Reconstructing Lives as Well as Remains: Witness Narratives and Psychological Needs Families of Mass-Grave Victims in Sorya, Duhok Governorate, Iraqi Kurdistan

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Abstract

Background and objectives:

Northern Iraq has endured repeated mass atrocities, producing violent bereavement, disappearances, and prolonged uncertainty. In Sorya (Duhok Governorate, Iraqi Kurdistan), recent humanitarian forensic interventions have begun to identify victims and return remains. This study centers families' witness narratives to map psychological needs, illuminate how grief is lived, and examine how forensic truth-seeking, justice, and cultural practice intersect in recovery.

Methods: A hermeneutic phenomenological desi

gn was employed to study 10 relatives of mass-grave victims (7 men, 3 women; ages 41 - 75) residing in Kurdistan Region-Iraq. Semi-structured interviews were conducted in July–August 2025 to gather required data. Data analysis was conducted using Van Manen's six methodological activities.

Results: Five thematic clusters emerged: (1) Trauma and Loss; (2) Memory and Testimony; (3) Psychological Needs and Wellbeing; (4) Social and Family Dynamics; and (5) Reconstruction of Lives. Families explicitly linked psychosocial stabilization to dignified exhumation, identification, and return of remains, alongside official acknowledgment and naming of perpetrators.

Conclusion: The accounts of the victims' relatives indicate that effective support in Sorya requires integrating layered MHPSS with humanitarian forensic action and justice-oriented documentation, delivered through culturally grounded, survivor-led practices that validate grief, strengthen everyday social support, and protect dignity.

Keywords: Iraqi Kurdistan; Sorya mass graves; violent bereavement; ambiguous loss; hermeneutic phenomenology; psychosocial support; humanitarian forensic action; recognition and justice

Introduction

Northern Iraq has experienced repeated events of mass brutalities and displacement which have caused families to face violent bereavement, disappearance as well as long-term uncertainty of finding lost relatives. In Sorya, Governorate of Duhok

GIS Sorya Village

Throughout modern history, Christians have been geographically dispersed, with large numbers in cities across Iraq. In 1961 there were one million Christians in northern Iraq.1 However, by 1979, 50% of Christians were living in Baghdad, making up 14% of the capital›s population.2 Under the Ba›ath regime›s Arabisation policies, the community was required to identify as either Arab or Kurd in the 1977 census.3 Now, the largely reduced Christian population remains in Baghdad,

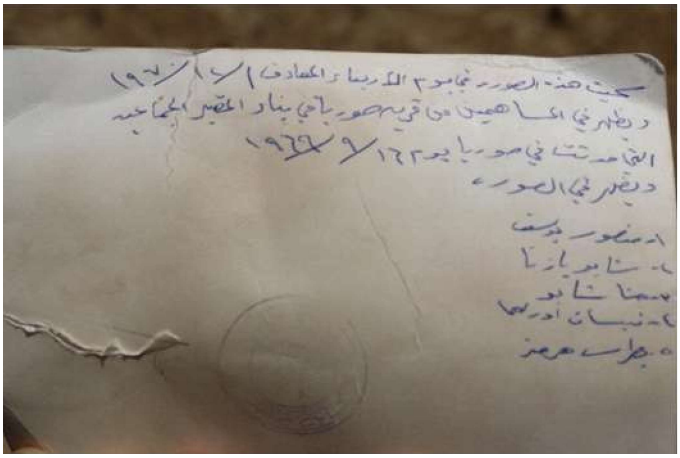
Basra, Kirkuk, the Nineveh Plains, as well as the Erbil and Duhok governorates in the Kurdistan regional government.4 The last Iraqi census, in 1987, counted 1.4 million Christians, but the economic sanctions

during the 1990s led to their migration abroad. Before starting the Gulf War between Iraq and Coalition forces in 1991, they were estimated at about one million. By the time of the US-led invasion in 2003, that figure fell to about 800,000. Then the numbers are thought to have fallen dramatically after attacking them by different groups of terrorist especially in Nineveh.5 The identification of mass graves skeletal remains and anthropological evaluation considered as the most important step toward documenting human rights violations which lead to giving back to families the remaining skeleton of victims, which are considered, until exhumed, as lost or disappeared.

Witnesses from the village of Surya at the time of the tragedy operation

recent forensic interventions on Christian and Muslim mass graves have started reclaiming identities and historical reality, but the psychosocial repercussions on the families are intense (Amin & Othman, 2020). Violent and abrupt loss research demonstrates increased chances of complicated grief, posttraumatic stress, and persistent impaired functioning notably where bodies are not recovered or recognition is deferred (Kristensen et al., 2012; Killikelly & Maercker, 2017). In the broader regional context, atrocities such as the ISIS campaign against Yazidis underscore the scale of harm and the centrality of truth and acknowledgment for survivors' recovery (Cetorelli et al., 2017).

