



FAITH-BASED RESILIENCE: THE WORD OF GOD IN TRAUMA RECOVERY FOR BOKO HARAM SURVIVORS AT THE INTERNATIONAL CHRISTIAN CENTRE, EDO-STATE, NIGERIA

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ABSTRACT

The ongoing violence instigated by Boko Haram has inflicted profound trauma on survivors, manifesting in severe physical, emotional, and psychological consequences. Several psychological literatures associate trauma and coping mechanisms with mental disruption or dysfunction, often emphasizing psychological imbalances as a central cause. While this perspective is valid in various cases, this study proposes an alternative approach by shifting the focus from Post-Traumatic Stress Disorder to a Christian framework for recovery. Utilizing a qualitative methodology and survivors' insights from the Christian Fellowship and those of the management at the International Christian Centre, this article introduces a broader discourse centered on the Holy Spirit and the teachings of Christ, conceptualized as the "Word of God". This specific form of language, the Word of God, is examined as a crucial factor in building resilience, highlighting its role as a coping mechanism. By doing so, this study contributes to the literature on culturally specific and decolonized approach to trauma theory and coping practices, highlighting how survivors draw on religious teachings, particularly the representations of Christ and the Holy Spirit, to navigate and cope with their traumatic experiences. Additionally, the study advocates for a comprehensive approach to trauma and recovery that integrates religious practices with psychological theories.

Keywords: The Word of God, Survivors of Boko Haram, Christian Fellowship of the International Christian Centre, Decolonized Trauma Theory, Post-Traumatic Stress Disorder (PTSD).

INTRODUCTION

According to Pastor Folorunsho¹, the overseer of the International Christian Centre, "We learned about trauma therapy and management and all that didn't work because the deep wounds in their soul were so terrible. So, we just had to stop these therapies..." (S. Folorunsho, personal communication, December 4, 2019).

Supporting this perspective, Pastor Evelyn observed:

"The psychologist makes use of the world or the flesh (i.e., the body), but as ministers of the word, we use the word of God to heal their minds or

souls. The word of God brings complete healing to the mind as they listen to its' dictates and counsel..." (E. Omigie, personal communication, December 4, 2019).

This study explores the complexities of trauma and its consequences by incorporating the perspectives of Pastor Folorunsho and his assistant, Pastor Evelyn as well as those of the survivors. It critically examines the limitations of the Post-Traumatic Stress Disorder (PTSD) framework, arguing that it fails to fully capture the multidimensional experiences of Boko Haram survivors. The PTSD model, primarily grounded in psychological constructs, does not adequately address the cultural, spiritual, and existential dimensions of trauma experienced by these survivors.

To bridge this gap, this study advocates for a culturally specific and decolonized approach to trauma theory, emphasizing a Christian model of recovery that includes reliance on the Word of God (Rothberg, 2008; Visser, 2015; Chidozie, 2024; Chidozie, Mandolessi and Devlieger, 2024).

The views shared by Folorunsho and Evelyn show that trauma research, including the PTSD model, has historically been framed within the psychological realm, limiting its ability to fully capture the spiritual and emotional aspects of trauma (Herman, 1992; Kaplan, 2005; Kilby, 2007). Thematically, trauma is portrayed as an experience that disrupts conventional boundaries of thought, perception, and language (Donn and Mrdja, 2020). As psychologist Herman (1992, p. 7) describes it, trauma reveals both "human vulnerability in the natural world" and "the capacity for evil in human nature." This portrayal of trauma resonates with the experiences of survivors at the Christian Centre who were subjected to Boko Haram's attacks, abductions, captivity, and the disorienting reality of life in displacement (Amusana and Ejoke, 2017). These experiences profoundly affected their behavior and character, leaving "deep wounds on their soul" (S. Folorunsho, personal communication, January 4, 2020).

Folorunsho's observations align with Caruth's (1996, pp. 3-4) concept of trauma as an overwhelming and direct experience that victims struggle to process or comprehend. In line with Herman's (1992, p. 33) assertion, such experiences "overwhelm the ordinary human adaptations to life," making it difficult for survivors to "integrate the ideas and emotions triggered by the experience into a coherent and acceptable narrative" (Aydin, 2017, p. 125). As a result, many survivors exhibited symptoms akin to Post-Traumatic Stress Disorder, which Folorunsho described as "deep wounds on the soul". These symptoms according to Musa, a survivor, included "frequent nightmares, flashbacks and sound induced anxiety". PTSD, in this context, manifests through "intense flashbacks, psychological breaks long after the event, vivid dreams of the incident, and susceptibility to re-traumatization in similar situations" (Oorlog, 2016, p. 17).

Fleshing out this further, Van der Kolk, McFarlane, and Weisaeth (1996) state that PTSD is due to the inability of time to heal wounds (trauma) completely. The memory of this trauma is not fully integrated and accepted as part of one's history; rather it comes to exist independent of earlier schematics (that is, been dissociated). In the same vein, Herman (1992, p. 35) argues that the symptoms of PTSD "fall into three categories: hyperarousal, intrusion and constriction".

Explaining further, she writes: “hyperarousal reflects the persistent expectation of danger; intrusion reflects the indelible imprint of the traumatic moment; constriction reflects the numbing response of surrender” (ibid). After the experience of trauma, the victims, including young women and children (boys), were easily startled, or aroused by small provocations or supposed danger.

In response to perceived danger, survivors react with intense fear, often shouting “Boko Haram! Boko Haram!!” a reaction that mirrors the nightmares of Mama Emma, another survivor. Pastor Folorunsho referred to these experiences as a “deep wound on the soul.” This heightened fear of the unknown agrees with the research conducted among the Palestinian children of Gaza who suffered PTSD, such as sleep disturbances and nightmares (Sagi-Schwartz, 2008).

