client properly as a crucial part for the treatment. They point to some aspects in the communication with the client that they think

might be specifically cultural. Some stated that the way of expressing pain is often done indirectly or vaguely regarding issues that are considered to be highly stigmatized in Sudan, like rape and child abuse. One interviewee gives the example of this in the case of rape. In these cases, the client would make statements like "*He ruined me or he did bad things to me*." Another interviewee explains that parents sometimes come with covering stories instead of stating the real reason or concern that they have. *"They say that the child's performance in school is very low or that the child is depressed and so on. So they give you all the symptoms and problems, but not really the reason".* She goes on by stating that this vague way of expressing their problems makes the job more difficult for the counsellor because if parts of the story about the client are hidden then the counsellor cannot intervene in order to help the client in areas that are important for the healing process.

Many of the interviewees further stress that it is crucial that the metaphors that are being used have the right meaning to the client and that the client can relate to it. The norm within Narrative Exposure Therapy for example is to use the metaphor of flowers and stones to describe good and bad events in life. One of the interviewees claim that she did not find these metaphors to be useful in her context and that she would rather ask the client: "*what would you like to use to represent a nice event?"* Another interviewee gave the example of a relaxation song that she had tried to use on one of her clients where the metaphors were not suited. In this relaxation song you are meant to imagine that you are climbing some stairs and then you reach a beach. On the beach you meet an eagle and a dolphin. The interviewee explains that:

"The first time we tried this with our client she tried to relax. But then she was asking, 'why is there stairs leading to the beach? There are no beaches around here, so I cannot walk on a beach'. And when I said there is a dolphin she said: 'is there a dolphin in our river?' And even when I mentioned the eagle she said: 'I am too fat. I cannot ride an eagle'" (Interviewee 2).

Also for the children, the methods tend to be modified. One interviewee said that sometimes she lets the children bring their own games that resemble the ideas form the original method or she would use local games that resemble the psychosocial impact she is aiming to achieve. Both of the counsellors that work with children state that they find methods like CBT and NET to involve too much talking and that they therefore are not very suited for children. They explain that they may partly use these methods but also mix them with other methods like play therapy or drawing. *"My experience is that sometimes in the middle of talking about the*

problem you note that they do not want to continue anymore, that they want something else so we let them play" (Interviewee 3).

Another interviewee explains that many Sudanese have a strong religious conviction and that she sometimes makes modifications according to this. She has used what she calls Islamic Therapy, and explains that she had a client that was a very restrict in Islam so she would read from the Koran and use expressions like *"Mohammed said…"* as a part of her therapy. In other cases, when the client has a spiritual belief in the forefathers, she would change the phrase in order to fit this setting by stating "*Our grandparents say…".* It was further pointed out by one interviewee that adjustments had to be made in the cases were the methods involve any type of touching. Many would see touching the client as inappropriate.

Some adjustments were also mentioned in regards to the preparations made before out-reach work. One thing that was pointed out in regards to out-reach work was that as a female counsellor you have to be very cautious about shaking hands with men. This will not always be seen as appropriate, as well as paying attention to what to wear and to cover your hair. She states, *"In my personal life I don't like to cover my hair, but in a therapeutic context then I have to pay more attention to it. Because this can affect the therapeutic relationship with the clients"*. She goes on by explaining that the staff has to be prepared to do their job in many different settings, *"here it is not like in Europe where you always work in an office. We can work outside under a tree or in people's homes"*.

This section has shown that while using the western-developed scientific methods as the basis for their work the staff at ATC still makes a number of adjustments in order to make the methods fit to their cultural contexts. It becomes clear from talking to the interviewees that this is not only done in order to fit one culture but to fit the variety of cultures within Sudan. One of the interviewees points out that the focus on cultural sensitivity is particularly challenging in Sudan because of the multiplicity of the country. She states, *"These methods can be used. We use the scientific base of the methods, but apply them to their context. The challenge here is that here it is very multi-cultural. Different language, different religion and with a high illiteracy."*