Testimony and storytelling are not only modes of



documentation of violations, but also modes of remembering and making meaning of collective trauma (Hirschberger, 2018). However, psychosocial outcomes of exposure to truth-telling and justice procedures may be confounded and may both increase social trust and lead to an increase in distress, highlighting the necessity of survivor-based strategies (Cilliers, Dube, and Siddiquei, 2016). The daily stressors, changing roles, and erosive or restorative social bonds influence the wellbeing of families, which is consistent with ecological and adaptation models that situate mental health in wider social, legal, and moral worlds (Miller & Rasmussen, 2017; Silove et al., 2017). Humanitarian forensic action such as dignified recovery, identification, and returning of remains may fulfill the right of family to the truth and recognition, albeit in conjunction with culturally sensitive psychosocial and ritual support (Cordner & Tidball-Binz, 2017; Amin & Othman, 2020).

The present study is aimed at focusing on the voices of the families of victims identified in mass graves found in Sorya, shedding light on how they recount the loss, demand to be heard, and enlist their cultural practice into helping them heal and reconnect. It produces actionable evidence of survivor-informed services by mapping psychological needs within the context of grief, family and community dynamics and justice claims.

Methods

Study Design

This qualitative study used the hermeneutic phenomenological method that was developed by Van Manen (1990). Such a methodological decision allowed getting to know the experiences of the families of the victims found in the mass graves in Sorya, Duhok Governorate, Iraqi Kurdistan, and listening to personal stories of memory, grief, and mental well-being.

Participants

The current study utilized purposive sampling to identify ten family members of victims of mass graves in Sorya, Duhok Governorate, Iraqi Kurdistan (7 men and 3 women). The inclusion criteria were the willingness of relatives of mass grave victims in Sorya and first-hand experience. Members of the family that do not want to participate in the project were excluded. Ages ranged from 41 to 75.

Data Collection

Data was collected through semi-structured interviews which were held in July and August of 2025. The interviews were conducted at homes or any other place the participants felt safe and comfortable. After thematic saturation was achieved, data collection was stopped. Some of the questions that were asked during the interviews are as follows:

- Could you tell me a little about your family and your loved one who was killed?

- How did you first learn about your loved one's disappearance or death?

- How has this loss affected your daily life, your family, or your community relationships?

- Can you describe how you first heard about the exhumation and identification process?

- What were your feelings during this process? (e.g., anxiety, hope, fear, relief)

- Were there traditional or religious practices you wanted to perform when your loved one's remains were returned?

- Since your loved one's death and identification, what has been most emotionally difficult for you?

- What does justice mean to you in this situation?

- Is there anything you want to share about your experience that we haven't talked about yet?

- What advice would you give to others who are going through similar losses?

All interviews, with the consent of participants, were recorded, and had a time slot of seventy to ninety minutes. The tapes were translated into English and then transcribed word-to-word to be analyzed.

Data Analysis

The analysis of the data was based on the six methodological actions by Van Manen (1990). The primary researcher based the investigation in close familiarity in the first exercise as a forensic, genocide researcher, and a member of the related community, and involved a change in the nature of lived experience. The second step involved studying the experience the way it had been lived by family members and relatives. The third exercise relied on the phenomenological thematic analysis and was important in terms of the themes. In the fourth exercise, the participants were requested to describe the phenomenon in writing and rewrite the description to enable them to use their voices. The themes were reinforced by the participants' experience; therefore, the subject matter of internal consistency was rated highly concerning the fifth activity, which was directed towards the correct description of the phenomenon. Lastly, the derived parts and whole were stabilized by alternating between the coded transcripts and the holistic themes (Van Manen, 1990).

Trustworthiness

The results were given credibility via long-term involvement of the respondents, the member-checking approach, and debriefing of the results by professional peers. The close data collection was facilitated and practicable due to the friendly relationship that existed between the participants and the researchers. This study also had the benefit of the researcher being very knowledgeable in the forensics, genocide and Anfal studies, which lent credibility and experience to the study. The stories that the participants gave were translated and interpreted word by word following the balancing of the transcripts on several occasions.

Ethical Considerations

The study was approved by Hawler Medical University College of Nursing Ethics Committee (Project No. XX; Approval Date: DD MM YYYY). Respondents received information about the aim of the research, the privacy rules to be observed, and their rights, especially the right not to participate in the research. All respondents signed a voluntary statement form and filled in an informed consent form. For anonymity purposes, every respondent received a code (P1, P2, etc.), so that all the related digital or physical data is safely secured.

