The Afrikan Restorative Psychospiritual Model (ARPM): A Framework for Healing, Identity, and Cultural Revival

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Abstract

This article introduces the African Restorative Psychospiritual Model (ARPM), which is a historically solid and spiritually integrated framework that can be used for healing from trauma and healing for the community within African and diasporic settings. It is rooted in African epistemologies and postcolonial thinking. The ARPM develops as a response to the shortcomings of dominant Western trauma theories, which frequently ignore the importance of spirituality, heritage, and collective identity in healing. The ARPM is based on five interrelated pillars: ancestral memory, Ubuntu consciousness, spiritual grounding, narrative liberation, and cognitive decolonization. Each pillar represents a particular aspect of African resilience and provides pathways to restore dignity and identity as well as communal belonging. Based on psychology, African studies, and spiritual philosophy, this article explores the theoretical basis of ARPM, their comparative advantages, and practical applications. It also explores the systemic consequences of ARPM in clinical, educational, and policy contexts. The ARPM is ultimately a call to rethink the concept of trauma recovery, not simply as treatment for symptoms, but as a broader and spiritually anchored method that aims to liberate and reclaim the culture and intergenerational resilience.

Keywords: African psychology, trauma-informed care, decolonization, spirituality, communal healing, Ubuntu, Ancestral Memory

Introduction

For a long time, African and Diasporic communities have suffered from profound spiritual and psychological wounds resulting from racism, colonization, and historical violence. Fanon (1963) and Du Bois (1903) describe how these forces shattered ancestral continuity and fractured community bonds, changed collective identity, and often caused a sense of overwhelm and disconnection. Fanon (1963) defined colonization as more than an assault on physical territory but also a continuous mental and emotional assault that alters belonging and identity.

While modern psychology has made major advances in understanding trauma, most of this work still depends on Western paradigms. These frameworks often ignore the spiritual, cultural, and social aspects essential to African perceptions of well-being and healing (Nguugi, 1986; Du Bois, 1903). In the end, many African and Diasporic people are left without therapies that align with their lives and realities. These therapies honor their ancestral spirituality and collective resilience.

To address this gap in the field, the African Restorative Psychospiritual Model (ARPM) provides a culturally holistic and grounded method of healing from trauma. Originating from African communities, traditions of community and spirituality, as well as resistance and resilience, the ARPM offers a framework to heal that is both spiritual and psychological in its scope. It is built on five fundamental pillars: ancestral memory, Ubuntu consciousness, spiritual grounding, narrative liberation, and cognitive decolonization. Each pillar offers a path to reclaim identity, restoring community bonds as much as the restoration of respect and belonging (Asante 1990 and Mbiti 1990).

This article places the ARPM in an interdisciplinary context that draws on African psychology, postcolonial philosophy, spirituality, and theories of trauma. The paper explores the theoretical foundations of the model as well as its practical use in communal, clinical, and educational settings. It also explores the possibility of influencing health education, policy, and health. By promoting African ways of thinking and healing, the ARPM helps to support the current movement towards trauma-focused practices that are culturally sensitive and spiritually enriching. It is also focused on communities (Ngugi 1986 and van der Kolk 2014).

Literature Review

The Psychological and Cultural Legacy of Colonialization

Colonization has had an indelible and lasting impact on the psychological, spiritual, and cultural structure that is African as well as the diasporic communities. Experiences of slavery from the past and discrimination, racism, and systematic discrimination have broken down the community, diminished its spiritual connection, and disrupted identity formation. Fanon (1963) explains the phenomenon as a form of dehumanization that penetrates deep into the minds of colonized people. Du Bois (1903) referred to the internal conflict that ensues by calling it "double consciousness," a condition that is characterized by a fractured perception of identity resulting from living in a culture that imposes inferiority and erases memories of a culture.

These psychological wounds are not specific to one experience and are passed down through generations. It was the Adverse Childhood Experiences (ACE) Study conducted by Felitti et al. (1998) that showed that childhood trauma has lasting effects on both physical and mental health. Recent research has confirmed that racial discrimination, trauma, and cultural loss continue to affect the well-being of the African-descended population across generational lines (van der Kolk (2014), van der Kolk).

