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Article

# "We Cannot Heal What We Will Not Name": The National Truth and Trauma Commission (NTTC) Model for Nigeria's Post-War Psychological Repair

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## Abstract

**Background:** More than fifty years after the Nigeria–Biafra War, the wound has not closed -- it has been driven underground. Election seasons, separatist rhetoric, and security crackdowns often feel less like ordinary governance and more like institutional flashbacks to 1967–1970, as though certain political stimuli bypass deliberative reasoning and activate something older, more visceral, and largely unexamined (Musisi & Kinyanda, 2020). This pattern points toward what this paper terms National Post-War Posttraumatic Stress Disorder (NPW-PTSD): a heuristic organizing framework -- not a formal diagnostic category -- in which a country exhibits, at the level of institutional behavior and political culture, the intrusion, avoidance, negative cognition, and hyperarousal that clinical PTSD produces in the traumatized individual (Alexander, 2012; Hirschberger, 2018). **Methods:** Drawing on trauma science, African post-conflict psychiatry, comparative transitional justice scholarship, and Nigeria's institutional history, this paper proposes the National Truth and Trauma Commission (NTTC) as a structured, trauma-informed model for national psychological repair. The NTTC is organized into three phases -- stabilization and preparation; truth-telling and trauma processing; integration and community healing -- and six operational pillars: trauma-sensitive testimony collection; safe storytelling environments; national memorial infrastructure; a structured national apology framework; trauma-informed justice and security linkages; and community-level healing and follow-up (Staub et al., 2005). Each pillar is specified at the level of governance, staffing, and procedure, moving the model from conceptual framework to implementable design. Model architecture is illustrated in Figures 1 and 2. **Results:** Conceptually, the NTTC is designed to shift Nigeria from the silence, denial, and episodic inquiry that have characterized its post-war institutional posture toward a sustained process of acknowledgment, narrative integration, and post-traumatic growth (Neimeyer, 2019; Hirschberger, 2018). The model offers concrete pathways to reduce collective hypervigilance, competitive victimhood, and trauma-driven policy over-reaction, while rebuilding the institutional trust that sustained silence has progressively eroded (Bar-Tal et al., 2007; Noor et al., 2012). **Conclusions:** The NTTC reframes the truth commission concept as something more specific and more demanding than a moral ritual: a large-scale mental health intervention for a war-torn society whose wounds have been governing its politics from the shadows for more than half a century. By naming and structurally addressing NPW-PTSD, the model seeks to protect Nigeria's future from being quietly organized by an unfinished war (Musisi & Kinyanda, 2020; Alexander, 2012).

**Keywords:** collective trauma; Nigeria–Biafra War; truth and reconciliation; post-traumatic growth; transitional justice; trauma-informed governance; NPW-PTSD; national healing

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## 1. Introduction

If you say the word "Biafra" in a busy Nigerian market, the air still changes. In some faces you see curiosity; in others, anger; in others, a tightening around the eyes that looks like someone bracing

for a blow that has not arrived yet but that the body has learned, through years of ambient alertness, to expect. The war ended formally in January 1970. Psychologically, and institutionally, for a great many families and public bodies, it has never really ended at all (Alexander, 2012).

Over the past two decades, trauma research emerging from African and global conflict zones has made one finding increasingly difficult to dismiss: wars do not simply stop; they echo through bodies, families, and institutions for generations after the shooting ends (Hirschberger, 2018; Musisi & Kinyanda, 2020). In clinical settings across the African continent, survivors of civil wars and massacres continue to present with classic post-traumatic symptoms decades after the events are officially archived -- nightmares, intrusive memories, emotional numbing, and a bone-deep mistrust of the authorities who were present during the original harm (Brewin, 2011). Their children grow up inside emotional atmospheres quietly organized around those wounds, even when no one has sat them down to explain what happened or why certain subjects change the temperature in the room (Neimeyer, 2019). The wound does not disappear with the generation that received it. It travels.

Nigeria fits this pattern with uncomfortable precision. The Nigeria–Biafra War produced not only mass starvation, displacement, and death on a scale that shaped an entire generation's understanding of what the state could do -- it produced a long shadow of unresolved grief, humiliation, and collective fear whose institutional expression has never been systematically addressed (Musisi & Kinyanda, 2020). The federal government's post-war slogan, "No victor, no vanquished," offered a kind of political ceasefire. But a ceasefire is not a healing. It did not supply the acknowledgment, the mourning, or the witnessed accounting that individuals and communities require to process catastrophic loss and invest again in the institutions that oversaw it (Alexander, 2012). There has been no national day of mourning. There is still no dedicated civil-war memorial with the reach and symbolic authority that genuine national grief requires. No sustained truth-telling process comparable to those attempted in South Africa or post-genocide Rwanda has ever been fully implemented (Staub et al., 2005).

What has grown in the absence of those structures is what this paper calls National Post-War PTSD (NPW-PTSD): a pattern of collective institutional behavior in which the core features of clinical PTSD -- intrusion, avoidance, distorted threat-cognition, and hyperarousal -- express themselves in politics, security practices, and public discourse (Brewin, 2011; Stark et al., 2015). The panic that surrounds any organized invocation of "Biafra," the reflexive institutional treatment of certain forms of cultural or political expression as existential threat, and the cyclical mistrust that clouds Nigeria's electoral processes are recognizable expressions of this syndrome at institutional scale (Bar-Tal et al., 2007; Noor et al., 2012). Throughout this paper, NPW-PTSD is used as an organizing heuristic -- a clinically grounded metaphor designed to make visible a pattern of national institutional behavior that standard political science frameworks describe without fully explaining -- and not as a formal diagnostic claim or population-level clinical assessment.

Other societies have attempted to heal comparable wounds through truth commissions and reconciliation processes. The limitations of many of these efforts are directly relevant to the design of the model proposed here and require brief examination before the model is introduced.

### *1.1. The Prior Art: What Truth Commissions Have and Have Not Done*

The South African Truth and Reconciliation Commission (TRC), convened between 1996 and 2003, remains the most internationally referenced model of a state-organized reckoning with mass atrocity, and its achievements were genuine: it created a public record, provided thousands of victims a witnessed forum for testimony, and produced a framework of conditional amnesty that allowed at least a partial accounting of what had been done and by whom (Staub et al., 2005). Yet the clinical and transitional justice literatures have documented, with increasing specificity, what the TRC did not accomplish: it did not systematically address the psychological needs of those who testified, many of whom reported deterioration rather than relief following their appearances before a national television audience and without adequate follow-up support (Hamber, 2009). Victims spoke in detail; many perpetrators did not appear. The architecture of the process prioritized political legibility over

psychological safety -- and in doing so, it replicated, in a more visible form, the fundamental failure of leaving the individual's traumatic wound unaddressed while the institutional record was completed (Staub et al., 2005).

