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How We Saved Ourselves: A Look at the Positive Coping Strategies the Orphans of the 1994 Genocide against Tutsis Implemented During Bereavement

Gregory Barber

SIT Graduate Institute - Study Abroad

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How We Saved Ourselves:

A Look at the Positive Coping Strategies the Orphans of the 1994 Genocide against Tutsis
Implemented During Bereavement.

Gregory “Mugabo” Barber Jr.

Advisor: Celine Mukamurenzi

World Learning – SIT Study Abroad

Rwanda: Post-Genocide Restoration and Peacebuilding Program

P.O. Box 4582, Kacyiru South, No 24, KG3 Ave, Gasabo District, Kacyiru Sector

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Jesus replied, "You do not realize now what I am doing, but later you will understand"

-John 13:7

Abstract

Recent estimates report that there are approximately 145 million children worldwide who have lost at least one parent as a result of various causes (Development, 2008). Parental death is one of the most traumatic events that can occur in childhood (Haine, 2006). Literature has also indicated that parental death places children at risk for many negative outcomes, including mental health problems, grief, lower academic success, self-esteem, and greater external locus of control (Lutzke, 1997). Between April and July 1994, 800,000 to 1,000,000 Rwandans died in the 1994 genocide against Tutsis. Because of the 1994 genocide against Tutsis, nearly 75,000 children became orphaned and nearly 300,000 live in a child-head household (Fund S. S., 2007). However, Rwanda has been able to transform into a model country of peace and reconciliation by implementing country security, economic development and group trauma counseling. However, no substantial research has been published on the individual coping strategies implemented by the orphans of the 1994 genocide against Tutsis. This research analyze the individual positive coping strategies the orphans of the 1994 genocide against Tutsis used during bereavement to cope and become progressive members of Rwanda society. Using a qualitative narrative analysis, I interviewed ten genocide orphans discussing their past life, psychosocial health and current outlook on life. The research concluded that the survivors implemented self-expression, purpose-making, education, spirituality and remembrance to heal from their experience and move forward.

Keywords: *genocide, bereavement, resilience, coping*

Acknowledgements

This research is dedicated to all those who were orphaned by the 1994 genocide against Tutsis. I commend you for your bravery, resilience and strength and it is my hope that I can use your testimonies as foundation for future research to replicate similar strategies for others who are experiencing bereavement across the world.

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Ndagukunda,

Gregory Mugabo Shyaka

List of Abbreviations

AERG – *Association des Etudiants et Eleves Rescapes du Genocide*

GAERG – *Groupe des Anciens Etudiants et Elèves Rescapés du Genocide*

PCS – *Positive Coping Strategies*

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CHAPTER 1: GENERAL INTRODUCTION

In 1994, the then Government of Rwanda (GOR) orchestrated the systematic elimination of one-tenth of its population. The genocide was implemented by government officials to eradicate the Tutsi minority and moderate Hutu population. This genocide was stemmed from the effects of colonization which created elitist ideology that indoctrinated the Rwandan population by dividing them into three distinct groups: Hutu, Tutsi and Twa. In the beginning, the Tutsi – under the manipulation of the Belgians – oppressed the Hutu and Twa until they became cognizant of the destructive ideology of their colonizers. The Belgians and the Catholic Church reversed the roles by giving the Hutu's power and imploring them to oppress the Tutsi. The war finally bubbled over which lead to the 1994 genocide against Tutsis.

After the Rwandan Patriotic Front took power in July 1994, reconciliation and unity was necessary to create a new Rwanda which focused on security, economic development, preservation and memory, handling genocide perpetrators and providing services to vulnerable persons affected by the genocide. These vulnerable persons were majority women and children as 50,000 women became widows while 75,000 children became orphans (Fund, 2007). In Rwanda, rape was systematically used as a form of warfare causing many women to be infected with HIV/AIDS through systematic planning which also caused their death as well as creating a new population of Rwandan orphans. Despite the atrocities committed against the country, Rwanda has been able to grow into a model country of peace and unity amongst its citizens.

