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Exploring Storytelling with Survivors of the Sierra Leone Civil War

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Exploring Storytelling with Survivors of the Sierra Leone Civil War

Capstone Thesis

Lesley University

August 9, 2020

Manu A. Carpenter

Drama Therapy

Tim Reagan, PhD

Abstract

Bessal van der Kolk (2007) describes the effects of childhood trauma and concludes that the body remembers trauma. Meaning that the results from one's negative experience holds that energy until it is released. Those who have experienced traumatic events due to war may have never had an opportunity to heal from it. In researching different approaches to mental health interventions, this thesis shows the power of storytelling through the method of interviewing. The participants in this investigation are survivors of the civil war in Sierra Leone, West Africa. Six Part story method by Lahad (2006) is used to analyze the reflection of participant response to the entire process.

Key words: trauma, 6th part story method, interview, storytelling, survivors, war, Sierra Leone

Introduction

Storytelling is a unique approach to being a unique gateway to one's imagination. As a child, storytelling was an essential part of my everyday experience. I remember my mother talking about the bible and other universal narratives such as Cinderella. I also remember hearing about my mother's various experiences growing up in Sierra Leone, West Africa. It was during those times I found myself wanting to know more about this foreign place she talked about.

Sierra Leone was a big part of my life. We had family living there and my parents spoke to them often via telephone. In 1991 the civil war started in Sierra Leone and I remember hearing about what was going on with family members who lost their lives by the hands of rebels. Sadly, a place that I wanted to visit, had now become a war zone, with many killings, tortures and heinous crimes against women, children and men occurring on a daily basis. People were being raped, drugged, and dismembered throughout the nation

In 2009, I visited Sierra Leone for the first time. The heaviness of the country and the energy was overwhelming. Another observation I had was my fear of war resurfacing. Although I had not lived there, nor was a part of the war that took place before I got there, I could feel the weight of lost lives. Being in large crowds and seeing people's reaction to unexpected noise also startled me and reminded me of when people would have to run away from the rebels. Realizing that I was experiencing second hand and trauma, it made me empathetic to the community of Africans that could still be feeling the aftermath of war, such as post-traumatic stress disorder (PTSD) and anxiety. This has inspired my passion to seek different ways to help restore Sierra Leone, and confront unspoken PTSD, substance abuse, and other mental health diagnoses.

As we dive into the impact of war, the basis of this capstone is to see how storytelling can intervene as a resource for mental health treatment to a country (community) that has endured

unspeakable atrocities. There were no limits placed on the information I researched. In the literature review, you will recognize each particular article represents some aspect of an intervention working with trauma in spite of purpose, conclusion, and process to resiliency. I chose “development of a method” to illustrate how storytelling can impact a person’s perception of resiliency and create a place where those individuals can acknowledge that resiliency. In foreign countries the art of folk tales is often told to entertain or give life lessons. I wanted to use what was familiar to people and explore if storytelling could impact a person’s healing, definition of self, and assist in regaining power from their own story.

Being aware of culture differences and the European approach towards mental health, I wanted to look at all components and discover ways to deal with cultural dynamics. What was helpful was being able to examine many different supportive resources for immigrants, and these articles showed some interventions to help immigrants deal with trauma.

Literature Review

Sullivan and Simonson (2016) demonstrated the importance of schools providing predominant interventions for refugees coming from war-torn countries. Preparation to be equipped to provide social emotional support could affect student educational success along with their overall being. The United Nations High Commissioner (UNHCR) reported that since 2012, there were 34 million worldwide refugees (Sullivan & Simonson 2016), who were coming from third world countries such as the Middle East. Forty four percent out of 47% were school age children.

The authors wanted to convey the importance and relevance of this matter by also talking about social-emotional distress that refugees could be facing, such as post- traumatic stress disorder and other variations of trauma associated with age and development. They provide

studies on the psychological response to trauma among youth for educators, since educational institutions are predominant resources for refugees.

