Psychology and Behavioral Sciences
2026, Vol. 11, No. 1, pp. 9–16
https://doi.org/10.11648/j.allc.20261101.12

Research Article

Collective Trauma and Historical Grief in African Contexts

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Abstract

Collective trauma and historical grief in African contexts are rooted in prolonged exposure to systemic violence, including slavery, colonialism, apartheid, and postcolonial structural inequalities. Unlike individualized trauma frameworks dominant in Western psychology, African experiences of trauma are deeply embedded in collective memory, relational disruption, and intergenerational transmission. In many African communities, elders speak of suffering not as an event but as a season that never fully ended. Stories of land taken, children lost, languages silenced, and ancestors unsettled circulate quietly in homes, songs, and proverbs. These memories are rarely organized as formal history, yet they shape how people understand authority, danger, and belonging. This chapter begins from the premise that Africa's collective trauma is not episodic but cumulative, layered across centuries of disruption. To understand global mental health today, we must begin here—where trauma became structural, historical, and intergenerational.

Keywords

Collective Trauma, Historical Grief, Intergenerational Trauma, African-Centered Healing, Structural Violence

1. Introduction

Collective trauma and historical grief in Africa are deeply rooted in centuries of disruption caused by slavery, colonial conquest, land dispossession, apartheid, genocide, civil wars, and ongoing structural violence. These experiences did not merely harm individuals but fractured entire societies, cosmologies, kinship systems, and spiritual continuities. Trauma in African contexts is therefore not only psychological but social, cultural, spiritual, and ecological. Unlike Western models that isolate trauma within the individual, African understandings locate suffering within broken relationships—between people, ancestors, land, and the unseen world. Historical grief persists when loss is unacknowledged, justice is deferred, and memory is silenced. This work explores how collective trauma originates, who is affected, how it is transmitted across generations, and how African-centered healing systems respond. The aim is to reclaim indigenous knowledge while offering pathways for contemporary healing grounded in African realities [8].

2. Aim

This study aims to critically examine the origins, transmission, manifestations, and healing pathways of collective trauma in African societies, while advancing African-centered frameworks for mental health and psychosocial restoration.

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Received: 23 March 2026; **Accepted:** 9 April 2026; **Published:** 22 July 2026

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2.1. Methodology

The manuscript adopts a qualitative, interdisciplinary approach combining historical analysis, narrative inquiry, and secondary review of empirical studies in psychology, anthropology, and African studies. The study also integrates interpretive analysis of documented testimonies, prior ethnographic work, and trauma research.

2.2. Key Findings and Argument

Findings suggest that collective trauma in Africa is cumulative, structurally embedded, and transmitted across generations through social practices, silence, and biological stress mechanisms. Indigenous healing systems grounded in relationality, spirituality, and communal practices provide effective yet under-recognized frameworks for trauma repair.

Implications:

The study argues for the integration of African epistemologies into global mental health frameworks and highlights the necessity of structural justice, cultural restoration, and intergenerational dialogue in addressing trauma.

Background and Problem Statement:

Collective trauma and historical grief in Africa cannot be understood outside the longue durée of systemic disruption that has shaped the continent. Empirical studies indicate that populations exposed to prolonged political violence and structural inequality exhibit significantly higher rates of psychological distress, including depression, anxiety, and post-traumatic stress symptoms [10]. In African contexts, however, these conditions are rarely experienced as isolated clinical phenomena but rather as manifestations of fractured social worlds.

Literature Gap:

While global trauma scholarship has increasingly acknowledged historical trauma [1, 11], there remains a critical gap in African-centered empirical frameworks that integrate cultural, spiritual, and communal dimensions of suffering and healing.

Study Contribution:

This manuscript contributes to the field by synthesizing empirical research with African philosophical frameworks, offering a holistic model of collective trauma that bridges psychological, historical, and socio cultural dimensions.

Empirical Foundations of Collective Trauma:

Empirical research demonstrates that exposure to mass violence produces long-term psychological and social consequences that extend beyond directly affected individuals. Studies conducted in post-genocide Rwanda reveal that over 60% of the population exhibited symptoms of trauma years after the conflict, with significant intergenerational effects observed among youth born after the genocide (17). Recent large-scale studies confirm long-term mental health impacts of mass violence, including PTSD prevalence rates exceeding 30% in post-conflict settings (12; 21).