Amidst these, victims were held captive by the firm grips of intrusive PTSD and harassed by persistent torrents of emotions, memories, and thoughts that ransacked the recesses of their minds. This resulted in the relieving of “events as though they were continually recurring in the present” (Herman 1992, p. 37). The conjuring or the replaying of Boko Haram in their dreams came with much vividness. For them, these flashbacks were happening in the present. Hence, “traumatic moment becomes encoded in an abnormal form of memory, which breaks spontaneously into consciousness, both as flashbacks during waking states and as traumatic nightmares during sleep” (ibid).

By exploring this ‘abnormal form of memory’ or what Caruth (1991, p. 181) calls “uncontrolled repetitive occurrence of hallucinations and other intrusive phenomena”, the past haunting memories of encounters with Boko Haram were relived as though they were happening in the present. Conceptually speaking, “the past is performatively regenerated or relived as if it were fully present” (Bond & Craps, 2020, p. 78). In doing so, it shatters the difference between past and present in such a manner that “the experience of trauma...is perpetually re-experienced in a painful, dissociated, traumatic present” (Edkins, 2003, p. 39; Caruth, 1995).

Trauma manifests a distinctive sense of timelessness, wherein the traumatic event persists in the present and permeates all aspects of the lived experience (Felman & Laub, 1992, p. 69). These intrusive phenomena are frequently triggered by reminders of the original trauma, evoking a level of vividness that mirrors the initial event. As Pastor Folorunsho describes, survivors often experience it as if they are reliving the event in real time, a condition he refers to as “a deep wound on the soul.” This aligns with the notion that “trauma returns in dreadful images” (Craps, 2010, p. 54).

Moreover, trauma disrupts the developmental trajectory of its victims, trapping them in a repetitive cycle of intrusive recollections. This dynamic reflects Freud’s concept of *Nachträglichkeit*—translated as “deferred action” or “afterwardsness”—which encapsulates the paradoxical temporality of trauma, where the initial impact resurfaces through delayed and recurrent manifestations (Nadal & Calvo, 2014, p. 3).

In essence, the temporality of trauma involves repetition and unfinishedness, or, as Caruth puts it, the literalness of the traumatic event “and its insistent return” (1995, p. 5). As such, survivors become trapped in a vicious circle wherein they must relieve their shock repeatedly. In turn, they became fixated on their trauma (Freud, 1984), forming a spectral relationship

with the past that gives rise to a PTSD haunting experience of “stasis and entrapment” (Lifton, 1980, p. 124). Nadal and Calvo (2014, pp. 3-4) quote Dori Laub’s (1992, p. 69) description of this phenomenon at length:

“While the trauma uncannily returns in actual life, its reality continues to elude the subject who lives in its grip and unwittingly undergoes its ceaseless repetitions and reenactments. The traumatic event, although real, took place outside the parameters of “normal” reality, such as causality, sequence, place and time. The trauma is thus an event that has no beginning, no ending, no before, no during and no after. This absence of categories that define it lends it a quality of “otherness”, a salience, a timelessness and a ubiquity that puts it outside the range of associatively linked experiences, outside the range of comprehension, of recounting and of mastery. [. . .] The survivor, indeed, is not truly in touch either with the core of his traumatic reality or with the fatedness of its reenactments and thereby remains trapped in both”.

Consequently, survivors oscillate “between presence and absence”: timelessness and ubiquity, that is shaped or referenced as the realm of unrepresentable and unspeakable (Donn, 2014, p. 18; Nadal and Calvo, 2014). This puts trauma outside the realm of human experience and language expression. This resonates with Caruth’s (1996, p. 62) emphasis on trauma as an innately “missed experience” that “implodes comprehensibility and manifests itself only belatedly in its haunting, literal returns” (Donn, 2014, p. 18). This corresponds to the inaccessibility of traumatic experiences due to the absence of language because some of these victims were unable to describe their experiences in words, thereby becoming a “deep wounds on their soul”. As such they became withdrawn, fearful, and lacked trust and this, tallied with the research on PTSD conducted among Israeli youths by Laufer and Solomon (2006).

As helpless and powerless, survivors became stuck within a constricted or limited suffocating space, unable to grow and expand beyond the parameters of their trauma. Their thoughts, emotions, and behaviours were confined by the overpowering fear, pain, and sadness that befuddled them. The constricted paradigm of PTSD became displayed in several ways. Survivors experienced memories of traumatic events and recurring intrusive thoughts which are overpowering and inevitable. They experienced the condition of numbness which is a detachment from their feelings as well as others. Additionally, the constricted model of PTSD sends strong reminders to individuals to stay away from things that may remind them of the trauma, including people, places, or events.

Moreover, they also experience the state of being suspicious or hypervigilant, i.e., lacking trust, and destroying all familiar assumptions and expectations about people and the world (Cf. Janoff Bulman’s Shattered Assumption Theory, 1992). Furthermore, they could be frequently on the alert for any identified danger which can dovetail in sleep disruption, irritability, and difficulty with concentration. This is consistent with the findings of Goldstein, Wampler, and Wise (1997), who observed trauma-related symptoms in children displaced during the Bosnian war.

Their findings are instructive. The sense of overwhelming danger leads to two conflicting responses: intrusion and constriction, which create an alternating pattern of psychological states. This dialectic between opposing reactions is central to the definition of post-traumatic disorders (Herman, 1992). Neither the intrusive nor the numbing symptoms allow for the assimilation of the traumatic event. Traumatized people are bound between two extremes: amnesia and the relieving of traumatic events. The instability created by these frequent alternations leads to the survivors' traumatic experiences of unpredictability and powerlessness. In Folorunsho's words: "People had to come from different places like the doctors. Psychologists and the likes were brought from the university" to help survivors recover from their trauma. He continued: "All these therapies by the psychologists didn't work" (Zoom interview, 09/01/2020). The trauma remained amidst the therapies administered by psychologists as well as the drugs dispensed by the doctors and nurses. This observation was corroborated by Pastor Evelyn, Folorunsho's assistant, as well as numerous survivors who reported difficulties sleeping and eating well despite multiple appointments with psychologists from the University of Benin, Nigeria. How come these therapies and drugs did not produce the desired effects? According to Pastor Folorunsho:

"We've learned about trauma therapy and management and all that didn't work ... What we did was to go into a practical demonstration of Christian love that is in the bible and others, which is rooted in the love of God and our neighbor and expressed in caring for them (survivors) and doing the things that they had not even had in their lives before the terrorists came" (S. Folorunsho, personal communication, December 6, 2019).