Rwanda's Gacaca courts represent a different approach: a community-based, decentralized justice process organized around local hearings in which perpetrators and survivors of genocide encountered each other in structured forums designed to produce confession, accountability, and the gradual rebuilding of community cohesion (Staub et al., 2005). The evidence on Gacaca's psychological outcomes is mixed. Some research documents genuine reductions in survivor distress and improvements in community trust indicators; other studies document retraumatization, ongoing fear of perpetrators, and the specific harm produced by processes whose pace and structure were not calibrated to individual survivors' psychological readiness (Staub et al., 2005). What both the TRC and Gacaca share -- and what distinguishes the NTTC model from both -- is the absence of systematic, prospective integration of clinical trauma science into their operational design. Both processes understood themselves as legal and moral instruments. The NTTC proposes to add a third organizing principle: clinical.

Nigeria's own partial attempt -- the Human Rights Violations Investigation Commission, widely known as the Oputa Panel, convened between 1999 and 2002 -- illustrates the specific failure mode that occurs when a truth-telling process lacks statutory authority, enforcement power, and sustained follow-through (Alexander, 2012). The Oputa Panel invited survivors to reopen their wounds on national television and in public hearings; many of the most powerful alleged perpetrators declined to appear and faced no meaningful consequence for their refusal. Survivors were engaged, publicly exposed, and then left without follow-up -- a configuration that combines the psychological cost of disclosure with the institutional abandonment that makes disclosure harmful rather than healing (Hamber, 2009; Staub et al., 2005). The lesson is not that Nigeria cannot run a credible national truth-telling process. It is that the conditions for such a process -- statutory independence, clinical infrastructure, enforcement credibility, and sustained follow-through -- have not yet been deliberately assembled.

The NTTC model is the attempt to assemble them.

## 2. Conceptual Foundations

Four interlocking theoretical commitments organize the NTTC's design. They are not independent principles that happen to be assembled together; they are sequentially dependent -- each one creating the conditions for the next to operate (Alexander, 2012; Hirschberger, 2018; Neimeyer, 2019; Staub et al., 2005).

### 2.1. *Collective Trauma and the Fragmentation of National Memory*

In Nigeria, the civil war does not sit quietly in the past. It surfaces in the architecture of political argument, in the vocabulary of regional grievance, and in the way certain words still carry the emotional weight of artillery -- even when the speaker is under forty and was not alive in 1970. This is what Alexander (2012) means by cultural trauma: not simply a bad memory, but a wound that has reorganized the group's moral and political identity around itself, making the event not merely something that happened but something the group's understanding of itself cannot be separated from.

The specific complication in the Nigerian case is that the civil war's cultural trauma is fragmented rather than unified. The North remembers a fear of disintegration and the threat to territorial integrity; the Southeast remembers starvation, military defeat, and the specific humiliation of a forced reintegration whose terms were never honestly examined; the Niger Delta remembers exploitation and the weaponization of ethnic difference; the Southwest remembers political volatility and the proximity of a catastrophe that could have consumed everyone (Cramer, 2006; Musisi & Kinyanda, 2020). When cultural trauma is fragmented in this way -- when different groups carry incompatible versions of what happened and what it meant -- the social body cannot mourn in

common. Instead, it defends in competition. Hirschberger (2018) argues that unprocessed group memories of this kind harden progressively into incompatible narratives that keep communities emotionally armed long after the physical conflict has ended, reinforcing precisely the dynamic that Noor et al. (2012) describe as competitive victimhood: the zero-sum struggle over whose suffering counts more, whose losses deserve acknowledgment first, and whose grievance is legitimate enough to warrant redress. This competition is not a character failure of the groups involved. It is the predictable product of a system that has never provided a shared framework within which multiple, genuine losses can simultaneously be acknowledged.

## 2.2. NPW-PTSD as a Working Heuristic

At the level of individual neurobiology, PTSD involves the persistent intrusion of traumatic memory into present experience, the avoidance of stimuli associated with the original harm, distorted beliefs about safety and responsibility, and a nervous system that struggles to return to baseline after activation (Brewin, 2011). Stark et al. (2015) show through neuroimaging meta-analysis that even when overt symptoms have subsided, trauma continues to shape the brain's threat and salience networks in ways that influence perception and response outside the individual's conscious awareness. The traumatized person is not simply remembering something frightening; their nervous system has been recalibrated by the original experience to operate as though the threat remains present.

Nigeria's political and institutional body exhibits a structurally parallel pattern. The word "Biafra" functions as a national trigger -- provoking institutional over-reaction, security escalation, and political alarm that is disproportionate to the specific provocation and recognizable, from a clinical distance, as the response of a system whose threat-detection apparatus has been calibrated by historical experience to read certain signals as existential rather than political (Alexander, 2012; Hirschberger, 2018). Public institutions avoid formal engagement with the civil war with the same systematic consistency that traumatized individuals avoid stimuli that risk reactivating their traumatic material (Brewin, 2011). Elections and protests frequently produce institutional fight, flight, or freeze responses -- militarized crackdowns, withdrawal and denial, paralysis around reform -- whose intensity suggests that what is being managed is not only the specific incident but the unresolved weight of what precedes it (Musisi & Kinyanda, 2020). NPW-PTSD, as used throughout this paper, names this pattern as a clinical organizing heuristic. It is not a diagnosis. It is a lens.

## 2.3. Phased Trauma Care Applied to the National Scale

Evidence-based treatment for PTSD is consistently organized around a phased approach: first establishing the safety and stabilization that allow the individual to tolerate engagement with traumatic material; then carefully processing that material within a supported clinical relationship; and finally supporting the integration of what has been processed into a revised understanding of self, others, and the future (Brewin, 2011; Holmes et al., 2014). The rationale for the sequencing is clinical and neurobiological: traumatic material engaged before adequate stabilization is established tends to destabilize rather than heal -- retraumatizing rather than integrating -- because the regulatory resources required to process what emerges are not yet available (Brewin, 2011).