6.2 Timeframe for Treatment

The timeframe to work with the clients is reported to be a challenge by some of the interviewees. The methods that the interviewees have reported to use are based on multiple sessions and they often require that a good therapeutic relationship is established between the client and the therapist. This takes time. One of the interviewees states, *"I would normally like to have two sessions for the assessment to get to understand my client and how he or she thinks, so that I know him very much. After that I make my treatment plan"*. When asked how they approach clients with the different identity, cultural and religious backgrounds that Sudan holds, many of the interviewees refer to this assessment process as crucial in order to provide a good service. However, many of the interviewees also explain that this is not always possible by stating that, *"it happens a lot of the time that we have the clients for a very short time"*. The staff gives a number of reasons for this problem. In some cases, the reason is said to be that the client lives outside Khartoum and does not have the money for the transportation needed to visit a counsellor in ATC. In other cases, it is said to be based on people's understanding of mental health. Many people go to therapy because they want a quick fix. This is also related to people's poor conception and understanding of mental illness and psychological problems. Stigma is also pointed to as a reason for clients' reluctance to come for multiple sessions. *"The common belief is that if you go to therapy that means that you are insane and then you might as well be in a hospital"*. This lack of will to participate in multiple sessions makes it hard for counsellors to do their work in the way that western-developed scientific methods require them to do so.

6.3 Stigma

"Understanding our culture also means understanding that there is a stigma" (Interviewee 1). The stigma connected to mental health is a topic that came up in all of the seven interviews. This is seen as a major problem for the clients and thereof a big problem for the counsellor and the methods in use. As already mentioned, stigma is seen to be a reason for why clients do not come for multiple sessions and why many do not seek help at all. As one interviewee puts it *"even when we opened the Trauma centre, we didn't call it trauma centre, we called it counselling centre because people would say that if you call it trauma centre then nobody will come to you*". One interviewee points out that it is less stigmatizing to go to a traditional healer because people go there based on a more general understanding of not

feeling good. In this way, it is not so clear or visible that you are struggling with a mental problem. One topic that returns in many of the conversations with the staff is the stigma related to rape, virginity and marriage. *"This is a big, big issue in our culture… Among many, there is a belief that if you are not a virgin then you are not a good woman, irrelevant of your age"* (Interviewee 5). Being raped or sexually abused means that you will face challenges in order to get married. You also risk being rejected by your husband and your family. The result leads to a series of traumas for women. It also leads many women to keep their experiences to themselves. In this way, trauma becomes something that they have to cope with on their own. One of the interviewees states:

"…I think that local culture defiantly plays a part in the way people experience their own traumas. I see it especially with the young women that I have worked with here that have experienced sexual trauma. What is striking to me is how alone they are with it. That their families don't acknowledge that it happened, so there is no one to turn to in the family because of the cultural shame around it. So trauma becomes something very internalized…" (Interviewee 7).

The interviewee from the UK points to this particularly issue as the most challenging aspect of working within a different culture. She explains:

"there is all this levels of shame and conflict that I find difficult to approach because, as you know, my own daughter and all other women that I know from back home they are all sexually active when they marry so this is not an issue" (Interviewee 7).

She also explains how one of her main strategies in her practice is based on helping the clients find out what they can change and what they cannot change about their own situation. What choices do they have, in what way do they have autonomy and in what way they can make their own situation better. She states that this is something that she finds particularly hard because the context that young Sudanese women experience is so different to what she is familiar with. She says, *"I find it quite challenging to work with young Muslim women because their concepts of choice and agency is quite different to that of the west. …You know, the families and the girls in particularly are so different. Choices for women here are so difficult"* (Interviewee 7).

6.4 Role of Family and Community

The role of the family and the community was also further addressed by questioning the interviewees on how they viewed the family and community's role in the healing process of their clients. What stands out from many of the interviews is, once again, the difficult situation faced by women that experience rape or sexual abuse.

"A woman that has been raped during the war in Darfur for example is often rejected by their husband, and of course family reunion is meant to be a part of the help. We have to work with the family of the woman and her husband, and maybe there is a new baby as a product of the rape. This is very difficult." (Interviewee 5)

Three of the interviewees also see this in connection with what they call a culture of blaming. Claiming that there is a tendency to blame the victim and not the rapist. One of the interviewees bases her statement on the example of one of her clients.

