Mapping Adverse Life Events Encountered by Comboni Missionary Sisters in East Africa Province

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ABSTRACT

Comboni Missionary Sisters serving in fragile mission contexts are frequently exposed to complex and cumulative adversities that impact their psychological, emotional, and spiritual well-being. While research in Sub-Saharan Africa has documented high trauma prevalence, there is a lack of data regarding the specific "vocational landscape" of adversity faced by women religious. This study aimed to identify the types and prevalence of Adverse Life Events (ALEs) among Sisters serving in the East Africa Province (Uganda and South Sudan). Using an embedded mixed-methods design, the study surveyed 63 Sisters (N=63) using an adapted Traumatic Life Events Questionnaire (TLEQ) and conducted in-depth semi-structured interviews with a purposive subsample (n=10). Quantitative results revealed a multidimensional trauma landscape, with high prevalence rates for linguistic and cultural barriers (88.9%), witnessing extreme human suffering (85.7%), and exposure to armed conflict (81.0%). Qualitative findings expanded these results, uncovering "communal wounds" caused by institutional pressures and intercultural friction.The study concludes that adversity for the Comboni Sisters is a chronic, cumulative, environmental rather than a series of episodic events. These findings highlight the need for trauma-informed support and specialized formation modules that address both external mission crises and internal relational stressors.

Keywords: Adverse Life Events, Comboni Missionary Sisters, East Africa Province, Missionary Trauma, Mixed-Methods.

INTRODUCTION

The term *adverse* denotes conditions that are unfavourable, hostile, or harmful (“Adverse,” 1989). However, life stressors arguably become truly "adverse" only when an individual perceives them as such (Muchiri & Egunjobi, 2025). Within psychological discourse, adverse life events (ALEs) are viewed as intensely negative stressors that threaten psychological functioning and fracture internal equilibrium (Bonanno, 2004). These experiences range from "calamitous" disasters and combat to personal crises such as bereavement, abuse, and displacement (Dohrenwend, 1998). Crucially, adversity is a multifaceted phenomenon shaped by individual vulnerability, social environment, and the meaning-making process.

Empirical studies at the global level highlight the diversity of adverse experiences and their differentiated impacts across various populations. For instance, Salaberria et al. (2025) examined the prevalence and types of stressful life events among adults in Spain. Utilizing the Global Post-Traumatic Stress Assessment Scale, the researchers identified distinct gender-based patterns: bullying was more prevalent among men, while sexual abuse was more frequent among women. These experiences, largely rooted in childhood or adolescence, were strongly correlated with diminished perceived health and heightened psychopathology. However, the study’s reliance on a clinical convenience sample and a retrospective design limits the understanding of how these events manifest in non-clinical, vocational settings. Furthermore, by focusing primarily on established psychiatric categories, the research may overlook context-specific adversities faced in high-stress missionary environments.

Shifting the focus to non-clinical populations, Ouagazzal et al. (2021) surveyed university students in France to examine the prevalence of various event types, categorized as life, stressful, or traumatic. Their findings revealed that nearly half of the participants (48%) had encountered at least one significant life event, with 30% reporting exposure to traumatic stressors. Interestingly, the study suggested that emotional and demographic factors were more influential in shaping psychological responses than the specific nature of the event itself. While providing a useful taxonomy, the study's reliance on a young, secular student demographic limits its applicability to older, vocational populations. Additionally, the use of broad definitions of adversity rather than strict clinical benchmarks may lack the specificity needed to capture high-intensity occupational hazards.

Focusing specifically on the missionary experience, Nixon (2021) conducted a qualitative study among Australian missionaries who had served abroad. The findings revealed that cumulative stressors and acute events, such as violence, illness, or accidents, were prevalent occurrences that disrupted psychological and spiritual well-being, often resulting in early mission termination. A significant finding of this research was that individual responses were heavily influenced by personal histories and attachment styles, alongside a perceived lack of institutional support. While providing valuable qualitative insights, the geographical focus and small, homogeneous sample limit generalizability. Critically, Nixon's research lacks a formal system for classifying types of trauma, making it difficult to statistically compare the prevalence of different adverse life events.