Hirschberger (2018) and Staub et al. (2005) argue that something structurally analogous applies at the collective level: a society with NPW-PTSD that is rushed directly into public confrontation with its traumatic material -- without adequate psychoeducation, safety infrastructure, and ethical protection -- will produce the Oputa Panel outcome, not the healing outcome. The NTTC translates the phased clinical model into national practice through three corresponding phases: stabilization and preparation; truth-telling and trauma processing; and integration and community healing. The sequencing is not bureaucratic convention. It is clinical necessity.

#### 2.4. Post-Traumatic Growth as a Realistic, Fragile Possibility

The NTTC is grounded in a cautious rather than sentimental hope: that if trauma is acknowledged and worked through with adequate structure and support, it can become a source of new empathy, moral clarity, and solidarity -- rather than an endless well of bitterness organized around the demand for recognition that no institutional response can finally satisfy (Neimeyer, 2019). Staub et al. (2005) provide evidence from their careful work in post-genocide Rwanda that carefully designed processes of acknowledgment and reconciliation can foster both individual and societal growth -- that people and communities can move, given the right conditions, from paralysis to forward investment without abandoning the memory of what they suffered. Hirschberger (2018) similarly identifies meaning-making -- the construction of a shared narrative that acknowledges loss without being entirely organized around it -- as the pivotal mechanism through which collective trauma is transformed from an obstacle to a resource. The NTTC does not promise that outcome. It creates the structural conditions within which that outcome becomes available.

### 3. The NTTC Model: From Concept to Blueprint

What follows is the NTTC specified as though implementation were imminent -- in sufficient procedural and institutional detail that the model could be debated by policymakers, adapted by practitioners, or piloted in a regional context. The aim is not only conceptual but protective: a model specified at this level of detail is far more difficult to quietly appropriate or casually dismiss than one that remains at the level of principle.

#### 3.1. Governance and Mandate

The NTTC is conceived as a statutory, time-bound, and genuinely independent body -- created by an act of parliament rather than executive directive, with explicit constitutional protections against political interference and a mandate that no sitting government can unilaterally revise or dissolve. This distinction from executive-created bodies is not merely procedural. It is the institutional equivalent of the safety condition that phased trauma treatment identifies as its prerequisite: the credible assurance that the process will not be terminated, redirected, or weaponized by the political actors it is partly designed to examine (Herman, 1997).

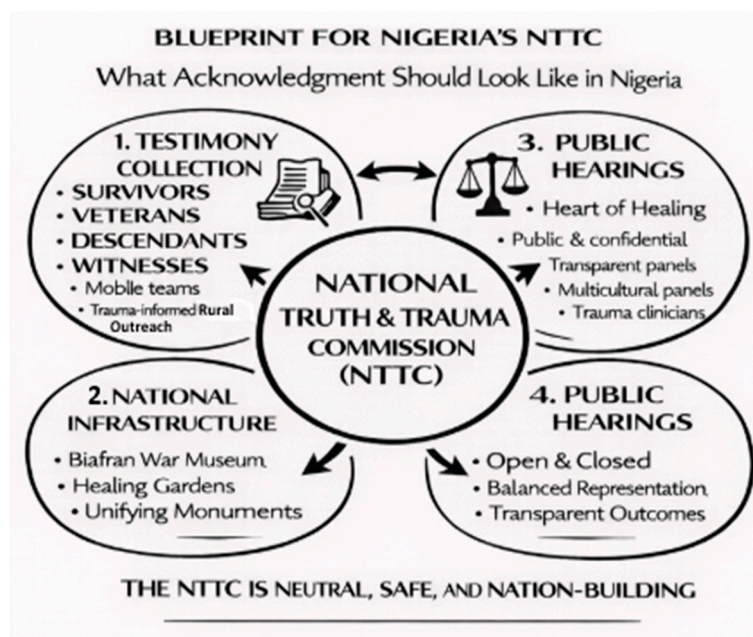
The Commission's three core mandates would be: to document and publicly acknowledge the psychological, social, and institutional effects of the Nigeria-Biafra War and its multi-generational aftermath; to provide safe, structured, and voluntary avenues for testimony, memorialization, and mourning; and to generate actionable, time-bound recommendations for trauma-informed reform of security, justice, education, and governance (Staub et al., 2005; Musisi & Kinyanda, 2020).

Commission membership would be drawn from multiple disciplines and regions: mental health professionals including psychiatrists, clinical psychologists, and psychiatric nurses with post-conflict experience; transitional justice and human rights specialists with specific Nigerian expertise; historians and sociologists whose scholarly record includes the civil war and its aftermath; faith and traditional leaders drawn from all major regions and representing the full religious landscape; and representatives of survivors, veterans, and youth from all regional groups. An independent scientific advisory board would hold responsibility for research protocols, ethical oversight, and outcome evaluation design. No sitting member of the federal executive, the National Assembly, or the armed forces would be eligible for commission membership, and recusal procedures for any member with documented personal connection to specific testimony categories would be established in the enabling statute (Alexander, 2012; Staub et al., 2005).

From the Commission's first day of operation, its credibility depends on making and keeping one foundational commitment: that participation in the NTTC will not expose any person to retaliation, criminalization, or harm as a direct consequence of their testimony. This is not a promise of blanket amnesty for war crimes -- the relationship between testimony taken for healing purposes and evidence relevant to accountability processes must be clearly specified in the enabling statute,

and the two must be structurally separated. An independent ethics committee, composed of mental health professionals, legal experts, and civil society representatives, would hold ongoing responsibility for reviewing procedures, investigating complaints, and reporting publicly on any case in which the Commission's operations appear to have produced harm (Holmes et al., 2014; Staub et al., 2005). The ethics committee's reports would be published. This is not a procedural luxury; it is the institutional architecture of accountability that distinguishes a credible process from a performative one.

The four operational domains through which the NTTC's mandate is discharged -- testimony collection, national memorial infrastructure, public healing hearings, and open-and-closed governance hearings -- are not sequential stages but mutually reinforcing components of a single integrated system. Each domain creates conditions for the others: testimony collection generates the material that gives memorial infrastructure its specificity and authority; memorial infrastructure provides the physical anchors that make testimony emotionally safe; public hearings witnessed by trauma clinicians transform individual testimony into a shared national record; and the governance hearing structure ensures that the record is produced transparently, with balanced regional representation, rather than filtered through the preferences of any single administration. Figure 1 maps this integrated architecture and illustrates the bidirectional coordination that the NTTC's clinical and institutional effectiveness requires.