Results

The next set of composite quotes provides the voice of families of mass-grave victims found in Sorya, Duhok Governorate, Iraqi Kurdistan. These vignettes by the themes of the study articulate the reverberations of trauma and the ways in which memory is carried and what psychological supports are required to heal and be just. The quotes are grounded in the concerns and experiences reflected across witness narratives. They aim to honor the dignity of those who spoke and to guide practitioners, policymakers, and communities toward responsive care. Together, they trace the long work of reconstructing lives as well as remains.

Main Theme 1. Trauma and Loss

Trauma and loss permeated every account, shaping daily life long after the event. Families say that grief is the latent companion, and the terrain of Sorya is characterized by vacuity.

"Losing someone is like the house losing its roof; everything inside is suddenly exposed to the weather. I still set a place for him at breakfast, and the empty chair stares back like a wound." – P8

"The day they did not return, the air in the region changed for me forever. I inhale and it seems I borrow air." – P1

Subtheme 1.1. Emotional Impact of Losing Loved Ones

Participants described grief as physical and unrelenting. Helplessness is threaded through ordinary moments.

"Grief sits on my chest in the morning and follows me to bed at night. There is no room in me that it does not enter." – P5

"Sometimes I feel my hands are too heavy to even lift a glass of water. The smallest tasks collapse under the weight of missing her." – P3

Subtheme 1.2. Coping with Sudden or Violent Death

Sudden or violent death brought shock, confusion, and long stretches of denial. Adjustment has been gradual, and frequently in disproportionate measures.

"For weeks I listened for footsteps at dusk, convinced the door would open. My mind built a story where the violence was a mistake, and he would come home." – P1

"The first time I said the words out loud; my voice did not sound like mine. Accepting the new reality felt like learning to breathe in a different gravity." – P9

Main Theme 2. Memory and Testimony

Memory and testimony became ways to keep loved ones present and to insist on truth. Through telling, retelling, and recording, families turn personal suffering into shared witnesses.

"The memories are all the road back to them, and so we follow the same paths in a story. The telling gives to their names an everlasting existence." – P2

"Talking of that day is sleep-costly, not talking is more expensive. Failure to testify means that the earth may not remember." – P6

Subtheme 2.1. Recounting Personal Narratives

Telling personal stories was useful to make sense of things. The narration saved memory and reinstated agency in the narrator.

"I have been telling my children what I saw not to make them scared, but to root the truth. The information continues to be rearranged in my head as birds flinch in flight." – P5

"Another fragment of the fog is cleared away every time I give my testimony. My hands shake, but my words get their niche." – P7

Subtheme 2.2. Collective Memory and Community History

Conversations about the experiences in groups unified personal losses into group history. This group memory cemented identity and unity.

"We sit together on long evenings, and say the names and tell their stories, as though we were making a bridge of the syllables between us and the dead." – P10

"In the weaving of our stories a history is formed which no wind can blow away. Of that tapestry there is a place to put each loss." – P4

Main Theme 3. Psychological Needs and Wellbeing

The narratives highlighted clear psychological needs. Families asked for spaces to be heard, competent care, and public recognition that what happened was unjust.

"I needed someone to sit with me without trying to fix the unfixable. Being heard was the first medicine I could swallow." – P9

"My mind kept circling the same dark room until a counselor opened a window. Hope came in small breaths." – P3

Subtheme 3.1. Need for Emotional Support

Emotional support took many forms – professional counseling, family presence, and simple acts of care. Validation was as healing as advice.

"The counselor did not ask me to be strong; she taught me how to be honest with my pain. After those sessions, sleep visited me again." – P7

"When neighbors brought tea and stayed to listen, my heart unclenched a little. Their presence told me I was not carrying this alone." – P2

Subtheme 3.2. Need for Recognition and Justice

Wellbeing was identified with recognition and justice. Individuals demanded recognition, records, and proper mechanisms that brought the offenders to book.

"I want an official record that says our suffering mattered and was wrong. An apology would not raise the dead, but it would lift our heads." – P6

"Justice to me is knowing the truth is written where everyone can see it, and those responsible are named. Only then can we turn our faces toward tomorrow." – P4

Main Theme 4. Social and Family Dynamics

Loss transformed the social restructure of households and communities. Roles were reversed in one night and community reactions were as much solidarity as isolating stigma.