The method they used was a “search strategy,” through the “database.” Discovering relevant articles that could provide information to support their study. With further investigation I identified six “inclusive criteria,” in regard to interventions for social-emotional intervention. The results of data showed the subjects, settings, interventions, and outcomes. The authors showed two tables listing the number of subjects from each school, age range, sample type, National / Regional Origins, locations, and school types. Table 2 displayed design, intervention, interventionist, targeted domains, measures, and outcomes.

Sullivan and Simonson (2016) gatherings were relevant to the study evidenced by the collected data to support the study. The chart was explanatory and clear by specifying different components of the subjects, such as age, gender, what type of refugee he or she was, and the type of school they attended. One table described the targeted domains such as traumatic grief, measured by traumatic grief inventory for children and outcome of reducing traumatic grief. This article is very imperative because it shined a light on expressive therapy being very helpful for social-emotional interventions.

In connection to Sullivan and Simonson, a journal of adolescent health was specifically written about the country Sierra Leone regarding the civil war that took place in 1991 (Newnham et al, 2015). The focus was on the few mental health (MH) resources available to youth affected by the war. The World Health Organization reported that there are 78% of untreated mental health cases (Newnham et al, 2015). Many people living in the country are not expressing what they are going through internally. If they are stressed or having panic attacks others will not know. This may be due to the stigma of mental health and the society not understating that youth

may be exposed to post traumatic stress disorder, anxiety and depression. After identifying those diagnoses, the person can understand themselves and find the support they need to move forward and function in society.

The study reported that behaviors interfered with societal function. The country is facing massive unemployment, violence, poverty, and reports that behavioral interventions for affected youth are a necessity. If the country is facing such a crisis, one must look at what the root of the issues are, on a societal level. Meaning that providing jobs will not stop undiagnosed symptoms such as anxiety, which can ideally interfere with them keeping a job.

Pilot trial method was used to form the groups made up of eight participants. They were also separated by age and gender. They were also referred from community leaders and service providers that knew the participants history. Being that the study was done in Sierra Leone, the measures of the study needed translation from Krio to English. The components were psychological symptoms, functional adaptation, emotion regulation, intervention fidelity, intervention development, and procedures data analysis.

The commitment involved added to the study by the individuals who wanted to see a change. Sierra Leone professionals such as psychologists and social workers were able to be a reliable source of designing interventions needed for youth as well as other committed participants. For the country to move forward, mental illness needs to be addressed within the society.

The significance of the results in both articles were very helpful in terms of creating a visual of the research question. Sullivan and Simonson (2016) data was easier to read and follow compared to the Newnham article which was shorter to read and straight to the subject at hand. I would say reading the data in article one was more feasible due to the layout. Article two's

strong suite was the honesty of the results, and transparency of not fully being sure if the results were due to the interventions.

Academic Study

In looking at the third article, Rachel Jane Brown (2013) wrote an academic study on survivors of the civil war in Sierra Leone. According to Brown, one of the focal points was that everyone has different ways of handling “adversity,” which she used as an alternative description to the word traumatic (Brown, 2013). Her research paper was well written and gave the reader in depth definitions. As the research paper continued, Brown gave a historical sketch to the reader and walked through each step, allowing the paper to cover each important piece of information as it was vital to supporting her thesis. Brown wanted to know how Sierra Leoneans moved forward after war. This could also be looked at as a guiding question for her study.

Brown (2013) conducted a total of nine interviews with individuals and groups as part of method qualitative study. Subjects consisted of patients and staff members within Sierra Leone organizations. Using the role of context of diagnosis, and dialogue process, helped give a voice to her subjects. Brown wanted to observe life after the war for her members and see how participants coped with their feelings. She traveled with other mental health professionals as a support system and source of consultants.

The research was detailed and served as a resource guide to those that are seeking direction in gathering their own information. All bases were covered, and the study was solid from start to finish. Consent forms and questionnaires were used for the subjects and their participation was voluntary. What was concluded in the study was that the way Sierra Leone processed with survivors post-war was ineffective. The participants were able to articulate and recognize there were diagnosis as a result of the war based on their age and symptomatology.

(Anxiety, depression etc.) Knowing this, I believe that Brown created some healing to survivors of the war.