Similarly, research in South Africa indicates that communities exposed to apartheid-era violence continue to experience elevated levels of psychological distress, substance abuse, and interpersonal violence (Kaminer et al., 2008). These findings support the argument that trauma becomes embedded within social systems and persists beyond the original event.

Intergenerational Transmission:

Epigenetic studies suggest that trauma can influence gene expression related to stress regulation (Yehuda et al., 2016). While much of this research is based in Western populations, its implications are highly relevant to African contexts characterized by chronic stress exposure.

Behavioral transmission is also widely documented. A longitudinal study in post-conflict Sierra Leone found that children of war-affected parents exhibited higher levels of aggression and emotional dysregulation, mediated by parenting practices shaped by trauma (16).

Social and Structural Dimensions:

Research across multiple African countries highlights the role of structural inequality in perpetuating trauma. For instance, studies on urban poverty in South African townships show a strong correlation between historical marginalization and present-day violence (19). These findings reinforce the concept of trauma as structural rather than episodic.

Indigenous Healing Systems

Anthropological studies demonstrate that indigenous healing practices—including ritual, storytelling, and communal ceremonies—play a critical role in restoring social cohesion and psychological well-being (20). These practices emphasize relational repair rather than symptom reduction, offering an alternative to Western clinical models.

Research Design:

This study employs a qualitative, interpretive research design aimed at understanding collective trauma as a lived and socially constructed phenomenon.

Data Sources:

Data is drawn from:

1) Secondary empirical studies in trauma and post-conflict settings
2) Historical records on slavery, colonialism, and apartheid
3) Ethnographic and anthropological literature
4) Narrative accounts and documented testimonies

Analytical Approach:

Thematic analysis is used to identify recurring patterns related to trauma origins, transmission, and healing. A decolonial analytical lens is applied to prioritize African epistemologies and challenge Western-centric frameworks.

Limitations:

The study relies on secondary data and lacks primary fieldwork, which may limit contextual specificity. However, triangulation across disciplines enhances the validity of findings.

Core Argument:

Collective trauma in Africa is not an isolated psychological condition but a multi-layered, structural, and intergenerational

phenomenon sustained by historical injustice and contemporary inequality.

Major Findings:

1) Trauma is cumulative and historically continuous
2) It is transmitted through socialization, silence, and biological stress mechanisms
3) Symptoms manifest at individual, communal, and institutional levels
4) Indigenous healing systems remain effective but underutilized
5) Structural inequality perpetuates trauma cycles

Theoretical Implications:

The findings challenge dominant individualistic models of trauma and call for a paradigm shift toward collective and relational frameworks in psychological research.

Practical Implications:

1) Mental health interventions must integrate cultural and spiritual dimensions
2) Policy must address structural inequality as a mental health issue
3) Education systems should incorporate trauma-informed and decolonized curricula

Policy Implications:

Governments and institutions must prioritize:

1) Land restitution and economic justice
2) Community-based healing programs
3) National memory and truth-telling initiatives

Global Implications:

African-centered approaches offer valuable insights for global mental health, particularly in contexts of war, displacement, and historical injustice.

Closing Argument:

Collective trauma in Africa represents both a historical burden and a site of transformative potential. By integrating empirical research with indigenous knowledge systems, this study demonstrates that healing is not merely a psychological process but a collective, cultural, and political project. Sustainable recovery requires not only therapeutic intervention but justice, memory, and structural transformation [4].

3. Origins of Collective Trauma in Africa

Deep Historical Roots of Collective Trauma

Collective trauma in Africa originates from prolonged exposure to mass disruption that overwhelms a society's capacity to restore balance, meaning, and continuity. Long before colonial occupation, African societies experienced conflict, drought, and migration, yet these were embedded within cosmological systems that allowed for repair through ritual, reconciliation, and ancestral mediation. Trauma became historically cumulative when violence exceeded ritual containment and when recovery mechanisms were deliberately destroyed. The trans-Saharan, Indian Ocean, and trans-Atlantic slave trades constituted the first continent-wide psychic rupture, violently severing millions from land, kinship, language, and ancestry. Entire regions were depopulated, social trust collapsed, and fear became a survival strategy. The loss was not only human but metaphysical, as ancestors were denied proper burial and descendants were denied lineage continuity. This unresolved grief lodged itself in collective memory and oral traditions, where it persists as a haunting absence rather than a closed chapter. The magnitude and duration of this violence created what can be understood as Africa's first large-scale intergenerational trauma system.