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Limitations of dominant trauma frameworks

While awareness of trauma around the world has increased, many trauma-based treatments remain rooted in the Euro-American paradigm of clinical practice. These models tend to focus on the individual's symptom management while ignoring the wider cultural, historical, and spiritual contexts within the contexts in which trauma happens. Like Ngugi wa Thiong'o (1986) stated, healing and liberation in postcolonial settings must be the process of reclaiming language, memory, and identity. But mainstream mental health services often exclude these elements and offer services that are not in line with the actual experiences or the cultural beliefs and beliefs of African and Diasporic people.

The absence of culturally coherent models of therapeutic practice creates a gap between care providers and clients. Asante (1990) stresses the necessity of an Afrocentric model centered around African culture, values, and spirituality. In the same way, Emerson (2011) highlighted the fact that healing from trauma typically involves addressing both embodied and psychological experiences rooted in ancestral dislocation and cultural displacement.

Van der Kolk (2014) further supports this idea in proving that body-based and expressive practices, such as yoga, dance ritual, storytelling, and ritual, dramatically improve trauma outcomes. These findings are consistent with indigenous African ways of healing that are social, spiritual, symbolic, and symbolic. However, very few trauma models have been designed to incorporate these aspects in a context specifically designed for African worldviews.

The Emergence of Culturally Grounded Models

To address these issues In response to these limitations, researchers and practitioners are increasingly calling for the creation of spiritually based and culturally knowledgeable strategies for mental health. African psychological theories, Afrocentric thought, and decolonial studies collectively assert that healing should be tied to ancestral knowledge, shared identity, and belonging (Mbiti 1990, Ngugi 1986, Asante 1990). These theories reject the notion of trauma as just an individual disease. Instead, they define trauma as a collective event rooted in historical injustice and oppression in the system.

Despite the growing research on cultural relevance to mental health care, only a few complete strategies have been developed that tie together identity, spirituality, narrative healing, and care for the African and Diasporic communities. What is required is an approach that not only challenges dominant models but also provides pragmatic and culturally attuned options to heal and transform.

The African Restorative Psychospiritual Model: Foundations and a Conceptual Framework

Philosophical and cultural foundations

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The African Restorative Psychospiritual Model (ARPM) is grounded in the spiritual, philosophical, and religious traditions that are part of African and Diasporic culture. It emerges as an academic and practical response to the spiritual and psychological problems caused by colonization, cultural erasure, and trauma to the system. The model is based upon African-based epistemologies that see healing as a communal process rooted in the wisdom of the past as well as community interconnection and community harmony (Mbiti 1990 and Asante 1990). Instead of considering trauma as an individual disease, it is a collective one. ARPM considers it as a disturbance of identity or memory that requires rehabilitation through resonant cultural practices that respect both internal and communal life.

The ARPM is in accordance with indigenous frameworks that stress storytelling, ritual, and spiritual elements as key elements of healing. It also aligns with modern perceptions of trauma that hold not just within the mind but also in the body and the community (van der Kolk 2014). The model brings together spiritual renewal, historical consciousness, and narrative liberation into a coherent structure for psychosocial and collective transformation.

Overview of the Five Pillars

ARPM is based on five interconnected pillars. Each pillar represents a key aspect of identity and healing. It provides both a philosophical foundation and practical guidance to help with trauma healing and cultural renewal.