In comparison to other countries that experienced similar atrocities of war was Rwanda. Another article King and Sakamoto shined a light on how survivors and perpetrators could both be affected by living together. The misfortunate death of Rwandan president Juvenal Habyarimana's (hutu), whose plane was shot down, is when the war started. The Tutsi genocide, a civil war in Rwanda ended in 1994 (King & Sakamoto, 2015). The conflict was between two ethnic groups known as the Tutsi and Hutu. Rwanda suffered many losses and what took place was unimaginable.

After traumatic events, Rwanda tried to restore and heal a whole nation. The basis of this article was to see what has been done to help reconcile the nation's ethnic group post war (King & Sakamoto, 2015). The authors wanted to study how survivors and those that committed the crimes against those survivors can come back together to live in unison.

In collaboration with certain initiatives such as Healing Life Wounds (HLW) The King and Sakamoto used critical ethnographic study methods and collected data from different National Ethics Committee's. (King & Sakamoto, 2015). The study was designed to see if these programs were working, being that both survivors and committers were working together in the program. Victims, perpetrators, and those directly or indirectly affected by the war had to return to live together in war-torn communities across the country.

The investigators recruited ten people for their study that fit certain criteria, some may have been from both ethnic groups which could cause some uneasiness. As people shared their stories anonymously, issues arose such as premeditated tension between groups. A key takeaway

from the study was the healing process. HLW was effective, however, everyone has to be willing to address the heaviness of post traumatic events in order for it to be successful.

This study examines physical boxes created by adult genocide survivors and how both the physical and metaphorical characteristics of the boxes reflect how survivors have dealt with trauma while also revealing parts of their culture. These boxes have helped survivors express their feelings, heal, and reconnect with self.

The 1994 Rwanda genocide left 10% of the population dead and had reverberating effects on its survivors. Some had a hard time with their thoughts about the trauma they endured or preferred not to discuss it all together. Many of the participants in the study had not engaged in dialogue ever about past events and as a result have not had the opportunity to process the trauma. However, through art therapy people were able to demonstrate insight into their most vulnerable sides of themselves. In addition to reducing symptoms, art makers maintained self-care, cultivate personal strengths, and combat future life challenges.

Cultural Awareness

Proverbs and storytelling are a huge part of Rwanda culture in large part because it helps storytellers' express feelings of deep emotions while also exercising restraint, prudence, and patience which are highly valued in the culture. In what one article calls aesthetic distancing storytellers can both feel and describe without having to totally relive and testify.

The box metaphor is used because of the connection it has with gourds in Rwanda culture and the importance of containers as holders of substance and often times good luck. "Within the Rwandan cultural tradition, there are proverbs that are used to refer to the body as a container, for example, this puts the individual at the center and his/her aim in rooting out emotions they either want to deal with or avoid. A box is a structure that can be enclosed or open, deep or

shallow, sturdy or flimsy, it is something the maker can truly own as their expression and coping mechanism against the pitfalls of trauma. Everyday objects can also be signified if put inside the box and may possibly symbolize some feeling only the maker is aware of, and therefore only able to explain. The truth lies with those whom have been through the struggle rather than the traditional tellers of history.

Expressive Therapy and Art Base Treatment

Participants in the art therapy project were aged 18-25, limited education, various living situations (orphans, single parent, relatives), and all in great economic hardship. Students were to create boxes with scraps of local fabric, crayons, markers, paper, scissors, glue, and magazine images. They were able to relive joyous moments, signify what was valuable, and express themselves in true form. Art therapy and box making provided a safe space for young Rwandans to express their internal world. It also served to fortify aspects of the Rwanda culture as previously mentioned about folk tales, while also giving the power and impact of the narrative to the box maker and what he/she felt like sharing not only for others but for themselves.

This article was helpful due to the fact that it gave me some ideas when approaching my study. The author identified herself as being a Rwandan and a survivor. I would have liked to have known how she was affected by the study and what came up in her, as a result. It would have vital peace to teach other researchers about possible counterforce as a researcher.