"People in her family believe that a girl that is being raped she deserves this because she wears the wrong clothes or because she has been out too late in the evening. So whenever they see on the TV or read in the media that some girl has been raped, abused or sexually harassed the mother and half-sister would say that she deserves this because she has been acting like a prostitute. So my client wonders, how can I tell my family that I have been raped?"

She goes on referring to another client that had been sexually abused from a young age. Her family refused to recognized and understand what she was going through, so in the end the client developed symptoms of PTSD. The counsellor says that she has asked her client if she could meet with her family but she responded that they do not want to know about this issue. The counsellor states *"...it becomes hard for me to work with her because a big part of her problem is now her relation with her family."* (Interviewee 6).

Some of the interviewees describe Sudan as a collective society or consisting of socially connected communities, where family and community play an important part in supporting each other. One states that, *"I think that communities and in particular families play a more significant role than in western countries…because we live closer together."* Sudan does not have a strong public support system so it is important that families stick together and support each other. Many of the interviewees point out that the family plays a very important part in a client's healing process. One interviewee states that, *"I would say that the support of the*

family can be about 50% of the treatment". This starts right from whether or not they encourage a person to seek help or not. The support of the family will also affect how the client relate to and follow up the treatment plan. Most of the interviewees agree that the understanding and support from the family and community play a significant role in order for the client to successfully heal. However, one of the interviewees points out that the involvement of the family can also create a dilemma for the counsellors. She explains, *"…it happens that some family member will ask you what did he or she say? I want to talk to you because I am his mother or I am his father. So then it can become an issue because you have to keep the confidentiality of your patient…"* She then explains that they have started training their staff more on this type of dilemma. The counsellors also focus on having a comprehensive understanding of their own culture and family structure in order to provide a good service. One of the interviewees states that each separate family may relate in different ways to certain ideas or costumes. She goes on explaining that she is a teacher of family and marriage problems and that they offer a separate course focusing on family structure and hierarchy.

"…all the time I tell my students to see and observe the clients to try to understand what type of family it is, what type of boundaries that are being used. This is especially important if you want to reach out to a client in trauma cases, then you have to know the system of the family…I think it is important to have a course in university like we do that addresses this type of issues" (Interviewee 2)

6.5 Traditional Healers

Most people in Sudan have a strong spiritual belief and the majority of people that struggle with mental problems would consult traditional healers. The interviewees were therefore asked if and how they would approach a client with a strong spiritual worldview. They were further asked about their thoughts regarding the methods and practices used by the traditional healers. The interviewees responded in different ways when asked if they thought psychosocial therapy would be appropriate for people who profoundly believed that the cause of their problems were spiritual, that it was cause by the anger of God, divinities or ancestors. Four of the interviewees responded that they thought it was possible to work with clients holding this type of worldview. They explain that they try to consider this when they work with their clients. One counsellor states that she addresses these issues as a part of her

assessment of the client. "*And then I also ask if he sees the Sheikhs, what do you like about it, what kind of spiritual activities do you like and what is your relationship with God?"* Another interviewee also explains how she tries to create a therapeutic relationship that suits this worldview.

"So I say okay, this is something from God, but I am here to help you. Or God sent me to help you. Without interfering with their religious view. We try to work in a way so that this does not become a hinder" (Interviewee 5).

Yet another interviewee does not see spirituality as a hinder as she herself share some of the same views. *"Traditional healing is a part of our culture. I myself read verses for myself. Many times when I am really sad I read verses."* The other three interviewees see this type of worldview to be a bit more problematic. One states that, *"If they believe that the illness that happened to them is a result of God then the traditional healer is the only one that can treat them."* However, she also points out that if a client voluntarily enters her office then this means that he or she is at least a little bit open for receiving her help and that she would try to help this client. She states, like the others, that she would try to use this spirituality as a part of the approach she would use on the client. *"I do know their believes very well, so this would be my entrance point."* The interviewee from the UK draws a link to her own background and describes how she struggled to work with a client in the UK that was an evangelical Christian. She found it challenging to use the methods she normally uses in her practice on this client because of the clients belief system. The client would claim that, "*You cannot self-actualize ever because God has the ultimate responsibility, the ultimate power and he decides what happens to you"*. The attitude that this is something God wants for me, or this is a challenge or test that God has given me is in her experience a challenge. *"...I would say that this type of faith blocks a bit the work of psychotherapy"*. The last interviewee, on the other hand, claims that it is not possible to work with this type of clients at all. She states;

"Those who go to traditional healing will continue their life in the same way even if you intervene. When people go to traditional healers then this completely blocks their mind from mental health, they just go there because they believe in that healer. So I don't see these two ways of healing as compatible" (Interviewee 4).

