

# The Cross-Cultural Applicability of Post-Traumatic Stress Disorder: A Northern Ugandan perspective

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## Background

Historically, reactions to trauma and notions of what is traumatic are fluid, influenced by cultural and social contexts. The cross-cultural validity of post-traumatic stress disorder (PTSD) has remained unclear through longstanding debate. Yet, the provision of Western trauma-based psychiatric aid in non-Western societies is rising, based on Euro-American diagnostic manuals. The majority of PTSD research involves Western sub-groups, with sub-Saharan Africa particularly underrepresented.

Its applicability to the Acholi people in Northern Uganda – an area affected by decades-long civil war, violence and the making of many-thousand child soldiers – warrants further exploration.

## Aims

- To examine the extent to which the PTSD diagnosis is bound by culture by examining post traumatic stress reactions in northern Uganda , a vastly different cultural setting
- To explore local perceptions of reactions to traumatic stress and the ways in which these reactions are treated
- To explore the extent to which the PTSD diagnosis is clinically useful cross-culturally

## Methods

A multi-stage questionnaire was sent to selected mental health professionals with experience working with people with PTSD in northern Uganda. Information from clinical experience across many decades was gathered.

## Symptomatology

### Core symptoms

- Nightmares
- Flashbacks
- Avoidance
- Suicidal ideation or tendencies
- Irritability
- Poor concentration
- Highly expressed emotions
- Isolation or feelings of detachment
- Loss of interest in activities

Symptoms of all four facets of the DSM diagnosis are covered: intrusions, avoidance, negative changes in mood and cognition and alterations in arousal or reactivity.

### Somatic symptoms

- Pain in neck radiating down the back
- Burning sensation throughout body
  - Headache
  - Generalised body pains
  - Body weakness
  - Fainting attacks
  - Joint pains

Somatic symptoms are not included in the DSM criteria but were commonly reported. As one respondent describes, “it is very body orientated in northern Uganda.” The trauma itself also involved extremes of somatic states, which can be encoded into traumatic memories.

### Spirit possession

- Frequently reported presentation
- Locally the spiritual realm is close to everyday life
  - The most harmful spirit is *cen*
- Defined as the entering of a person’s mind and body as punishment by the spirit of a deceased person seeking appeasement

Those with frequent episodes of spirit possession are more likely to meet criteria for PTSD, and those with higher levels of trauma had higher levels of spirit possession. Some respondents viewed them as the same phenomenon: ‘PTSD as known in the Acholi world.’

## Discussion

Culture shapes many aspects of post traumatic stress reactions. It affects symptom manifestation – somatic symptoms may be more common as societal norms guide a greater focus on physical states and thus lends to physical expressions of distress. Symptoms associated with spirit possession can be seen as a local idiom of distress - a cultural embodiment of trauma experience as a culturally sanctioned expression of emotional distress, influenced by interaction between societal beliefs and values. It provides a framework for assigning meaning to symptoms and to be understood by others, and provides a means of seeking and receiving help. As mental illness is stigmatised and there is less focus on individual cognitions, psychological symptoms may be partially inhibited whereas dissociative symptoms are more acceptable.

Clearly, causal beliefs affect health seeking behaviour, hence Western interventions are frequently sought last. Narrative Exposure Therapy may have seen success in comparison to cognitive behavioural therapy as it is culturally sensitive - a narrative approach is relevant and known to all cultures.

## Conclusions

Local culture shapes the understanding, manifestation and health-seeking behaviour around PTSD. Despite the influence of culture, local traumatic stress reactions involve all four facets of the DSM criteria. However, reactions were broader than this, with frequent somatic and dissociative symptoms. Local post-traumatic stress inventories of symptoms would be useful globally.

Spirit possession appears a locally culturally sanctioned expression of traumatic stress – cultural intelligence and sensitivity is essential for better understanding patients, for appropriate assessment and for improving access to and outcomes from treatments. Narrative Exposure therapy has good interventional potential cross-culturally and could for more widely implemented. Further culture-specific PTSD research is needed in order to identify and address PTSD across different populations.

## Treatments sought

1

### Traditional healers

Ceremonies e.g. stepping on eggs, sacrifice of animals. Issues not linked to trauma: other explanations are given. Focus on community reintegration, forgiveness, acceptance and restoring a sense of belonging.

### Spiritual healing

Consulting a religious leader; joining a church (frequently born-again Christian); engaging in prayer.

2

### Informal coping strategies

Overworking, alcohol use, digging (farming), and self-medication such as painkillers for headache and bodily pains.

3

4

### Western-based interventions

Narrative exposure therapy: talking through events in detail as they happened during a course of sessions. Cognitive behavioural therapy.

Traditional interventions were often sought before Western ones. Respondents reported that many patients did not perceive their symptoms as being due to mental illness; “mental illness culturally is taken to be spirits”.