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An Analysis of Positive Coping Mechanisms Utilized to Overcome Trauma in Post-Genocidal Rwanda

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World Learning – SIT Study Abroad

Rwanda: Post-Genocide Restoration and Peacebuilding

Danielle Marvin

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"Healing from trauma is like a cut that's no longer there. You will always have a scar. You just have to get acquainted with the situation and learn to live with it."

-Interview Participant

Abstract:

From April 7th to July 1st of 1994, one million Rwandan people were brutally murdered by their friends and neighbors in the meticulously planned and government-sponsored Genocide against the Tutsi. Survivors witnessed killings and sexual assault, had their lives threatened, lost multiple family members, and hid under dead bodies to evade the killers. To make matters worse, trust within communities and even within families was destroyed as Hutu perpetrators turned against Tutsis they had, days earlier, been inviting to family events. After the genocide, PTSD rates among adults in Rwanda were estimated at 20.5% for men and 30% for women (Munyandamutsa). Due to the violence, infrastructure throughout Rwanda was decimated, leaving their only psychiatric hospital abandoned and a meager 3 professional psychological support staff in the country. This report discusses four categories of coping mechanisms utilized by Rwandans to cope with post-genocide trauma: problem-focused strategies, emotion-focused strategies, avoidance strategies, and faith-based strategies. It then analyzes 9 personal interviews with Kigali-based psychological support organizations and 85 testimonies from Rwandans who experienced genocide for methods they either recommend or personally used to positively cope with genocide-inflicted trauma. The study shows that emotion-focused and faith-based coping strategies are the most utilized. While the results of this study cannot be generalized outside of a Rwandan context, these findings may suggest that internalized coping mechanisms are more applicable in trauma cases of atypical occurrence or magnitude.

List of Abbreviations:

- AVEGA – Association des Vueves du Genocide AGAHOZO
- KGM – Kigali Genocide Memorial
- OHH – Orphaned Heads of Households
- PTSD – Post-Traumatic Stress Disorder

Acknowledgements:

As an underqualified undergraduate, I want all of my interviewees to know that I appreciate their taking an hour or so of their valuable time to sit down and share their views and experiences with me; without them, I wouldn't have had a project to write about. The SIT staff was so helpful in connecting me with people and organizations focusing on my topic and provided me with advice throughout the semester. Sunday in particular went above and beyond his role as office manager to act as my travel agent, life advisor, and occasional chauffeur. He wore many hats and I am thankful for every one of them. Waiting to meet my host family was one of the most nerve-wracking experiences of my life, but I was so lucky to have them. Gose, the house help, while teaching me to cook and carefully peel potato after potato, I hope you know that your beautiful laughter made mealtime prep so much more enjoyable. Gaso, even though you threatened me repeatedly and lost the dog after four days without letting me meet it first…I appreciated you teaching me how to play card games, cut grass, and dance. Mama Michou, thank you for wading through painfully slow Kinyarwanda conversations with me, teaching me to do laundry, and having a friendly smile waiting for me at the end of every day. To my Rwandan friends, you taught me so much more about Rwanda and life in general than I ever imagined when I came here. I had so much fun with you and I'm so glad that I met you. If you ever find yourselves in Iowa, know that you have a home with me. Banana man, the free bananas when I show you my Kinyarwanda tests and your happy handshake always added a little sunshine to my mornings. Delta Airlines, thank you for transporting me safely across the Atlantic, Mediterranean, and Sahara; I literally would not have made it this far without you. Last but not least, I'd like to send a shout out to my family. Pops, Mamau, Matt, Nicole, Leah, Jacob, Kerm-Dawg…I love you all.

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Chapter I: General Introduction and Background of the Study

1.1. Introduction

Post-traumatic stress disorder (PTSD) is a psychological condition that is typically incurred on a very individual basis. However, in the case of the 1994 Genocide against Tutsis, very similar traumas were experienced by a large number of people in a short amount of time. In my research, I intend to look at what positive coping strategies people in Rwanda have used to address traumatic experiences in their lives related to the 1994 Genocide against Tutsis.

1.2. Background of the study

The Anxiety and Depression Association of America defines PTSD as, "a serious potentially debilitating condition that can occur in people who have experienced or witnessed a natural disaster, serious accident, terrorist accident, sudden death of a loved one, war, violent personal assault such as rape, or other life-threatening events" (Posttraumatic Stress) In Rwanda, data gathered in a 1995 survey found that 80% of surveyed women showed signs of trauma and between 54 and 62% (varied with sample used) of 1,547 Rwandan children who were interviewed exhibited probable PTSD (Favila). Other studies publish that 94% of people in Rwanda witnessed one or more genocide events, such as murder, property destruction, or threats to their or others' lives (Lauren). In 2002, a survey of 2,074 Rwandan adults found the PTSD prevalence to be 24.8% and a follow-up survey of 962 participants found a PTSD prevalence of 26.1% (Munyandamutsa).

1.3. Research problem

Trauma-inducing events usually occur on a case-by-case basis but, as in the case of the 1994 Genocide against Tutsis, a traumatic event of atypical magnitude caused a large portion of the population to suffer from PTSD or experience similar symptoms. Therefore, it may be possible that different coping mechanisms were used by individuals and institutions to address this issue than are typically used in PTSD treatment.