Studies across Sub-Saharan Africa emphasize that ALEs are widespread and intricate, shaped by prevailing socio-economic challenges and regional instability. In Johannesburg, South Africa, Byansi et al. (2023) documented a high prevalence of both childhood (mean = 3.2) and adult traumas (mean = 2.5), demonstrating that each additional adverse event significantly increased the odds of depression, anxiety, and stress. While establishing a statistical link between life-course hardships and mental well-being, the reliance on a clinical convenience sample restricts generalizability. Furthermore, by utilizing composite scoring for trauma, the study potentially obscured the unique qualitative nature and specific types of these events.

Expanding the regional analysis, Parcesepe et al. (2023) conducted a cross-sectional study in Cameroon, finding a near-universal exposure to trauma (96%) with a median of four distinct types. The most prevalent events included witnessing serious injury or death (45%), childhood family violence (43%), and intimate partner violence (42%). Although noteworthy for its large sample size, the study's limited consideration of culturally relevant frameworks may have influenced how trauma was perceived and reported by participants. This highlights a significant gap: while trauma typologies are being documented, there is a lack of research into the existential and vocational interpretations of these events.

Insights from adolescent populations further illuminate the varied landscape of ALEs. Adjorlolo et al. (2022) found that while exposure rates were similar across genders in Ghana, adversity manifested differently: boys were more vulnerable to externalizing issues like substance use, whereas girls reported higher levels of internalizing symptoms, including depression and suicidal ideation. However, the use of single-item self-reports and the exclusion of out-of-school youth limit the ability to understand the subjective meaning assigned to these events over time. Similarly, Ferrajão et al. (2022) examined ACEs among Ugandan teenagers, finding that PTSD symptoms peaked in a "high-risk" tier that was predominantly female. While the use of latent class analysis provided a sophisticated understanding of trauma clusters, the focus remained strictly on childhood adversities, potentially overlooking the enduring or systemic stressors encountered in adulthood.

Recent research by Morawej et al. (2024) provides a critical quantitative baseline for trauma exposure in Uganda, revealing a staggering 95.5% prevalence rate for potentially traumatic events. The most frequent stressors included the sudden death of a loved one (56.9%), physical assault (43.6%), and transportation accidents (42.7%). While offering an essential overview of prevalence, the study focused on documenting exposure rather than exploring the interpretive aspects of trauma. Finally, addressing humanitarian contexts, Ellsberg et al. (2020) documented alarmingly high rates of physical and sexual violence among conflict-affected women in South Sudan. While providing rigorous documentation of violence in conflict zones, the study's focus on humanitarian sites leaves room to explore how these same stressors affect specialized vocational groups working within these unstable regions.

The literature reviewed collectively demonstrates that adverse life events are heterogeneous, context-dependent, and cumulative phenomena. While global and regional studies have established robust links between trauma exposure and psychological distress, several critical gaps remain in the current body of knowledge. First, much of the existing research is limited by population specificity, as it primarily focuses on clinical outpatients, university students, or general refugee populations. This leaves a significant gap regarding specialized vocational communities, such as religious sisters, whose experiences may differ substantially. Furthermore, these methodological limitations are compounded by a reliance on composite trauma scores or single-item reports, which frequently obscure the unique qualitative nature and "symbolic weight" of specific events. Beyond these technical constraints, the literature often prioritizes epidemiological prevalence at the expense of contextual meaning, thereby neglecting the subjective, spiritual, and cultural frameworks that shape how individuals interpret their suffering.

The present research addresses these gaps by focusing on the Comboni Missionary Sisters (CMS) in East Africa. Through an embedded mixed-methods design, this study moves beyond broad categorization to investigate the specific types of ALEs encountered by the Sisters. By integrating quantitative patterns with lived narratives, this research explores how vocational identity and spiritual coping influence the perception of trauma, offering a more holistic understanding of adversity within a religious missionary context.