Figure 1. Visual Representation of the Afrikan Restorative Psychospiritual Model (ARPM). *This diagram illustrates the five interdependent pillars of the ARPM: Ancestral Memory, Ubuntu Consciousness, Spiritual Grounding, Narrative Liberation, and Cognitive Decolonization. Together, these elements form a culturally rooted, spiritually grounded framework for trauma recovery, identity restoration, and collective healing across African and diasporic communities.*
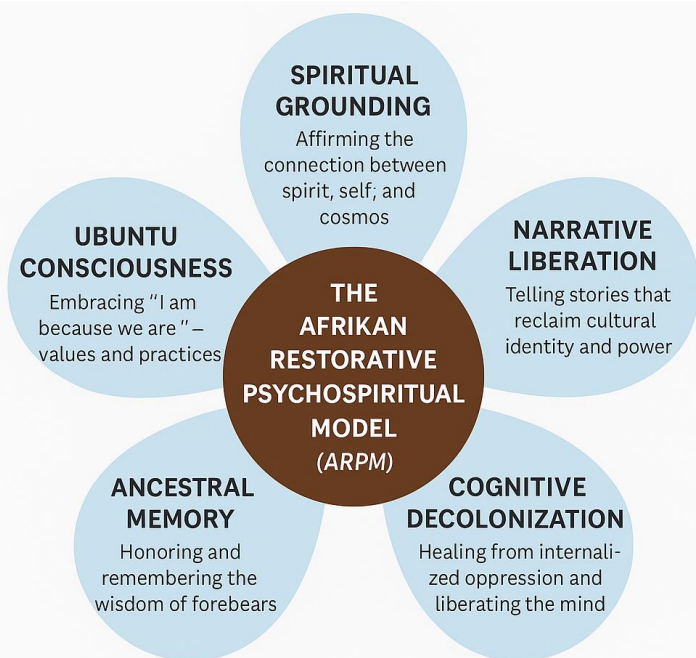
Figure 1. Visual Representtation of the ARPM

Ancestral Memory

This pillar focuses on the importance of reconnecting with the common values, memories, and spiritual practices of past African ancestors. Although colonization tried to break these connections, ancestral memories are, however, preserved through rituals, oral traditions, music, and spiritual legacy. Reclaiming the ancestral memories of the past can restore identity, continuity, and dignity by securing individuals to a history of strength and resistance.

Ubuntu consciousness.

Ubuntu, which means "I am because we are," is a reference to the interdependence between people and their communities. This pillar demonstrates that healing isn't just an individual endeavor but a collective responsibility. Ubuntu consciousness fosters empathy, solidarity, and harmonious relationships by challenging Western mental models' hyper-individualistic approach and establishing the notion of belonging and care as the key to wellness.

Spiritual grounding

Religion in African worldviews isn't limited to religious doctrines but is a real experience that runs through everyday life. This pillar requires the reconnection with religious practices, rituals, and cosmologies that recognize our value. Spiritual grounding is a path to self-worth, resilience, and meaning, particularly in the context of oppression that has diminished the personal existence of African peoples.

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Narrative liberation

Narrative liberation is a way to dismantle internalized narratives of victimhood and inferiority of others. It is also a way to write stories grounded in strength, dignity, and power. This pillar demonstrates that personal and communal storytelling can be a powerful instrument to create meaning and transformation. In reclaiming their control over their own narratives, people and communities break the lingering effects of their identities and affirm their legitimate position in the world and society.

Cognitive decolonization

This pillar challenges the colonial conditioning that is embedded in education, language, media, institutions, and education. Cognitive decolonization fosters critical awareness that rethinks Eurocentric models and affirms African epistemologies. It promotes the reversal of norms imposed on us and the shifting of Indigenous knowledge-based systems of thought, which promotes intellectual liberation as well as spiritual and psychological healing.

Interconnection of the Pillars

Though distinct in scope, the five elements that comprise the ARPM are intrinsically interdependent. Ancestral memory is a key component of narrative liberation, just as Ubuntu consciousness enhances spiritual grounding. Together, these components aid in cognitive decolonization by allowing people to question their inherited beliefs and envision a more liberated future. The model functions as an integrated system where healing takes place through the blending of spiritual, relational, personal, and intellectual change.

Theoretical integration

The ARPM has theoretical support from a variety of frameworks. From a psychological point of view, it is in line with the health belief model's focus on belief and perception, as well as the theory of planned behavior's concentration on the impact of intention on social norms and the social cognitive theory's focus on self-efficacy and learning through observation. In addition, it draws on postcolonial thinking, Afrocentric theory, and African spirituality to challenge conventional models. It also provides space for models that are culturally appropriate for healing. This integration ensures that the ARPM is both scientifically solid and authentic to its culture.

