

# Healing Through Stories: Using Community Health Narratives to Support Peace, Reconciliation, and Social Cohesion in Sri Lanka

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## Abstract

Sri Lanka has faced many challenges since the past. They include civil conflicts, political tensions, economic crises, natural disasters, and many health emergencies such as dengue outbreaks and snakebite related sufferings in rural areas. Especially, the Covid-19 pandemic, and the Ditwa cyclone which was responsible for the death of many Sri Lankans. Although these problems look different, they all create a common impact: fear, trauma, loss and reduced trust among people. When people experience stress and suffering repeatedly, their social bonds can weaken. People might develop hopelessness and feel like they are being separated from each other. This will make reconciliation harder. This position paper argues that, in order to solve these problems, we not only need political solutions but also community-based healing methods. One powerful tool for this is storytelling. Personal narratives, stories and experiences of from people of various backgrounds assist in breaking stereotypes and trust building. In particular, health-related stories such as, experiencing of dengue outbreaks, coping with STDs and psychiatric disorders, Covid-19 pandemic and disasters such as the Ditwa cyclone boast particular prowess, as they cut across ethnicity and religion, as well as political leanings for illness and survival are shared human experiences. This paper seeks to propose a structural approach Community Health Narrative Reconciliation (CHNR) and evaluate the current body of knowledge surrounding such practices within Sri Lanka. This approach includes safe community storytelling circles, school-based narrative learning, primary care-led narrative sessions, and local media storytelling. This approach ensures the safeguarding consent, privacy, trauma-sensitive facilitation, and respect for diversity. This paper also explains how narratives can support peace by reducing stigma, increasing empathy, strengthening community cooperation, and creating shared identity. In conclusion, reconciliation is not only based on policies, but also on human activities. It is process which includes both of them. Stories are bridges that connects and unites people together. Usage of community health narratives can support to support the establishment of civic harmony in Sri Lanka, by strengthening empathy, while elevating dignity and social cohesion.

**Keywords:** storytelling, narratives, reconciliation, social cohesion, community healing

## Introduction

Sri Lanka is a country with a long history of challenges. Some of these come from political conflicts that have led to social divisions. Some come from poverty and inequality among the peo-

ple. Mostly they have occurred due to natural disasters like floods, cyclones, landslides, drought and tsunamis. On the other hand, health problems such as dengue, chronic illnesses and injuries also contribute to these challenges. Even following management, they tend to leave lasting impacts



on the communities and families. Having undergone these periods of stress, emotional wounds of such traumatic events tend to linger. Many people suffer silently in their grief, fear and trauma. These wounds come in different ways. It may be caused due to the loss of a loved one, financial hardships, a disability or a long-term chronic illness. Over time, these experiences shape how people think and behave in a society.

They may become distrustful and suspicious of others. They may believe their side of the story is never understood by anyone else. And hence these can overtime lead to reduced peace and weakened social unity. Reconciliation is often discussed from a political point of view. While this also bears a significant meaning, leading to ideas like justice, equality and fair governance, it is also imperative that we view reconciliation in a social and emotional way. Communities must learn to trust again, rebuild relationships and develop empathy. Focusing on empathy, the direct and easiest path to creating a strong bond among each other is through storytelling. It adds emotions and unique perspectives, gaining the ability to change how a person or a group of people were viewed earlier.

It helps to associate people in a far more humane manner, leading to higher success rates in interpersonal relationships. When a personal story is shared, others can relate and empathize to the sufferings regardless of gender, ethnicity or other divisions. Our main focal point however, is on using community health narratives as a peace building tool. Health narratives are often more familiar to individuals in that they can affect anyone and everyone. This includes stories regarding caregiving, illness, injury, disability, hospital experiences and recovery. These stories are especially powerful as they are universal. We all have watched someone close to us suffer due to an illness. We all have lost a loved one to a disease. Hence, these stories encourage unity by centralizing a common shared experience that people can bond over, paving the way to building a shared identity.