Implicit in the submission of Pastor Folorunsho is how religious practices are approached as cultural resources through which meanings are constructed. This agrees with what Visser (2015, p. 263) refers to as "culturally specific modes of addressing and negotiating trauma," wherein religion is approached as "a cultural resource that offers meaning-making tools through which people negotiate the meaning and memory of violence" (Philips, 2023, p. 1). This viewpoint emphasizes how crucial it is to acknowledge and include cultural methods-like those based on religious practices-into conceptual framework to decolonize trauma theory.

This work, therefore, proposes a framework to understand the emphasis on prioritizing religious practices, particularly focusing on the Word of God over conventional therapeutic approaches. The aim is to argue for a decolonized trauma theory that recognizes and incorporates a socio-cultural embedment of religious practices in the contextualization of trauma and PTSD experiences.

Research Setting

The International Christian Centre, a religious and missionary organization, is sited in Uhogua, Edo State, Nigeria. Established in 2005 under the leadership of Pastor Folorunsho, the Centre was initially founded to provide refuge for marginalized and vulnerable individuals, such as children accused of witchcraft and widows. However, by late 2012 and early 2013, its mission expanded to offer support to victims of Boko Haram. The Centre includes a functional primary

and secondary school, dormitories for boys and girls, vocational Centre, farmlands, administrative offices, and a church.



Photo 1: A front view of the International Christian Centre (Photo credit, author)



Photos 2 and 3: Pastor Folorunsho's Sermon and Ministration during the General Fellowship (Photo credit: Screenshots of ICCF Missions website)

The church at the Centre serves as the primary gathering space for general fellowship, bringing together boys, girls, and several women. Although modest in size, the church's simple yet elegant and atmosphere of unity create a warm and inviting environment. The altar, featuring a lectern facing the congregation, is the focal point for prayers, hymns, the sharing of God's Word through sermons, and personal testimonies. Plastic chairs provide seating for members, supporting the weight of prayers and common experiences of survivors. Pastor Folorunsho, the leader of the congregation, serves as the father of the community, offering safety and a haven for traumatized individuals. The fellowships held at the Church offer opportunities for personal encounters with God through His Word (as presented in the Bible), alongside

testimonies, special songs, and worship through dance. These gatherings serve as spaces of resilience and recovery, offering survivors a refuge and fostering a strong sense of community.

Resilience Research: Trauma, PTSD and the role of Religious Mechanisms²

Research on trauma and PTSD has expanded significantly in recent decades (Herman, 1992; Friedman, Keane, and Resick, 2007). This surge in interest has been partly driven by recent wars involving the United States and the experiences of Vietnam veterans, which contributed to the formal recognition of Post-Traumatic Stress Disorder (PTSD) by the American Psychiatric Association in 1980. Additionally, the growing cultural awareness of trauma's various forms has further highlighted its impact and fueled ongoing research. However, research has begun to focus on spirituality or religious practices in the context of trauma as resilient mechanisms (Chen and Koenig, 2006; Maltby and Hall, 2012; Dura`-Vila`, Littlewood, and Leavey, 2013).

Similarly, the theory and research in this context have focus on how religion or spirituality is deployed as coping or resilient factors when people confront the incidence of trauma (Fallot and Heckman, 2005; Peres, Moreira-Almeida, Nasello, and Koenig, 2007). Research among Sudanese refugees (Sweitzer, Greenslade, and Kagee, 2007) and Afghan women (Welsh and Brodsky, 2010) highlights that resilient strategies are often shaped by religious beliefs, aspirations for the future, and reliance on inner strength. Those of Fernando and Ferrari's (2011, p. 70) defines the practices of resilience as "coping practices" that provide refugees with "structure, encouraged cognitive restructuring, acceptance of the trauma," as well as cultivating a sense of control and promoting sets of rituals. These studies have emphasized the impact of trauma and PTSD on spiritual lives (Maltby & Hall, 2012; Durà-Vilà, Littlewood, and Leavey, 2013).

In relation to trauma and PTSD research, anthropologists have also explored its effects and aftermath. Much of this work has transformed psychological concepts into culturally constructed phenomena (Obeyesekere, 1990; Young, 1995). Anthropological studies on trauma tend to address culturally mediated behaviors, institutions, and symbols, offering insights into recovery pathways (Chidozie, Silvana, and Devlieger, 2024). However, there is limited anthropological research on trauma recovery within religious contexts.

Existing studies on trauma recovery within religious frameworks typically take a relational approach (Lester, 2013; Reis, 2013; Nations, 2013; De Jong, 2013). For example, Nations (2013) illustrates how Brazilian mothers interpret the loss of children as an act of love and divine will, while De Jong (2013) examines the Kiyang-yang cult in Guinea-Bissau, focusing on how trauma induces rupture, followed by stages of recovery. Although these studies address trauma resulting from violence, there are paucities of anthropological literature specifically addressing trauma related to Boko Haram violence.