1.4. Research purpose/objectives

The study intends to:

a) Understand different forms of trauma experienced and its different forms of manifestation
b) Appreciate different therapeutic methods used to help those who experienced trauma

Chap II: Research Methodology

2.1. Scope of the study

This study will occur mainly over a period of four weeks, with reference to literature reviews of scholarly articles in the areas of PTSD treatment and supplementary information gathered prior to this period. I intend to draw data from interviews conducted with therapists who provided services immediately after the genocide, survivors who received therapeutic services immediately after the genocide, professors of psychology at local universities, and faculty of local organizations that focus on trauma-healing. Additionally, I intend to read memoirs and testimonies of genocide survivors and analyze these texts for coping strategies that helped them deal with their own personal traumas. This study will take place exclusively in Rwanda, primarily in the capital of Kigali with people who are primarily Rwandan, so the results cannot be generalized beyond this specific context.

2.2. Data collection techniques

Prior to the main research period, I read memoirs and testimonies of survivors of the 1994 Rwandan genocide and analyzed these texts for coping strategies used to overcome trauma induced by this event. During the research period I conducted 9 interviews in a conversation format; 2 testimonial and 7 non-testimonial. A translator assisted in interpreting for two interviews; one between Kinyarwanda and English and the other between French and English. Including printed, online, or informally disclosed testimonies, my data includes 85 testimonies of individuals personally traumatized by the 1994 Genocide against Tutsis and 6 non-testimonial interviews. I then analyzed this information for common coping strategies among survivors and

common techniques used by service providers. I then drew connections between the treatment of post-genocide trauma and how trauma can be effectively treated today.

2.3. Ethical values observed during the study

In order to not cause any excess psychological stress concerning a very sensitive subject matter, I interviewed survivors who willingly volunteered to share their stories and who had established relatively stable lives post-genocide. I focused my research on interviewing institutions about their role in providing care for traumatized individuals and from reading testimonies accessible either online or in print. I respected confidentiality of all individuals, whether their testimony was gathered via interview or text by removing all identifying personal information from my paper. Additionally, no information was obtained without the informant's permission. I used an interpreter for two interviews and, prior to the interviews, informed him of the specifics of my topic and asked him multiple times whether he was comfortable with hearing survivors' testimonies and was willing to assist me.

2.4. Limitations of the study

The most influential limitation of this study was the short, four-week period in which this study took place. This period was used to plan, research, and complete the study, which caused many steps of the research process to become rushed. Secondly, my study was limited in that the entirety of my interviews were conducted within the capital of Kigali. I was able to speak with staff members at four different institutions- namely, AVEGA-Agahozo, Sociotherapy Rwanda, Kigali Genocide Memorial, and University of Rwanda- but I would have liked to have had time and resources to travel to these institutions' locations in the other provinces of Rwanda in order

to get a more comprehensive idea of the services they provide and ideologies they represent. Of the 86 testimonies included in my study, it is possible that all provinces of Rwanda are represented, but that data is lacking given that some testimonies did not mention their specific location and spoke of exclusively of experience.

Chap III: Literature Review and Definition of Key Concepts

3.1. Literature Review

The literature surrounding coping mechanisms utilized in Rwanda after the 1994 Genocide against Tutsis is minimal. In 1997, three years after the genocide, Rwanda only had 2 psychologists and 1 psychiatrist to support the entire country (Rutembesa). Additionally, Rwanda's only psychiatric hospital was nonfunctional given that all the patients and staff had been killed (Favila). A National Trauma Survey cited in a 2009 article claimed that of 1547 Rwandan children between the ages of 8 and 19, over 90% witnessed killings and had their lives threatened, 35% lost immediate family members, 30% witnessed rape or sexual mutilation, and 15% hid under corpses (Neugebauer). Another study found that in Rwandan adults, of 924 questionnaires, 26.1% met criterion for Post-Traumatic Stress Disorder (PTSD) and that higher rates were associated with adults between 11 and 20 at the time of the genocide, (Munyandamutsa). In 2015, during the national commemoration week alone, there were 1,757 cases of trauma – and these are only the cases that were reported (Mbabazi). Compared to the United States of America, where an approximate 8% of the population meets criteria for PTSD diagnosis at any given time (PTSD Statistics), the high prevalence of PTSD in Rwanda means that coping mechanisms are a crucial part of returning the country to peace and stability. How can a country reach these goals if a large part of the population is unable to function because of trauma symptoms? Coping, because it is such an individualized activity, manifests itself in many ways, depending on the specific trauma experienced and the personality of the traumatized individual. These can be grouped into four 'umbrella' categories that the majority of coping mechanisms fall under: 1) problem-focused, 2) emotion-focused, 3) avoidance and, 4) faith-

based coping strategies (Cherewick). Each of these categories has played a role within the Rwandan context.

3.1.1 Problem-focused coping strategies

Problem-focused coping strategies are seen when the individual tries to take a direct approach to solving their problem and reducing their mental discomfort. Planning the steps to get from point A to point B; they are having nightmares, they want to reduce them, what needs to be done to make that happen. In many cases, problem-focused coping is used when the individual has more control over their specific stressors and can directly change their situation (Cherewick). However, in Rwanda's case, many of the stressors are uncontrollable – parents' death leading to orphan status, for example, and actively trying to solve an unsolvable problem can actually increase trauma. The individual will have thoughts such as, "I should have done something, I could have stopped this", that will add guilt to the trauma of the event itself. Problem-focused coping can be useful if it is used correctly. Exposure therapy – i.e. visiting genocide memorials – is helpful in allowing the individual to face their traumatic memories and move towards acceptance rather than repression (Mbabazi). Thought Field Therapy – thinking about specific traumatic events and tapping on specific body points to release negative energy – reduced child genocide survivors' perceived PTSD symptoms from 72% to 18% and their clinical symptoms from 100% to 6% (Sakai). For people whose goals are tangible and have realistic solutions such as living cooperatively with a neighbor who killed your brother, problem-focused coping strategies may be beneficial.