Sri Lanka is an ideal place for this narrative to take place, as it is a country primarily rich in stories and hospitality. Sri Lanka boasts a strong social order, which has led to the development of religious centers, schools and primary care services which can now be in turn used to strengthen

social wellbeing. This must be done in a respectful manner, so that it encourages people to share without having to bear consequences for their words and experiences. When applied with care, it can strengthen social adherence, reduce stigma, increase community cooperation and most importantly, build up hope. They extend beyond entertainment into being valuable tools for healing and unity. We here propose a practical model that can be effectively applied to the communities of Sri Lanka.

## Literature Review

Storytelling has done a wonderful job in making people's lives better by healing and peacebuilding. It is easier to understand life through stories than following some robotic theories, as they are central to human culture. Before three or four decades, both our parents and grandparents used to gather around and listen to their grandparents' stories. They were not just funny stories but also carried a lot of life lessons related to peace building, religion, and so on. The older generation used to express their feelings via stories, songs, and poems. They used storytelling as a pill to cure their depression. So, we can clearly say that storytelling has been used as a tool to heal people by allowing them to express pain and rebuild meaning among themselves.

Also, sharing stories has helped a lot with reconciliation. In the past, our country faced a lot of conflicts among nations, religions, and political parties. Almost all conflicts are created due to misunderstandings. So, storytelling has done a huge job to make peace among nations after the conflict era. The older generation used to write about their experiences and how they handled them. So, stories developed empathy among the readers and listeners. This made the readers understand others' fear, loss, injustice, and other feelings. When we mention stories, the health narratives take an important place. A health narrative is a personal story about a person's experience with health, illness, and healthcare.

The researchers have proven that illnesses have not only a biological side but also emotional and social sides. The health narratives help to cure these emotional and social problems. There are

certain diseases that lead to the discrimination of the patient by the wider society. Hence, both the patient and their family may feel ashamed and cast off. This may even result in reluctance to seek professional medical help, leading to adverse consequences.

Therefore, health narratives help make people in such feel less stressed by revealing the human side of the diseases. A study carried out by Vara et al. using a sample of 170 Tanzanian medical students examined how the willingness to partake in an oral fluid HIV test varied based on multiple variables including age, prior sexual experience, number of previous sexual partners and whether or not contraceptive methods were used. It was revealed that in addition to these highly rational factors, the willingness to take the test was negatively impacted by the social stigma it carried. The study revealed that more than 50% students who claimed no prior sexual experience were unwilling to take such a test, further suggesting the role played by social stigma over such conditions, revealing a common reality that widely affects third world nations such as Sri Lanka.

These health narratives play a huge role in developing the empathy among the health workers. That's why it's essential to ask about the history of the patient's illnesses before coming to a diagnosis. Also, when the doctors are listening to the patient's stories, they treat them more respectfully. Sometimes there might be an untold story behind the patients' lives. Listening to them resolves the patient's fears, and it is easier to diagnose these emotional illnesses than just prescribing something by checking their symptoms. Also, by sharing stories about those illnesses, people learn not to hide their illnesses and get treated before it gets worse.

In our country, health narratives are so important. Unlike in other countries, there is a huge difference between urban and rural areas in Sri Lanka. Due to the development of infrastructure facilities, living in urban areas makes life easier than living in rural areas. The problems faced by people in rural areas differ from that of people living in urban areas. As some examples, urban people suffer from road traffic, cost of living, overcrowding, and epidemics such as dengue. While rural people experience farming injuries, kidney diseases such as CKDu, and

the biggest issue is that they have limited access to medical care. Most of the time, both people do not know about each other's suffering. Therefore, people tend to be more focused on their own problems and turn a blind eye towards others' sufferings. This weakens social reconciliation. Sometimes they might have been living in anger with each other. So, stories make them understand each other's lives and build social cohesion.

We also need stories to reduce the stigma about some diseases in society. In society, some diseases are linked with shame. As some examples, we can mention mental health disorders, alcohol use disorders, and sexually transmitted diseases such as HIV and HSV. Most of the time the patients feel ashamed about their illness and try to hide their illnesses till their death. So, sharing stories and discussions can make them feel less ashamed about the diseases. So, health narratives prevent these kinds of illnesses from being subjected to judgments. When talking about the influence of storytelling to build peace, media narratives play a significant role.