1.1 RESEARCH PROBLEM

Because of the 1994 genocide against Tutsis, over 75,000 orphans were created and an estimated 10 percent of Rwandan households are headed by children, which comprises of about 300,000 children living in 65,000 child headed or youth headed households (Fund, 2007). This has created the necessity of research focusing on the implications of the 1994 genocide against Tutsis

and its effect on the Rwandan population. These implications of the 1994 genocide against the Tutsis have manifest as work specifically focusing on post-traumatic stress disorder, prolonged grief disorder and other trauma spectrum disorders. However, it is important to note that a sizable number of Rwandans in one way or another have been able to overcome the trauma sustained by reclaiming their lives through positive coping and become progressive members of Rwandan society. Given the severity of the 1994 genocide against Tutsi, it is not obvious that people especially orphans easily managed the psychosocial situation they were left in after the loss of their parents and relatives. Thus, there is a gap of research focusing on the positive coping mechanisms used by the genocide orphans to cope and heal from the trauma sustained by the 1994 genocide against Tutsis. Because of this gap of research, it is imperative that literature is published focusing on the positive coping strategies the orphans of the 1994 genocide against Tutsis used to heal and become progressive members of society.

1.2 RESEARCH PURPOSE

The purpose of my research is to analyze the negative implications of the 1994 genocide against Tutsis of those orphaned twenty-one years ago and what strategies did these orphans implement to heal and cope. Because of the loss of their parent(s), many orphans were submerged into poverty, forced to withdraw from school due to economic stress and often became the heads of their household. Losing a parent or parents, becoming financial unstable and potential having to withdraw from school can be emotionally and psychologically difficult especially for children. Therefore the purpose of this research is to 1.) Understand the repercussions and negative experiences sustained by orphans during the 1994 genocide against Tutsis, 2.) Understanding the positive coping strategies these orphans implemented and 3.) How these positive coping mechanisms can be reproduced beyond cultural barriers to prevent other single or double orphans from becoming regressive individuals of any society. I hypothesize that use of social networks,

spiritual groundwork and self-expression through the arts will be used as the primary outlets of coping.

1.3 SCOPE OF THE STUDY

I plan on conducting open-ended interviews on 10 orphans of the 1994 genocide against Tutsis. The questions are section into three primary portions: the first focuses on background information such as age, number of siblings, are they single or double orphaned and home life, the second focuses on life right after the 1994 genocide against Tutsis such as who they lived with after the death of their parents, hardships faced, what methods they used to move forward and feeling associated with gaining and orphan status and finally the third component focus on current life such retrospectively looking at those strategies and their successes, current professions and motivations.

1.4 LITERATURE REVIEW

Recent estimates report that there are approximately 145 million children worldwide who have lost at least one parents as a result of various causes (Development, 2008). Since 1990, the number of orphans from all causes has decreased in Asia, Latin America and the Caribbean, but has risen by 50% in sub-Saharan Africa (Fund U. N., 2006). Parental death is one of the most traumatic events that can occur in childhood (Haine, 2006). Literature has also indicated that parental death places children at risk for many negative outcomes, including mental health problems (e.g., depression, anxiety, somatic complaints, post-traumatic stress symptoms), traumatic grief (e.g., a yearning for the deceased and lack of acceptance of the death), lower academic success and self-esteem, and greater external locus of control (Lutzke, 1997),

When the death of a beloved one takes place, individuals may experience a wide range of emotions, commonly referred to as “bereavement and grief.” Psychologists and grief theorists

describe bereavement as the state of having suffered a loss, grief as the normal reaction one experiences in that state, and mourning as both an intra-psychic process and cultural response to grief (Rando, 1993). The death of a parent during childhood has a profound and lifelong impact on a child's psychosocial well-being. Cross-cultural research on natural grieving processes suggests that most humans need to recognize their grief and be able to express it directly in order to resolve their loss (Eisenbruch, 1984). Children in particular are at increased risk for unresolved or complicated bereavement due to their developmental vulnerability (e.g., intellectual immaturity and emotional dependency).