3. Colonialism as Ongoing Psychological Warfare

Colonialism transformed episodic trauma into a permanent condition by embedding violence into everyday life. Land dispossession dismantled African relationships to territory, which in many societies is inseparable from identity, spirituality, and ancestry. Forced labor systems normalized humiliation and bodily exhaustion, while missionary education pathologized African worldviews. Colonial administrations governed through fear, punishment, and racial hierarchy, producing chronic stress rather than singular traumatic events. African languages were marginalized, leading to epistemic trauma where people were forced to think and name the world through foreign frameworks. Over time, survival required emotional numbing, compliance, and internalized inferiority. These adaptations were passed down as parenting styles, leadership models, and social norms. Colonialism thus functioned as a trauma-generating structure rather than a historical episode [2, 5-7].

4. Apartheid, Genocide, and Civil War as Social Fracture

Twentieth-century political violence intensified historical grief by turning communities against themselves. Apartheid institutionalized racial trauma through law, spatial segregation, and economic exclusion, creating generational despair and rage. Genocides and civil wars weaponized identity, forcing individuals to betray kinship bonds for survival. The psychological damage extended beyond victims to perpetrators and bystanders, producing moral injury and collective shame. Post-conflict societies often lacked culturally grounded mourning rituals, leaving grief suspended. Children born after these events inherited silence, fear, and fragmented narratives. Trauma thus became normalized as a background condition rather than recognized as an injury requiring repair.

4. Intergenerational Trauma and Historical Grief

Chapter Opening Vignette

A grandmother disciplines her grandchild with a severity she cannot explain, insisting it is for survival. She learned it from her own mother, who raised children during forced removals and police raids. No one in the family names these memories aloud, yet they shape tone, touch, and trust. The child grows up sensing danger without a clear source. This quiet inheritance illustrates how trauma travels not only through stories told, but through habits, silences, and bodies.

Mechanisms of Transmission

Intergenerational trauma is transmitted through behavior, emotion, silence, and social structure. Parents who endured colonial or political violence often communicate fear through overprotection, harsh discipline, or emotional withdrawal. Stories of suffering are either repeated obsessively or avoided entirely, both of which shape children's sense of safety. In African contexts, where collective identity is central, trauma spreads horizontally across communities as well as vertically through families. Cultural taboos against expressing pain may protect dignity while preventing healing. Over time, trauma becomes embedded in social expectations, shaping how people love, lead, and resist. [9] Meta-analyses and longitudinal studies further confirm transmission through family systems and social environments [14, 15].

Intergenerational trauma is transmitted through stories, silences, behaviors, and even biological stress responses. In African families, trauma often appears as strict parenting, emotional withdrawal, or normalized suffering. Parents who endured violence may struggle to provide emotional safety. Children absorb fear and grief without understanding its origins. Cultural taboos around speaking of pain can intensify this process. When history is not named, it is embodied. Communities may develop collective coping mechanisms such as humor, spirituality, or dissociation, which both protect and limit healing. Trauma thus becomes a shared inheritance rather than an individual pathology. Meta-analyses and longitudinal studies further confirm transmission through family systems and social environments [8, 21].

Biological and Spiritual Dimensions

Emerging epigenetic research suggests that chronic stress alters gene expression, influencing stress responses in descendants. In African societies, biological vulnerability interacts with spiritual interpretations of suffering. Unresolved trauma is often understood as ancestral disturbance or spiritual imbalance. These interpretations, while dismissed by Western psychiatry, provide meaningful frameworks for understanding inherited pain. Trauma is thus simultaneously biological, psychological, social, and spiritual.

Emerging research suggests that trauma can alter gene expression, influencing stress responses in subsequent generations. While most studies are Western, African experiences of prolonged stress offer critical insights. Chronic exposure to poverty, racism, and violence affects cortisol regulation and immune function. These biological changes interact with social conditions, reinforcing vulnerability. However, African resilience factors—such as communal support and spiritual meaning—also shape biological outcomes. This challenges deficit-based narratives and emphasizes adaptability alongside suffering.