3.1.2 Emotion-focused coping strategies

When a more internalized approach is needed, emotion-focused coping strategies can be used. These include distracting or separating yourself from your emotions or seeking out social and emotional support. An article says, "Emotion-focused coping may reduce stress and provide safety of 'conservation of resources'…In this way, emotion-focused coping allows youth to have control over emotional resources that can be particularly important when youth are facing resource loss at the individual, family, and community level" (Cherewick). The matter of perception comes into play here, in that a person's recollection of an event determines the severity of the trauma (Olff).. Being an optimist about a situation – i.e., my father died but I still have my uncle with me – leads to less physical distress than being pessimistic. The New Times, Rwanda's main newspaper, recommends talking to a mental health professional and joining a support group or community social service to avoid isolation and gain "moral and emotional strength" (Mbabazi). A limitation of professional counselling is that it is almost exclusively located in Rwanda's capital city of Kigali (Favila). Rural women often don't have the means of travelling to Kigali regularly and must, therefore, depend on other emotional strategies such as talking with friends and family or joining local groups such as those offered through organizations such as Sociotherapy Rwanda that facilitate support groups in communities throughout Rwanda (Community).

3.1.3 Avoidance strategies

Avoidance is often considered a negative coping strategy, but that depends on how the strategies are implemented. Positive avoidance, in Rwanda, has manifested itself primarily in the form of individual education. A study of orphaned survivors showed that, of 61 orphaned children, 70% had returned to school by 2002 and that, by 2008, 90% had finished primary

school, 43.75% had finished secondary school, and 27.08% went on to university. The article then goes on to say, "Education may be beneficial because it may offer hope and the possibility of a brighter future to orphaned heads of households (OHH). In addition, going to school is one of the primary normative experiences for children, and for OHH who are suddenly thrust into the adult roles of caregiver and breadwinner, education may offer an opportunity for success in a developmentally appropriate everyday role, as well as providing access to concerned adults" (Lauren). So, for children who lost their parents and were thrown into adulthood overnight, education provides an outlet through which they are able to avoid their new responsibilities and return to normalcy, even if for only a few hours a day. Negative avoidance can also be seen when people repress the memories and trauma and live as if the experience simply didn't happen as a way of avoiding the strong and painful emotions associated with that experience. The cost of this is a loss of empathy for others, especially in girls, which reduces social relationships (Cherewick).

3.1.4 Faith-based coping strategies

Faith-based coping strategies involves addressing trauma through religion. Rwanda is 96.3% Christian (Religious Beliefs), so all of the literature I read focused on God as the dominant religious entity involved in faith-based coping strategies. During the genocide, the church played a large role in organizing and carrying out massacres of thousands of innocent people. Afterwards, people who remained religious took one of two routes; negative religious coping through blaming God for abandoning them, feeling punished by God, and crediting the devil with what happened. Or, they could use positive religious coping through using the church as social and spiritual support, believing God was trying to strengthen them, and using God to

help them accept and forgive (Chan). There are thought to be five functions of religion, when used as a positive coping strategy: meaning, control, comfort, intimacy, and life transformation (Gerber, Prati). People in Rwanda used religion as a way to attempt to rationalize the acts of the genocide that seemed to defy the human capacity for cruelty, to put the chaos of what post-genocide life was into the hands of a higher being and find comfort in the fact that they were being looked after. Even though the events of the genocide uprooted many people's faith in God, being forced to question your beliefs can also "open the door for new experiences and philosophies", potentially strengthening the relationship the individual has with God (Gerber). For those who were the sole survivor of their family, God may have been the only relationship they could turn to. Many survivors, in the face of poverty and financial insecurity, may have turned to God as a form of comfort when they lacked the resources to seek professional counseling or support groups. Positive religious coping has been linked to higher posttraumatic growth (PTG), which is defined as "perceived changes in self, interpersonal relationships, outlook on life, spirituality, and new possibilities" (Chan).

3.1.5 Summary

The four categories of coping strategies – problem-focused, emotion-focused, avoidance, and faith-based – are all used among the Rwandan people to address the issue of trauma and PTSD after the 1994 Genocide against Tutsis. There is a saying that a string is easily broken until it joins others and becomes a rope. Coping strategies are no different; the more, the better. The goal of a therapist ought to be to help their clients build a "coping repertoire" of strategies that they can rely on when they have trauma. Energy psychology, a technique combining a variety of coping strategies, was used in a Rwandan secondary school and the principal reported that

outbreaks due to emotionally-triggered behavior was reduced by 90% (Stone). Combining problem-focused strategies with emotion-focused strategies has shown to be the most successful in coping with trauma, given that the individual can distinguish between 'solvable' and 'unsolvable' problems (Cherewick). Overall, each person is an individual with unique needs. Personality, perception, and experience play a role in determining which coping mechanism will be most effective in treating each individual case of trauma. Whatever strategy is used, what matters is that the traumatized individual finds one that helps them to achieve the highest mental stability and quality of life possible after experiencing trauma.