Most of the interviewees point to two features when they are asked about their attitude towards the methods and practices used by the traditional healers. They explain that the traditional healers hold a lot of respect among the majority of Sudanese people and that they

cannot be overlooked. However, at the same time they also explain that some of the practices used by traditional healers might damage the client. One interviewee expresses her recognition of traditional healers by stating, *"I don't mind working with them, they have a lot of respect. If we separate ourselves form them then we will never reach our goal. Actually, we have to cooperate with them".* Another one adds on in the same manner, *"It will not be useful for us to come into confrontation with them".* Some of the counsellor's point out that they work with clients at the same time as they are seeing traditional healers. *"Right now, we have a child where the parents believe that she is possessed by something evil. But we also work with her to help her manage many of her symptoms."*

Even if there is a recognition that they have to cooperate with the traditional healers, many also express concern over some of the methods that some of these healers use. Five of the counsellors state that it is okay if a client wants to see a traditional healer as long as they are being told what type of treatment he or she is planning to perform. One of the counsellors gives the example of one of her clients that suffered from schizophrenia and was taken for treatment at a traditional healer by his family;

"He spent a few months there, and when I assessed him after, he had symptoms of PTSD. And this was related to how he has been treated at the native healer's place. Flogging, starvation, standing for long hours and he had been handcuffed… And he was very scared of being taken again there. I managed to see this father and tell him that his son was scared, that he needed to reassure him that he would not take him back, because this will block his improvement" (Interviewee 5).

In other words, this points to some aspects of traditional healing practice that can be damaging for the clients mental and/or physical health. Two of the interviewees claim that traditional healers may trick or cheat people for money. *"… they are just after money and they will never ever tell a person that you are okay and that you can go."* The last interviewee expressed a particular concern for the position of women in this context,

"I am very worried particularly when it comes to women because I have the impression that this is yet another setting where men can have control over them. They are being told that there is something wrong with them and that they have to do certain things to comply in order to be a good woman or a good girl again" (Interviewee 7).

6.6 Justice

All interviewees seem to agree that seeking justice in the legal system is not something that their clients commonly do. There are little expectations of getting any type of justice within the legal system, especially for women that experience sexual abuse. A few of the interviewees point out that it seems to be a bit easier for children to seek justice than for women. Some claim that the situation is better in out-reach areas because UN agencies and other NGO's are more present there, and that they focus on raising awareness of the people in the areas there. It is further pointed out that there is little knowledge about the rights that people have and the laws that are practiced. The system is complex and expensive. The legal system is particularly difficult for rape victims because of the concept of *Zina*. Zina refers to sexual intercourse before or outside of marriage. Zina is a criminal offence in Sudan. As a result, lays the burden of proof in a case of rape with the victim. The following statement made by one of the interviewees illustrated procedures in the legal system.

"Less than two year ago, I was in court as an expert witness in a case where an Ethiopian woman in her 20s was raped by eleven youths and this was videotaped and distributed on social media. So the state prosecutor opened a case. Then you had eleven solicitors. For everyone with a little bit of logic this case was clear. There was even a video where you could see how they raped her. How they surrounded her and locked her in the house, it is all clear… She was clearly the victim but because she is a woman, because she is Ethiopian and because she is a refugee she still got charged" (Interviewee 5).

In other words, getting justice within the legal system is very difficult in the current situation. At the same time do quite a few point out that they think justice is an important part of the healing process. Justice can play a role in relieving the feelings of guilt, anger, unfairness, as well as the thoughts of revenge. *"We have to address this during therapy in different ways, because in the current situation it does not look like justice can happen"*. Therefore, the interviewees state that they have to find a way to work around this notion with their clients. One states,

"I had a woman here that was raped by a family member when she was 12 years old, the family member is still a part of the family. He is still at family parties and an important part of the family. She has never had any expectations that he would never be a member of the family or that he would be brought to justice, so she knows that she is going to have to somehow come to terms with this on her own" (Interviewee 7).

