

St. Stephen's College

Integrating an African-Centered Clinical Pastoral Therapy Approach to the Healing of
Women Survivors of the 1994 Rwandan Genocide: A Personal Dialogue

by

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Abstract

The purpose of this research was to understand the impact of the 1994 Rwandan Genocide on seven female survivors and how those survivors dealt with issues of repentance, forgiveness, and reconciliation. Another aim was to determine what these women's lives are like now, how they have been coping with their trauma and issues, what helped them cope with trauma, and how an integrated African-centred clinical pastoral therapy approach might help bring healing to them.

This research used a heuristic and phenomenological methodology. This approach tapped into my own experiences as a wounded researcher. Findings included the coming together of the traumatized women to share their stories and experiences, how they cried and comforted one another, and how they sang and prayed together. These experiences made a great difference in the lives of these surviving women. Some have healed, others saw their traumatic pain reduced, and others still struggle with PTSD. This form of group counseling has involved the development of an integrated and African-centred clinical and pastoral approach that promotes the reduction of trauma and facilitated healing. African-centred traditional practices, such as Agaciro and Ubuntu, and acknowledgement of respected elders known as Bazehe, combined with sensitive and informed adaptations of Western Pastoral Counselling practices, suggest that this approach not only leads to healing or reduced pain but involves components, such as repentance, forgiveness, spiritual growth, reconciliation, and peace, that Rwandan people need for unity, stability, and development.

Keywords: African-centred; Agaciro, Bazehe; Christian theology, colonization; genocide; healing; Hutu; pastoral counselling; post-traumatic stress disorder; Rwanda; truth and reconciliation; Tutsi; Ubuntu, women

Preface

The 1994 Genocide in Rwanda was overwhelming and wounded many Rwandans, especially women. Most women survivors of the Genocide were abused either sexually or physically and still have psychological injuries.

I lived in Uganda for over 13 years as a refugee and to train as a minister. When I returned home to Rwanda in 2006 as an Anglican minister, I had the opportunity to meet and minister to various Rwandans and to learn about the impact of the Genocide on them. I discovered that the effects of the Genocide were unbearable and that there was much work to do to help the women heal from their wounds. This is where my calling, passion and vision for the healing work started.

I discovered that the healing of wounds among women required specialized pastoral and psychological skills and competencies which I did not have. I prayed for the opportunity to have access to the skills I needed to be able to attend to the task of working with these wounded women. God opened a door for me to train in the Doctor of Ministry program at St Stephen's College in Edmonton, Alberta, Canada.

At this College I took various courses, interacted with devoted instructors and colleagues, and learned about Christian Counseling and trauma counseling. On the practical side, I was assigned a well experienced professional counselor in Edmonton to work with me on my own issues while at the same time training me how to provide counseling to other people. I was both as a client and a student counselor.

As an academic requirement I researched the stories of women in Rwanda with seven co-researchers. In my conversations with them I found that the African-Centered approach of meeting together as women having the same issues, crying together, listening to one another with empathy, comforting one another, as well as singing and praying together helped them most in dealing with their wounds. This is the main finding of my research.

My dissertation will serve as a reference book for my healing ministry and may also inspire those who are committed to this same healing ministry. It may guide churches, other ministries, and organizations that wish to embark on the healing ministry in Rwanda.

I will use this dissertation as a basic text book to train other pastoral counselors as well as to provide counseling services to persons suffering from traumatic issues. I will use some of the material to organize healing retreats for women sponsored and facilitated by my friend, Dr. Kae Neufeld from Edmonton.

I pray that the contents of this dissertation will be helpful and will contribute to the healing of the wounded people of Rwanda, especially women.

Pastor Emmanuel Gatera

Dedication

I dedicate this dissertation to my beloved father, Leonidas Rwazigama, and mother, Faith Kabanyana, who are both now with the Lord, but gave me life, who raised and educated me, and who made it possible for me to reach this far.

I also dedicate this dissertation to the thousands of innocent Tutsi women, children, and men who perished because of who they were and to the innocent Hutu who were killed because they refused to support the evil politics of hatred and killing.