METHODOLOGY

Research Design

This study utilized an embedded mixed-methods design, a sub-type of mixed-methods research where one data set provides a supportive role for the other (Creswell & Plano Clark, 2018). In this study, qualitative interview data were embedded within a primary quantitative cross-sectional framework. This design was selected to leverage the statistical breadth of survey data while capturing the nuanced, lived experiences of the Comboni Missionary Sisters (CMS), thereby providing a comprehensive understanding of the types of adverse life events (ALEs) encountered in the mission field.

Location of the Study

The research was conducted within the East Africa Province of the CMS, specifically targeting missions in Uganda and South Sudan. These neighbouring countries present a unique landscape of adversity; while Uganda is characterized by relative stability interspersed with environmental and socio-economic challenges, South Sudan remains a high-risk humanitarian context marked by semi-arid climates and systemic instability. The Sisters have maintained a continuous presence in these regions since 1918 and 1919, respectively, making them a repository of long-term vocational experience in volatile settings.

Target Population and Sampling

The target population comprised all 104 Comboni Missionary Sisters currently serving in Uganda and South Sudan. The study utilized a census method for the quantitative phase, inviting the entire population (N=104) to participate to ensure full representation of the Province's diverse age groups, nationalities, and years of service. For the qualitative component, purposive sampling was used to select 10 participants for in-depth interviews. Selection criteria included diversity in age, years of missionary service, and nationality. This deliberate selection ensured rich, reflective narratives that offered interpretive depth to the statistical findings.

Instruments of Measure

Lifetime exposure to ALEs was measured using a modified version of the Traumatic Life Events Questionnaire (TLEQ; Kubany et al., 2000). The TLEQ is a validated 24-item self-report tool that quantifies the frequency of exposure to various stressors and assesses the individual's emotional response (fear, helplessness, or horror) in alignment with PTSD Criterion A. Modifications were made with the developer's permission to ensure the items were culturally and vocationally relevant to the CMS context. Semi-structured interview guides were developed to explore the nature and "symbolic weight" of the adversities experienced. The guides featured open-ended

questions and probes designed to elicit detailed descriptions of the events, ensuring consistency across participants while allowing for the emergence of unique thematic insights.

Data Analysis

Descriptive statistics, including frequencies, percentages, and means, were used to categorize the types and prevalence of ALEs using SPSS Version 23. Qualitative data were transcribed verbatim and analyzed via thematic analysis. This involved a recursive process of coding and theme development to identify recurrent patterns in how the Sisters described their encounters with adversity. In accordance with the embedded design, the two datasets were initially analyzed independently. Integration occurred during the interpretation phase, where qualitative themes were used to explain, illustrate, and add contextual nuance to the quantitative results, leading to a synthesized understanding of the trauma landscape in the East Africa Province.

RESULTS

The study aimed to identify the types and prevalence of Adverse Life Events (ALEs) among Sisters serving in the East Africa Province particularly in Uganda and South Sudan. The study presents demographic profile of the participants followed by findings of the objective.

Demographic Profiles of Participants

Demographic data were collected to contextualize the experiences of the Comboni Missionary Sisters (CMS) and to identify potential variables related to their encounter with adverse life events (ALEs). Of the 104 sisters invited to participate, 63 completed the survey, representing a 60.6% response rate. A purposively sampled subgroup of 10 sisters participated in the qualitative phase.

Table 1 Demographic Distribution of Questionnaire Participants (N=63)

Item	Category	N.	Percentage (%)
Age Bracket in Years	30 - 40	11	17.5%
	41 - 50	15	23.8%
	51 - 60	15	23.8%
	61 - 70	9	14.3%
	71 +	13	20.6%
Years Spent in Religious Life	0 - 10	11	17.5%
	11 - 25	17	27.0%
	26 - 40	22	34.9%
	41 +	13	20.6%
Ministry context	Health	16	25.4%
	Pastoral	23	36.5%
	Education	16	25.4%
	Other	8	12.7%

Nationality Grouped by Region of Origin	Africa	33	52.4%
	Europe	23	36.5%
	Latin America	7	11.1%
	Total	63	100%

As shown in Table 1, the sample is primarily middle-aged, with 47.6% (n=30) of participants aged between 41 and 60. However, a significant portion (20.6%) was aged 71 or older, contributing a wealth of missionary longevity to the data. The cohort is highly experienced; over half of the participants (55.5%) have spent more than 25 years in religious life. Ministry roles were diverse, with pastoral work being the most prominent (36.5%), followed by health and education (25.4% each). Furthermore, the sample reflects the international character of the Congregation, with African-born sisters comprising the majority (52.4%), followed by sisters from Europe and Latin America.