Literature has been publishing citing six major factors that are associate with complicated grief: age younger than sixty years old, lack of perceived available social support, history of depression and current depression, lower income, pessimistic thinking and severity of stressful life events (Tomarken, 2008). Generally, younger bereaved persons experience more difficulties after a loss than do older bereaved persons. These difficulties include more severe health consequences, grief symptoms, and psychological and physical symptoms. The potential reason for this age-related difference may be the fact that younger bereaved persons are more likely to have experienced unexpected and sudden loss (Schut, 2001). Factors such as the situation (expected versus unexpected), personality characteristics, religious beliefs, gender and social support are also important facilitators in the grief and bereavement process.

1994, 800,000 to 1,000,000 Rwandans died in the 1994 genocide against Tutsis. The genocide erupted between two ethnic groups, the Hutu majority and the Tutsi minority, which was created by colonization. The Hutu majority were urged by media and propagation to murder the Tutsi minority. Families were decimated and many children were left as single and double-orphans as well as becoming the head of their households. Because of the 1994 genocide against Tutsis,

nearly 75,000 children became orphaned and nearly 300,000 live in a child-head household (Fund S. S., 2007). This left Rwanda is a scrambled to find initiatives to support, help these vulnerable persons cope with their trauma and restore the sense of family they once had.

CHAPTER II: RESEARCH METHODOLOGY

The approach that was used in this study was a narrative analysis of qualitative research. Due to the vastness of the topic, the research was narrowed through the use of the GAERG as well as referrals from participants. The GAERG is an organization founded by Rwandan graduate genocide survivors with a mission of creating a world where the memory of genocide is preserved and create a self-sustaining genocide survivor's community. The GAERG completes this mission by striving to ensure a dignified preservation of Tutsi genocide memory; build capacity through education, socioeconomic development, and advocacy for beneficiaries. Research was collected through use of personal interviews. Interviews were conducted with both those orphans by the 1994 genocide against Tutsis as well as personnel within the GAERG.

2.2 RESEARCH DESIGN

The research design is descriptive and the sub-type is a narrative analysis through both participant referrals and the GAERG located in Kigali, Rwanda. The descriptive design allowed for depiction of hardships and state of emotional and psychosocial health, positive coping strategies implemented to buffer their experience with the 1994 genocide against Tutsis and their current outlook and motivation on life today. The use of narrative analysis provided a holistic insight to the 1994 genocide against Tutsis for research feasibility considering the immensity of the subject matter.

2.3 DATA SOURCES

The data for this research was primary data collected during interviews among orphans of the 1994 genocide against Tutsis. Two interviews conducted were informant data (advisory council of the GAERG) in efforts to better understand the purpose of the GAERG, to better comprehend the life of orphans after the 1994 genocide against Tutsis and also look at what services and

strategies were implemented to understand how the GAERG was helpful to the community of orphans for the 1994 genocide against Tutsis. These data sources included transcripts of interviews with interviewees and behavioral observation were also recorded during these interviews.

2.4 DATA COLLECTION TECHNIQUES

I obtained access to individuals matching the category of this research topic with the help of the advisory board of the GAERG, other members of the GAERG and referrals from participants who thought these individuals meet the requirements. Interviews were originally conducted with 13 orphans between the ages one to twenty-one. However, one survivor did not match the criteria and two did not respond to the electronic interview questions. Questions were structured in order to obtain information on personal and family life (current age, age during the 1994 genocide against Tutsis and parent/sibling information), Experiences/Psychosocial Health (experiences, living conditions, hardships endured and psychosocial mental health), Current Outlook (positive coping strategies implemented, successes of positive coping strategies, current overall feelings of emotional/mental health, looking retrospectively at the strategies implemented, profession and current motivation). Interviews were primarily conducted at neutral settings, Bourbon Coffee in both the Union Trade Centre and the Kigali City Tower. Two interviews were conducted at the interviewee's workplace and one interview was conducted at a local bar. Interviews were conducted primarily in English, however a translator was present for one interview when language barriers arise. Both qualitative information and behavior observations were collected during this time.