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List of Abbreviations

AACC:	All Africa Council of Churches
AGLI:	African Lakes Initiative
AIDS:	Acquired immunodeficiency syndrome
BASIC ID:	Behavior, affect, sensation, imagery, cognition, interpersonal, drugs, biology
CAPACITAR:	An international network of empowerment and solidarity that teaches simple wellness practices, team building, and self-development so as to awaken people to their own wisdom, strength, and resources
CARMHA:	Centre for Applied Research in Mental Health and Addiction
CBT:	Cognitive behavioral therapy
CE:	Common Era
EED:	Evangelischer Entwicklungsdienst (Church Development Service)
EMW:	Evangelisches Missionswerk in Deutschland (The Association of Protestant Churches and Mission in Germany)
FAR:	Forces Armées Rwandaises
GACACA:	Traditional Rwandan village court
HIV:	Human immunodeficiency virus
HROC:	Healing and Rebuilding our Communities between Rwanda, Burundi and the Democratic Republic of Congo
Koinonia:	Communion or joint participation (Greek)
NGO:	Non-government organization
NURC:	National Unity and Reconciliation Commission

TRC:	Truth and Reconciliation Commission
PTSD:	Post-Traumatic Stress Disorder
UNAMIR:	United Nations Assistance Mission for Rwanda (est. 1993 by the Security Council of the UN as an international force)
UN:	United Nations
WCC:	World Council of Churches
WHO:	World Health Organization

Introduction

Muri Genocide yakorewe Abatutsi muri 1994, nari meze nk'icyuma kuko numvanga ntabuzima mfite. Numvaga kandi meze nk'umusazi, ntatekereza neza kubera uko narimerewe. Nagiriwe nabi cyane, mfatwa kungufu kubera uwo nariwe. Nanubu ndacyafite ibikomere kubera ibyambayeho ariko ngerageza kwifata nkutabifite kugirango ubuzima bushobore gukomeza.¹

During the 1994 Genocide, I was like a piece of metal. I thought I was running mad I was raped because of who I am. I still have the wounds but I pretend as if I am not having them for life to continue.²

Kira,³ who is now in her mid-forties, is a survivor of the 1994 Genocide, which, during its 100 days, resulted in the machete hacking and shooting deaths of more than one million men, women, and children. *Kira* made the above emotional statement during our first conversation. Her words demonstrate the horror of the 1994 Genocide and its far-reaching impact on survivors, especially women who struggle in the Rwandan culture as widows, single mothers, and often mothers as a result of rape. These women have lost family members who were their primary and often sole source of support and security. The majority of these women were sexually and physically abused and infected with incurable diseases that they, and often their children, still struggle with.

Most Rwandans believe that the 1994 Genocide was carefully planned by the Hutu government with the support of some European powers. More than one million Tutsi and moderate Hutu were slaughtered in only one hundred days between April and July 1994. On average, more than 10000 people were slaughtered each day. Those who survived often witnessed these events. This killing left hundreds of thousands of traumatized people in Rwanda.

¹ This statement was made by a co-researcher in Kinyarwanda. The translation to English follows, although I caution the reader that exact translations are difficult.

² Journal notes.

³ *Kira* is a pseudonym given to protect her privacy.

The international community watched the catastrophe unfold and did nothing to stop it. They mobilized resources to save their own citizens and pets,⁴ while diminutively labeling the conflict “intertribal.” Taking a long time to even acknowledge the events as genocide.

There are currently about half a million single Rwandan mothers who survived the Genocide, are traumatized, and urgently need healing.⁵ They have experienced violence, the killing of their relatives, rape, and the infection of incurable diseases, such as HIV/AIDS. The majority of these women experience intrusive recollections and flashbacks, find sleep difficult, and have a sense of foreshortened future.⁶ That is, they feel as though they will not live a long and productive life. Thousands of traumatized Tutsi and moderate Hutu women experienced violence during the 1994 Genocide and continuously struggle to survive, while their husbands are kept in prison, charged with involvement in the Genocide. Many live with HIV/AIDS, struggling to cope with their own physical and emotional wounds and the wounds of their children, who are also often themselves traumatized and infected with HIV/AIDS. These women and their children often live in poverty and lack daily food and accommodation.