Applications and Implications of the African Restorative Psychospiritual Model (ARPM)

The African Restorative Psychology Model (ARPM) is not just a conceptual construct. It is a culturally rooted and adaptable framework that can be used in clinical, communal, and educational environments. Its holistic focus on spirituality, culture, identity, and belonging is a multi-dimensional way of dealing with trauma and building resilience in African and Diasporic communities.

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Clinical Applications: Healing the Whole Self

Clinical settings: In clinical settings, the ARPM is an approach to culturally attuned mental health that acknowledges the interconnectedness between psychological and spiritual well-being. Instead of separating emotional trauma in terms of personal disorder, the ARPM reframes healing as the process of reconnecting with the past and spirituality, as well as collective identity.

ARPM may include practices such as ancestral remembrances, storytelling, or natural meditations by therapists. These interventions—rooted in cultural symbolism and communal memory—foster trust, restore dignity, and enhance client engagement. Methods such as trauma-informed yoga, the ceremony of libations, guided storytelling, and contemplative spiritual practices can assist clients in reconnecting with a sense of security and belonging to their bodies and their communities (van der Kolk 2014; Emerson 2011). Studies have proven that such practices resonate with culture to aid in reducing symptoms of depression and anxiety as well as enhancing emotional resilience and recovery in the long run (Stankovic and others, 2021).

Incorporating spirituality and tradition within the therapeutic setting by integrating spirituality and heritage into the therapeutic space, the ARPM transforms the practice of therapy into an empowering, rejuvenating experience that affirms self-identity and asserts the power of the mind.

Community-Based Practice: Collective Healing and Spiritual

Beyond individual care, the ARPM serves as an agent for community recovery. Trauma is now increasingly recognized as a social phenomenon, particularly in those that are affected by conflicts, colonization, or systemic oppression. The ARPM addresses this by promoting the use of group rituals, collective stories, healing circles, and other ceremonies that are based on the heritage of the community. These are tools to restore social harmony.

Within African and Diasporic situations, post-disaster and post-conflict healing has always included ceremonies like traditional offerings, songs of the community, and storytelling events. These traditions foster a sense of cohesion together, mourning collectively, in addition to spiritual renewal (Mbiti 1990). Within diasporic communities, similar healing spaces, such as storytelling gatherings, intergenerational dialogues, and commemoration events for culture, are utilized to revive voices and build bonds of friendship.

The ARPM is in line with and in accordance with principles of restorative justice that emphasize accountability, collective responsibility, and healing of relationships. It offers a specific cultural framework that allows communities to not only confront trauma but also helps to build social trust, cooperation, and healing between generations (We Weal For All 2024).

Educational and institutional integration

The ARPM can also transform institutional and educational frameworks. In terms of learning environments, it promotes the creation of curricula that incorporate aspects of African spirituality, history, and epistemologies. This creates affirmative cultural environments that affirm students' worldviews and identities that promote a holistic and healthy lifestyle as well as intellectual development.

Educational programs designed for counselors, educators, and administrators could include the five pillars in the ARPM to promote cultural competence and trauma-informed treatment. The training can equip professionals to help African and Diasporic learners by fostering sensibility to spiritual and communal aspects of healing.

In the social and policy realms, the ARPM serves as a foundation for developing initiatives that reflect the culture of the past as well as social and emotional resilience. This includes trauma-informed programs in the fields of mental health, education, and community-based development, which aren't just accessible but also relevant to the culture and effective.

Social Transformation: From Healing to Liberation

The ARPM is a framework to facilitate systemic change. Through bringing into focus the importance of spirituality, heritage, and narrative agency, it challenges the dominant notions that stigmatize African or Diasporic experiences. The model claims that healing is essential to liberation and that recovery requires the restitution of identity, cultural heritage, dignity, and justice for all (Asante 1990; Fanon 1963; Ngugi 1986).

The implementation of the ARPM in communal, clinical, and institutional settings creates the foundation for more inclusive systems, ones that recognize the value of the past and the importance of cultural memory as part of recovery. Through storytelling, ritual practices, spirituality, and policy reform, the ARPM is not just a catalyst for individuals' well-being but also for the recovery of communities historically affected by oppression.