2.5 ISSUES OF RELIABILITY AND VALIDITY

Due to the fact that the research is qualitative, possible reliability and validity issues center on credibility, confirmability and misunderstanding of question because of language barrier.

However, this research combated the issue of credibility through the use of relevant interview questions, establishing trustworthy relationships with participants through conversation-making instead of “an interview” and combining the data with behavioral analysis. With the purpose to confirmability, the procedure involved in the research has been documented in efforts to allow other researchers to repeat the process. To counteract the misunderstanding of a question, questions were broken down into simple English to avoid language barriers as well as the use of unbiased examples to get a look into the interviewees’ life.

2.6 DEFINITION OF KEY TERMS, CONCEPTS, AND VARIABLES

Positive Coping Strategies: Positive coping strategies refer to the specific efforts, both behavioral and psychological, that people employ to master, tolerate, reduce, or minimize stressful events (**Psychosocial Working Group, 1998**).

Bereavement: is the period of grief and mourning after a death (**National Cancer Institute**).

Psychosocial Health: Involving both psychological and social aspects of one's life and in relation to the social conditions to mental and emotional health (**www.psychosocialhealth.tripod.com**).

Mental Health: Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (**World Health Organization**).

Motivation: internal state or condition that activates behavior and gives it direction; desire or want that energizes and directs goal-oriented behavior; influence of needs and desires on the intensity and direction of behavior.

Cultural Breaks: Cultural breaks are values or systems that have been destroyed because of tragedy such as in the case of the 1994 genocide against Tutsis. Cultural breaks in this instance

can operationally be defined as break in the role of mother or father in Rwandan society, destruction of cohesive family structure due to orphan status and/or loss in material possession that are important to Rwandan status (cows, lands, etc).

2.7 ETHNICAL CONSIDERATIONS

Confidentiality was maintained throughout the research project by providing each participant with a number given by the researcher that describes the interviewee as their name. They will not be referred to by name in the data recording, analysis, and report formation. Informed consent was obtained orally before research was conducted. Participants were informed of the purpose of the research, discomfort that may be experienced as a result of interview questions, benefits of participation, confidentiality and the voluntary nature of their participation. At the conclusion of this research project, a copy of the study report will be submitted to GAERG in order to share the research findings.

CHAPTER III: RESULTS AND ANALYSIS OF DATA

Interviews were conducted with ten orphans (nine men and one woman) of the 1994 genocide against Tutsis. The participants in this research were interviewed with a 17-point survey. Interview questions were divided in three subcategories: Past Life, Experience/Psychosocial Health, and Moving Forward. These questions were open-ended, meaning that though the questions were structured, as more information was made available, questions were tailored to gain more information. Due to confidentiality reasons, all interviewees were given identity number ranging from 1-10.

3.1 RESULTS FROM INTERVIEWS

a. PAST LIFE

The 10 interviewees who participated in my research are currently aged 22, 24, 24, 25, 31, 32, 33, 35, 38 and 42. During the 1994 genocide against Tutsis they were aged 1, 3, 4, 4, 11, 11, 12, 14, 17, and 21. The purpose of the variation of range of age in this research is to understand different perspectives and experiences people were challenged with at certain periods of time. In relation to parental death, none of the participants singularly lose their mother, however, three lost their father and seven lost both parents. In relation to sibling death, three lost none of their siblings, four lost between one to three siblings, two lost all of their siblings and one is uncertain if they lost any of his siblings.