This research builds upon the academic frameworks established by White, Schweiter, Greenslade, Khawaja, and White (2008), as well as contributions from Chinwokwu, and Arop (2014) including those of Bayo et al. (2017), regarding the psychological impacts of Boko Haram's violence. It also engages with Chidozie's (2024) work on survivors' resilient practices,

highlighting the importance of a religious- based recovery from trauma, reflecting the central role of God's grace in the recovery process.

This study advocates for a resilience-based approach to addressing trauma and PTSD, grounded in Christian recovery frameworks. It emphasizes the transformative role of God's teachings from the Bible and the work of the Holy Spirit, interwoven with socio-cultural, religious, and psychological dimensions of recovery. The intersection of these factors invites a rethinking of trauma and PTSD, highlighting a Christian framework that intervenes in the rhythms of daily life, particularly during Fellowship at the Centre's Church, which functions as a catalyst for resilience and recovery. Next, we will explore how the Word of God, rooted in socio-cultural and religious practices, plays a vital role in fostering resilience.

Social-cultural theories (Culture-Specific embedment):

These theories, which were created by several sociologists, anthropologists, and psychologists, emphasize the ways in which society and cultural components influence how trauma is seen and comprehended (Chidozie, 2024). They place emphasis on the ways in which people's experiences and responses to trauma are influenced by historical background, religious and cultural expectations, and social support (Visser, 2015). In line with this research, survivors of Boko Haram have employed a range of strong coping strategies to get past their horrific experiences. These processes, which are based on Christian ideals, are ingrained in society and culture. The Bible serves as an illustration of this.

Word of God (Harding, 1987; Coleman, 2006)

In Christianity, the Bible is revered as the written Word of God. The Bible provides survivors with direction, inspiration, and comfort. For people looking for healing, Biblical teachings and stories can offer guidance and inspiration.

METHODOLOGY

As part of a doctoral research project, this study employed a qualitative framework grounded in ethnographic research, conducted among survivors at the International Christian Centre. The study involved both participant observation and semi-structure interview collated from selected survivors and key informants who served as the Christian Centre's coordinators in Edo State. Mindful of this, Korac (2003) argues that qualitative interviews are a crucial method for understanding marginalized groups, such as refugees or individuals affected by trauma, as they allow for a more profound representation of their experiences in their own terms. The advantage of a qualitative approach lies in its flexibility and adaptability, allowing it to account for the distinctiveness of individuals by tailoring methods to suit their specific needs and circumstances (Ní Raghallaigh, 2011). The International Centre in Edo State was chosen to highlight the dearth of studies on the traumatizing experiences that Boko Haram violence perpetuates in the setting of religious organizations as well as the coping mechanisms (Iweze, 2022).

Data Collation

Data collection involved personal contacts, close observation, and interviews with both the Centre's administration and survivors. The life story method was employed to understand the sociocultural and psychological backgrounds of participants. The study included eight young women (aged 18 to 21) and eight children (four boys and four girls) under the age of 15, all victims of Boko Haram, with the Centre's management providing consent. To protect their identities, pseudonyms were used for interviewees, while the Centre's coordinator and assistant allowed their real names to be used. Interview data was transcribed using coding techniques common in qualitative analysis, with a focus on preserving the voices of participants through narrative and informal dialogue (Miles and Huberman, 1994; Ní Raghallaigh, 2011). This approach aligns with similar research on vulnerable populations (Chase, 2010), revealing a range of narratives that explored psychological trauma and coping mechanisms, particularly from a Christian perspective.

Data analysis

This study drew data from various sources, including field notes, interview transcripts, observations, and multimedia assets such as pictures and online content. As the data was analyzed, hypotheses emerged through the integration of established theories from literature review and the gathered data. The research employed Colaizzi's (1978) phenomenological method to systematically organize the data. This involved creating Microsoft files for each subject and categorizing the data based on concepts, ideas, arguments, and themes. Summaries were written for each subject, and recurring themes were examined in relation to one another. The convergence and divergence of these themes were analyzed using Colaizzi's framework, which proved effective in organizing and analyzing narrative datasets (Edward and Welch, 2011).

This approach was applied throughout various stages of the research process, from transcription to data extraction, theme development, and creating a comprehensive description of participants' experiences. Colaizzi's method was particularly useful for identifying the core structure of the phenomenon and validating findings through participant feedback. The analysis revealed significant insights into the experiences of women and children affected by Boko Haram and their interactions with the Christian Centre.

The study highlighted the challenges and successes of addressing the needs of survivors, while also exploring the intersection of religious, socio-cultural, and therapeutic practices in this context. Survivors gained a new perspective on their traumatic experiences, reframing trauma through their connection to God, which facilitated the formation of a "religious self" through rituals such as prayer. As Meyers (2010) and Bandak (2017) contend, survivors displayed a sense of acceptance and resilience in adapting to their altered daily lives despite ongoing challenges.

Results of Research Findings:

Using Colaizzi's analytic approach, the data revealed the trajectories of trauma and PTSD experiences to eventual recovery, highlighting the transformative impact of God's Word

throughout the process. In essence, the findings, which are interwoven across multiple dimensions, highlighted the following:

Religious-Based Healing: God's Word and 'Language' in PTSD Recovery

The research findings reveal that Pastor Evelyn emphasizes the transformative power of God's Word in healing minds affected by PTSD, positioning it as superior to psychological interventions. She distinguishes between the roles of psychologists and pastors, asserting the preeminence of spiritual healing over secular approaches in addressing trauma. By drawing on Christian scripture, she underscores the soul's importance over the body, with the Word of God nurturing the spirit and guiding it toward eternal salvation. This focus on the soul, a specific form of language, mirrors traditional Christian teachings, particularly those of St. Augustine, who also stressed the soul's supremacy over the material world. This perspective highlights the central role of faith and scripture in the recovery process at the Christian Centre.