**Figure 1.** *Blueprint for Nigeria's National Truth and Trauma Commission (NTTC): Four Operational Domains of Acknowledgment.* The diagram maps the Commission's four primary operational domains -- testimony collection, national memorial infrastructure, trauma-informed public hearings, and open-and-closed governance hearings -- as an interconnected system orbiting the NTTC's central mandate. Each domain feeds into and draws from the others through bidirectional coordination, reflecting the model's clinical principle that acknowledgment is not a linear sequence but a mutually reinforcing ecological process. Testimony collection reaches survivors, veterans, descendants, and witnesses through mobile teams and trauma-informed rural outreach. National infrastructure anchors collective mourning in permanent physical form through a Biafran War Museum, healing gardens, and unifying monuments. The public hearing structure provides both transparent multicultural panels staffed by trauma clinicians and confidential pathways for testimony that cannot be safely given in open session. Governance hearings ensure balanced regional representation and transparent outcomes. The NTTC is designed to be neutral, safe, and explicitly nation-building in orientation. *Figure constructed by the author to illustrate the NTTC model. All design elements are original to this manuscript.*

### 3.2. Phase 1: Stabilization and Preparation

A country that has been managing unprocessed collective trauma through institutional avoidance will not walk calmly into a process that invites it to stop avoiding. Trust is not an attitude that can be declared; it is a conclusion that is earned through the observable behavior of the institutions asking for it (Hirschberger, 2018). This phase's entire function is the earning of that trust before a single public testimony is taken.

#### 3.2.1. Nationwide Psychoeducation

Before any public hearing opens, the NTTC would coordinate a months-long psychoeducation campaign across radio, television, social media, community gatherings, and faith institutions. The content would do three specific things that previous Nigerian national initiatives have failed to do simultaneously (Brewin, 2011; Musisi & Kinyanda, 2020).

First, it would explain trauma and NPW-PTSD in non-pathologizing, accessible language -- connecting the clinical concepts to images and experiences that Nigerians across regions and generations already recognize. The goal is not to teach people that they are damaged but to offer them a framework that explains why certain things feel the way they feel: why the mention of certain words tightens something in the chest, why some families cannot talk about the 1960s, why security forces sometimes respond to a slogan with the force usually reserved for armed rebellion. Familiar metaphors -- wounds that were never properly cleaned and dressed, funerals that were never held, debts that accumulate interest because they are never acknowledged -- would be used to bridge the clinical and the vernacular.

Second, the campaign would draw an explicit and repeated distinction between the Commission and a court. The NTTC is not a tribunal, not an ethnic accountability exercise, and not a mechanism for breaking the country along the fault lines it is trying to repair. It is, as accurately as one institution can be described, a forum for helping the country breathe more easily (Hirschberger, 2018).

Third, the campaign would establish the concept of voluntary participation -- the idea that testimony is an offering, not a requirement, and that the choice of format, the choice of audience, and the choice of timing all belong to the person whose story it is. This point, stated clearly and early, addresses the specific fear -- documented in the Oputa Panel's reception -- that "telling your story" means being exposed on national television while the people who harmed you watch from the comfort of their non-appearance (Alexander, 2012).

#### 3.2.2. Structured Listening Before Public Speaking

The psychoeducation campaign would be followed by a period of structured listening: facilitated sessions with veterans' groups, widows' associations, displaced communities, religious organizations, youth activists, security agency representatives, and regional associations from all geopolitical zones. These sessions are not pre-hearings. Their purpose is different and prior: to surface the fears ("We don't want to be blamed again"), the hopes ("Maybe they will finally hear us"), and the non-negotiable red lines ("This must not become a political instrument") that will shape the Commission's detailed rules of procedure (Alexander, 2012; Staub et al., 2005). A Commission that designs its procedures in consultation with the populations it is asking to trust it is making a fundamentally different institutional promise than one that designs its procedures in advance and presents them as given.

#### 3.2.3. Ethics and Security Protocols

From the outset, the NTTC must make credible commitments that participants will not face retaliation or criminalization simply for telling their stories. This does not mean blanket amnesty for war crimes, but it does require a clear line between testimony intended for healing and testimony that may trigger legal processes. An independent ethics committee, including mental health professionals and legal experts, would review procedures to minimize harm and ensure that the

Commission does not become another instrument of fear or humiliation (Holmes et al., 2014; Staub et al., 2005).

### **Clinical Vignette 1: The Veteran Who Never Left 1970**

*The following is a composite clinical illustration drawn from the author's practice experience and the peer-reviewed literature on post-conflict trauma presentations among Nigerian veterans. Identifying details have been altered or omitted. This vignette does not report a specific case.*

He was in his late seventies when I first saw him in an outpatient clinic in the Greater Boston area -- small in frame but still walking with a military stiffness that suggested the body had never fully stood down. When I asked what brought him in, he said, without preliminary, "I don't sleep. The war will not allow me."

As we talked, he described waking at night drenched in sweat, hearing again the sound of shelling, and seeing -- in his words -- "children with eyes too big for their faces." He reported hearing war songs in his head with a regularity he could not explain; he would find himself singing war chants aloud in the shower, unaware he had started until the water went cold. For five decades he had never spoken about these memories in any structured way. Before leaving Nigeria, there had been no debriefing after demobilization, no veterans' counseling, and no official invitation to tell his story in a context designed to receive it (Musisi & Kinyanda, 2020).

What struck me -- beyond the clinical severity of a presentation that had persisted, untreated, for half a century -- was his isolation inside it. "When I try to talk," he said, "my children tell me to forget it. They say, 'Daddy, that was long ago.' But for me, it is still yesterday." His family could observe the irritability, the exaggerated startle responses, the way his body reacted when politicians used the vocabulary of national threat. They could not see the thread connecting that body to events that happened before some of them were born (Brewin, 2011; Neimeyer, 2019).