For the qualitative phase, ten participants were selected using purposive sampling to ensure varied perspectives across age, ministry, and origin. These participants were assigned codes (A1–A10) to ensure anonymity.

Table 2 Demographic Distribution of Interview Participants

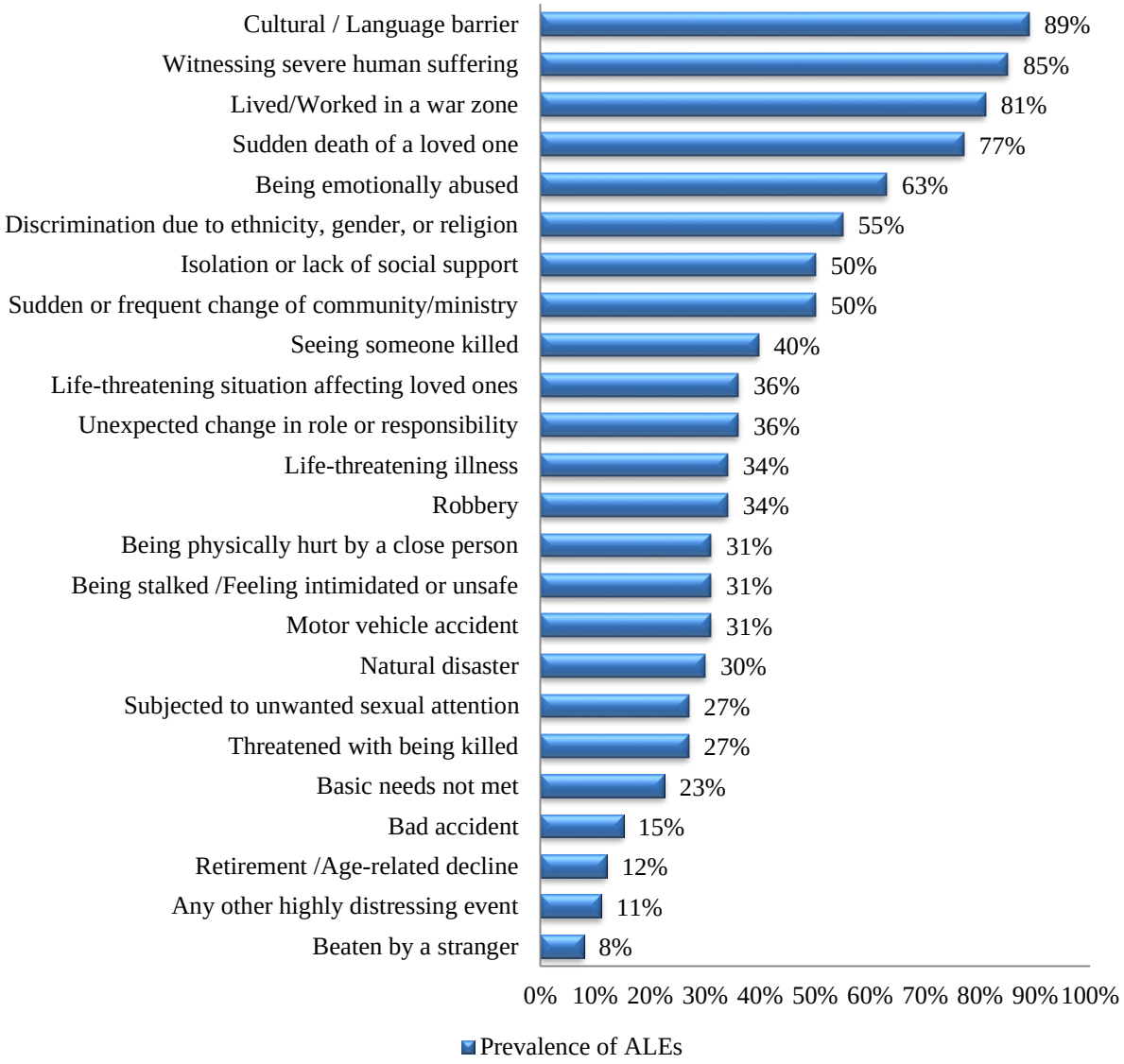
Criteria of Inclusion	Description	Number	Percentage
Region of Origin	Africa	4	40%
	Europe	4	40%
	Latin America	2	20%
Ministeriality	Pastoral Ministry	3	30%
	Teaching Ministry	3	30%
	Health Ministry	2	20%
	Formation Ministry	2	20%
Age Bracket	30 - 40	1	10%
	40 - 50	3	30%
	50 - 60	4	40%
	60 +	2	20%
	Total	10	100%