In Christianity, the soul is a person's immortal, spiritual essence that transcends the physical body (see Matthew 10:28)³. The word of God educates the spirit, guides it with the right values, and feeds and nourishes it. The word of God keeps the spirit on the path to eternal union with God after the expiration of one's life on earth (Fieldnotes, 08/01/2020). This interpretation of Pastor Evelyn is consistent with several Christian exemplars such as St. Augustine's works on 'The City of God' and 'The Confessions' on the superiority of the soul and its relationship with God as well as its prominence over this ephemeral world (Walsh, 2009; Augustine, 2008).

Next, Pastor Evelyn, crafts and locates the experience of trauma in the dysfunction or disruption of the mind (Cf. American Psychiatric Association, 2013). However, drawing on Harding's (1987, p. 167) perspective, Evelyn moves beyond the conventional understanding of trauma as a purely psychological phenomenon. She instead attributes recovery to a broader, spiritually embedded discourse centered on the Holy Spirit and the narrative of Christ. This discourse, framed within the Word of God as a distinct linguistic and theological construct, is regarded as a fundamental element in shaping recovery trajectories.

This perspective aligns with Harding's (1987, pp. 167–69) argument on the centrality of language among conservative Protestants, where she asserts that rhetoric, rather than ritual, serves as the primary mechanism of conversion and that spiritual truths are conveyed through language. Evelyn's interpretation reinforces this idea, emphasizing that God's words—understood through the teachings of Christ and the guidance of the Holy Spirit—play a crucial role in the recovery process for many survivors. As one survivor recalled, "I remember when I first arrived here; I was sad and cried frequently. Each time I read the Word of God, it nourished my soul" (Field notes, 09/01/2020).

Through this process, the Word of God transitions from being intangible to acquiring a tangible presence, or, as Coleman (2006, p. 165) describes, it becomes "thinglike in their autonomous force and their production of tangible results." The manifestation of this "thinglike" or "objectlike" quality in the expression of God's Word relies on a combination of symbolic, narrative, poetic, and rhetorical strategies. These linguistic frameworks serve as tools for engaging individuals—both individually and collectively—by challenging their preexisting

cultural assumptions and instilling in them a fundamentalist way of perceiving and interpreting experiences (Harding, 1987, p. 167). Such strategic expressions, including proclaiming the gospel, evangelizing, spreading the Word, and testifying or listening to scripture, constitute the core elements of conversion rhetoric. Through this process, individuals are shaped and deeply immersed in these distinct linguistic strategies (Coleman, 2006; Marshall, 2009).

The linguistic strategies employed in reading and listening to the Word of God, which is both objectified and personified in Jesus Christ and the Holy Spirit, result in the survivors' identities being enriched with objectified language. This language, while deeply spiritual, also possesses a physical, objectlike' or 'thinglike' quality. In examining how this objectified language is deployed among the survivors, attention is paid to the witnessing, evangelizing, or in proclamation of 'Sacred Words' codified in the bible and stored in the self and communicated to others through the act of self-giving. This act of self-giving involves recreation and the extension of one's persona in the act of giving an aspect of the self to others (Coleman, 2006).

This aspect is never truly estranged from the giver. When survivors listen to the Word of God preached from the altar, the teachings of Pastor Folorunsho and his assistants mediate the divine message, which is then communicated to the survivors. By internalizing this message, survivors become Christ-like in an objectified sense. In adopting this Christ-like identity, their experiences of trauma and PTSD are reframed through the lens of Christ's own suffering and redemption, aligning their struggles with the example of Christ who endured and overcame suffering.

Religious Transformation Through Spiritual Leadership and Community Support

The research findings reveal that at the Christian Centre, not only is the Bible viewed as the source of absolute truth, but the sermons of Pastor Folorunsho, a respected spiritual leader, are also regarded as personifications of truth. His teachings, focused on empathy, counseling, mindfulness, and the workings of Jesus Christ and the Holy Spirit, played a key role in transforming the survivors. These sermons instilled fundamental changes, fostering a sense of brotherhood and sisterhood within the community, which became a source of social support for individuals overcoming trauma. The survivors' collective experience and shared values strengthened their recovery, as they saw themselves as a unified "community of believers" transformed into Christ-like figures through their engagement with God's Word.

Pastor Folorunsho's sermons, described as "objectlike" in nature, gained their potency not from ancestral connections, but from the living influence of God. Survivors internalized these teachings through reading, listening, and speaking practices, allowing aspects of Christ and the Holy Spirit to become part of their lived experiences. This spiritual process helped them reframe their traumatic experiences, drawing strength from biblical figures who overcame suffering. The process of spiritual transformation was further compared to Mauss' concept of the gift, as the Word of God, like a gift, established deep connections between the giver (spiritual leaders) and the recipients (survivors), promoting a sense of grace, sacrifice, and salvation. Thus, the transformative power of spiritual leadership and the Word of God, as well as the community support fostered at the Christian Centre, played a vital role in helping survivors cope with and

recover from PTSD and trauma.

Fleshing this out among the survivors at the Centre, it is not only the Bible that is projected as the reservoir of objective truth but the words or the preaching of Pastor Folorunsho, a spiritual authority, is seen as truth personified. Several of the sermons of Pastor Folorunsho (on empathizing with the survivors, counselling, mindfulness, and above all, the workings of Jesus Christ and the Holy Spirit) communicated orally oriented fundamental changes, especially in its physical manifestation, which engendered the prevailing performative practices of brotherhood or sisterhood at the Christian Centre. This community of brotherhood and sisterhood or a broader community of believers have served as a source of social support and aided in the recovery processes given their similar experiences of suffering, beliefs, and values. Indeed, the power of words (the Word of God) constituted and transformed survivors into the 'community of believers,' or, as one of the survivors mentioned: "When the blood of Christ has gone into us, we become born again believers...we become like Christ as we are all members of the same family...So where each of us come from no longer matters" (Fieldnotes, 09/01/2020).