Many of the interviewees end by stating the they do not encourage their clients to seek justice, but that they inform them that they will be supportive and able to put them in contact with a lawyer if they wish to seek justice.

6.7 Awareness

"Psychotherapy is very challenging here in Sudan, although we have many problems and many people, they need it. Because of that, we always talk and discuss if it is possible to create more awareness about what it is, why it is important, as well as who we work with"

Many of the interviewees addressed the issue regarding lack of awareness. As already shown, the counsellors report a lack of understanding and awareness regarding the laws and the legal system. However, more importantly in case of this thesis, they also report a lack of awareness regarding mental illness and psychiatric treatment. One of the interviewees gives one example were she refers to a former study that she has done. In the study, she looked at the patterns of depression among Sudanese women and the understanding of the concept of psychological illness.

"I did a research before on the pattern of depression of women in Sudan and one of my findings was that there were more depressed women in the gastritis clinic in the hospital than in the psychiatric clinic. They were there with gastric problems, stomachache and fatigue. So there is a lot of somatisation. People suffer, but they do not link this to the psychological pain of the war, of rape or displacement."

Many of the counsellors further speak about the importance of the efforts made by ATC to raise the awareness regarding mental illness, also as a preventive measure in regards to rape and sexual assaults. *"We have also done some out-reach work related with this, we speak to people, we speak about the services, about what we are offering, we do some psycho-education so people understand what we are doing".* Another interviewee further explains how she sees it as important for the staff to go to schools and talk to the parents and the children about rape and child abuses.

"Involving the family is important for supporting the patients and we need to do more to raise the awareness… My general impression is, I don't know the numbers, that rape is increasing even in Khartoum. Especially rape of children. So here there is important to work on raising the awareness…"

Yet another interviewee brought up awareness while talking about traditional healers. She explains that psychologists also visit traditional healers to raise their awareness. To try to psycho-educate them:

"…because some of the sickness or disturbances have their own cycles. People get into a phase and then after some time it just ends without any medication, without any treatment because this is the cycle of, let say depression. So they try to explain to them basic things like this."

It is also pointed out that the level of awareness may vary between the people in Khartoum and people from rural areas, and that the way of approaching a client needs to be adjusted to the client's level of knowledge and understanding.

6.8 Structural Violence

In the end of the interviews, the interviewees were asked to what extent they agreed with the following statement:

"*Rape of women and sexual abuse of children in Sudan can be seen as structural violence (imbedded in the political/cultural structure). The core of this problem cannot be addressed by individual therapy".*

The interviewees answer in a way that largely confirmed this statement. Many emphasised that they found the work that they did with individuals to be important and rewarding, but also that they recognized that sexually related abuses were imbedded in a larger cultural and political context. One of the interviewees said that among some people is rape and abuse nearly considered normal. She stated; *"It is nearly normal. Like one girl said to me that when she told her sister what happened to her she just answered that that also had happened to her, it happens to all of us so you should not regard it as a problem."* Another responded stated that:

"Well I think that is true, isn't it? When something happens to you as an individual then you need help with that… But unless you are addressing it at a larger scale. Unless you are talking about it, unless you are making it a part of the conversation that you are having in your families then it just perpetuates the situation."

A third interviewee confirm the same attitude. She states that, *"We are a very masculine community and you have to protect yourself and wear dresses that cover yourself. It is a part of the cultural system that these ideas are very strong".* One of the interviewees had a slightly different view. She agrees that the core of the problem is part of the cultural and political structure, and states that she thinks there is an increase of violence and sexual abuses in a society that effected by war, oppression and state aggression towards its own people.

"But this makes it more important to help people… I will say that this problem must be addressed on individual, family and community level. The context will make it difficult, because you will come into confrontation with the government. However, being difficult is different to not doing it".