Therapeutic Storytelling

Expressive therapies are used for a therapeutic advantage. It is very important to view others approaches and the clinical aspects. In the next two articles, the author used insightful measures to capture the importance of art-based therapy. This article also represented another culture. Mannell, Ahmad, and Ahmad (2018) introduced the topic of gender-based violence

(GBV) and how it impacts on the mental health of women, particularly in Afghanistan.

According to the article, women are faced with scrutiny and various abuses, which supports the country's acceptance of masculinity and manipulation towards its women (Manell, Ahmed, Ahmed, 2018). Social justice groups have formed ways to address all of the atrocities by giving women a voice through the art of storytelling.

In order to see if the storytelling would be an effective tool to support victims of GBV, the researchers collaborated with other local non-government organizations. The participants have been abused and are living in safe houses. In the study, there were a total of 20 participants, who were identified by age and number of years they lived in the safe houses. Questions were asked to help them share what they wanted to do about their abuse, in hopes to give them a cathartic experience.

Manell, Ahmed and Ahmed's article were effective because it showed a process signifying the importance of safely doing storytelling for victims of violence especially if they live in a country that supports gender-based violence. Individuals explore their own experiences from both safe houses. Age and marital status were also delineated in. The concept of storytelling allowed the women to create fictional context to prevent traumatization. What was very important to see was the reality of creating a haven for these women to be heard and to release their personal anxiety, all while trying to help them build their confidence. In reality, in order to provide help to women outside of the confines of a safehouse and dealing with this problem, storytelling can continuously re-traumatize someone based on a specific environmental setting.

Expression through the Art

Schweitzer, Vromans, Ranke, & Griffin researched a case study that was based on refugees, living in Australia and how to support them through art-based therapy programs. The investigators acknowledge trauma history and how to give room for refugees to express their cultural identity through art (Schweitzer, Vromans, Ranke, & Griffin, 2014). The authors defined narrative therapy and its framework, “which helps shape identity to a person's own accounts of their life and the story they tell about themselves.” (Schweitzer, Vromans, Ranke & Griffin, 2014)

The method was taken from the art-based theory program as a guide and was introduced to the refugees in order to help emulate the art based therapy program. The 8 participants ranging from 12-17 years old were asked to commit to the duration of the program. Using the manual from the art- based therapy program, the participants observed, had self-reflection and assessed the therapist. Each week they had different topics that everyone would partake in terms of looking at cultural, individual, and personal coping mechanisms.

The usefulness of this article was so imperative because it showed the reader the power of community and interventions that allow people to tell their story in a safe and organized way. In comparison to the other article by (Mannell, Ahmad, Ahmad 2013) this was more detail oriented in terms of giving the reader an example of what each person’s contribution to the group and responses as a witness, individually and as a whole. It also showed their work and gave a testament to how powerful storytelling is.

Forough Barani (2019) introduces the concept of fictional dissociation. It was inspired by virtual fictional/factual positioning (VFP) and Herman’s dialogical self-theory (DST).

All theories look at the internal and external role regarding the relationship to who we are to ourselves and the relationships of who we are to others. The correlation of mind and literature

working together convey the unity of humans being the author of their lives after traumatic events (Barani, Yahya & Bin Talif 2014).

The introduction of fictional dissociation in storytelling for survivors was to help them deal with their trauma immediately after as a managing approach. A lot of connections people make are through storytelling. Restating experiences creates a place to release information to give another person a chance to relive a moment. After this happens, construct a situation that is constructed, that ideally creates a satisfaction that another person knows. In reliving that moment there may be more trauma, a futile attempt to make sense of it.

This article in comparison to Lahad (2012), tests a substantial amount of more people in their study 25 in comparison to the two examples given in the Lahad article. This article analyzes stories from the 6-part process, illustrated in the Lahad article, through a grounded theory method. This method showed that the majority of participants found the storytelling exercises relevant to their experiences and what Lahad would call, an instrument through which to release their emotions.