5. Symptoms, Stages, and Social Manifestations

Chapter Opening Vignette

In a township marked by decades of dispossession, violence is spoken of as ordinary. Children learn early which streets to avoid, which silences to respect, and which authorities cannot be trusted. When deaths occur, mourning is brief; survival leaves little room for grief. Outsiders may describe the community as violent or dysfunctional, yet residents understand their behaviors as adaptations to an environment shaped by historical injury. This normalization of suffering is one of the most enduring expressions of collective trauma.

5.1. Psychological and Social Symptoms

Collective trauma manifests as depression, anxiety, substance abuse, interpersonal violence, and community mistrust. Societally, it appears as corruption, authoritarianism, and cycles of revenge. Spiritually, individuals may experience disconnection from ancestors, loss of moral orientation, or existential despair. These symptoms are adaptive responses to prolonged threat rather than individual pathology.

Collective trauma manifests as depression, anxiety, substance abuse, domestic violence, and communal mistrust. At a societal level, it appears in corruption, xenophobia, and cycles of violence. Spiritually, it may present as a sense of ancestral disconnection or moral confusion. These symptoms are often misdiagnosed when removed from historical context. Western psychiatry may label individuals without addressing collective roots. Understanding symptoms as adaptive responses to historical injury reframes healing as restoration rather than correction.

5.2. Stages of Collective Trauma

The stages include rupture, survival, silence, normalization, and awakening. Many African societies remain trapped between silence and normalization, where trauma is lived but unnamed. Healing begins with acknowledgment and collective meaning-making.

The stages include shock, survival, silence, normalization, and potential healing. Shock occurs during mass violence. Survival follows as communities adapt. Silence emerges when speaking is dangerous or discouraged. Normalization happens when trauma becomes everyday life. Healing begins only when truth is acknowledged, grief expressed, and justice pursued. Many African societies remain between silence and normalization. Moving toward healing requires collective action, not only individual therapy.

6. African-Centered Healing and Repair

6.1. Indigenous Healing Systems

African healing prioritizes restoring harmony rather than eliminating symptoms. Rituals, storytelling, music, dance, and communal ceremonies allow grief to be expressed collectively. Elders and healers serve as custodians of memory and moral authority.

Ubuntu emphasizes relational humanity, framing healing as communal responsibility.

Those most affected include descendants of enslaved peoples, indigenous communities, women, children, refugees and rationalized minorities. Youth often carry identity confusion rooted in historical dislocation. Elders may carry unresolved grief without language to express it. Urban poor communities experience compounded trauma from historical and contemporary oppression. Trauma is unevenly distributed but collectively shared.

6.2. Justice, Memory, and Structural Repair

Healing requires material justice alongside symbolic acts. Land restitution, truth-telling, and memorialization are essential.

Education must reclaim African histories, and mental health systems must integrate indigenous knowledge. Without structural change, trauma reproduces itself.

7. African-Centered Healing Mechanisms

7.1. Indigenous Healing Practices

African healing emphasizes restoration of harmony. Rituals, storytelling, music, dance, and communal ceremonies play central roles. Elders and healers act as custodians of memory. Practices such as Ubuntu, palaver, and ancestor veneration provide frameworks for reconciliation. Healing is relational rather than individualistic. These methods address spiritual and social dimensions often ignored in Western models.

Descendants of enslaved and colonized Africans are among the most affected by collective trauma due to prolonged historical exposure to dehumanization and dispossession. The legacy of slavery disrupted lineage continuity, kinship systems, and cultural transmission, leaving descendants with fragmented identities and unresolved grief. Many inherit a sense of loss without a clear narrative, leading to internalized shame or chronic anger. Structural inequalities rooted in colonial histories perpetuate this trauma by limiting access to land, education, and economic opportunity. These descendants often experience racialized stress daily, reinforcing historical wounds. Trauma thus becomes cyclical, renewed through contemporary discrimination. Healing requires not only psychological support but historical acknowledgment and reparative justice.

7.2. Community Justice and Memory

Truth-telling circles, memorialization, and land restitution are critical. Healing requires material justice alongside symbolic acts. Remembering is not re-traumatization but reclamation. When communities control their narratives, trauma loses its power.

African women disproportionately carry collective trauma due to sexual violence, displacement, and caregiving burdens during conflict. Their suffering is often silenced by cultural expectations of resilience and sacrifice. Children absorb trauma through disrupted attachment, witnessing violence, and growing up in unstable environments. Gendered socialization may normalize suffering, preventing early intervention. Boys may internalize violence as masculinity, while girls may internalize silence as survival. These patterns reproduce trauma across generations. Addressing gendered trauma requires culturally sensitive approaches that empower women and protect children without erasing tradition.