She sees a link between the three levels and she sees the work that she does as an opportunity to create awareness about the political and cultural situation in the country. However, she also states that this has to be done in a way that does not put the clients in unnecessary risk, and explains:

"For example, I have had to cancel or review my plan to establish a group for torture victims. I cancelled for their own security, because if I get a group together coming to the Centre then they might be subjected to more torture because this could be considered a political meeting. The Centre might even be closed. So, you have to think within this context… What comes first is people's safety"

Cancelling therapeutic sessions because of fear can be seen as a barrier to the utilization of western scientific methods to trauma treatment. This section has illustrates that the counsellors at ATC face a number of barriers in their daily work.

7. ANALYSIS AND INTERPRETATIONS

This final section will draw upon the literature presented earlier in this thesis in order to see how it relates to the findings obtained during the field visit to ATC.

From talking to the counsellors at ATC, it became clear that they experienced a number of barriers in their daily work. This related both to the methods that they used and to the more general understanding of mental illness within their culture. The barriers that were more closely related with the methods in use were issues regarding language, communication style and timeframe for treatment. Many of the counsellors mentioned examples of minor

modifications that they did when working with their clients. This could be changing some of the metaphors, using local songs and local games that resembled the psychosocial impact of the western scientific method. Some also explained that they adjusted the language according to the client's level of education or belief system. This was portrayed as unproblematic adjustments that could be easily done and that still would give the same therapeutic result. Making this type of adjustment successfully would largely depend on the understanding of the local culture. As Triandis puts it, culture is "*the unstated assumptions about the way the world is and the way people should act" (*Triandis, 1994, p.1). It is further, "*the foundation of each individual understands of oneself and its place in the society. Culture has an enormous ripple effect that impacts one's thoughts, feelings and actions"* (Triandis, 1994, P.xiii). A comprehensive understanding of these complex unstated assumptions makes it easier for a local counsellor to make adjustments throughout the therapeutic process. Culture affects the way people use language and express their feelings. Cultural messages can be unspoken, hidden between the lines or expressed through body language, silence or pauses. It is therefore crucial that the counsellor knows what to observe to be able to make the right adjustments to his or her language and communication style. It is further possible to see some similarities between what some of the counsellors expressed in the interviews and the information put forward by Van der Weele (2014) regarding cultural sensitivity. As earlier explained, Van der Weele (2014) divides clients into two different categories based on their communication style. She refers to the styles as a direct linear or indirect circular style of communication. Some of the interviewees stated that their clients often express pain indirect or vaguely, especially about issues that are highly stigmatizing and that they gave a list of symptoms or told stories that were peripheral to the actual problem. This resembles the description of an indirect circular communication style. Van der Weele claims that the therapists, educated in the western scientific approach to trauma treatment, feel more confident and familiar with clients using a linear and direct communication style (Van der Weele, 2014, p. 169). As this thesis has shown, many of the western methods are built on the idea that the client is meant to revisit the traumatic event. Revisiting the event becomes harder if the client is vague, indirect or not prepared to approach the actual problem. One of the counsellors also confirms this assumption by stating that this style of communication makes it harder for her to do her job. This is because some relevant aspects of the problem might remain hidden and therefore not properly addressed in the therapy. Spending time to get to know the client, to create trust and to build a good therapeutic relationship could be a way of

overcoming this barrier. It should once again be pointed out that knowing the cultural code, costumes and ways of expression is an advantage in a therapeutic setting.

The way that the counsellors addressed the question regarding the timeframe of treatment stood out in contradicting terms. Many of the interviewees emphasised that assessing the client properly and building a good relationship is a crucial part of adequate trauma treatment. In the same way that Van der Weele advices, most of the counsellor's do state that they use the first few sessions to assess the client's cultural and religious worldviews (Van der Weele, 2014, p. 165). This was referred to as the answer, both when ask about how to deal with Sudan's multicultural nature, and the treatment of clients with deep spiritual beliefs. However, at the same time, a few of the counsellors' did state that many of the clients only show up for one or two sessions or only seek help whenever they feel bad. This creates a significant limitation for the use of the western scientific methods in the way that they have been described earlier in this thesis. These methods hold the assumption that the therapist and the client meet multiple times. This thesis has not had the opportunity to assess to what extent it is possible to give some type of adequate treatment in one or two sessions, but it is reasonable to believe that the effect would be limited.