Therefore, the media has to be completely responsible for the information that they convey to the public. Spreading fear-based news results in tension increase, and the positive recovery experiences grows unity among people. Therefore, the media should spread actual news in newsletters, radio programs, and school storytelling projects. However, we must be careful when it comes to handling storytelling. When sharing trauma stories, we should be careful not to cause emotional harm to that particular person who shared it. There are some safeguards we should follow when handling stories. Some of them are obtaining informed consent, protecting privacy, psychological safety, and trained facilitation. We should use stories only for healing and not for attacking people.

In summary, experiences of the global and regional areas show that narratives, and that it helps to heal, support peace, and grow reconciliation among people. Among those narratives, health narratives play a vital role in developing the health sector by connecting people through their shared experiences. Storytelling can be used to build adherence among communities because Sri Lanka has a strong and unique cultural tradi-

tion of storytelling.

## Methodology

As this paper is a position paper, a conceptual peacebuilding framework is used, where storytelling is treated as a tool for empathy, social trust and unity. The approach paper has three parts: problem analysis, conceptual solution and a practical implementation model. The first part discusses how trauma and social separation due to various challenges at the community level, reduces trust and creates distance between the people. While the second part presents how community health narratives through storytelling act as a reconciliation tool, explaining the correlation to social unity. In the last part, Community Health Narrative Reconciliation (CHNR) is put forth with clear steps, stakeholders, ethical safeguards and evaluation indicators.

The CHNR model is specifically suitable for Sri Lanka, considering that in our country, stories form a very significant part of our culture, as well as considering that it is a very cost-effective program. The model also utilizes our already existing infrastructure, which is much favorable as our culture is heavily community centered and therefore many welfare centers that are open to the public can be found. People are also much at ease in places where they have already frequented and had positive experiences with. These include religious centers, schools, universities, government bodies as well as private organizations like women's groups and youth clubs. Since this is a position paper, results are presented as expected outcomes. The monitoring indicators include increased community collaboration, improved trust in local systems, reported empathy improvement and community participation.

## Results and Discussions

As this is a position paper, the results are the main arguments and the expected outcomes from applying CHNR. This part is focused on explaining the how and the why of the model reconciliation. The central idea of this position paper is that it uses health stories as bridges. Most Health Based Reconciliation programs are discussed and

conducted at a national scale. This might feel distant and unrelated when looking at it in a personal scale. A villager might not feel like this particularly is relevant to his personal wellbeing. But when we centralize a story from a person who had undergone real and valid experiences regarding a healthcare crisis, the majority can relate to it a lot more.

A snakebite, surviving dengue and such experiences directly is relevant to most of the public, which will increase the success rate in getting the message through to them. These stories create intimacy, bridging the external gaps and reminding us that we are all human. They show vulnerability. They show courage. They remind us that we all share similar experiences. It creates a space for everyone to see beyond their differences. This emotional connection reduces social distance. The proposed model which is the Community Health Narrative Reconciliation (CHNR) includes four main components. They are community storytelling circles, primary care and GP-led narrative sessions, school-based narrative learning and community media narratives. Community storytelling circles include small safe groups consisting of 10 to 20 people. Sessions can be held within Neutral Community spaces. As these are familiar to the public, it can create a sense of peace which will allow for better sharing.

These include religious centers or community halls. A trained professional can guide the sessions which are estimated to be held around once a month. Here, people can share short health related stories with each other. These can either be personal stories that they have experienced, like an illness or a disability. Or it can be an instance where they acted as a caregiver to such a person. The rules are quite straightforward which includes listening carefully, not interrupting in between, not blaming others, maintaining confidentiality and focusing on experiences and lessons. This will improve empathy while reducing judgements. A study conducted by Okonen et al. suggests that myths associated with Rape play a key role in negative and demeaning police responses to women seeking help in cases of sexual assault. Programmes such as this have the capacity to curb such myth believing and help extend help to individuals whose needs are often overlooked.