Therefore, having been transformed into Christ-like through the sermons of Pastor Folorunsho as well as those of his assistants that are drawn from the potency of God's Word, old things, including the incidence of traumas, are all confined to the gates of limbo. In making sense of the potency of words, Coleman (2006, pp. 173-174) draws on Keane (1994, p. 605) in discussing the objectlike properties of ritual words and their capacity to become disassociated from the specifics of speakers and happenings with the Anakalang of eastern Indonesia. The potency of ritual speaking in this situation comes from its seeming repetition of verbal patterns rooted in an ancestral past, echoing, and evoking ancestral agency. Similarly, at the Christian Centre, the Word of God-objectlike gets its vigor and protection against the influences of PTSD not from ancestors, but from a view of the living influence of God, embodied within and made agentive or active by the believer's reading, listening, and speaking practices (Harding, 1987; Coleman, 2006).

Thus, the effectiveness of this objectlike, as Keane (1994, p. 606) argues, depends in part on maintaining a distinction between the construction of actors and their agency. In the context of the Christian Centre, this objectlike Word of God is not dependent on Pastor Folorunsho including his assistants or the survivors, but is activated through witnessing, reading, and listening to God's Word. In doing so, aspects of Christ and the Holy Spirit became embedded in the survivors through listening and attuning their lives according to the sermons of Pastor Folorunsho as well as his assistants at the Centre. In listening and living according to the dictates of this homily, survivors find encouragement in the biblical tales of traumatized figures who have recovered and found restoration after experiencing trauma.

Precisely, living according to the precepts of Pastor Folorunsho's homilies (such as moral guidance, forgiveness, and Christian love) as instances of coping or overcoming their traumatic experiences can be mirrored through the *Maussian* notion of the gift. In Mauss argument (Parry, 1986, pp. 453-58), the gift bears an aspect of the giver's spiritual nature, and this scenario necessitates the recipient to reciprocate. Gifts build enduring relationships between individuals because they allow for the participation of the recipient in the object, which prevents the gift

from being truly estranged from the giver. However, the transformative and sacrificial dimensions of gifts within the Christian understanding of grace, sacrifice, and salvation are not adequately captured by Mauss' concept of the gift, especially his emphasis on reciprocity and the social obligation of gift-giving, which is grounded in materialist and social foundations (Itzhak, 2022).

The Power of 'Sacred Language' in Transforming Trauma at the Christian Centre

The findings reveal that the survivors at the Christian Centre engage with the Word of God, or 'sacred language,' in a manner that aligns with the Word of Life Movement in Protestant worship. This engagement demonstrates the transformative power of spoken religious language, as highlighted by Coleman's analysis (2006, p. 174). The act of speaking the Word of God activates its latent power, akin to how a gift becomes effective once it is exchanged. These words, possessing "objectlike" qualities, gain an independent existence separate from the speaker, embodying the spiritual authority of the preacher.

The research emphasizes that, much like a gift, sacred language circulates with an expectation of impact—those who use it anticipate a return on their investment through spiritual transformation. Survivors, by internalizing the Word of God through Pastor Folorunsho's sermons, experience a shift in their identity, embodying spiritual efficacy. This process is further illustrated by the fact that survivors do not owe anything in return for the language they receive but instead witness its power through the changes it creates in their lives, helping them overcome trauma and connect with a higher spiritual purpose.

Charismatic Leadership and PTSD Recovery through God's Word at the Christian Centre

The testimonies of survivors illustrate how religious teachings and pastoral guidance have shaped their emotional and spiritual recovery. For instance:

"Having listened to the teachings of our father (Pastor Folorunsho) for a long time, I became born-again, and I do not think of my pains anymore".

"Before, I was angry, and I questioned God why he allowed us to suffer in their hands (Boko Haram), but now the man of God (pastor) taught us to forgive and let go of our pains. I want to be a pastor like him".

"I remember when I came here newly, I was sad, and I cried a lot. Each time I read the Word of God; it nourished my soul. The encouragement and counselling of our father helped me. To the glory of God, I am a medical student today".

From the foregoing, the research findings highlight the significant role of Pastor Folorunsho's charismatic leadership in guiding female survivors through their trauma recovery. These women shared their journeys of grappling with emotional outbursts like anger, crying, and questioning God, reflecting how their traumas resurfaced. However, through Folorunsho's influence and his use of the Word of God, survivors began to process their traumas, albeit slowly. His personal testimony of a life-changing encounter with Jesus resonates with the survivors,

reinforcing his spiritual authority as someone chosen by Christ.

The pastor's charismatic persona and the narrative of being divinely appointed echo the findings of Eriksen (2012), where church leaders in Vanuatu describe similar encounters with Jesus or the Holy Spirit, often in solitude. Pastor Folorunsho's authoritative role, grounded in divine experiences, is mirrored in his leadership style at the Centre. Survivors saw him as an untouchable figure of spiritual authority, governing the Centre through his female assistants, and providing guidance through sermons that stressed the importance of equality in Christ and the healing power of God's Word. His teachings encouraged the survivors to actively apply God's Word in their lives to alleviate their fears and anxieties, fostering an environment of spiritual growth and communal support.

DISCUSSION OF RESEARCH FINDINGS:

Reimagining Trauma Theory: Sketching a Decolonized Trauma Theory

Folorunsho's interpretation, supported by his assistants and affirmed by survivors, suggests that conventional trauma therapy and its management fall short in providing recovery, primarily due to their inability to address the profound spiritual wounds that accompany traumatic experiences. In contrast, survivors attributed their recovery from trauma and PTSD to their engagement with religious beliefs and practices. This perspective proposes a re-evaluation of trauma and PTSD theories, advocating culturally relevant approaches that address everyday traumatic experiences in ways that resonate with specific socio-cultural and religious contexts.