5.3 Youth and Identity Disruption

African youth face compounded trauma due to inherited historical grief and contemporary socio-economic marginalization. Many struggle with identity confusion rooted in colonial epistemic violence that devalues African knowledge systems. Exposure to unemployment, migration pressures, and political instability intensifies stress. Youth may express trauma through substance abuse, aggression, or apathy. Yet they also hold transformative potential through art, activism, and cultural revival. Supporting youth requires spaces for storytelling, creativity, and historical education that restores dignity.

8. How to Curb Collective Trauma

Healing collective trauma is not like treating a wound with stitches. It is more like tending a field that has endured drought for generations. The soil is tired. The roots are tangled. Some seeds never had the chance to grow. Yet beneath the surface, life remains possible. Curbing collective trauma requires patience, truth, justice, and courage. It demands not only psychological tools, but moral imagination.

8.1. Structural Solutions

Ending collective trauma requires addressing inequality, racism, and economic exclusion. Education must reclaim African histories. Mental health services should integrate indigenous knowledge. Policy must recognize historical harm. Without structural change, healing remains incomplete.

The initial stage involves catastrophic disruption of social, cultural, and spiritual systems. This occurs during slavery, colonial invasion, genocide, or civil war. Communities experience shock, fear, and loss of meaning. Ritual systems are often interrupted, preventing proper mourning. Survival becomes the primary focus.

Collective trauma cannot be healed solely in therapy rooms. It lives in housing systems, school curricula, policing structures, land ownership patterns, and economic inequality. When trauma is structural, healing must also be structural.

In countries such as South Africa, the legacy of Apartheid continues to shape spatial segregation and economic disparity

decades after its official end. Without addressing such structural imbalances, psychological interventions risk becoming temporary relief rather than transformation.

Structural repair includes:

1) Land restitution and equitable resource distribution
2) Decolonized education systems that center African histories
3) Economic inclusion policies
4) Accessible, culturally grounded mental health care
5) Community-based healing programs

Justice is not revenge. It is the restoration of dignity. When societies correct historical wrongs, they reduce the chronic stress that fuels intergenerational trauma.

8.2. Individual and Collective Action

Listening without judgment, validating pain, and supporting community initiatives are essential. Art, activism, and spirituality serve as tools of resistance and renewal. Healing is a long-term process requiring patience and solidarity.

Communities develop coping mechanisms to endure prolonged threat. These include emotional numbing, silence, humor, and spiritual reinterpretation. While adaptive, these strategies may suppress grief. Trauma becomes normalized as everyday life.

Silence protects survival, but it delays healing. Collective trauma thrives in unspoken spaces. Truth commissions, community dialogues, and public memorials create room for grief to breathe.

The Truth and Reconciliation Commission demonstrated that storytelling can be a national intervention. While imperfect, it modeled how acknowledgment interrupts denial. Naming harm reduces its invisible power.

Healthy remembrance includes:

1) Intergenerational storytelling circles
2) Memorial days and rituals of collective mourning
3) Archiving oral histories
4) Public recognition of victims

Remembering is not reopening wounds; it is cleaning them properly so they may close.

8.3. Stage Three: Silence and Internalization

Silence emerges when speaking of trauma is unsafe or culturally discouraged. Pain is internalized, manifesting as somatic symptoms or interpersonal conflict. Historical memory fragments.

Colonialism did more than seize land; it disrupted cosmologies. Many African societies understand trauma as a break in relational harmony—between the living, the ancestors, the land, and the divine.

Healing therefore requires cultural restoration:

1) Reviving indigenous languages
2) Supporting traditional healing practices
3) Reclaiming rituals of mourning and reconciliation
4) Integrating spirituality into mental health frameworks

Philosophies such as Ubuntu—often summarized as *"I am because we are"*—offer relational models of healing. Trauma isolates; Ubuntu reconnects.

8.4. Stage Four: Awakening and Confrontation

Awakening western psychiatry often individualizes trauma. However, collective trauma requires collective response.