The interviews with the counsellors further identified a number of cultural barriers that were interlinked to the therapeutic treatment. One of the issues closely related to the therapeutic outcome is the social support given to the client by his or her family and community. The counsellors often stated that they found it difficult to work with a client that lacked this type of support. Some pointed out that Sudan is a collective society were family and community is at the core of the social structure. This can be of great advantage if the family has a supportive attitude towards the traumatized person and towards the treatment. However, the consequences of being rejected from your family or community in Sudan are comprehensive, as the family often is the only support system available. One of the counsellors claimed that her experience was that having the support of the family could be considered as 50% of the treatment. In other words, it is seen as a very important contributor to a successful outcome of the therapy.

This thesis has also presented studies conducted in the United States that have concluded that social support is of great importance to the treatment of trauma. The study presented in Raymond B. Flannery's article showed that women recovering from sexual assaults gained a great deal from supportive networks. It states, *"Women with supportive networks coped much better with the assault and its aftermath than females who were alone"* (Flannery, 1990, p.

606). Similar experiences were also reflected in the responds given by the interviewees. Many of the counsellors emphasized their concern regarding the high level of stigma that is related with rape and sexual abuse in Sudan, and the consequences that this has on the therapeutic process. The situation can become very difficult for the counsellor and the client if the family and community refuse to recognize what happened. One of the interviewees states that one of her clients developed symptoms of PTSD because her family refused to recognize it and be supportive. The relationship with her family was now the main cause of problems for her client. Not being understood or having your problems recognized can be seen as a barrier to the therapeutic process. The counsellors pointed out repeatedly that they tried to talk to the families to raise their awareness about who to help and to support the client.

The practice of traditional healers was also an issue that raised controversy. Most of the counsellors were open to cooperate with traditional healers or to treat clients that were seeing traditional healers. However, they were at the same time aware that some of these healers preformed practices that could be harmful for the client, both mentally and physically. This may reflect the power and respect that traditional healers have among the majority of the population in Sudan. The study presented in this thesis conducted by Sara H. Ali and Vincent I. O. Agyapong found that 80% of their respondents who had only primary or no education sought help from traditional healers, while 62.2% of those with higher education did the same (Ali & Agyapong, 2016, p. 4). This indicates that most people in Sudan feel a closer connection to this form of treatment. Many of the counsellors made statements that confirmed this attitude. They pointed out that many of their client's had seen traditional healers before coming to ATC, or that they were seeing traditional healers during the same time as they were in therapy. It is reasonable to believe that part of the counsellor's benevolence towards traditional healers is a fear of losing clients if they disapprove traditional healers. In other orders, the great trust and belief that the majority of the Sudanese population have in traditional healers can be seen as a barrier to the use of western scientific methods. The counsellors' will to cooperate can further be interpreted as a modification made to fit the cultural context. The interviewees gave inconsistent responses when asked about the possibility of treating clients with a strong spiritual belief. Some did not see spiritual beliefs to be a problem. Others stated that a strong spiritual belief would completely block psychotherapeutic treatments. The challenge with a strong spiritual belief is that it externalizes the problem. This means that the client believes that the problem is given to him

or her from God or the spirits. Based on this view, they would claim that it is also in God's hands to resolve the problem.

One barrier that was prominent throughout all of the interviews was the high level of cultural stigma connected to rape and sexual abuse. Erving Goffman explained stigma as an attribute that a person holds that do not correlate with the categories that the wider society consider as normal for that type of person (Goffman, 1963, p. 3). On this note, it can be said that the Sudanese culture is highly concerned with virginity. Any type of sexual intercourse outside of marriage is regarded as indecent. If you deviate from this norm, then you will be stigmatized. It can be argued that the Sudanese National Intelligence and Security Service uses this social stigma as a tool to deliberately pressure female activist to leave the country (Human Rights Watch, "Good Girls Don't Protest", 2016, p. 23). The way that they contacted some of the activist's families claiming that the girl had "bad ethic" or were hanging out with "bad-people" can be seen as attempts to stigmatize her and her family. The fact that they succeeded in this task shows how powerful this social stigma is in Sudan. The interviews further reveal that mental illness is another attribute that is stigmatizing. The social stigmas related to rape, sexual abuses and mental illness are barriers to therapy because they prevent people to be open about their problems and to seek help. The counsellors at ATC respond to this by attempting to raise awareness regarding sexual abuses, rape and mental illness.