This research dissertation is concerned with the single mothers who experienced trauma and live with Post-Traumatic Stress Disorder (PTSD) in Rwanda as a result of the Genocide. Munyandamutsa, a Rwandan clinical psychologist, in his 2008 research, discovered that 30% of Rwandans were traumatized from the effects of the 1994

⁴Cats and dogs were allowed as passengers on planes flying out of Rwanda.

⁵ Sue Montgomery, “Rape Divides Rwandan Generations,” *Edmonton Journal*, December 17, 2014.

⁶ Priyattam J. Shiromani, Terence M. Keane, and Joseph E. LeDoux, eds., *Post-Traumatic Stress Disorder: Basic Science and Clinical Practice* (New York: Humana Press, 2009), 2.

Genocide.⁷ Cane, an American psychologist, defines PTSD as “a disorder resulting from being exposed to extreme stress.”⁸ On the other hand, Shiromani, Keane, and LeDoux define PTSD as “stemming from an event in which one is exposed to serious threat of injury or death and then experiences extreme fear, helplessness or horror.”⁹ According to these same authors, PTSD is characterized by “intrusive recollections and dreams of the event. . . flashback episodes in which an individual experiences a recurrence of at least a portion of trauma . . . startled reaction and difficulty sleeping, concentrating, and controlling anger as well as hypervigilance for danger and a sense of a foreshortened future.”¹⁰ Munyandamutsa’s findings demonstrate the severity of trauma in Rwanda and the urgency for vigorous and effective trauma healing there.

My current and past-life naturally shapes and shaped who I am and the way I look at the world and the communities in which I have lived. My own lived experiences also shape my research and are thus relevant to this research dissertation. This dissertation arose in response to the continuing trauma of women survivors, my own long personal traumatic journey, and that of my late mother, who struggled with PTSD for a long time until she passed on in 2011. I am a Rwandan citizen and an Anglican pastor currently serving in the Anglican Church of Rwanda. I am also a wounded healer and counselor. I am married with three daughters and one son. By not stating whether I am Tutsi or Hutu, I assert that the distinction between Hutu and Tutsi is artificial. I do not intend to minimize obvious historical and political distinctions, but, rather, emphasize that I am

⁷ Munyandamutsa Naasson, *Prevalence de l’Etat de Stress Post-Traumatique dans la Population Rwandaise* (Kigali, Rwanda: Ministère de la Santé OMS, 2008), vi.

⁸ Patricia Cane, *Trauma Healing and Transformation: Awakening A New Heart with Body Mind Spirit Practice*. (California: CAPACITAR, 2000), 14.

⁹ Pritayam J. Shiromani et al., *Post-Traumatic Stress Disorder*, 2.

¹⁰ Ibid.

basically a human and a Rwandan. Such a distinction would also be contrary to the purpose of the current Rwandan social, religious, and political efforts towards reconciliation. I will discuss the origin and use of the words *Hutu* and *Tutsi* below.

In 1964, because of security issues, my family, then comprised of my parents, my brother, and myself, fled in the middle of the night to Burundi seeking asylum. My family received refugee status in Burundi and settled in a refugee camp in the east part of the country. Thus began my first experience with an unfamiliar language. I completed my elementary and high school education in Burundi in both French and the Kirundi languages, according to the Burundian system of education. I grieved for a long time the loss of my home, my friends, my environment, our cows, our dog, and our cat. I became angry at the people who had attempted to kill us, displaced us from our home, and caused the loss of my freedom and rights as a Rwandan citizen. I was also angry at God for having allowed this situation happen. I took 13 years to come to terms with all of this. In exile in Burundi, I grew up with mixed feelings, thinking I should not feel this way and yet I did. Although I enjoyed the opportunity for education and the support from United Nations agencies, which provided food and other help I needed, I was also an angry and traumatized boy, full of vengeful thoughts against the Hutu politicians who had planned to annihilate my family and me and forced us to flee my own country.