"All over night I was mother and father, interpreter and advocate. The sorrow did not stop the bills or harvest." – P1

"Others went across the road, so they were not seen with our grief. Others bumped into our door each week, and vow of silence that we were part of them." – P8

Subtheme 4.1. Changes in Family Roles

Families redefied caregiving and decision-making with the loss of loved ones. Children were rapidly raised and adults were introduced to new roles.

"My eldest left school to help earn money, a childhood traded for bread. We make decisions together now, even when our hearts are not ready." – P5

"I learned to sign papers, repair the roof, and speak in offices where I used to wait outside. Each new task felt like another goodbye." – P2

Subtheme 4.2. Community Support and Stigma

Networks and neighbors might cushion the impact or increase the impact. Isolation was alleviated, and pain was exacerbated by stigma.

"Our neighbors made communal dinners, shared implements, and ate with us on the long nights; their kindness sewed up some of our ragged edges. During such times, I sensed that it is the community that gripped us." – P7

"But unsounded there were whispers that we were attractors of misfortune, and invitations ceased. Stigma added another shadow to our doorway." – P10

Main Theme 5. Reconstruction of Lives

It is not the filling up of grief but its incorporation. Families outlined daily routines, inner resources, and cultural ceremonies that ensure that they keep on moving as they respect the past.

"We set up a tree in the same places where the rubble had been, in order that something that breathes life may come out of the mound. The sight of them rooted us in steady." – P8

"Grief did not cease; it knew how to walk with us. Every morning, we decide to make one more step." – P5

Subtheme 5.1. Resilience and Adaptation

Resilience appeared in small, practical strategies. Meaning making emerged from routine, work, and connection.

"I keep a notebook of small victories – baking bread again, laughing once, sleeping through the call to prayer. These pages remind me I am still moving." – P4

"Working the fields set a rhythm back into my body, and the soil listened without judgment. When my hands are busy, my mind can rest." – P9

Subtheme 5.2. Cultural and Ritual Practices in Healing

Sorrow and remembrance had a framework in rituals. Grief was given room in cultural practices to be observed.

"During the anniversary we light candles and read prayers and leave the flame to bear what our voices fail to say. We are assembled by the ritual singing when the words fail." – P10

"We have a little memorial stone we constructed and go there after market, putting there a pebble or flowers. It is a spot to shed our tears, have a bit of courage." – P3

Discussion

The Sorya narratives present an integrated picture of bereavement in a post-atrocity context that is strikingly consistent with contemporary research on war-affected families, while also contributing nuanced, place-based insights. Read through Silove's ADAPT framework – disruptions to safety, bonds/attachments, justice, roles/identity, and meaning – the five thematic clusters in Sorya map closely onto the domains known to be compromised by mass violence and forced disappearance (Silove,

2013). The accounts foreground grief as embodied and enduring; memory/testimony as both meaning-making and truth-claim; psychological care as accompaniment as much as treatment; social reconfiguration marked by both solidarity and stigma; and a reconstruction of life that incorporates loss rather than seeking its erasure.

The Sorya accounts are dominated by trauma and loss, and grief is characterized by physical heaviness, breathlessness, and exhaustion. This is in line with the evidence that violent bereavement conditions increased susceptibility to posttraumatic stress, depression, and prolonged grief disorder (PGD) in comparison with non-violent losses (Shear, 2015; Killikelly & Maercker, 2017). Co-occurrence of PGD and PTSD is prevalent among the refugees with war experience, and it is linked to the extent of trauma exposure and the extent of disruption in the relationship (Nickerson et al., 2014). The idioms of distress in Sorya (e.g., "grief sits on my chest" and "I borrow air") mirror somatic metaphors frequently reported in conflict-affected settings and remind clinicians that culturally meaningful expressions of suffering should guide assessment and care. Locally, evidence of the recent mass atrocities in Iraq indicates that mental health outcomes of survivor groups, such as Yazidi families, are extraordinary, which explains the ongoing distress in Sorya (Cetorelli et al., 2017; Ibrahim & Hassan, 2017). Notably, the sections of denial and gradual acceptance of the irreversible loss by Sorya are familiar to the research on ambiguous loss and the lack of remains, which make grieving work more challenging and may extend the symptomatic period (Shear, 2015; Silove, 2013).

The prominence of memory and testimony in Sorya – "talking is sleep-costly, not talking is more expensive" – echoes research showing that narrating harm can restore agency and coherence and sustain "continuing bonds" with the deceased (Neimeyer et al., 2014; Klass & Steffen, 2018). Families' insistence that testimony "gives to their names an everlasting existence" converges with studies of collective trauma that frame memory work as an identity practice that affirms the moral order and resists erasure (Hirschberger, 2018). Simultaneously, in this regard, literature warns that the advantage of narrative and memorialization is context-dependent: testimonial processes that remain unrecognized or are politicized can intensify disillusionment (Robins, 2011). Sorya data bring in a granularity that demonstrates the interweaving of personal and collective memory in the patterns of the private storytelling in families and the rituals of communal name-recitation that seem to stabilize.