The interview cohort was intentionally balanced, with the majority falling in the 50–60 age bracket (n=4). This deliberate selection was designed to provide an in-depth exploration of how lived experiences of adversity vary across different vocational stages and cultural backgrounds.

Types and Prevalence of Adverse Life Events among Comboni Missionary Sisters in East Africa

The objective of this study was to identify the variety and frequency of ALEs encountered by the CMS in East Africa. Data from the adapted Traumatic Life Events Questionnaire (TLEQ) revealed a sample with significant and cumulative exposure to trauma. Rather than isolated incidents, the findings suggest a specialized landscape of missionary hardship characterized by chronic environmental, relational, and humanitarian stressors. Figure 1 illustrates these experiences:

Figure 1 Prevalence of Adverse Life Events Experienced by Comboni Missionary Sisters



As shown in Figure 1, the sample exhibits high-frequency exposure across relational, mission-related, and environmental domains. Rather than isolated incidents, the findings suggest a specialized landscape of missionary hardship characterized by the following four thematic clusters:

The Burden of Intercultural and Linguistic Adaptation

The most prevalent challenge identified was the struggle with linguistic or cultural barriers, reported by 88.9% (n=56) of the participants. While often categorized as a "soft" stressor in general populations, for the Sisters, this barrier represented a profound source of professional frustration and emotional alienation.

Qualitative narratives emphasized that these were not merely logistical hurdles but "cross-cultural complexities that destabilize communal bonds." Participant A6 noted:

One of the challenges that I faced, it's a language barrier. I am not so much gifted in learning local languages. I have been in this region for 22 years, but I'm still struggling to express myself in the local language, which for me sometimes is discouraging, because I really need to talk to the women I'm working with, but sometimes I'm forced to call someone to come and interpret what I want to tell the group ... I'm trying to work on it, but I have not yet really achieved what I want in the language. It is frustrating (A6).

This linguistic frustration often intersected with a sense of relational coldness within multicultural communities. As Participant A2 observed, the clash between different cultural values regarding "privacy versus individualism" led to a perceived lack of the "religious family" bond, turning the community, intended to be a site of support, into a site of interpersonal friction.

The first challenge I had is trying to understand different cultures. ... There are a lot of misinterpretations of things that, for me, are normal, but for them, are not okay, or they have a different meaning ... The same apply within the Congregation: the social life that for me is a value, for them, it is privacy and boundaries. I wonder, is this privacy or individualism? Sometimes I feel that our relationship are very cold, we don't have that bond as members of the same religious family (A2).

Environmental and Humanitarian Trauma

The data indicates that the Sisters' "workplace" is often a site of extreme suffering and systemic instability. Witnessing extreme human suffering was the second most prevalent ALE (85.7%, n=54), followed closely by living or working in a war zone (81.0%, n=51) and the sudden death of a loved one (77.8%, n=49).

These statistics represent a "permanent backdrop" of vocational life. Interviews revealed that war was experienced as a "recurring and emotionally exhausting reality." Participant A9 described it as the "worst trauma," noting that it was a collective experience:

The experience of the war has been very, very tough. I consider it really the worst trauma that I went through. And this was not the trauma of an individual, because during war, violence is widespread, even extreme violence. And I was part of the trauma situation of so many people. ... It didn't happen only once, it happened a number of times. And then instances of aftershocks were caused by the fact that the area never reached up to a stability. And ... we are always living in a kind of precarious situation (A9).