b. EXPERIENCE/PSYCHOSOCIAL HEALTH

In describing their experience in the 1994 genocide against Tutsis, there was a variation of experiences amongst the participants. However, the all stated that they had a “happy and great” life before 1994. “1” was a Rwandan refugee who was living in Burundi at the time of the genocide,

their father was in Rwanda during 1994. “1” describes living in Burundi as a Rwandan refugee “*as difficult*” stating “*no opportunities were made available for them and they were not living but surviving.*” “2” was very young at the time of 1994 and did not remember much, however their pre-genocide life was described as “*great*”. “3” was in Rwanda with their mother and grandmother, they were very young and “*did not remember much*”. “4” described their experiences in 1994 as also very difficult, they fled to the Zaire (currently the Democratic Republic of Congo) and stayed in the “*bush*” for a while. “4” also stated that “*they were constantly on the move*”. “5” also described 1994 as difficult. Perpetrators murdered both “5” parents and all but 1 sibling. They allowed “5” to survive so “*a living witness can tell the horrors inflicted on the Tutsi minority.*”

“6” was living with their grandmother at the time of the 1994 genocide against Tutsis. “6” described “*though my grandmother was Tutsi and her neighbors were Hutu, they protected them because of my grandmother’s continuous effort to help them in hard times*”. “6” was forced to stay inside for one hundred days and was finally able to be set free after the Rwandan Patriot Front saved them. “7” stated that “*during the 1994 genocide against Tutsis, they fled to an orphanage between the years 1994 to 1997.*” This orphanage was described as being protected by UN soldiers buffering attacks from Hutu militia. “8” also described their experience in 1994 as very difficult. The pastor of the family church was the person who brought the Interahamwe to kill the family. “8” father hands were chopped off, killed by a nail through the head and his body was used as a stopping post to kill other Tutsis. “8” mother and two sisters were raped and sodomized repeatedly by the pastor and militia, they later died because of the inflictions from repeated rape. “8” other siblings were killed by machete hacking.

“8” survived by the grace of God as they describe; a snake bit a member of the Interahamwe, giving “8” enough time to jump in a hole. After a forty-eight day journey, “8”

managed to reach a post where the Rwandan Patriotic Front had recaptured a part of Kigali. “9” was in Rwanda during 1994 where they stop attending school in 1992 and did not return back until 1997. “10” was also in Rwanda during 1994 where they hide in different locations. 10 stated that *“everything in front of his eyes”*. “10” was ultimately rescued by the Rwandan Patriotic Front.

All interviewees described their life after 1994 as difficult. When answering the question *“Who did you live with after the passing away of your parent(s)? How easy/difficult was life with them?”*, one lived with their surviving parent, three lived with other relatives, two lived with families outside of their relatives while four lived in a combination of different housing arrangements (orphanages, surviving parents and other relatives). The interviewees also described a plethora of hardships they experienced as single and double-orphans. These hardships included schooling, hunger, shelter, cultural breaks, the responsibility of taking care of siblings and clothing. Half of the interviewees described hunger, shelter and schooling as the most pressing and main hardships they faced the most. Four described cultural breaks as one of the most pressing hardship while one described the responsibility of taking care of their siblings as the most pressing hardship. In reference to the psychosocial health of the interviewees, two stated that the 1994 genocide against Tutsis did not have a substantial negative impact, one stated that his psychosocial health is ok elaborating that *“some days were bad, while some days were good”* and seven stated that their experience in the 1994 genocide against Tutsis had a bad or negative impact on their psychosocial health. These negative impacts were described as negative thoughts, thoughts of suicide/retaliation, depression, cultural breaks, recurring sad dreams and feelings of hopelessness.

c. MOVING FORWARD

In order to cope with their experiences, the orphans of the 1994 genocide against Tutsis implemented a plethora of coping strategies to move forward. “1” stated that to cope they

implemented relationship building, fashion, going to church, prayer, singing and trying to look at the positive of things. “2” stated that dreaming of a better future, gaining and becoming associated with positive groups, family and looking toward the future helped them cope. “3” stated that to cope with their experiences they realized other people were going through similar pain, looking forward to the future and making purpose out of what he has happened. “4” used education as a means of coping: joining ToastMasters Inc., which allowed for immersion in public speaking and be a leader to move forward. “5” cope by implemented sports, group prayers, commemoration/remembrance and recreation of family through the AERG/GERG.