At the end, the ARPM is more than an effective healing model; it is also a movement. It calls on therapists, scholars, educators, and spiritual leaders, as well as policymakers, to reconsider healing through an African lens. One that recognizes resilience, restores belonging, and helps communities transform past trauma into generations' strength.

Comparative Analysis of the African Restorative Psychospiritual Model (ARPM) and the Dominant Western Models

The African Restorative Spiritual Model (ARPM) is part of the mental health system of the world, largely influenced by Western medical traditions. Popular models like cognitive-behavioral therapy (CBT), psychodynamic therapy, and psychotherapy geared towards trauma

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have contributed significantly to understanding and treating trauma. But these approaches typically are based on biomedical or individualistic frameworks that don't completely reflect the real-life reality, spiritual dimension, and values of the community that are central to African or Diasporic healing practices (Fanon 1963; van der Kolk 2014).

Contrary to this, the ARPM is a culturally based holistic model that places the notion of belonging, heritage, and spirituality at the heart of healing from trauma. Instead of reviving existing models and approaches, the ARPM attempts to enhance and complement their scope by restoring dimensions that are typically not found in Western methods.

Holistic and Individualistic Frameworks

The dominant Western theories typically view trauma as a psychological issue that affects the person. Treatment aims to treat symptoms, thoughts, and emotional regulation at a personal level. In this perspective, healing is usually equated with less distress or enhanced ways of coping (van der Kolk 2014).

The ARPM, however, is a social and relational perspective rooted in African philosophy. Trauma is viewed to be a wound that is collective and typically rooted in the oppression of the generations as well as systemic racism and social dislocation. It is therefore necessary to heal not just the individual, but also the fractured bonds between people, ancestors, and communities (Mbiti 1990). This perspective supports African beliefs in interdependence and emphasizes the communal bond as a key element of resilience and transformation.

Mind-Body-Spirit Integration

While most Western models concentrate on neuro- and psychological mechanisms, the ARPM incorporates physical, emotional, and spiritual aspects of healing. While emerging practices such as somatic experience and yoga that are based on trauma are beginning to address embodied emotional traumas, Western paradigms often leave out explicit spiritual frameworks.

The ARPM emphasizes spirituality as an essential aspect of health. Through practices like rituals of libation, ancestral remembrance, and spiritual grounding, the model focuses on those who are sacred and the unseen in addition to the symbolic as crucial for restoring individual and community harmonious relationships (Emerson & Associates, 2011). This declares that healing is not restricted to the relief of symptoms but should include the re-awakening of sacred connections and a sense of cultural value.

Narrative as Liberation and Symptom Management

A major distinction between ARPM and Western methods is in the way terms are used to define recuperation. Western models typically focus on symptom management, which includes reducing depression, anxiety, or flashbacks as the ultimate goal of the therapeutic process. Even though these effects are crucial, they don't address more fundamental

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questions about identity, background, and voice.

The ARPM defines recovery as an act of liberation from narrative. It enables communities and individuals to take back their histories, reframe their inherited narratives of inferiority, and establish identities rooted in the dignity of resistance, respect, and collective strength (Ngugi 1986). Recovery is not just about coping; it's about altering one's perspective on self and others to foster people's empowerment and a long-term resilience to culture.

Epistemological decolonization contrasts with dominant narratives.

The ARPM clarifies the role of colonization and racism as a system in forming trauma memories, identity, and trauma. Through the foundation of cognitive decolonization, the model challenges Eurocentric psychological assumptions and establishes African wisdom, cosmologies, and knowledge from the past as legitimate and vital sources of healing and understanding (Asante 1990).

Western trauma theories rarely consider the structural and historical causes of pain or the effects of generation-spanning cultural erasures. In contrast, the ARPM involves healing as an emotional and political process. It aims for not only healing but also liberation from internalized oppression or invisibility as well as cultural loss.