The isolation his children produced -- entirely without malice, out of a genuine wish that he would feel better -- is one of the NTTC's specific clinical targets. It is the domestic equivalent of a national policy of silence: well-intentioned, emotionally understandable, and clinically harmful. When I described to him what a National Truth and Trauma Commission might offer, he was quiet for a long time. Then he said: "If the Nigerian government will listen -- properly listen -- maybe my mind will rest." His case embodies the NTTC's central clinical claim: that unprocessed war memories are not only private burdens. They are national unfinished business, accumulating interest in bodies and families and institutional cultures, waiting for the conditions that have never been provided (Alexander, 2012; Hirschberger, 2018).

### *3.3. Phase 2: Truth-Telling and Trauma Processing*

This phase is the Commission's emotional core -- where the country begins, in structured and supported conditions, to say what has not been said. Its design is organized entirely around the clinical principle that testimony is healing only when it occurs within an environment of genuine safety, adequate preparation, and committed follow-through. Testimony in the absence of those conditions is not healing. It is re-exposure (Brewin, 2011; Holmes et al., 2014).

Phase 2 is organized around four clinical pillars whose combined architecture distinguishes the NTTC from all previous Nigerian truth-telling efforts and from most international truth commission models. The first two pillars -- trauma-sensitive testimony collection and safe storytelling environments -- address the process of disclosure itself: how testimony is gathered, from whom, under what conditions of safety and dignity, and with what protections against the retraumatization that poorly designed disclosure processes reliably produce (Brewin, 2011; Holmes et al., 2014). The second two pillars -- national memorial infrastructure and the National Apology Framework -- address the institutional reception and anchoring of what testimony reveals: the physical and symbolic structures that transform individual accounts of suffering into a shared national record, and the formal institutional acknowledgment through which the state takes responsibility for what the record shows (Hirschberger, 2018; Staub et al., 2005). Figure 2 maps the relationships among these four pillars and illustrates the psychiatric model of national healing that their integration produces.

The pillars are not parallel tracks that operate independently. They are mutually dependent: testimony collection without safe storytelling produces retraumatization; safe storytelling without memorial infrastructure produces disclosure that dissipates rather than integrates; memorial infrastructure without a national apology produces monuments to unacknowledged injustice; and a national apology without the testimonial record that substantiates it produces a performance rather than an accountability (Neimeyer, 2019; Noor et al., 2012).



**Figure 2.** *The Psychiatric Model of National Healing: Four Clinical Pillars of the NTTC.* The diagram presents the NTTC's four core clinical pillars as a unified psychiatric model of national healing. The upper quadrants address the collection and protection of testimony: trauma-informed interviews, safe records of past pain, and a National Testimony Archive (left) are paired with safe storytelling policies designed to protect survivor dignity, prevent retraumatization, and secure witness safety without punitive exposure (right). The lower quadrants address the physical and institutional anchoring of acknowledgment: national memorial infrastructure providing physical spaces for collective grieving, historical education, and dignified memorialization (left) is paired with the National Apology Framework, through which the state expresses accountability with empathy, commits to institutional reform, and fosters the civic compassion that competitive victimhood prevents (right). The NTTC emblem -- torch, columns, and open book -- at the center represents the Commission's integrating purpose: to dignify pain and unify the nation through the honest, clinically informed treatment of what the war produced and what the silence has cost. *Figure constructed by the author to illustrate the NTTC model. All design elements are original to this manuscript.*

### 3.3.1. The National Trauma Testimony Archive

The NTTC would establish a National Trauma Testimony Archive as a consent-based, securely maintained repository of narratives, documents, and artifacts related to the war and its multigenerational aftermath. The Archive would simultaneously function as Nigeria's first National Trauma Registry -- a resource for researchers, policymakers, and future generations -- and as the primary mechanism through which the testimony process produces a durable, publicly accessible record that cannot be quietly shelved when political conditions change.

Testimony categories would include: survivor accounts of starvation, displacement, massacre, sexual violence, and long-term psychological distress; veteran accounts of combat trauma, moral

injury, and post-war adjustment difficulties that received no formal support; witness accounts from health workers, clergy, journalists, and humanitarian staff who observed events whose weight has shaped their subsequent professional and personal lives; and what the Commission would formally designate as descendant testimonies -- accounts from children and grandchildren of survivors describing how inherited silence, inherited fear, or inherited anger has shaped their developmental experience and their relationship to Nigerian national identity (Hirschberger, 2018; Neimeyer, 2019). This last category is not a symbolic gesture toward inclusivity. It is the acknowledgment, grounded in the intergenerational trauma literature, that the war's psychological consequences have not remained within the generation that experienced it.

Testimonies would be gathered through trauma-informed interviews conducted by trained staff, with options for audio, video, or written formats and full multilingual accessibility across Nigeria's major languages. Community-based documentation teams would travel to rural and peri-urban areas to reduce the geographical and economic barriers that have historically produced urban and educated over-representation in transitional justice processes (Musisi & Kinyanda, 2020; Staub et al., 2005).

### 3.3.2. Safe Storytelling Environments

Safe storytelling is not a slogan. It is a set of specific, operationalizable practices whose combined function is to ensure that the act of testimony produces the supported self-disclosure that is associated with recovery rather than the forced exposure that is associated with retraumatization (Brewin, 2011; Holmes et al., 2014). The NTTC's safe storytelling architecture would include four components that distinguish it from all previous Nigerian processes.

Pre-hearing briefings would explain to each participant -- in their language, at whatever level of detail they require -- what to expect, what control they retain over their testimony's format and audience, and how to pause, redirect, or stop at any point without consequence. On-site mental health professionals would be present during all testimony sessions, with private rooms immediately available for anyone who becomes overwhelmed, and follow-up support would be scheduled as a default rather than offered as an option. Culturally familiar grounding practices -- prayer, song, breath, the specific authority of proverb in Nigerian communal life -- would be formally incorporated into the session architecture, not as decoration but as the regulatory scaffolding that the nervous system requires to remain present during difficult disclosure (Brewin, 2011). And the choice architecture of participation -- public hearing, closed session, or anonymized written submission -- would be structured to ensure that no single format is presented as the normal or expected one, recognizing that not all wounds can or should be exposed to a national audience, and that the testimony that is never given because the terms were wrong is a failure of institutional design, not of individual courage.

### 3.3.3. National Memorial Infrastructure

As testimonies accumulate, the NTTC would work with architects, artists, historians, and community representatives to design a national network of memorial spaces whose function is both commemorative and clinical: to provide the physical anchors for a new, multi-sided national memory that can hold multiple genuine losses simultaneously without requiring any of them to be minimized in order for the others to be acknowledged (Alexander, 2012; Hirschberger, 2018).