3.2 Definition of Key Concepts

For the purposes of this study, I will define the following terms as such:

- Psychological Trauma: the unique individual experience or enduring conditions, in which the individual's ability to integrate his/her emotional experience is overwhelmed, or the individual experiences (subjectively) a threat to life, bodily integrity, or sanity (What is Psychological Trauma?)
- Post-Traumatic Stress Disorder (PTSD): a seriously debilitating condition that can occur in people who have experienced or witnessed a natural disaster, serious accident, terrorist accident, sudden death of a loved one, war, violent personal assault such as rape, or other life-threatening events (Posttraumatic Stress)
- Survivor: Any individual to have been persecuted during the 1994 Genocide against Tutsis in Rwanda for either being a Tutsi themselves, protecting Tutsis from persecution, or refusing to comply with those perpetrating and carrying out genocidal acts against Tutsi

- Post-Traumatic Growth: perceived changes in self, interpersonal relationships, outlook on life, spirituality, and new possibilities (Chan).

Chap IV: Presentation, Analysis, and Interpretation of Data

4.1. Personal Interviews

Over the four-week study period, I was able to conduct a total of nine interviews with six staff from four different institutions providing psychological support for traumatized individuals and three local Rwandan people. These interviews were conducted at their respective institutions, or at SIT school compound in two cases, and lasted approximately one to two hours each. For staff members, I asked questions focused around what forms of psychological support were offered by their institution, what approaches are used to directly assist individuals when they are experiencing trauma, and their views on the role of religion and financial stability in coping with trauma. I concluded each interview by asking the interviewee to define what 'successfully coping with trauma' looks like to them. In two cases, the interviewee spoke on behalf of their institution and then volunteered to share their personal testimony with me. The information from the testimonial part of their interview is included in in section 4.2.

4.1.1. Forms of psychological support and direct trauma assistance

The two major forms of psychological support generally offered at an institutional level are individual therapy, involving a client talking and interacting one-on-one with a professional therapist, and group therapy where a number of clients with similar experiences meet to discuss their thoughts in the presence of a professional therapist who acts as the group facilitator. AVEGA, an organization for genocide widows, provides group therapy via a total of 33 trained psychologists dispersed throughout Rwanda's 30 districts. AVEGA follows a biopsychosocial model where they address their clients' physical, mental, and social wellbeing by providing medical care and housing assistance in addition to trauma counseling. Between April 7th and 14th,

2016, AVEGA provided support for 1,808 traumatized individuals in addition to making 1,584 visits to homebound genocide widows. The Kigali Genocide Memorial (KGM) in Gisozi is staffed with two professional counselors at all times and up to 10 during the genocide commemoration period. These counselors are available during business hours to speak one-on-one with visitors who experience trauma while going through the memorial. Although KGM favors individual therapy for visitors, to address trauma experienced by the staff, they provide a 2-day retreat where staff participate in group discussions about the challenges they face due to being employed at KGM. A clinical psychologist, researcher, and professor at the University of Rwanda worked with the National Trauma Recovery Center in 1997 by providing individual therapy to traumatized genocide survivors. His approach was to use individual therapy to assess the client's needs before referring them to group therapy based on this assessment, or alternatively, to facilitate group therapy and then provide individual counselling to clients who felt they needed additional support. Sociotherapy Rwanda provides group therapy at the community level by training local leaders how to facilitate groups of traumatized individuals in their respective neighborhoods. Sociotherapy Rwanda, similar to AVEGA, stresses the importance of being financially secure in achieving psychological wellbeing. In all, group therapy was the preferred form of psychological support by AVEGA and Sociotherapy Rwanda, as well as for the KGM staff. Individual therapy is preferred to support KGM visitors. Both approaches are used by the National Trauma Recovery Center, depending on assessment of the client and their personal wishes.

4.1.2. Religion and psychological wellbeing

Religion plays a large role in many people's lives and can do a great deal as far as providing emotional and spiritual comfort, especially in instances of trauma. As an institution, AVEGA does not promote any particular religion. They tailor their support to be respectful and inclusive of whatever religious beliefs – or absence of religious beliefs – their clients choose to follow. Similarly, KGM does not promote any particular religion. However, a KGM staff member stated that, in his experience conducting interviews for the online testimony archive, he has observed that some individuals changed their religious beliefs based on the beliefs of who was protecting them during the genocide. This implies that religious beliefs should not be taken up front; a therapy-providing institution must consider an individual's entire experience before concluding if religion is being used as a coping mechanism or as a survival tactic. Sociotherapy Rwanda also does not promote any singular religion. They prefer to focus on addressing their clients' day-to-day struggles and building trust and respect among community members, regardless of religious background.