The study uses both quantitative and qualitative analysis. Data was derived from first person accounts which is unique because stories are usually in the third person and are fictional. This study is in large part an assessment of whether the 6PSM achieves their stated goals. Participants were told that they could quit at any given time and was on a voluntary basis. Data was gathered from scripted questions asked by clinicians who were familiar with their clients and responses were taped and transcribed.

The Grounded Theory Method first developed by Glaser and Strauss (1967) seeks to develop a theory about a topic using rich data such as interview transcripts. This study and that of the original Grounded Theory Method is different in three different ways. Questions were

scripted for all participants from start to finish and didn't develop and change over time. (2) All data was collected before analysis began. And (3) this study is a mixed methodology of both qualitative and quantitative as opposed to just purely qualitative.

Most of the theory is based on how participants felt in the process of coming up with their stories. Categories included parallels between story and own situation, progressive development of story or surprise at their ability to rationalize and describe subconscious thoughts, general response to process either positive or negative, and aesthetic distancing or the ability for the story to take on universal narratives and methods.

In analyzing these categories, the one common denominator was time, participants felt different things at different points in the story making process, but they all felt a change over time. And therefore, the category of progressive development of story emerged as the most important.

Participants, after completing the 6PSM, felt both a way to distance themselves from their emotional disturbance, and a general therapeutic experience which included emotional relief and catharsis, useful contact with emotionally disturbing material, and a way to process private thoughts that may have been suppressed for a long period of time.

Stiles, Honos-Webb, L., & Surko (1998) enumerate five possible functions of narrative in psychotherapy:

1. A distraction or defensive maneuver to avoid anxiety
2. An aid to the emergence of warded-off material
3. A strategy to suppress unwanted thoughts
4. A representative of an unwanted voice
5. A way of constructing an understanding

Although this study is about nonfiction as opposed to fiction, functions are similar in both forms of retelling past events and feelings about those events when compared to story making. Results of this study show that 6PSM elicits clinically relevant material better from relatively well-functioning participants, and the 6PSM does not do so well in the context of complex psychological problems such as bipolar disorder.

Method

My first thought was to have a letter that would introduce who I was and the purpose of the project. However, due to time, I decided to merge that piece into the process when starting the initial interview. Being that the subjects already knew what the project was about, the transition into starting the interview was easier to go into. At the beginning of the interviews, I received verbal consent to talk to participants and specified details/expectations.

I wanted to create an opportunity for people to share their story in a safe non-threatening way. It wasn't a standard interview with set interview questions but a simple conversation. I didn't want to probe too deeply but I wanted to allow them to share what they wanted to share. I kept a notebook with the interview times, responses and my comments which allowed me to have moments of reflection and a way to keep everything together.

All three participants were connected to Sierra Leone and were known to me through family and friend connections. See Table 1 for a list of participants. In order to protect their confidentiality, some identifying information was hidden, for example each subject gave me a pseudonym and I also identified them in age ranges rather than their specific age. The purpose of them not sharing their real identity gave them some distance and opportunity to be free with the information they were going to share with me. All interviews were conducted either by video call through WhatsApp or in person which lasted for 90 minutes.

Table 1

Interview Participants

Name	Age Range	Age during war	Current Residence
P1: Mohummed	35-45 years old	8-years old	Freetown, Sierra Leone
P2: Bintu	45-55 years old	21-year-old	United States
P3: Manja	55-65 years old	38 years old	United States

Note: P represents Person. P1 and P2: interview was done by WhatsApp, P3: in person

Being that we were discussing a traumatic event, I wanted to do a quick assessment to ensure the safety of the participants and also solidify their position on counseling. Prior to doing the interview, I asked each person what their connection to Sierra Leone was and other pre interview questions. We were able to come up with a plan to determine if they were emotionally prepared for the project. If they were not prepared, together we came up with coping strategies and ways to alert me of uncomfortable situations. Below are samples of the questions and process.

Pre- Interview Questions

Have you ever discussed the war with anyone before? Have you ever done counseling before and in the event you would like to stop the interview, would you let me know?