“6” implemented social support systems like the AERG, life principles and values, reading and church/spirituality to get over their negative experience in 1994. “7” used studying and future planning to get over their experience. They stated “working hard, did not give time to negative thoughts and decided to make a better future”. “8” implemented singing, playing the guitar and education as coping mechanism for their experience in 1994. “8” also implemented God and spirituality in their life, however,”8” stated church is not an option because of the atrocities witnessed. “9” used spirituality mainly to cope with the events of 1994. “9” explains the last conversation with their mother where she said “Go and be a man”. “10” used a series of mechanisms to move forward after 1994. Emergence in education as well as looking into the history and creation of genocide and aspired to create an atmosphere of remembrance and reconciliation through memorial erection.

40% of the interviewees described spirituality or religion as being most influential in helping them cope with their experiences during and after 1994. Spirituality and religion was defined as “*church, group prayers, finding Jesus Christ and prayer.*” 50% of the interviewees described support systems as being most influential in helping them cope with their experiences

during and after 1994. Support systems were defined as *“AERG/GAERG, family and friends.”* 50% also stated that self-expression was most influential in helping their process of coping. Self-expression is described as *“singing, playing instruments, playing sports and fashion”*. 40% of the interviewees stated that purpose-making was important in their healing process. Purpose making is described as *“continuing life for those who are no longer here, living for those who are no longer here and knowing that this was a stepping stone in my future successes.”* 20% stated that education was most influential in them moving forward after the 1994. Education was defined as *“studying, working hard in school to get college and focusing on creating a better life for themselves and their family through educational attainment”*. 20% also stated that remembrance was important to them moving forward after the events of 1994. Remembrance including *“continuously remember those they lost during the 1994 genocide against Tutsis and paying homage to those lost at key points in life such as marriage or having kids.”*

Looking currently at the overall emotional and mental health of the interviewees, six stated that their happy with their life usually saying *“life is good or I am happy”*, three stated they were *“ok”* with life usually saying *“some days are good and some days are bad”*, while one stated that they have bad feelings about life saying *“he’s often feels depressed and hopeless”*. Looking retrospectively into the past of their life after 1994, the question was posed *“If you had the opportunity to go back in time and implement different strategies would you?”* three stated they would go back in time and change certain aspects, however, seven stated that they would not change anything. Looking forward into what keeps the survivors moving on, 50% stated that looking towards the future keeps them motivated, 50% percent stated that social networks keeps them motivated, 30% stated that spirituality keeps them motivated, while 10% stated that education and purpose-making keeps them motivated, respectively.

3.2 IMPLICATIONS

The primary focus of this research is to understand the negative experiences sustained by orphans during the 1994 genocide against Tutsis and understand the positive coping strategies these orphans implemented. The research shows that the experiences of these orphans of the 1994 genocide against Tutsis were difficult and painful. All interviewees lost a sizable amount of their immediate and distant family members, seven lost both parents and five lost either all or some of their siblings. Though their experiences in 1994 were similar, none were exactly the same. Two of the interviewees fled to other parts of east Africa during 1994, three witnessed the death of their family members, three were also forced to hide and be on constant move to survive, while two were too young to remember the horrors of 1994. Rebuilding after 1994 was difficult as all interviewees said their life after 1994 was full of uncertainty and hardships.