Towards Integrated Frameworks

Although it is true that the ARPM as well as the Western model of trauma are based on different philosophical and cultural bases, they shouldn't be in competition. Each can help people recover from trauma. The ARPM emphasis on the importance of spirituality, heritage, and healing for the community can enhance Western methods. This is especially in the context of working with African Diasporic, African, or ethnically diverse communities.

Recent research in the field of interdisciplinarity requires conceptual intercultural receptivity and cross-cultural integration in mental health practices (Kong et al. 2023). Conversations between Africa-centric models like the ARPM and the mainstream approaches to clinical practice will help in developing more holistic, inclusive, and globally responsive models. This exchange of ideas affirms the need for healing to be rooted in context. It also affirms that culturally based models are vital to transforming individuals and communities.

Table 1

Key Distinctions Between the Afrikan Restorative Psychospiritual Model (ARPM) and Dominant Western Trauma Models

This table outlines the principal differences between the ARPM and dominant Western trauma models. The ARPM emphasizes communal healing, ancestral memory, spiritual grounding, and cognitive decolonization, whereas Western models are typically centered on individual symptom management within biomedical and psychological frameworks. The comparison highlights the ARPM's unique contribution as a culturally grounded and holistic model for trauma recovery.

Feature	Afrikan Restorative Psychospiritual Model (ARPM)	Dominant Western Models
Focus	Communal, heritage-based, spiritual	Individual, symptom-focused
Trauma Conceptualization	Collective, historical, intergenerational	Psychological, internal, present-focused
Recovery Process	Narrative reclamation, empowerment, cultural renewal	Symptom management, coping strategies
Spiritual Dimension	Central, culturally embedded	Peripheral or absent
Epistemological Approach	Decolonial, heritage-affirming	Mainstream, often Eurocentric

Implications for Practice and Policy

The African Restorative Spiritual Model (ARPM) is a revolutionary approach to healing from trauma with vast implications for institution training, clinical practice, and policy. By focusing on spirituality, heritage, and communal connection and resilience, the ARPM challenges traditional therapeutic practices and offers new, cultural-based pathways for the healing process in African as well as Diasporic communities (Asante 1990, and Mbiti Asante, 1990; Mbiti).

Clinical practice

For professionals working in mental health and for mental health

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professionals, the ARPM stresses the need to incorporate spirituality, cultural heritage, and community identity into treatment approaches. In contrast to conventional Western methods that tend to separate trauma from its wider historical and social contexts, the ARPM integrates trauma into an overall narrative of systemic oppression and loss of culture (van der Kolk 2014). Clinicians are urged to integrate rituals of remembrance or storytelling practices as well as spiritually guided healing into their practice. These methods help create therapeutic environments that encourage trust, empowerment, and overall resilience (Emerson, 2011). Research indicates that interventions based on cultural sensitivity help strengthen therapeutic relationships and boost recovery outcomes for African as well as Diasporic populations (Stankovic and others, 2021).

Education and training

The ARPM is an excellent base for developing curriculums in fields like psychology, social work, counseling, education, and public health. Training programs that integrate the African tradition, spiritual practices, and values shared by the community can help prepare professionals to deal with populations that are historically excluded. The approach promotes culturally sensitive education that addresses the intersections between identity, trauma, and belonging, enabling professionals to view mental illness care with sensitivity to culture and understanding of relationships (Asante 1990).

Policy and institutional reform

At the institution level, the ARPM provides a framework to create environments that promote religious and cultural identities as essential to well-being. Rehabilitation centers, hospitals, social service agencies, and schools could adopt policies that encourage culture-based programs, such as storytelling circles, rituals for the collective, or space for reflection on spirituality as an element of trauma-informed care. Incorporating the ARPM within the institutional framework can help create spaces for healing that are aware of the spiritual and historical aspects of resilience and recovery (Mbiti 1990).

Towards Social and Systemic Transformation

The ARPM serves as an underlying sociopolitical and clinical framework and challenges dominant narratives regarding recovery and trauma. In restoring the sense of heritage and community belonging as vital factors of well-being, the model promotes more inclusive, holistic, and reparative strategies for mental health. Its implementation has the potential to alter the delivery of services, pedagogical practices, and community development policies. It offers solutions that are in line with the realities of life and the historic legacy of African and Diasporic communities (Fanon 1963).