Interview

After going over the expectations of the process, I asked them to tell me a story in their own words about their connection and experience with the war. I tried to gear away from detailed accounts of any triggering information. One of the participants was in the middle of a sentence and I could visibly see that they were lost in thought. At that point, the person was able to stop themselves and say they were not going to go further with that part of the story, which was a good transition for me as the interviewer to help them regulate and continue with the story .

I proceeded to ask them when they started to see a positive shift after the war. In the persons reaction, they mentioned that healing took place when organizations from the government intervened to start the restoration of the country. They used the word light to represent change in Sierra Leone. I could clearly see the energy shift and a hopeful gleam in their eyes.

Post Interview

Inspired by the article on the 6-part story psychotherapy assessment, was the foundation for my development of method (Dent-Brown & Wang, 2006). Conducting the 6-part story informed, supported and served as a grounded theory method. Each subject was able to measure the results and created a story. I wanted to find a way to wrap up the interviews by showing the participants their resilience and strength throughout the whole experience.

I walked through each part with them to help them fill out their 6-part story. The assumption was all the themes, conflicts, world view, problem solving, etc. which are displayed in the story will communicate something meaningful about the client's own experience.

Participants were asked to:

- a. create a main character
- b. create a task for the main character,
- c. list obstacles they will encounter,
- d. add helpful factors,
- e. illustrate the climax of the story
- f. describe its aftermath.

Keeping Track of my work:

As mentioned above, I used my notebook to write about what I found difficult, what worked well, and anything that came up that I may have needed to talk to my consultant about since I had a personal connection to Sierra Leone as well. Listening to them made me want to protect them and use caution while proceeding. It was very helpful for me to recognize my own countertransference.

Results

The research idea helped me identify certain elements of the 6 -part story method. Whatever came up in the story showed the subject of dreams and goals rebirthed. A lot of them kept interchanging the main character into themselves subconsciously. For example, one person mentioned that their character wanted to make a difference as their task. By the time we got to step six, the person made an I statement.

What I witnessed was the power of using your voice. The 6-part story method has clients drawing out their answers, but I allowed them to talk it through while I transcribed the clients answers, which seemed very effective as well. In my reflection time, I realized that I should have had the participants draw just as the method requires. It would have been interesting to see the whole method completed as suggested. Being that they spoke the whole time, drawing would have broken up the experience.

In terms of working with a trauma survivor, what I discovered was that person needs to be trained in reading and noticing a survivor's way of processing trauma. In addition to consulting with a license clinician, experience in some form of mental health training is suggested. It's imperative to have an advisor to ask questions of uncertainty. One should be ethical and intentional when working with trauma survivors.

Discussion

My anticipated outcome served a multitude of purposes and the information I obtained will help citizens see their truth by unmasking anything demoting restoration. Part of my outcome was to introduce the arts and connection to healing through storytelling. An aim was to take away the stigma about mental health counseling. I wanted to influence those that needed their voice to be heard and create dialogue within the Sierra Leonean community about the importance of healing.

Healing is a process and can look different to many people. One thing that was evident to me as I conducted this project was seeing how faith contributed to the healing process of the survivors. In Sierra Leone, many religious practices are a huge part of the countries belief system. Christianity and Muslim faith are top on the list. One of the participants referenced God as a source to surviving the war.

Being that faith was a common theme, it would have been interesting to research the connection to religious leaders and aiding in therapy. It is imperative to know this information for future research. One way to connect to a community that is not use to the practices of mental health counselling is to utilize what has helped them so far to the road of recovery. Coexisting together can become a powerful source towards their healing.

I am so invested in wanting to see people thrive into who they aspire to be, and not to let trauma to steal their joy or to function freely in this world. Expressive Therapy has become such a huge marketable intervention added to the umbrella of mental health theories. As a societal awareness there is more acceptance and demand for psychological interference to being healthy.

In the article Honos-Webb, L., & Surko (1998), one of the first mentioned possible functions of narrative in psychotherapy was a distraction or defensive maneuver to avoid anxiety.

Everyone seemed really relaxed doing the 6-part theory method. Through a clinical lens I feel that each person didn't demonstrate or report being unstable to partake in this piece. Although, this was not a therapy session, one should know certain information that can benefit a person to make sure that they are relatively functioning as mentioned in Honos-Webb, L., & Surko article (1998).