Beyond armed conflict, the sisters navigated direct attacks on mission facilities and health epidemics. Participant A10 recalled the "impotence" felt during the Ebola epidemic, where the 50% mortality rate claimed the lives of dear colleagues and hospital personnel.

One experience was very tough for me: Ebola epidemic, because it got us unprepared. And because it was very dramatic, so many people died and so many times I felt impotent. The mortality rate was around 50% ... we lost also hospital personnel, we lost a doctor, we lost the people very dear to us, so it was a moment very dramatic. This would be one experience to me. I had another experience of loss in another mission when the rebels came and killed a lot of people in the hospital. It was really a critical time in my life (A10).

Relational, Institutional, and Emotional Stressors

A significant finding was that adversity is not only "outward" (environmental) but also "inward" (communal and institutional). Over half of the sisters reported discrimination (55.6%) and a lack of social support (50.8%), while 63.5% (n=40) reported emotional abuse.

Qualitative data highlighted "communal wounds" such as public humiliation and being undervalued by leadership. Participant A1shared: "I experienced humiliation through public, harsh corrections ... it affected my self-esteem. When I give my opinion ... my voice is not heard. I feel depressed.

Furthermore, institutional pressures, such as being entrusted with heavy leadership roles without preparation (36.5%) or abrupt changes in ministry (47.6%), created a sense of vocational "collapse." Participant A10 described being sent as a newly professed sister to manage a hospital handover that had failed for a decade:

Immediately after my first profession I was sent to [a mission station], where the sisters wanted to hand over the hospital to a local congregation, but in reality this handing over was not happening for 10 years. ... I was just newly professed, I was sent there to do something that no one could do before in the previous 10 years, I was new in the medical field, I had no experience, I had to take over a responsibility in the hospital, I had to prepare the handing over and above all try to live the community life. ... Beside this, everybody was fighting with everybody ... After one month I was ready to resign, I felt incapable of handling that heavy situation (A10).

Physical Vulnerability and Health Crises

Finally, health-related adversity emerged as a significant domain, with 34.9% (n=22) reporting a life-threatening illness. In the context of a missionary vocation, physical illness is often interpreted as a loss of "utility" or a crisis of identity. Participant A8 noted that a cancer diagnosis "changed everything," requiring a painful relocation from the mission to Italy.

I had only spent nine months in the mission when I got cancer. That diagnosis changed everything in the sense that I had to leave the mission and move to Italy to be treated. It has been a tough experience, but also a learning experience in so many ways (A8).

For others, a deteriorating physical capacity highlighted how physical vulnerability strikes at the heart of missionary purpose: “This is the fourth year that my health is deteriorating … I got one disease after the other … it has really created a feeling that I am now becoming nothing (A6).

Synthesis of the Trauma Landscape

The combined data demonstrates that the CMS encounter a "multidimensional" trauma landscape. Rather than experiencing ALEs as discrete events, the Sisters navigate a continuous state of high-intensity exposure where external crises (war, disease) intersect with internal stressors (intercultural friction, institutional pressure). This cumulative exposure serves as the essential lens through which we must understand their subsequent psychological and spiritual integration.

DISCUSSION

The findings indicate that adverse life events (ALEs) among the Comboni Missionary Sisters in East Africa are not isolated occurrences but rather chronic, complex, and cumulative. This high prevalence of trauma exposure aligns with regional literature in Sub-Saharan Africa, which documents overlapping adversities driven by systemic instability and structural vulnerabilities (Byansi et al., 2023; Morawej et al., 2024; Parcesepe et al., 2023). However, this study extends the current understanding by demonstrating that for women religious, these challenges are inextricably woven into the lived reality of their vocation.

A significant point of divergence from established clinical literature (Salaberria et al., 2025) is the conceptualization of trauma. While clinical models often treat trauma as a discrete, retrospective "event," the Sisters' narratives describe a persistent, ongoing struggle against the symbiotic weight of illness, bereavement, and armed conflict. This supports an ecological understanding of adversity (Dohrenwend, 1998), where acute stressors (such as a rebel attack) and chronic stressors (such as long-term linguistic isolation) interact within a specific social and vocational ecosystem.