The infrastructure would include a central war and trauma museum in Abuja, telling a multi-sided story of the conflict and its psychological consequences across all regions and all sides of the fighting; regional healing gardens in major cities across the geopolitical zones -- Enugu, Kano, Lagos, Port Harcourt, Kaduna, and others -- offering quiet, symbolically articulate spaces where mourning and reflection can occur without the formality of a hearing; and traveling exhibitions and school-integrated displays that bring curated material from the Archive to young Nigerians who may never have heard these stories from their own families, because the silence that has characterized the national conversation has been reproduced, often with the best intentions, at the kitchen table.

Memorials are not indulgent. They are the physical evidence that the acknowledgment was real -- that the country made something that says, in durable form, *this happened, it mattered, and we will not pretend otherwise*.

### 3.3.4. A National Apology Framework

Nigeria has never spoken in one institutional voice to acknowledge the pain inflicted on its own citizens during and after the civil war. An effective apology process -- designed in close consultation with survivors and representatives of all major affected groups -- would be structured to satisfy the three conditions that the research on collective apology identifies as prerequisites for any rehabilitative effect (Noor et al., 2012; Staub et al., 2005).

It must be genuine rather than performative: developed through the consultation process rather than scripted in advance by communications advisers, and delivered in language that names specific harms rather than retreating into the abstraction that institutional apologies typically use to minimize their own implications. It must be institutionally comprehensive: delivered jointly by the Presidency, the National Assembly, the Council of State, and major religious and traditional bodies, signaling that the acknowledgment is the state's, not a single administration's, and will not evaporate with the next electoral cycle. And it must be coupled with concrete, time-bound, publicly trackable commitments to non-repetition: curriculum reform, trauma-informed policing, institutional accountability mechanisms, and the justice linkages specified in Phase 3. Research from post-conflict settings across multiple continents demonstrates that well-crafted collective apologies, when accompanied by credible institutional reform, can meaningfully reduce competitive victimhood and begin to shift collective narratives away from the permanent demand for recognition toward the investment in shared future that genuine recovery requires (Noor et al., 2012; Staub et al., 2005). Without the institutional reform, the apology is theatre. With it, the apology becomes evidence.

#### **Clinical Vignette 2: The Policeman With 1970 in His DNA**

*The following is a composite clinical illustration drawn from clinical consultation and supervision experience, and from the peer-reviewed literature on intergenerational trauma transmission, institutional threat perception, and security sector behavior in post-conflict societies. Identifying details have been altered or omitted. This vignette does not report a specific case.*

He was a police officer in his early thirties, posted to a southern city -- born a full decade after the guns went silent in 1970, carrying no personal memory of the war and no direct experience of its violence. Yet his reactions on the street, during a period of sustained political agitation in his posting area, sounded in supervision sessions like echoes of a conflict he had never seen.

He described a protest that had begun peacefully but that included, among its slogans, language invoking separatist sentiment. "When I heard them shouting that word," he said, "something inside me tightened. I saw everything collapsing. I thought: if we don't stop this now, we will lose the country." His unit responded with force disproportionate to the specific threat the protest represented -- tear gas, beatings, mass arrests. Only later, watching the video circulating on social media, did he recognize in his own face the specific expression of fear rather than authority. "I don't know why I reacted like that," he said in our next session. "My father always told us how he ran with his younger brothers during the war. How they didn't know if they would eat. Maybe I am carrying his fear."

He was right about the mechanism, even if his language was intuitive rather than clinical. The intergenerational transmission of threat perception does not require the child to have experienced the original threat directly. It operates through the ambient emotional climate of the household, through the specific quality of parental alertness and behavioral inhibition that the child's own threat-detection system reads as signal, and through the institutional cultures -- a school curriculum that skipped over the war, a security training that equated dissent with disintegration -- that confirmed and amplified what the household transmitted (Hirschberger, 2018; Musisi & Kinyanda, 2020). He was not a cruel man acting on personal malice. He was a young professional whose threat perception had been quietly shaped, across his entire developmental history, by an experience he had never had.

This is the NTTC's institutional target in the security sector: not the individual officer, but the inherited perceptual architecture that no one has yet provided a framework for examining. A trauma-informed commission creates the institutional conditions in which both civilians and security personnel can begin to name these legacies -- where the officer can say "I am carrying my father's war" and be heard in a clinical rather than a disciplinary register -- rather than acting them out on the bodies of protestors whose slogans activated a fear that arrived in 1970 and has never been formally discharged (Hirschberger, 2018).

#### 3.4. Phase 3: Integration and Community Healing

Truth-telling and memorialization, conducted with the clinical care specified in Phase 2, produce something valuable and insufficient: a record, a witnessed acknowledgment, a national statement that the events occurred and mattered. What they do not automatically produce is the integration of that acknowledgment into the daily functioning of communities, institutions, and the next generation of citizens. That integration -- the translation of national testimony into local and institutional change -- is Phase 3's specific mandate.

##### 3.4.1. Community Trauma Response Infrastructure

Community Trauma Response Teams would be established and embedded in the local institutions that already hold the daily trust of Nigerian communities: churches, mosques, traditional councils, schools, and market associations. Team members would be drawn from those communities and trained in basic trauma counseling, psychological first aid, facilitation of community dialogue about the war and its legacies, and referral pathways to specialized mental health services. The embeddedness of these teams is not logistical convenience -- it is the recognition that the social trust required for the disclosure of inter-generational grief is most available in the institutions that have already earned it through years of presence, and least available in formal clinical settings that many Nigerians associate with stigma, cost, and irrelevance to their actual experience (Musisi & Kinyanda, 2020). Mobile mental health clinics would extend services into rural communities, building on the mobile-outreach models that have demonstrated effectiveness in other African post-conflict contexts (Cramer, 2006).