Folorunsho, along with his assistants and the survivors, incorporated Western terminologies such as "deep wounds," "traumas," and "PTSD" into their narratives. However, they remained firmly committed to Christian practices as pathways to recovery, suggesting a return to religious traditions. This underscores the need for a decolonized theory of trauma that uncovers and contextualizes common human experiences within particular cultural and religious frameworks. Such an approach raises the question: Could this bridge the gap between Western and non-Western models by focusing on universal aspects of human suffering and recovery?

In *Postcolonial Witnessing*, Craps (2012) argues that trauma theory should not be entirely discarded but reshaped and reoriented to foster sensitivity to previously overlooked forms of suffering. Craps advocates for a rethinking of the Western, event-based model of trauma treatment—particularly one rooted in Freudian psychoanalysis, which emphasizes "melancholia and stasis" (Visser, 2015, p. 263), focusing on mourning and eventual resolution. He contends that "the traumas of non-Western or minority groups must also be acknowledged on their own terms" (Craps, 2012, p. 3). Thus, this approach to trauma theory considers the lived experiences, gender roles, power dynamics, and engagement with trauma and PTSD among marginalized groups, outlining the contours of a decolonized framework for trauma recovery.

To challenge an exclusively Western trauma theory, the researcher examined the narratives of Trauma and PTSD among Boko Haram survivors at the Christian Centre. This approach resonates with Budryte's (2016) post-colonial analytical model, which emphasizes the importance of recognizing multiple perspectives rather than relying on a singular, unitary view. This multiplicity is central to decolonizing trauma theory, where various voices contribute to

understanding trauma beyond Western frameworks. Drawing on Rothberg's insights, the study highlights the importance of local modes of belief, ritual, and understanding in responding to trauma, thereby challenging the primacy of Western knowledge and expertise (Rothberg, 2008, p. 27). Budryte (2016) further emphasizes the value of listening attentively to traumatic stories across diverse groups, suggesting that this approach can foster connections between individuals and communities with differing traumatic experiences.

Rothberg's (2008) contributions to social sciences, particularly anthropology, indicate that current theories often overlook spirituality and religion due to the influence of poststructuralist theories and postmodernist skepticism toward religion as a "grand narrative." This bias may explain why dominant Western trauma frameworks fail to engage with the meanings embedded in local rituals and cultural practices. The prevailing assumption of a fully secularized postmodern era obscures trauma's connection to ceremony and ritual. Moreover, this normative stance reflects a colonial or Eurocentric inclination to dismiss non-Western religious practices as superstitious. Said's concept of "orientalism" (1978) sheds light on how these discourses perpetuate the view of non-Western cultures as static, exotic, and inferior. Western secularism is often associated with progress and modernity, while non-Western religious traditions are essentialized as irrational or primitive, reinforcing a perceived need for Western intervention and dominance in non-Western contexts (Visser, 2015).

Hence, an effective decolonized trauma theory must be attentive to the cultural preconceptions imposed by the secular worldview. Within the context of secular thoughts about spirituality and religion, the non-West tends to be readily compared to the West as being backward or even uncivilized, and in dire need of illumination (Visser, 2015). Ratti cites Nandy's incisive criticism of secularism's hegemonization of the idea of tolerance so that anybody who is not secular turns out distinctly bigoted (2013). Decolonizing trauma theory must be conscious of ingrained Western ideologies of supremacy and distance itself from these cultural biases.

Hence, the failure to transcend conventional norms, warns Brown (2009), can weaken potential groundbreaking initiatives in this situation. A vital and significant step toward a completely decolonized trauma theory, in my opinion, would be the admission that an attentive and multifaceted interpretation of the spiritual and religious modalities of addressing trauma is essential. The decline of traditional values, beliefs, and rituals has reportedly become one of the preoccupations of postcolonial writing, and Erin O'Connor (2003) likens the overwhelming impact of secular logical thinking to that of colonization, both of which have resulted in the peripheral positioning of subaltern voices as well as the erosion of indigenous practices or customs across the globe.

In the lived experiences of the research participants, the trauma caused by Boko Haram is confronted through Christian practices centered on the appropriation of God's Word. In this way, the experiences of trauma and PTSD become reinscribed with new signification which ties into the expressing of the self, gaining agency and resilience. Suffering, for example, is no longer viewed as stasis or melancholia, but rather as spiritually edifying and regarded as a cross to carry akin to Christ's. At the Centre, human suffering—whether manifesting as trauma, PTSD, or daily hardships—serves as a form of sacrifice in exchange for God's gifts. These gifts are bestowed

upon survivors who have dedicated their lives to Christ by engaging with the Word of God, and by shaping their lives according to the teachings and sermons delivered by the pastor and his assistants. Importantly, their encounters with suffering resonate with a global phenomenon.

Throughout history, humanity has been confronted with many expressions of suffering and innumerable instances of catastrophic occurrences. These calamities include a wide range of obstacles, beginning with the terrifying trauma triggered by the birth of Boko Haram in 2009 and continuing to this day. They go on to include traumatic episodes like the 2016 and 2015 Brussels and Paris attacks, as well as the frightening acts of terrorist groups like Al-Shabab, ISIS, and Al-Qaeda. Furthermore, they include watershed occasions such as the devastating 9/11 assaults on American territory, the terror of King Leopold II in Congo, the Holocaust between 1939-45 as well as the ongoing terror in 2023 perpetuated by the Israeli state against Citizens of Palestine in Gaza, all of which represent a recurring and generic human experience of suffering. These experiences which originate from different geopolitical contexts demonstrate a shared human vulnerability and survival. In other words, these survivors' narratives highlight the universality of human vulnerability to hate-fueled violence, perilous odysseys to escape, brutality, and its enduring trauma and the capacity to adapt to its cataclysmic effects.