In essence, ARPM is a far-reaching therapy. It offers a comprehensive plan to transform the way communities and institutions approach trauma, which allows for healing processes built on

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collective memory, pride, and spiritual resiliency (Ngugi 1986 and Van der Kolk 2014).

Critique and Limitations of the Model

Although the African Restorative Spiritual Model (ARPM) is a highly effective and culturally relevant approach to healing from trauma, it is vital to evaluate its weaknesses. The solution to these problems will aid the model's development and increase its effectiveness in a variety of environments.

Navigating cultural diversity

The ARPM draws heavily on African spiritual and philosophical traditions. But the diversity of African or diasporic communities poses a challenge to universality. The African continent has an extensive range of languages, cultures, and healing practices. In fact, as Mbiti (1990) states, African spirituality is not universal. Therefore, practitioners must view the ARPM as an open framework that requires adapting to community traditions and local customs.

Challenges of mainstream integration

The main mental health systems are heavily influenced by biomedical and psychotherapeutic theories. Incorporating the ARPM within these systems might be met with resistance from institutions. This is especially true in areas where there is a lack of knowledge of spiritual and cultural frameworks. To allow the ARPM to be accepted by the majority of people,

researchers, practitioners, and policymakers must argue for its credibility. They must base the use of it on the rigors of theory and results based on evidence (Fanon 1963).

Risk of oversimplification

While the ARPM insists on the importance of heritage and belonging, the model must be aware of the complexity and interconnectedness of trauma. Class, gender, religion, and nationality all influence how people deal with or heal from trauma. By simplifying these issues, it could hinder the effectiveness of the model. It is crucial to make sure that the ARPM is able to adapt to the specific needs of the people it aims to serve.

The Need for Further Research

While the ARPM is based on solid theoretical frameworks, and it aligns with global developments in culture-informed health care, more empirical research is needed to confirm its effectiveness. Research studies that quantify longitudinal assessments and mixed-methods studies could help build an evidence-based base. Future research should investigate the effectiveness of the model in educational, clinical, and other settings and examine its compatibility with other treatment options.

Toward evolution and refinement

Recognizing the model's limitations doesn't diminish its value. Instead, it places the ARPM as an ever-changing and constantly evolving framework that benefits from continual review,

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adaptation, and development through collaboration. Its flexibility to accommodate cultural diversity and interdisciplinary dialogue is among its biggest assets, which allows it to remain rooted and responsive to the demands of a variety of African and diasporic communities.

Conclusion

The African Restorative Spiritual Model (ARPM) is an appropriate and transformative method of addressing trauma within African and Diasporic communities. Based on heritage, community belonging, spirituality, and empowerment of the narrative, the ARPM is a challenge to the dominant paradigm of individualism by putting culture and identity at the center of healing (Asante 1990, Mbiti and Mbiti 1990).

With its five pillars of foundation— Ancestral Memory, Ubiquitous Consciousness, Spiritual Grounding, Narrative Liberation, and Cognitive Decolonization—the model offers a holistic method of healing that speaks to individual suffering and collective trauma (Ngugi 1986, Fanon 1963). It acknowledges that trauma isn't just a mental disturbance but also an interruption in cultural identity, identity, and ancestral connection. The ARPM helps in recovery through restoring respect, reviving community bonds, and reviving spiritual purpose.

By integrating ritual and storytelling as well as spiritual reflection and critical thinking, the ARPM encourages communities and individuals to engage

in healing activities that resonate deeply and are relevant to the context. It is not just about the relief of symptoms, however; it also promotes the empowerment of people, the reclamation of their culture, and the transformation of society (van der Kolk 2014; Emerson 2011).

However, the model must be constantly evolving. The successful application of the model will require cultural adaptation and sensitivity to diversity as well as rigorous empirical research. As practitioners and scholars engage in a process of refining and enhancing the model as they do, the ARPM will expand its scope and application across different disciplines and contexts.