The most common hardships were schooling, hunger, shelter, cultural breaks and clothing. The loss of their families coupled with the numerous hardships faced creating an atmosphere of negative psychosocial health among the survivors. Despite their experiences, however, these survivors implemented different positive coping strategies to not only heal from what they lived through but become progressive members of Rwandan society. These coping strategies were self-expression, spirituality, education, purpose-making, social support, sports and remembrance. The interviewees ranked the coping strategies in most effectiveness with 50% for support systems, 50% for self-expression, 40% for spirituality or religion, 40% for purpose-making, 20% for education and 20% for remembrance. Implementation of these positive coping strategies were proven to be successful as sixty percent of the interviewees describing their current overall feelings of life as “good”, while thirty percent described it as “ok” and 10 percent described it as “bad”.

After the 1994 genocide against Tutsis, despite their experiences and hardships, these survivors have been able to reintegrate themselves into Rwandan society and become progressive members. Currently, five of the survivors works in the business sector, three are students finishing university and two works in the human resource sector. Also five are married and four have children. Because of these implications, my hypothesis was proven correct. However, there were other forms of positive coping strategies implemented to buffer the negative effects of the 1994 genocide against Tutsis such as education and remembrance.

CHAPTER IV: RETROSPECTIVE AND PROSPECTIVE RESEARCH

4.1 LIMITATIONS

The limitations for my research project should be noted in order for replicators to maximize the full potential of the research topic and results. First, time constraints – though my research project began two months before data collection, it is important to start years in advance to create the best strategies to obtain information especially in this particular study of interest. My applicant pool was influential, but it was small because of the limitations on time. Therefore, my results cannot be generalized because of the small pool of interviewees. Second, the language barrier – though my research participants spoke English and I used simplest terms of English to pose particular questions, the data received was limited because of the limited English the interviewees spoke and the limited Kinyarwanda I spoke. Though my interpreter was very helpful in translation, his English was also limited. Therefore for future work, it will be imperative that a trained interpreter in English and Kinyarwanda is available.

Thirdly, gender breakdown – my applicant pool was a total of ten, however nine were men and only one was a woman. In 2012, the National Institute of Statistics of Rwanda released a statistics describing more than 51.8% of the Rwandan population is women. By including more women in future studies we can get a more holistic picture of the effects of the 1994 genocide against the Rwanda community. Finally, cultural differences in Rwandan culture – through extensive learning about Rwandan history and culture, I was cognizant of the differences compared to American culture. These differences created a space where a lot of information was disseminated but also a lot of information was not discussed because of fear, social doctrine or retaliation. It is

important for future research, that strong relationships are built with interviewees to have more transparent and honest conversations.

4.2 DISCUSSION

Through my research, I have found five main points of discussion. First, there was a major difference in current psychosocial and mental health amongst those between the current ages of twenty to thirty compared to those between the ages of thirty to forty-two. Those who in the younger bracket described their current psychosocial and mental health as either “ok” or “bad”. Looking more into what is defined as “ok” or “bad”, the interviewees described their life as “not in a place they would like it to be in” or “they are still continuously dealing with hardships” compared to everyone between the later bracket stating they are happy and excited with their lives. It would be interesting to see what factors could be incorporated into these interviewees life for them to describe their psychosocial and mental health as good. It would also be interesting to see if any of these factors are related or different to those of the older age bracket. Secondly, there was a substantial difference in motivation. Those who were in the younger bracket explained that education was the primary source of motivation. Education was described as “studying hard, doing well in university and obtaining a financial stable job”. In comparison to those of the older bracket, their primary source of motivation is rebuilding or recreating families in which they have lost. It would be interesting to look at the overtime difference of motivation in the younger bracket versus the older bracket.

Thirdly, there was a noticeable difference in implementation of positive coping strategies based on parent and sibling information. Those who lost both parents and majority of their siblings (*total immediate decimation*) were more likely to implement spirituality or religion as their source of coping compared to those who lost a single parent or not majority of their siblings. The next

main analysis focuses on the role of siblings in the coping process. Those who had surviving siblings stated that their surviving sibling(s) were influential in their coping and healing. Finally, all participants stated that the loss of their families fueled their need to be resilient to reclaim their lives, look forward the future and obtained all they can potential can.