Yet another barrier related with the therapeutic work is the high level of structural and cultural violence in Sudan. These two concepts developed by Johan Galtung were elaborated in the first section of this thesis. They widen the understanding of violence. According to Galtung's definition *"...structural violence is present when human beings are being influenced so that their actual somatic and mental realizations are below their potential realization"* (Galtung, 1969, p.171). He further states that, "*Cultural violence is defined (...) as any aspect of a culture that can be used to legitimize violence in its direct or structural form"* (Galtung, 1990, p. 1). One of the counsellors gives the example of how she decided to cancel her plan to establish a counselling group for torture victims. She explains that the government may see a group of people coming together as a political meeting. The decision to cancel it was therefore based on the fear for the safety of the clients. The counsellor was scared that the government could arrest the clients, something that would further traumatize them. She was also scared that this could be used as an excuse to close down the ATC. This statement illustrates how structural violence can be a barrier to trauma therapy. An example of cultural violence can be seen when some of the interviewees claim that there is a *culture of blaming*.

By this, they refer to a tendency to blame the victim and not the rapist. One of the counsellors states that she has a client that repeatedly heard her family members commentating news reports and putting the blame on the women that had been raped. Another interviewee refers to a client that has been told that rape is nearly normal. These statements illustrate cultural attitudes that legitimize rape and sexual harassment of women. It is reasonable to believe that attitudes that portray rape and sexual harassment as normal, and that women themselves are to blame would make it less likely for women to seek help. This can thereof be seen as barriers to therapeutic treatment. The report *"Good Girls don't Protest"* published by Human Rights Watch also displayed similar attitudes. It claimed that governmental officials openly express their hostility towards female activists (p. 23). It can further be argued, that what the situation in Sudan is in line with Wessells (2008) claim when he states "*trauma as a consequence of war and conflict is more complex than trauma caused by other circumstances"*. He points out that war-torn countries often experience structural violence, human rights violations and state oppression that produce forms of trauma. The question of justice was also discussed with the counsellors. This thesis has presented numerous examples that has illustrated that it is difficult to obtain justice within the Sudanese justice system. The counsellors do not encourage their clients to seek justice, because this may cause further traumatization. The feelings of guilt, anger, unfairness and revenge needed to be addressed in therapy instead.

8. CONCLUSIONS

In this thesis, the use of western scientific approaches to trauma and trauma treatment in a non-western context have been explored. This has been addressed based on a case study of the work carried out by trauma counsellors at Ahfad Trauma Centre (ATC) in Omdurman, Sudan. ATC was specially selected because the counsellors there were educated in a western scientific approach to trauma, while at the same time had a comprehensive understanding of local culture. By exploring this case, this thesis aimed to gain a better understanding of how the counsellors at ATC experience certain aspects of their daily work. It has been particularly interested in the barriers to the utilization of western scientific approaches in Sudan. A number of barriers have been presented and discussed in this thesis. These barriers are related to language and communication style, timeframe for treatment, social support, stigma, traditional healing, structural and cultural violence, as well as the possibility to seek justice. Exploring these barriers has shown that they are closely related to the cultural and historical context of Sudan. It can therefore be stated that it is crucial to have a comprehensive

understanding of the local culture to make the modifications required for successful trauma treatment. Cultural understanding should be emphasised as a necessity. This brings us back to the wider debate within the field of traumatology. The debate highlights the question of the applicability of western scientific approaches in a non-western context. Traumatic experiences are universal in manifestation and they demand a responds in terms of some sort of healing, treatment or intervention. However, this thesis has shown that using western approaches to trauma treatment in a non-western context may offer a number of cultural barrier. It is essential for any actor that aims to contribute to trauma treatment or other types of psychosocial interventions to consider this. Based on this thesis, it can be stated that in-depth knowledge of the local culture is essential to succeed.

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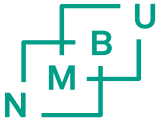

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