Community-centered interventions may include:

1) Group therapy rooted in cultural narratives
2) School-based trauma literacy programs
3) Youth mentorship and creative arts initiatives
4) Training faith leaders in trauma-informed care

Research inspired by scholars such as Judith Herman emphasizes safety, remembrance, and reconnection as stages of recovery. In African contexts, these stages must occur within community networks, not isolation.

8.5. Youth as Agents of Transformation

Young people inherit trauma, but they also inherit possibility. Across the continent, youth movements are challenging corruption, reclaiming identity, and reshaping narratives.

Movements such as Rhodes Must Fall illustrate how confronting historical symbols becomes psychological liberation. When youth reinterpret history, trauma shifts from burden to catalyst.

Investing in youth means:

1) Providing platforms for artistic expression
2) Teaching critical historical literacy
3) Supporting entrepreneurship and economic mobility
4) Encouraging civic engagement

The generation that names the wound can also redesign the future.

8.6. Personal Responsibility Within Collective Healing

While trauma is structural, healing also involves individual agency. Each person can contribute by:

1) Listening without dismissing historical pain
2) Challenging internalized inferiority
3) Seeking therapy when needed
4) Engaging in community dialogue
5) Practicing compassion across generational divides

Healing is slow. But every honest conversation weakens trauma's grip.

9. The Role of Education in Breaking Trauma Cycles

Education can either reproduce trauma or dismantle it.

Colonial education systems often portrayed African civilizations as primitive or a historical. This epistemic violence fractured identity formation. Restorative education includes:

1) Teaching pre-colonial African civilizations
2) Centering African intellectual traditions
3) Including trauma literacy in curricula
4) Training teachers in culturally sensitive pedagogy

When children learn that their ancestors were innovators, philosophers, and leaders, inherited shame loses legitimacy.

Chapter Eight**:** Gender, Trauma, and Restoration

Collective trauma is gendered. Women often carry the invisible labor of survival—protecting children, maintaining culture, absorbing violence silently. Sexual violence during conflict compounds historical grief.

At the same time, women have been central to healing movements across the continent.

Programs addressing collective trauma must:

1) Protect women from gender-based violence
2) Provide trauma-informed maternal care
3) Create safe spaces for survivors
4) Support female leadership in reconciliation processes

Healing cannot be complete while half the population remains disproportionately burdened.

10. From Survival to Post-Traumatic Growth

Collective trauma does not only produce pathology; it can generate resilience, creativity, and moral clarity.

Psychiatric research—including the work of Viktor Frankl—demonstrates that meaning-making transforms suffering. African communities have long practiced this through proverb, song, and ritual [3].

Post-traumatic growth at the societal level includes:

1) Cultural renaissance
2) Ethical leadership movements
3) Reclaimed indigenous governance models
4) Regional solidarity

The goal is not to romanticize suffering but to ensure it is not wasted.

11. Conclusion

Collective trauma and historical grief in Africa are not signs of weakness but evidence of survival under extreme conditions. Healing does not mean forgetting but remembering differently. By grounding mental health in African epistemologies, societies can transform inherited pain into collective wisdom. The future depends on honoring the past while reclaiming agency.

Collective trauma and historical grief in Africa are legacies of survival under extreme and prolonged violence. Healing requires remembering differently, restoring relationships, and transforming inherited pain into collective wisdom. African-centered approaches offer globally relevant models for trauma repair grounded in dignity and relationality.

Collective trauma in Africa is not a closed historical chapter—it is a living inheritance. Yet so is resilience. The same communities that endured slavery, colonial conquest, apartheid, genocide, and structural inequality also preserved language, spirituality, and kinship.

Curbing collective trauma requires:

1) Structural justice
2) Cultural restoration
3) Intergenerational dialogue
4) Youth empowerment
5) Gender equity
6) Community-based mental health systems

Healing is neither Western nor African; it is human. But its pathways must be culturally grounded.

Africa's future mental health framework must not imitate external models uncritically. It must emerge from its own epistemologies, histories, and communal philosophies.

The task is not merely recovery. It is restoration.

Abbreviations

CT	Collective Trauma
HG	Historical Grief
IT	Intergenerational Trauma
ACHS	African-Centered Healing Systems
SV	Structural Violence
PTSD	Post-Traumatic Stress Disorder

Author Contributions

Oscar Stuta: Conceptualization, Resources, Data curation, Methodology

Conflicts of Interest

The authors declare no conflicts of interest.

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