##### 3.4.2. Trauma-Informed Security and Justice Reform

The NTTC's clinical insights would feed directly into institutional reform through a formal linkage mechanism that is specified in the enabling statute rather than left to the goodwill of whoever happens to lead the relevant ministries after the Commission concludes. Trauma-informed policing reforms would include officer screening for personal PTSD presentations, de-escalation training explicitly grounded in the neurobiology of collective threat perception, and the development of ethnic-neutral response protocols for political protest and civil disturbance that are designed to interrupt rather than amplify the inherited fear-response demonstrated in Vignette 2 (Holmes et al., 2014; Musisi & Kinyanda, 2020). Judicial reforms would address the specific ways in which trauma shapes testimony, witness credibility assessment, and the courtroom experience of survivors -- changes whose clinical basis is now well-established in the trauma and legal psychology literature and whose absence from Nigerian judicial practice has not been addressed by any previous reform initiative (Staub et al., 2005).

##### 3.4.3. Education and Youth Engagement

Integration that does not reach the next generation will not hold. School curricula would be revised to present the civil war as a human tragedy that involved all regions and all of Nigeria's communities -- not as a triumph, not as a taboo, and not as a brief embarrassing chapter whose primary lesson is the importance of unity in the abstract. Students old enough would be introduced to basic concepts of trauma and psychological distress in age-appropriate language, not to

pathologize their families but to help them understand that the grandfather who cannot discuss the 1960s, or the parent who flinches at certain political language, is not simply strange or secretive -- they are carrying something that the country has not yet created the conditions for them to put down (Hirschberger, 2018; Neimeyer, 2019).

Youth-led forums, community art projects, and social media campaigns would convert curriculum into creative expression -- producing the specific, organic form of cultural ownership that top-down national initiatives have consistently failed to generate. Young Nigerians building a shared "never again" in their own aesthetic vocabulary are not performing national unity. They are generating the meaning-making that Hirschberger (2018) identifies as the pivotal mechanism of collective recovery -- a future that is not organized around the unfinished war but that has genuinely metabolized it.

### 3.5. Evaluation Plan

The NTTC is designed as a national healing process, not a randomized controlled trial. But healing that cannot be observed, measured, and honestly assessed is healing that cannot be improved, replicated, or defended against the political actors who will -- at some point in every such process -- argue that the Commission is not working and should be defunded. A rigorous embedded evaluation strategy is therefore not external to the model's clinical logic. It is an expression of it.

**Quantitative indicators.** Nationally and regionally representative surveys conducted at baseline, mid-process, and post-NTTC completion would include brief, culturally and linguistically adapted standardized measures of PTSD symptomatology, depression, and anxiety; items assessing intergroup threat perception and the specific competitive victimhood dynamics identified by Noor et al. (2012) as among the most reliable indicators of unresolved collective trauma; ratings of institutional trust across the security, judicial, and electoral domains; and measures of direct NTTC engagement to permit dose-response analyses (Brewin, 2011; Musisi & Kinyanda, 2020). Where resources permit, smaller longitudinal cohort studies -- following veterans, widows, youth activists, and security personnel over time -- would provide the developmental perspective that cross-sectional surveys cannot offer.

**Qualitative indicators.** In-depth interviews with survivors, descendants, commissioners, facilitators, and security sector participants would explore perceived changes in personal symptoms, family relationships, and sense of national belonging. Focus-group discussions across all geopolitical zones would document how different communities interpret the NTTC, what they experience as having changed, and what they experience as remaining unhealed -- the latter being as clinically important as the former. Media and public discourse analysis -- examining newspapers, television, and social media content before, during, and after the Commission's operation -- would track changes in how the civil war, secessionist movements, and intergroup grievance are publicly framed and emotionally valenced (Bar-Tal et al., 2007; Noor et al., 2012).

**Process metrics.** Operational monitoring would track the number and geographical distribution of testimonies collected, the demographic composition of participants, the volume and type of referrals into mental health and social support services, and attendance at community dialogues, school programs, and memorial events -- providing the early-warning indicators of geographical and demographic under-representation that deliberate outreach efforts need in order to be responsive rather than merely reactive (Staub et al., 2005).

**Analytic approach.** Analyses would combine descriptive and comparative statistics, time-series methods where data permit, and systematic thematic analysis of qualitative material oriented toward the recurring narratives of healing, resistance, ambivalence, and unintended harm that any large-scale national process will generate. The evaluation's goal is not a single summary score but a triangulated, multi-source account of how trauma acknowledgment -- or its absence -- moves through a society's institutions, relationships, and bodies across the arc of the Commission's operation and aftermath (Brewin, 2011; Neimeyer, 2019).

#### 4. Anticipated Mechanisms and Outcomes

The NTTC does not promise national unity. It promises something more modest and more clinically defensible: the structural disruption of the specific mechanisms through which NPW-PTSD reproduces itself across generations and institutions, and the provision of the conditions within which genuine recovery -- not its simulation -- becomes available.

By shifting Nigeria's institutional posture from avoidance and silence toward structured acknowledgment, the NTTC is designed to reduce the intensity and frequency of the institutional flashback responses -- security over-reaction, political panic, electoral hypervigilance -- that follow NPW-PTSD triggers; progressively weaken the zero-sum competitive victimhood dynamic by enabling different regional groups to hear each other's losses in a shared, witnessed forum rather than defending their own against the others' implicit claim; lower the baseline threat-activation level in security sector institutional culture through the combination of trauma-informed training and the broader psychoeducational shift that the Commission's operation would produce across the population; and begin the gradual rebuilding of institutional trust by demonstrating -- through the Commission's credibility, independence, and follow-through -- that the Nigerian state is capable of listening, acknowledging, and changing (Bar-Tal et al., 2007; Noor et al., 2012; Staub et al., 2005).

These are not guaranteed outcomes. They are the outcomes toward which the model's clinical architecture is oriented, and they will materialize in proportion to the quality of the model's implementation, the political conditions within which it operates, and the honesty with which the evaluation responds to what the evidence shows (Alexander, 2012; Hirschberger, 2018). The clinical pillars through which these mechanisms operate are specified in Figures 1 and 2 and the Phase descriptions of Section 3.

#### 5. Ethical Considerations

The ethical stakes of asking people to revisit some of the worst chapters of their lives -- and of asking institutions to publicly acknowledge their roles in producing those chapters -- are not adequately addressed by a list of ethical principles. They require honest confrontation with the specific ways in which this process could cause harm, and a specific account of the safeguards designed to prevent each category of harm from occurring.

Participation must be genuinely voluntary, not performed-voluntary -- which means that the structural incentives and social pressures that might produce testimony under informal coercion must be identified in advance and counteracted through the choice architecture described in Section 3.3.2. The specific asymmetry that damaged the Oputa Panel -- survivors fully engaged, powerful perpetrators absent without consequence -- must be addressed through the statutory enforcement mechanisms that give the NTTC the authority the Oputa Panel lacked (Alexander, 2012).