4.1.3. Financial security and psychological wellbeing

The common opinion among the four institutions represented in my study was that financial instability contributes large amounts of stress to the daily lives of traumatized individuals, thereby making it harder for them to focus their energy on coping with their trauma. To address financial insecurity among its members, AVEGA provides homes and medical care for genocide widows as well as education fees and employment training for their children. The National Trauma Recovery Center staff said simply that financial security "plays a big role" in psychological wellbeing. A KGM staff member said that when individuals are financially insecure, their thoughts become negative and they begin thinking about how things would be

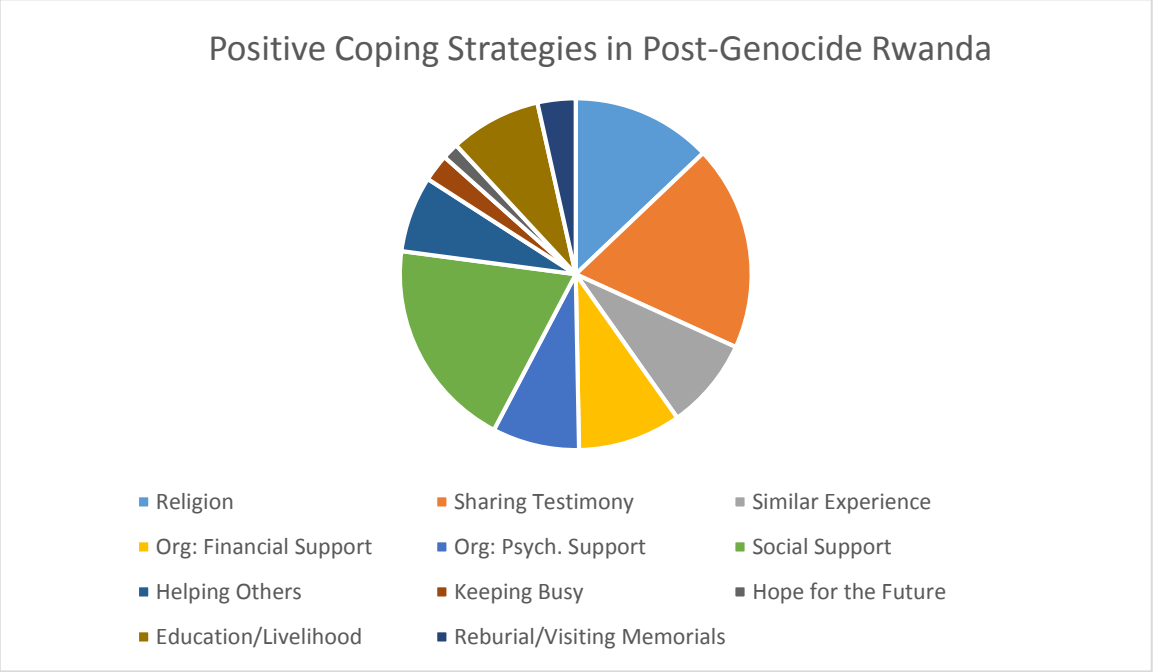
better if their families were still alive. KGM does not, however, provide direct financial support to traumatized individuals. Sociotherapy Rwanda took an alternative route, by saying “First, heal the heart. Then the rest will follow. First, give them hope that tomorrow will be good, then, start building that tomorrow”. Their approach is that, when the heart is healed and psychological wellbeing is restored, then the individual’s financial situation will begin to improve do to their renewed hope in a better future.

4.1.4. Successfully coping with trauma

My first draft of this particular question was, “How would you describe a person who has successfully healed from trauma”. I posed this question to an AVEGA staff member and her response- straightforward and blunt, even through a translator- was that “healed” was the wrong word. An individual does not “heal” from trauma. Rather, it is like a cut that becomes a scar; it must be accepted and integrated into the day-to-day doings of the client’s life. They will never be the same as they were before the trauma occurred, but they will learn to continue on with their life, scar included. At KGM, their description depicted someone who is not isolated and has social interaction within their community, including non-survivors such as perpetrators and bystanders. Personality was mentioned by the National Trauma Recovery Center staff- if a person was funny before the genocide, they have successfully coped once their sense of humor returns. A prior optimist will regain their positive attitude. Sociotherapy Rwanda summed it up as, “They will be happy. Not one-time happy, but gradually happy. They have hope for the future and have taken back their lives”.

4.2. Testimonies

I was able to analyze a total of 85 testimonies during the four-week ISP period. These were gathered via print (77), online (4), and in person (4) sources. While reading each testimony, I noted each individual's life before the genocide, their experience during the genocide, and then what strategies they used to help them cope with the trauma inflicted as a result of these experiences. In these 85 testimonies, I found a total of 201 positive coping mechanisms falling under 11 categorizations. The most utilized mechanisms were social support (19.4%), sharing testimonies (18.9%), and positive religion (12.9%). The remaining 8 categories each represented less than 10% of the total distribution. The results of which are displayed below:



4.2.1. Social support and sharing testimony

I chose to include social support and sharing testimony in the same discussion because I feel like they are two strategies that go hand-in-hand. As I heard or read each testimony, I began to notice a common theme. Many survivors lived in isolation after the genocide, in most cases either because they had lost their entire families, because they were harboring hatred and

mistrust towards their neighbors, or both. One interviewee stated that many survivors who spend lots of time alone get caught in a mental rut of thinking, "if my family were here, things would be better, I wouldn't be lonely" (Whitworth). The negative thoughts fuel depression, in turn fueling isolating behaviors. This isolation can be driven by a lack of social network as described by one survivor; "I had no one to talk to. I couldn't talk about things related to the genocide because of being traumatized. I couldn't talk to members of my family- because they'd never seen a war. None of them had seen someone killed" (Whitworth). The scissors that break this cycle, I found, was sharing their testimony. When survivors began to share their stories with friends, surviving family, in support groups or individual counseling, they began to connect with other survivors and construct a support network that drew them out of isolation and into their communities. One survivor says, "[Survivors] should make friends with other survivors and talk about their problems. When you meet people who have experienced the same problems, you feel relieved because you can talk about your difficulties to someone who understands them" (Whitworth). That, there, is a key finding. Sharing a testimony is only beneficial if there is genuine trust, respect, and understanding between the speaker and the listener. A KGM staff member says that sharing their testimony with foreigners or people who were not in Rwanda during the genocide is not helpful and is even slightly uncomfortable for them. The opinion of one survivor is that "A survivor is better able to encourage another survivor because he or she can relate to what they are going through, and can show them that it is actually possible to overcome the problems. Sometimes hearing about the challenges faced by other people make you feel that your own are less important. It instills some strength in you" (Whitworth). Although I don't feel that it is healthy to devalue one's own experience by labeling it as less-traumatizing as someone else's, it is important to connect with other traumatized individuals to