In illuminating the recurrent leitmotif of vulnerability and resilience among humans across varying contextual landscapes, we have undertaken to align with the insights expounded by Budryte (2016) concerning the utility of traumatic narratives as facilitators of interconnection among individuals and disparate cultural collectives. Invariably, we submit that the contours of a decolonized trauma theory should collapse the distinction between the West and the non-West in favour of shared human experiences of susceptibility and the capacity to survive. The highlight of real human suffering corresponds to Caruth's (1996) oft-quoted idea that trauma might serve as a bridge across cultures.

According to Caruth (1996), experiencing trauma can help people connect across cultures by enabling them to actively engage in and show empathy towards the traumatic encounters of others. In her view, this phenomenon has the potential to foster intercultural harmony and the formation of novel communal structures. A decolonized approach to trauma theory, anchored on lived human experiences of violence such as the Boko Haram violence, as well as those in Brussels and Paris, has the potential to transcend ethnic and cultural divides. The phenomenon of trauma is not confined by provincialism or division under this paradigm; rather, it serves as a pathway for generating compassion and profound connectivity.

Consequently, there is a need to broaden the conceptual landscape beyond the constraints of a single 'trauma theory' and embrace the notion of 'traumas theories.' This development emphasizes the importance of relationality, compassion, the inclusion of multiple voices, and an appreciation of the socio-cultural framework in which trauma is rooted. In this context, the traumatic events experienced by the survivors, manifesting in various forms and profoundly affecting their psychological well-being—often referred to as “deep wounds on the soul”—were subsequently diagnosed as post-traumatic stress disorder (PTSD) by the Centre's management. The discourse surrounding these experiences was framed within the framework of trauma theory, drawing on Freudian principles to articulate and interpret the survivors' psychological

conditions.

However, it is essential to recognize that in this act of appropriation, or the alignment of their narratives with a socio-cultural and religious lifeworld (through what I call trauma theories), the participants inadvertently seem to traverse a dual sense of belonging, one that encompasses both Western and non-Western elements. We posit that these instances of dual belonging can accentuate the concept of universal humanity, wherein a victim of a terror attack, such as those inflicted by Boko Haram in Nigeria, becomes a concern that transcends geographical and cultural boundaries, implicating the global community at large.

In this regard, the universal concerns surrounding trauma and PTSD challenge the limitations of colonial singularism, emphasizing shared experiences across different traumatic contexts. However, they also provide empirical insights into the sociocultural nuances present within specific socio-religious practices. The approach to trauma, PTSD, and recovery within the Christian Centre in Edo State reflects a nuanced application of the Christian belief system, demonstrating its role in addressing and engaging with trauma and PTSD within a particular cultural and religious framework.

CONCLUSION

This work unfolds opportunities for pluralized decolonized strategies in trauma and PTSD recoveries. This has the capacity to navigate from trauma to recovery in the context of a Christian setting. An engagement with trauma and PTSD must consider the role of religious practices in facilitating recovery processes. Rather than being dismissed as superstitious, openness to religious practices can deepen our understanding of human experiences, enriching secular Western perspectives on themes such as PTSD with Christian frameworks rooted in the Word of God and the teachings of Jesus Christ. The integration of these religious elements with secular trauma theories offers new avenues for understanding trauma, PTSD, and the mechanisms of recovery.

Specifically, the case study of Boko Haram survivors demonstrates how the integration of Christian teachings, particularly the emphasis on the Word of God and its practical application, with the reframing of trauma and PTSD, offers a more inclusive and effective framework for developing decolonized trauma theories. This synthesis underscores the potential of religious perspectives to contribute meaningfully to the understanding and management of trauma in diverse sociocultural contexts.

RECOMMENDATIONS

This study provides a critical analysis of the trauma experienced by Boko Haram survivors, demonstrating how spiritual practices complement psychological frameworks in fostering recovery. Based on these findings, the study advocates for an interdisciplinary approach that expands traditional trauma recovery paradigms by integrating psychological theories with religious practices.

Furthermore, a trauma support program should emphasize collaboration between mental health professionals and religious leaders, incorporating spiritual teachings—such as the Word

of God—into recovery processes. Additionally, mental health practitioners working in conflict settings, particularly those involving Boko Haram-affected populations, must recognize the significance of cultural and religious practices in facilitating recovery and resilience.

Finally, the study recommends a decolonized approach to trauma that critically reassesses and expands conventional psychological frameworks. This approach promotes inclusivity by incorporating diverse socio-cultural and religious dimensions, ultimately enhancing recovery outcomes for trauma survivors.

Notes

1. All the subsequent names in this paper are pseudo names to maintain anonymity. However, the head of the Centre, Folorunsho and his assistant, Evelyn, requested that their real name can be used in this research. Additionally, this paper is a part of a PhD research at the International Christian Centre in Nigeria that examined the lived experiences of Boko Haram survivors.

2. This section benefits in part from: Chidozie, E. (2024) Examining Resilient Practices through Configuring Survivors' Lives at the Noodle's Kitchen in International Christian Centre (Edo-State, Nigeria). *OLÓGÈ LASUED International Journal of Humanities Education*. 1(1), 166-176 DOI: <https://doi.org/10.36349/olijhe.2024v.01i01.019>

3. Humans are composite beings, made of body and soul. The soul is the non-corporeal, spiritual aspect of humans, so sometimes it is equated with spirit. In Christian Faith, while physical food nourishes the body, it is the word of God which nourishes the spirit or soul. In the Scripture, “man does not live on bread alone, but by every word that comes from the mouth of God” (Matt 4:4).

4. There are also several philosophical works that explore the preeminent positions given to the soul: Plato. (1981). *Phaedo* (G.M.A. Grube, Trans). Indianapolis: Hackett Publishing Company; Descartes, René. (1993). *Meditations on First Philosophy*. (Donald A. Cress, Trans). Indianapolis: Hackett Publishing Company

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