My Artistic Response: 6- Part Story Method *Resilience Heart for Sierra Leone*

All participants allowed themselves to be transparent and discussed moments of vulnerability to their memories of the war. In all the efforts to speak out against the intrusion and interruption of life with family and community, their ultimate response was feeling the need to change the outcomes Sierra Leone's current economical and social injustices. Every person wanted to make a difference going forward in some way.

What resonated with me was seeing their responses to hearing the words from the stories they created. All parties smiled and realized the power they had within and dreams that were never spoken about. In providing distance in a fun way, the 6-part story gave them the freedom to think and acknowledge their purpose after processing. As I listened to their stories and repeated back to them their responses, I too felt a rebirthed of freedom. Their hope became my hope.

The photo in figure one is an interpretation of the participants responses they shared with me during the interview and my process through 6- part story method. Each word is answering the process questions. The middle has a Sierra Leone flag. I used acrylic paint on a canvas board. To me the colors gold, blue, pink, orange red and black represent pain and vibrancy. I also added gems to represent blood diamonds.

Figure 1. Interpretation of Participant Responses



Figure 1. Resilience Heart for Sierra Leone

Figure 2. Responses to 6- part story Interview Questions

Create a main character	You, Us
Create a task for the main character	Heal, Survive the Land
List obstacles they encounter	Me, Fear, Trauma
Add helpful factors	Innocence, Community, Resilience
Illustrate the climax in the story	Perseverance, Fight
Describe the aftermath	Faith to help overcome

In conclusion, there is power in healing and addressing unspoken effects of trauma. One must understand that something is always better than nothing. Providing therapeutic solutions goes far beyond just copying it from a book. Meaning, the human experience should also involve an empathetic connection. Self-awareness and cultural education are imperative because it could make or break your efforts to help the healing process in one's life.

Storytelling and 6- part story method are very powerful tools to bring some distance to a person struggling with the past. These unique interventions can reshape a person's outlook on life. As the interviewees concluded their part of the experimentation, all parties expressed the theme of having perseverance. While still acknowledging the pain they endured from the war, they also exposed their transformation.

Drama Therapy (DT) is a unique approach that can be used to help transform the lives of people that are receiving treatment for their mental health (NADTA, 2019). Being that there are different techniques in drama therapy, it creates balance using the arts of performance, improv, psychodrama and roles people play to discover inner balance (NADTA, 2019). It helps to bring social awareness and intentionality to individuals personal health and wellness. If this were a longer project I would love to have use some techniques from Drama Therapy to explore the 6- part method such as adding role-play.

Many people have different ways of coping with their mental health, whether it is done in a positive or negative way. Moving forward, I am looking into other ways of implementing what I learned so far. It is imperative to find solutions to matters of the heart, especially if a person has to deal with the aftermath of things that happened in their life that was not in his or her control.

After I conducted the interviews I was impressed at how powerful dialogue, listening and artistic ability can be used to tap into what transpired in each person. Healing is a progression that is only done with effort. The efforts to uncover pain, rediscover ways to deal with that pain, and redefine how one can defeat pain. In this profession, practices are not always guaranteed to work. What works is the compassion one has for another human being and the willingness help them uncover the dark places in their space of peace.

THESIS APPROVAL FORM

**Lesley University
Graduate School of Arts & Social Sciences
Expressive Therapies Division
Master of Arts in Clinical Mental Health Counseling: Drama Therapy, MA**

Student's Name: Manu A. Carpenter_____

Type of Project: Thesis

Title: _Exploring Storytelling with Survivors of the Sierra Leone Civil War_____

Date of Graduation: September 15-2020_____

In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: Tim Reagan, PhD_____

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Figure 1. Interpretation of Participant Responses



Figure 1. Resilience Heart for Sierra Leone

Figure 2. Interpretation of Participant Responses



Figure 2. Resilience Heart for Sierra Leone

Figure 3. Interpretation of Participant Responses



Figure 3. Resilience Heart for Sierra Leone