provide both hope and motivation that comes from a personal standpoint rather than a professional one. As an example, let's say that a man scores five goals in soccer against a world-ranked team. He would naturally find it more emotionally satisfying to recount his story to a fellow soccer-player instead of his basketball-playing friend. There is a psychological phenomenon, when in a conversation, people feel more connected to an individual who mimics their actions- crossing their arms, leaning forward, etc.- than to someone who does not. People like reciprocity and it is hard for someone to reciprocate emotions when they themselves have never experienced them.

The next question, then, is why is sharing a testimony beneficial? The common response of many survivors can be summed up in the following statement: "When I give my testimony, I feel as if I've given part of my burden to be carried by someone else. Instead of keeping everything to myself, I feel I've shared it with someone. I feel it reducing in my heart and at such times, I even sleep peacefully" (Whitworth). Giving a burden, lightening the load from their shoulders, diffusing the pain…all these sentiments simply mean that people feel good when they share painful emotions with another, trusted human being. And, if I may be allowed to apply the psychological concept of operant conditioning, if one behavior- sharing testimony- brings a positive outcome- emotional release- then, because people like to feel good, that behavior is likely to be repeated. When testimonies are shared again and again, the speaker begins to build a relationship with the listener. This relationship connects them to other relationships and, before long, the individual has moved from a life of isolation to one blossoming with social support. This new social network serves to provide a wall of sorts for the traumatized individual to lean on when they experience genocide-related trauma, but this is a two-way relationship where the traumatized individual also acts as the wall for others. The reciprocity of the social network

empowers survivors to help each other where non-survivors can't, to instill a sense of "we can do it" that is close to impossible to achieve while holding the pain inside and refusing the efforts of others who want to show love and understanding. Building hope for the future is always easier when you bring a friend along.

4.2.2. Positive religion

Regarding the church's involvement in the genocide, one interviewee summed it up nicely in six words: "Religion has played a weird role". Church leaders organized and took part in the genocide, turning churches into killing sites. Despite this, however, Christianity is a thriving religion in Rwanda today. As mentioned in Chapter III of this report, positive religion includes using the church as social and spiritual support, believing God was trying to strengthen them, and using God to help them accept and forgive (Chan). In the testimonies I heard or read, many people credited God with saving their life and felt that they owed him their faith in return. God protected them while their families were murdered, God hid them from the eyes of the killers, God showed them the routes to safety. God provided spiritual support to survivors who felt alone after losing their families or who needed strength to handle interactions with neighbors who had participated in genocide. One survivor says, "When I pass people I know killed my family, I just say a prayer, no matter how short, just a word of thanksgiving to the Lord". Others use God as a form of justice when they don't see it happening in their community; "God is aware of those who did those deeds. No one but God should take decisions over anyone's life. So let's wait for destiny. Someone may boast that he was released from jail and is now back home, dancing with joy. But he should know that there will be a Judgement Day". In this way, God is

becoming a link in an individual's social support network, providing an outlet in which they can place their faith and trust.

An important point, however, is the distinction between God as an entity and the church as an institution. One interviewee says, "Religion as a church means nothing to me. As an institution, it means zero to me. Those who went back to the church, they didn't run to the church, the institution. They ran back to God, and we believe that God is found in a church, even if it is a weird belief". The Rwandan community member I interviewed said that the crimes of the church were committed by individuals; the institution itself didn't commit the genocide, but individual religious leaders did. For people who recognize that, that is the reason many survivors gave for positively returning to religion after the genocide.

4.3. Interpretation of Data

Out of the 11 categories of coping strategies that I found in my analysis, the top three most utilized categories were social support, sharing testimony, and positive religion. To compare it to the four strategy groups discussed in Chapter III, two emotion-based strategies (social support and sharing testimony) and one faith-based strategy (positive religion) were the most beneficial for Rwandan people coping with genocide-inflicted trauma. Problem-focused and avoidance strategies were not utilized enough to be significant. I believe problem-based coping in the context of Rwanda would do more harm than good, even though these strategies are among the most commonly used in the United States. Trauma resulting from genocide is not something that can be quickly addressed with a simple step-by-step plan to get from point A to point B. When the problems- such as loss of family or permanent handicaps- are unsolvable, attempting to solve the problem actually worsens psychological wellbeing because it is a

reminder that no matter how hard they try, they cannot reverse what has happened. I believe avoidance coping was not commonly utilized because, in Rwanda, just walking down the street is a reminder of the genocide. Shopping in a store managed by an acquitted perpetrator, passing the spot where a roadblock was erected, seeing genocide memorials along the roads. It would take a gargantuan effort to avoid thinking about genocide while constantly surrounded by such vivid reminders.