The Commission must guard against becoming a theatre of humiliation or public spectacle through media guidelines that are specific, enforceable, and monitored. The experience of testifying before a national television audience without adequate preparation or follow-up is not truth-telling; it is exposure, and the clinical distinction between the two is not subtle (Brewin, 2011). Clinicians present throughout all testimony sessions are not optional supplementary staff. They are an integral component of the process's clinical architecture, without whom the testimony protocol is clinically incomplete (Holmes et al., 2014; Musisi & Kinyanda, 2020).

Finally -- and this is the ethical commitment that is most frequently absent from truth commission mandates -- the NTTC must be honest with participants and the public about what it can and cannot deliver. It cannot guarantee criminal justice outcomes for every harm documented. It cannot erase generations of pain. It cannot produce unity by proclamation. What it can do is create, with integrity and adequate resources, the conditions within which people who have been carrying an unacknowledged war can finally put some part of it down. That is enough to justify the attempt. It is not enough to justify overpromising (Staub et al., 2005).

## 6. Limitations

The NTTC as specified here is an ambitious model, and the limitations that could prevent it from achieving its intended outcomes are not primarily clinical. They are structural, political, and sociological -- and they deserve honest acknowledgment rather than minimization.

Politically, a commission of this scope and statutory independence would require levels of cross-regional consensus and political leadership courage that Nigeria's post-war institutional history has not yet produced. The elites and institutions that have most benefited from the existing culture of silence -- that have built political capital on the management of the war's unresolved grievances rather than their address -- have structural incentives to resist a process designed to redistribute moral authority and expose past decisions to scrutiny (Alexander, 2012; Cramer, 2006). This resistance is not incidental to the political environment in which the NTTC would operate. It is among its defining features, and the enabling statute must anticipate and specifically address it.

Socially, some Nigerians will not engage -- and given the history of unfulfilled national processes, their skepticism is not a communication failure to be managed by better messaging. It is a rational assessment based on substantial evidence, and the Commission earns their participation by performing rather than promising (Hirschberger, 2018). Communities exhausted by decades of tokenistic consultation and incomplete reform will require time and observable institutional behavior before any level of trust is available.

Clinically, the risk of uneven access is real and specific. Urban, educated, and institutionally connected populations are over-represented in every previous Nigerian reform process, and there is no reason to assume the NTTC will escape this tendency without deliberate, resourced, and monitored outreach to the rural communities, economically marginalized groups, and specific survivor populations -- particularly women and children who experienced sexual violence during the conflict -- whose testimony is both most clinically significant and least likely to arrive without active facilitation (Musisi & Kinyanda, 2020).

Methodologically, measuring the impact of a national commission on trauma symptomatology, intergroup trust, and institutional behavior is genuinely difficult. Changes of the kind the NTTC is designed to produce unfold over years, are confounded by other political and social developments, and resist the clean attribution that rigorous outcome evaluation requires (Brewin, 2011). The evaluation plan specified in Section 3.5 is designed to produce the most rigorous evidence the context permits -- not the most rigorous evidence imaginable in ideal conditions.

These limitations do not invalidate the model. They specify the conditions required for its success and identify the failure modes that its implementation must actively guard against.

## 7. Discussion

The NTTC stands at the intersection of psychiatry, history, and nation-building -- a position that is intellectually uncomfortable for disciplines that prefer their boundaries maintained, and that is exactly where the problem lives. Nigeria's most persistent institutional dysfunctions -- the securitization of cultural expression, the electoral hypervigilance, the reflexive treatment of regional grievance as existential threat -- are not adequately explained by political science accounts that treat them as strategic behavior or governance failure alone. They carry the specific signature of institutions whose threat-detection architecture has been calibrated by historical experience that has never been processed, and whose behavioral patterns express that unprocessed experience with the reliability of a clinical presentation that is not going to resolve on its own (Brewin, 2011; Stark et al., 2015).

What distinguishes the NTTC from the prior models discussed in Section 1.1 is the clinical honesty embedded in its design from the outset. The Commission does not treat testimony as a moral performance to be witnessed and archived. It treats testimony as a clinical event that occurs within a person's nervous system, requires preparation and safety infrastructure, produces consequences that must be followed up, and generates, in the aggregate, a national process whose impact can be

assessed against clinical criteria rather than only political ones. The difference between a truth commission designed as a legal and moral instrument and a truth commission designed also as a clinical one is not a matter of emphasis. It is a structural difference with structural consequences for whether the people who participate in it are helped or harmed (Holmes et al., 2014; Staub et al., 2005).

The argument this paper makes is ultimately a simple one, even if its specification is complex: that Nigeria has been living with an unfinished war, that the unfinished war has been governing its institutions in ways that the political vocabulary available to most Nigerians does not yet fully name, and that the first step toward a different future is the one that every clinical framework for trauma recovery identifies as foundational -- the step of naming what happened, to whom, and what it has cost (Herman, 1997). The NTTC does not complete that step. It creates the structure within which Nigeria can take it.

## 8. Conclusions

The NTTC model is an attempt to translate a book-length diagnosis -- the collective, multigenerational, institutionally encoded psychological consequences of an unaddressed civil war -- into a practical, reproducible instrument that can be debated by policymakers, adapted by practitioners, and tested in the specific political and cultural conditions of the Nigerian context. By specifying its phases, pillars, governance structures, and evaluation architecture in the detail this paper provides, the model is also established in the scholarly record as a distinct intellectual contribution -- one that can be built upon, challenged, and improved, but not easily dismissed or quietly absorbed without acknowledgment.

For other post-war states in Africa and beyond -- for the many societies carrying the NPW-PTSD of conflicts whose formal endings did not produce the psychological conditions for genuine recovery -- the NTTC offers a transferable framework whose core clinical logic applies wherever a society has tried to move past mass atrocity without the structured acknowledgment, mourning, and integration that genuine recovery requires (Alexander, 2012; Musisi & Kinyanda, 2020).

In the end, the model rests on a conviction that is older than the trauma science that now supports it: that what is not named continues to shape what follows it, silently and at increasing cost. Countries, like people, do not heal from what they refuse to name (Hirschberger, 2018; Neimeyer, 2019).

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