Furthermore, this study identifies intercultural friction and linguistic barriers as primary, rather than secondary, sources of distress. While general humanitarian literature (Ellsberg et al., 2020) often focuses on external physical threats, the present findings reveal that miscommunication and cultural alienation constitute a profound form of "symbolic adversity." This reveals a dual reality unique to the CMS: the same communal bonds intended to provide psychological sanctuary often introduce the most intense interpersonal strains.

Finally, the data challenges the notion that missionary adversity is purely "outward" or mission-facing. The prevalence of internal stressors, ranging from leadership tensions and perceived emotional neglect to institutional discrimination, suggests that adversity is deeply systemic and relational within the religious structure itself. These findings reinforce the arguments of Adjorlolo et al. (2022) regarding the importance of gender and social context, but apply them to the specific "family" structure of a religious congregation. In this context, "community" is not merely a variable of social support, but a complex landscape where trauma is both experienced and integrated.

CONCLUSION

Regarding this research objective, this study concludes that the adverse life events (ALEs) experienced by the Comboni Missionary Sisters are multifaceted, systemic, and cumulative rather than episodic. The findings reveal a specialized "missionary trauma landscape" where extreme environmental stressors (war, epidemics, and witnessing suffering) are inextricably linked with chronic vocational stressors (linguistic barriers, cultural alienation, and institutional pressures). Together, these experiences create a dense and continuous context of vulnerability. This suggests that for women religious in East Africa, adversity is not an external interruption to their work but an inherent, defining feature of the missionary environment that requires a specialized, context-sensitive approach to psychological and spiritual care.

RECOMMENDATIONS

Based on the high prevalence and chronic nature of the stressors identified, particularly the "cumulative weight" of environmental instability and intercultural friction, the following institutional recommendations are proposed:

Trauma-Informed Formation Policy: Leadership should implement a formal policy that moves beyond crisis management to include proactive psychological debriefings. Given the identified cumulative nature of mission-related stress, each Province should ensure access to qualified, spiritually sensitive counsellors capable of addressing the specific psychological demands of religious life.

Psychosocial Intercultural Training: Since nearly 90% of participants reported linguistic and cultural barriers as primary stressors, formation programs must evolve beyond basic language acquisition. Training should include modules on the emotional processing of cultural alienation and "intercultural literacy" to mitigate the internal communal friction that often exacerbates external mission trauma.

Facilitated Community Processing: Local communities should move from a culture of "private endurance" to one of confidential communal support. By establishing structured "safe spaces" for quarterly processing, communities can address internal relational stressors and perceived emotional neglect before they escalate into vocational crises.

Strategic Transition and Well-being Policies: International leadership (General Chapter) should develop formal policies for missionary transitions. This must include mandatory "rest and reintegration" periods following service in high-risk zones, such as South Sudan, to mitigate the documented effects of chronic environmental trauma and prevent psychological collapse.

Suggestions for Further Research

While this study provides a comprehensive typology of the adverse life events encountered by the Sisters, the following areas warrant further empirical inquiry:

Comparative Stress Analysis: Future research should compare the stress profiles of religious missionaries and lay humanitarian staff working in the same geographic regions. Such studies would clarify how a "vow-based" identity uniquely influences the perception of, and vulnerability to, environmental stressors.

Longitudinal Stress Mapping: Studies are needed to track how the "burden of adaptation" fluctuates over a 20-to-40-year missionary lifespan. Identifying "critical windows" of vulnerability would allow for more timely institutional interventions and burnout prevention.

The Impact of Institutional Adversity: Further investigation is required into the role of internal religious structures as potential stressors. Research should explore how specific leadership styles and congregational policies either exacerbate or shield individuals from the traumatic impact of external mission crises.

Linguistic and Emotional Correlation: Research could specifically examine the correlation between linguistic proficiency and psychological resilience, determining if enhanced communication skills serve as a primary protective factor against the trauma of cultural isolation.

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