Emotion-focused coping, as opposed to problem-focused and avoidance, emphasizes an individual's internal situation rather than trying to find an external solution. By sharing testimonies, seeking social support, and getting re-involved in their communities, traumatized individuals are allowing themselves to acknowledge the painful memories of genocide, use those memories to connect them to someone who cares, and then using that connection to build a network that will support them into their futures. One interviewee stated, "heal the heart, then the rest will follow". Life becomes exponentially more difficult when you are harboring hatred, pain, and bitterness in your heart. In the case of Rwanda, I believe that emotion-focused coping strategies played a large role in the overcoming of psychological trauma because of the effect of the intimate relationship between perpetrators and victims or survivors. Not only did the Rwandan people witness horrible brutalities, but they watched their friends and neighbors commit them. Social bonds, trust, and the sense of community was thrown out the window. Although it may seem like an impossible task to repair these bonds, humans are social beings and carry an unimaginable capacity for forgiveness that many may not know that they have until extreme circumstances force it to be applied.

Faith-based coping also involves strengthening a person's sense of community by connecting them with other individuals of their same beliefs and by giving a sense of security

through God's protection of them. As mentioned above, religion plays five roles in coping with trauma: meaning, control, comfort, intimacy, and life transformation. After the genocide, when many survivors' family structures had been drastically redefined by murder, fleeing, or conflicting roles in the genocide, believing in religion may have provided stability and comfort that was lacking in their physical life. In times of extreme crisis, people tend to stop and really re-evaluate their religious beliefs. Some abandon their religion altogether, but some find themselves believing with an even stronger faith than before. Believing in God- a constant, loving, forgiving, father figure- may have given survivors whose lives were thrown into chaos a sense of control over the situation by saying that the genocide was part of God's plan, he saved me for a reason, I can trust Him to do what needs to be done.

Cumulatively, I believe that emotion-focused coping and faith-based coping play a large role in how Rwandan people address genocide-related trauma because they both are available even in the absence of other resources and because they focus on the individual's perception of the event. In Rwanda, unless you are located within the capital city of Kigali, professional psychological support may be hard to come by. Additionally, in Rwandan culture where the word for trauma- *ihahamuka*- didn't exist until after the genocide, recipients of therapy or counseling may be stigmatized. Therefore, due to a lack of access to support facilities and fear of stigmatization, many Rwandans may have chosen to engage in non-professionally provided solutions such as talking to friends or turning to God. Secondly, in the case of genocide, the issues- i.e., witnessing murder or having your entire family killed- are not reversible problems. Instead of trying to 'solve' the issue as in problem-focused coping, emotion-focused and faith-based strategies emphasize accepting what happened, handling the painful feelings surrounding what happened, and learning to live life with that history. A staff member at AVEGA summed

up this process as, “Healing from trauma is like a cut that’s no longer there. You will always have a scar. You just have to get acquainted with the situation and learn to live with it”.

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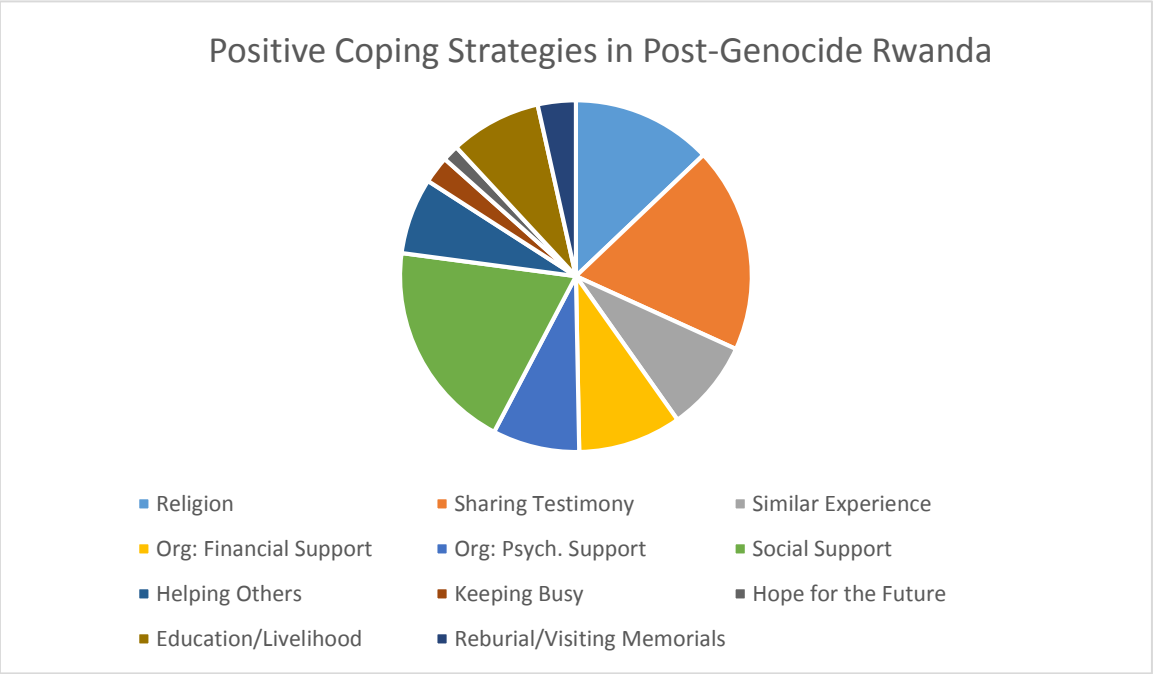
Appendices:

A.1. Positive coping mechanisms in post-genocide Rwanda



A.2. Interview questions

A.2.1. AVEGA staff

What is your position at AVEGA and when did you begin working with AVEGA?