4.3 FUTURE RESEARCH

Through my research, I have found three questions that would be beneficial in future research. First, the role of siblings during bereavement and coping. The research concluded that those who had surviving siblings had a better time coping with their negative experiences after 1994. Siblings, which are an extension of social support groups can provide future answers to the role of support groups in healing and coping after bereavement. This can also be insightful because of future need to replicate “the sibling effect” in support groups to better buffer those afflicted by death of a loved one. Secondly, the role of religion and spirituality in buffering negative effects of bereavement and grief. Over 90% of the Rwandan population belong to a particular denomination and 40% of the sample group stated that religion or spirituality was their main source for coping and healing after the 1994 genocide against Tutsis. Therefore, it would be interesting to see what role spirituality would have not only in unity, forgiveness and reconciliation, but resilience, coping and progression. Finally, it would be beneficial to look at how these coping strategies could be replicated across cultural barriers. On a micro-level, many children are faced with bereavement and without proper buffers in place, their grief can have adverse experiences. Future research should look at ways to replicate similar strategies from post-conflict regions and try to better mold them for the individual experience of bereavement.

CHAPTER V: APPENDIX

Open-Ended Interview Questions:

1. How old are you currently?
2. How old were you when the 1994 genocide against Tutsis took place?
3. Did you lose your mother, father or both?
4. How many of your siblings survived the genocide?
5. What was your experience with the 1994 genocide against Tutsis?
6. How would you describe your life/living conditions after the genocide?
7. Who did you live with right after the passing away of your parents? How easy/difficult was life with them?
8. What were some of the hardships you faced after the 1994 genocide against Tutsis?
9. If you have to classify your after-genocide life into phases, how would those phases differ?
10. Would you say that your experience as orphan of genocide had impacted your psycho-social and mental health? In other words, was there any time you felt or realized some abnormal/strange feelings/behaviors in you that can be connected to your life as an orphan of genocide? If yes, what type of behaviors/feelings?
11. What positive coping strategies did you put in place to heal from the 1994 genocide against Tutsis?
12. How would you rank those strategies? In other words which one do you think was the most successful?
13. What is your overall feelings of your mental and emotional health?
14. Now that you are a grown up person, is there anything you think you would have done differently in coping with the challenges you faced?
15. What is your current profession?
16. What keeps you motivated? What is your current outlook on life?
17. Is there anything else you want to share with me in regard to this topic?

5.2 WORK CITED

Works Cited

Development, W. H. (2008). Children and AIDS: third stocktaking report.

Eisenbruch. (1984). Cross-cultural aspects of bereavement II: Ethnic and cultural variations in the development of bereavement practices. *PubMed*, 315-347.

Fund, S. S. (2007). *Supporting Survivors of the Rwandan Genocide*. Retrieved from SURF Survivor Fund: <http://survivors-fund.org.uk/resources/rwandan-history/statistics/>

Fund, U. N. (2006). Africa's orphaned and vulnerable generations.

Glicken, M. D. (1978). The Child's View of Death. *Journal of Marriage and Family Counseling*, 75-81.

Haine, R. (2006). Positive parenting as a protective resource for parentally bereaved children. *Death Studies*, 1-28.

Lutzke, A. S. (1997). Risks and interventions for the parentally-bereaved child. *Handbook of children's coping with common life stressors: Linking theory, research and interventions*, 215-243.

Rando, T. (1993). The increasing prevalence of complicated mourning: the onslaught is just the beginning. *Omega*, 43-59.

Schut, S. a. (2001). Risk factors in bereavement outcome: a methodological and empirical review. *Handbook of Bereavement Research*, 349-371.

Silverman, W. a. (1996). Parental death and the adjustment of school-age children. *Omega*, 219-230.

Tomarken, H. S. (2008). Factors of complicated grief pre-death in caregivers of cancer patients. *Psychooncology*, 105-111.