A study conducted by Zaleska et al. on a sample containing 150 individuals concluded that perceived social support was found to be a major factor that had a positive impact upon the recovery of divorcees from the trauma of going through such a process. Hence, it is clear that such community engagement programs have the potential to prove highly effective in dealing with psychologically and socially challenging conditions. The second component is a simple yet effective way to build trust among the patients and the general practitioners while improving our main goal of social unity as well. During Clinics, short interactive sessions can be incorporated in between. These can be labeled as “Health experience sharing corners”. Patients and caregivers that are comfortable with sharing their stories are encouraged to share recovery stories and other aspects that they have experienced. This creates healing through shared understanding. The third component which is the school-based narrative learning, where the schools play a fundamental role in shaping the society.

The values and ethics we learn from school is long term and extremely effective. Therefore, here we can easily encourage story sharing. Projects surrounding student's family health stories or village health stories can be shared. Students can interview elders and write stories. This encourages empathy and respect. Community media narratives is the last component where media such as local newspapers, radio, social media pages can share short segments where people discuss their health-related experiences. These can influence the public as these are heavily socially embedded. However, these articles must strictly be non-political and ethical to preserve their credibility. Positive narratives increase unity by reducing fear.

## The Expected Outcomes

The main objective of this position paper is to know how CHNR supports peace, which is also the expected outcome. This includes the increase in empathy, reducing stigma and discrimination, improving community cooperation, strengthening social trust and providing healing and emotional relief. Empathizing is directly related to lis-

tening. This reduces stereotypes as people come to realize that our differences are not big not all. This reduces the ‘Us vs Them’ mentality and encapsules unity. Open sharing of stories enables the community to have an inside input of an illness.

This makes them less shameful. It's especially important for disabilities and for mental health, which ultimately leads to reducing stigma and discrimination. When the community is more connected, they cooperate more. Storytelling indirectly improves cooperation. As CHNR gives voice to the usually unheard people, the leaders listen when they speak, and therefore, the trust among them increases. Sharing stories and being actively listened to can heal in many ways. It increases emotional stability in a community.

## Ethical safeguards

In ethical safeguards, we should focus on: consent, privacy, trauma sensitivity, support, respect, and neutrality. CHNR must be safe to the person whose story it belongs to. Therefore, the participation must be voluntary, names must be hidden in public stories, facilitators must avoid forcing painful sharing, referral pathways must be introduced for mental health help, there must be no discrimination of religion/ethnicity/gender and stories must not be used for political attacks.

## Implementation plan for Sri Lanka

There are 3 phases we need to focus on when it comes to the implementation plan of CFNR. They are Pilot, Expansion and Sustainability. In the first phase we must select 2–3 districts representing rural and urban settings. Train facilitators (MOH officers, nurses, social workers, GP trainees). Conduct storytelling circles monthly. In the next phase we must integrate CHNR into schools and primary care centers. Start community media storytelling partnerships. In the last phase we must create a national guidance manual. Integrate CHNR into public health community work and youth leadership programs. When it comes to evaluating of the CHNR impact, it can be done using the participation numbers, feedback surveys (empathy, stigma attitudes), ob-

servations of community cooperation, reports on trust improvement and social media response to positive stories.

## Conclusion and contribution

Unlike earlier times, Sri Lanka is in need of healing for maintaining peace and reconciliation. In this case, they are so important, but they are not only political processes but also emotional, social, and human processes. The people need to develop empathy among themselves to understand each other's suffering. In this case, community health narratives play a vital role because they speak a universal language of human survival. This article proposes a structured programme called Community Health Narrative Reconciliation (CHNR). This programme uses school storytelling projects, GP-led narrative sessions, community media narratives, and community storytelling circles to bypass societal roadblocks that. Unlike other countries, the approach of this programme has not been well studied within a Sri Lankan context. Further research upon the efficacy of this approach will elicit novel information upon its feasibility and effectiveness within a Sri Lankan context. CHNR has the potential to perform a major role in order to heal the community if it's done in an ethical and inclusive manner following its analogous nature to the country's rich tradition of storytelling. As for some examples, this can increase empathy, strengthen cooperation, reduce stigma, rebuild trust, and support social cohesion. So, storytelling is not only a word but also a cure for the whole society.

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