In terms of psychological needs and wellbeing, the focus of the participants on being heard and non-directive presence is consistent with the recommendations of layered mental health and psychosocial support (MHPSS) in emergencies, which focuses on safety, calming, connectedness, efficacy, and hope, which is provided through stepped care starting with basic psychosocial accompaniment and progressing to evidence-based treatment when necessary (WHO and UNHCR, 2015; Tol et al., 2013). The accounts also endorse the value of competent counseling, with change described as incremental ("hope came in small breaths"). This is consistent with the evidence that short-term culturally adapted interventions can produce significant gains in conflict environments, although it is multiplied in the case of support to social networks and service systems (Tol et al., 2013). It is noteworthy that the Sorya insistence on recognition and justice as constituents of wellbeing aligns with the ADAPT model pillar of justice; justice and a sense of injustice can promote distress and mistrust (Silove, 2013). Families of the missing have expressed needs numerous times empirically, such as official recognition of existence, information about fate and location, and dignified processes of identification and return – needs that, when satisfied, can help psychologically stabilize (Robins, 2011; ICRC, 2013; ICMP, 2018).

The social and family dynamics theme – "overnight I was mother and father" – is consonant with work documenting role cascades, accelerated role transitions for children, and gendered labor shifts in post-conflict households (Silove, 2013; Sleijpen et al., 2016). Sorya's duality of community responses – mutual aid alongside stigmatizing

avoidance – also recurs across contexts, where social capital acts as a buffer while stigma (e.g., ascribed misfortune, contested victimhood) exacerbates isolation (Somasundaram & Sivayokan, 2013; Sleijpen et al., 2016). The accounts suggest that ordinary, low-cost communal practices (visitation, shared meals) have outsized importance – findings consistent with community resilience models that emphasize everyday sociality as therapeutic infrastructure (Somasundaram & Sivayokan, 2013).

Reconstruction of lives is not framed as "closure" but as accommodation: routines, work in the fields, small victories notebooks, and ritual observances. This sits squarely within contemporary grief science highlighting heterogeneity of adaptation and the legitimacy of continuing bonds (Bonanno & Diminich, 2013; Klass & Steffen, 2018). The notion that meaning making involves daily practices and rituals rooted in a specific culture has been well referred to as a way to re-establish predictability, competency, and social engagement (Neimeyer et al., 2014). The imagery of planting a tree at the rubble and building a local memorial stone echoes comparative findings that community-led memorial and ritual practices can foster belonging and offer a place for grief to "go", especially when formal memorialization is absent or contested (Hirschberger, 2018; ICRC, 2013).

Two comparative observations sharpen the contribution of Sorya case. First, the explicit tethering of psychosocial recovery to forensic and documentary justice – "truth written where everyone can see it", "an official record" – reinforces the growing consensus that MHPSS and missing-persons mechanisms should be integrated rather than siloed (ICMP, 2018; ICRC, 2013). The narratives suggest practitioners can ethically engage families in documentation and commemorative acts without assuming these will, on their own, resolve clinical symptoms – important nuance given mixed evidence on the direct mental-health benefits of transitional justice participation (Robins, 2011; Silove, 2013). Second, the Sorya idioms of distress and coping provide culturally precise targets for intervention design: breath, heaviness, hands at work, tea and shared silence. These can be translated into locally meaningful practices – breath-focused grounding, body-based regulation through agricultural rhythms, facilitated listening circles – that align with global guidance while respecting vernacular healing (WHO & UNHCR, 2015; Tol et al., 2013).

Conclusion

Families of the victims identified in mass graves in Sorya disclose that grief following mass atrocities is embodied, persistent, and unavoidable with justice, recognition and cultural practice. Their stories reveal healing in the form of testimony, community-based support, and significant rituals. Combining psychosocial-focused care with forensic truth-seeking enhances dignity, resilience, and assists survivors to re-establish lives, and does justice to the dead.

Implications

Results obtained from families of the victims identified in mass graves in Sorya point out that psychosocial healing following mass atrocities is possible only by combining forensic truth-seeking and culturally driven support. Families require acknowledgment, fairness, and testimony as they give clinical attention. Locally relevant rituals, ordinary solidarity, and non-prescriptive accompaniment can normalize grief, build resilience, and help practitioners get to survivor informed, context relevant interventions.

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