What types of psychological support or programming does AVEGA provide?

What model of individual therapy is used?

What model of group therapy is used?

Does AVEGA provide any groups specifically to address PTSD?

What does AVEGA do to assist its members during the commemoration period?

How many visits to homebound widows do you anticipate making this year?

Does religion play a role in your approach?

Do you believe someone needs to have a stable home life in order to be psychologically stable?

Do you believe someone can fully “heal” from trauma?

What does it mean, to “successfully cope with trauma”?

In your experience, what has been the most successful approach to coping with trauma?

Is it common for genocide widows to remarry?

What are the requirements for individuals to receive support from AVEGA?

A.2.2. AVEGA member; genocide widow

How would you describe your life before the genocide?

What do you do when you’re alone and have memories of genocide?

How often do you find yourself thinking about genocide?

Have you ever participated in individual therapy? For how long? What did you like/dislike?

Have you ever participated in group therapy? For how long? What did you like/dislike?

Have you visited any of the genocide memorial sites? Was this helpful or harmful?

Do you feel that others had experiences similar to what you went through?

What were your thoughts on religion immediately after the genocide?

Would you ever consider remarrying?

Do you feel like you can afford what you need? Can you access education for your children?

What does it mean to you, to “cope with trauma”?

How would you describe yourself today, to someone who had never met you before?

A.2.3. Kigali Memorial Center staff; archivists

When did you start archiving testimonies? Why did you start putting them online?

How many individual testimonies has KGM recorded?

Did any interviewees experience trauma while giving their testimony? How did you handle this?

How did you find people to share their testimony?

Did any common themes emerge on how people coped with post-genocide trauma?

Why do you think people choose to share their testimony?

What do you think people who view the testimonies feel about them?

Do you think that there is one coping strategy that is more beneficial than others?

How does KGM support individuals who experience trauma while in the memorial?

Do you feel people benefit more from individual or group therapy?

How would you describe someone who has "successfully coped with trauma"?

A.2.4. Kigali community member

What do you believe is beneficial to people coping with post-genocide trauma?

What role do you believe religion plays in coping with trauma?

What role do you believe sharing testimony plays in coping with trauma?

What role you you think visiting genocide memorial sites plays in coping with trauma?

Do you think that talking to a friend can be more helpful than talking to a professional therapist?

A.2.5. Genocide survivor

Could you talk about your life before the genocide, during, and what helped you afterwards?

When you were traveling around Rwanda with refugees, did you have a friend with you?

Were you living in a home where orphans form families together or a standard orphanage?

How many children were living in the home with you? Were you friends with any of them?

Do you think life would have been easier if you had had a social group to be with at that time?

Was there a point when you had all your basic needs met and you began seeking friendships?

Did you ever receive individual therapy? What was helpful? Not helpful?

What did you like in group therapy versus individual therapy? What helped the most from both?

Do you think that sharing your experience is helpful? Why?

Do you think sharing with friends can be more helpful than sharing with a professional therapist?

Do you think sharing with someone with similar experiences is helpful? Why?

Do you remember the first time you told your story?

Do you think visiting genocide memorials is helpful? Why?

When your school took you to visit the memorials, did they provide psychological support?

What kind of psychological support is given at the genocide memorials?

When you're alone and have memories of genocide, what helps you?

What role, if any, has religion played in your coping with memories of genocide?

Why do you think so many people ran back to the church after the genocide?

Was your family religious before the genocide?

Did you reconnect with your surviving family members after the genocide?

Do you think a stable home life and financial stability is important to psychological wellbeing?

What do you think is the most helpful thing for people overcoming trauma?

How would you describe someone who has successfully coped with trauma?

How would you describe yourself to someone who had never met you?

A.2.6. Professor of Clinical Psychology and trauma researcher

Why did you choose to work in clinical psychology?

Why did you choose to focus your research on PTSD?

Did you provide counseling after the genocide? Group or individual?

If someone has a trauma episode in one of your classes, how do you address that situation?

What do you think are the benefits of individual therapy? Of group therapy?

What do you feel is most beneficial to someone with psychological trauma?

What role does financial stability play in psychological wellbeing?

What role does religion play in psychological wellbeing?

Why do you think some people take comfort in sharing their stories?

Do you think sharing with a friend is as helpful as talking with a professional therapist?

In your research with PTSD, what are some common coping mechanisms you've seen used?

How would you describe someone who has "successfully coped with trauma"?

A.2.7. Sociotherapy Rwanda staff

Do you provide individual therapy as well as groups?

Do members select a group to join or are they placed in a group?

How do members come to your organization?

How involved is the therapist or facilitator in the group? Do they lead or guide discussion?

How do you addresss if a member has a problem with another group member?

How do you address trauma or flashbacks when they occur in groups?

What, if anything, do you encourage as far as religion?

Do you believe talking with friends can be more helpful than talking to a professional therapist?

Do you believe a stable home life is necessary for psychological wellbeing?

What is your reasoning behind focusing on daily struggles before genocide-related struggles?

How would you describe someone who has "successfully coped with trauma"?