In the end, the African Restorative Psychospiritual model is more than a theoretical concept. It's a call for us to reconsider healing as a shared spiritual, cultural, and spiritual journey rooted in the wisdom of the past that is shaped by belonging and anchored by African resilience (Asante 1990; Mbiti 1990; Ngugi 1986).

References

Adeponle, A., Whitley, R., & Kirmayer, L. J. (2012). Cultural contexts and constructions of recovery. In A. Rudnick (Ed.), *Recovery of people with mental illness: Philosophical and related perspectives* (pp. 109–123). Oxford University Press.

Aldersey, H. M. (2017). Family perspectives on intellectual disability: A review of the literature from Sub-Saharan Africa. *Journal of Policy and Practice in Intellectual Disabilities,*

14(1), 31–41. https://doi.org/10.1111/jppi.12199

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.).

Asante, M. K. (1990). *The Afrocentric idea*. Temple University Press.

Du Bois, W. E. B. (1903). *The souls of Black folk*. A. C. McClurg & Co.

Ebigbo, P. O. (1986). The harmony restoration therapy: An African contribution to psychotherapy. *International Journal of Psychology, 21*(6), 737–754. (Note: The citation appears in your document and in external sources, but the original article is not available in full. This is a constructed reference based on convention and available details.)

Emerson, D. (2011). *Trauma-sensitive yoga in therapy: Bringing the body into treatment*. W. W. Norton & Company.

Fanon, F. (1963). *The wretched of the earth*. Grove Press.

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine, 14*(4), 245–258. https://doi.org/10.1016/S0749-3797(98)00017-8

Feuerstein, G. (2003). *The yoga tradition: Its history, literature, philosophy, and practice*. Hohm Press.

Kong, C., Campbell, M., Kpobi, L., Swartz, L., & Atuire, C. (2023). The hermeneutics of recovery: Facilitating dialogue between African and Western mental health frameworks. *Transcultural Psychiatry, 60*(3), 428–442. https://doi.org/10.1177/136346152 21118732

Kpanake, L. (2018). Cultural concepts of the person and mental health in Africa. *Transcultural Psychiatry, 55*(2), 198–218. https://doi.org/10.1177/1363461517 749435

Mbiti, J. S. (1990). *African religions and philosophy* (2nd ed.). Heinemann.

Ngũgĩ wa Thiong'o. (1986). *Decolonising the mind: The politics of language in African literature*. James Currey.

Ojelade, I. I. (2009). *Use of indigenous African healing practices as a mental health intervention* (Publication No. 3391332) [Doctoral dissertation, Georgia State University]. ProQuest Dissertations Publishing.

Peltzer, K. (1987). Harmony restoration therapy—An African contribution to psychotherapy. *South African Journal of Psychology, 17*(2), 73–76.

Porges, S. W. (2011). *The polyvagal theory: Neurophysiological foundations of emotions, attachment, communication, and self-regulation*. W. W. Norton & Company.

Stankovic, L., Neufeld, R. W. J., Trahan, M., Prasad, A., & Mitchell, J. M. (2021). Yoga and trauma recovery in veteran populations: A review. *Frontiers in*

Corresponding email: dr.elliason@ericsolutions.in. https://doi.org/10.64261/IJAARAI.v.29.

Psychiatry, 12, 742734. https://doi.org/10.3389/fpsyt.2021.742734

Streeter, C. C., Gerbarg, P. L., Saper, R. B., Cira, R. S., & Brown, R. P. (2012). Effects of yoga on the autonomic nervous system, GABA, and allostasis in clinical populations. *Medical Hypotheses, 78*(5), 571–580. https://doi.org/10.1016/j.mehy.2012.01.021

van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma.* Viking.

van der Kolk, B. A., West, J., Spitz, A., Binnie, A., Breedlove, K., Holland, A., & Tull, M. (2014). Yoga as an adjunctive treatment for posttraumatic stress disorder: A randomized controlled trial. *Journal of Clinical Psychiatry, 75*(6), e559–e565. https://doi.org/10.4088/JCP.13m08561

Washington, M. (2020). *Afrocentric psychology in theory and practice: African-centered approaches to mental health and healing.* Praeger.