In 1976, while attending high school, I became a born-again Christian, received Jesus Christ as my Lord and Savior, and decided to forgive my enemies. From this time and on, I met with various born-again Christians who mentored me. I shared my story with them. They valued me, showed me love, stood by me, comforted me, and later

helped raise fees for my secondary education. Sharing my story with these loving, caring, and supportive people greatly helped me cope and heal from some of my wounds.

Later, in 1988, I felt called to ministry and decided to train as a minister in order to minister to the Tutsi people. I wanted to help them change their feelings and confess their anger and hatred for the Hutu so that they could both heal and, in this, promote a peace in Rwanda. After praying, I received the opportunity to join a seminary in Uganda for theological training. All my courses at the seminary, including church history, focused on Uganda and the United Kingdom as the origin of Anglicanism, rather than on Rwanda. After my formation as a minister, I served at the Christian University in Uganda as an administrator and part-time lecturer.

Even by the time of my formation, serving in a Christian university in Uganda as I did, I still had no formal, academic background in the history of Rwanda, the home of my ancestors. In my work, I dealt with Ugandan citizens in a Ugandan context, which, for historical and geographic reasons, differs from the Rwandan context. When I was called by the Anglican Church of Rwanda to serve there, I knew I had much to learn and was both extremely grateful for and anxious about this opportunity. I understood, then, after the 1994 Genocide, that my work through my ministry in the church would involve providing care for traumatized persons.

When I returned to Rwanda in 2006, I found myself a stranger in my own country. My education and worldview were different from those of my colleagues in the church. I needed time to adjust to what I saw as the differences from what I learned to describe in Western academic language as “worldviews.” These challenges taught me how to learn from other people’s experiences and to appreciate their various ways of

interpretation and their responses to the challenges facing Rwanda. I committed myself to working with my fellow Rwandans, who included an overwhelming number of people traumatized and wounded physically, emotionally, and economically from the 1994 Genocide. I felt a pressing need to work with them towards healing, but I lacked counseling skills and noted a lack of trained counselors capable of dealing with the issues of the people I met every day, both in my day-to-day living and my ministry.

These challenging circumstances influenced my decision to become a facilitator of PTSD healing and to undertake a pastoral counseling program so as to equip myself such that I could work effectively with these wounded people. Searching for a suitable school for trauma counseling, I connected with St. Stephen's College, where I was admitted in 2010, and started training in pastoral counseling focused on trauma. During my training at St. Stephen's, I reflected on Post-Traumatic Stress Disorder (PTSD) and searched for a clinical pastoral approach to therapy that could contribute to the healing of these women survivors. For this reason, I chose to title my Doctor of Ministry research "Integrating an African-Centered Clinical Pastoral Therapy Approach to Healing women Survivors of the 1994 Tutsi Genocide in Rwanda: A Personal Dialogue."

My research question is "What might be the African-centered clinical pastoral therapy approach to healing women survivors of the 1994 genocide in Rwanda?" This is an important question because it initiates a search for a therapeutic approach that can address the cultural, psychological, social, physical, and spiritual aspects of PTSD in an African context. The Genocide overwhelmingly and deeply affected all aspects of life of its victims. No wonder the traumatized women survivors still ask so many questions: Why did God allow genocide to happen? Why am I still here when all my family

members are gone? and, Is forgiving the killers possible? These questions and others are still asked and demonstrate the 1994 Genocide's overwhelming, multidimensional, and continuing effects, including PTSD.

This dissertation is divided into five chapters. The first chapter offers a general introduction to the land and history of Rwanda. The second chapter contains a review of literature about the nature of violence, truth and reconciliation, and the neurobiology of PTSD. In chapter three, I discuss the methodology used in this research. In chapter four, I present the research findings. Finally, in chapter five, I discuss my personal reflections about what I discovered during this research dissertation.

Chapter One: Rwanda – The Place, History, and Peoples

There is a traditional, oral history of Rwanda and a written history of Rwanda. For now, I focus on the existing written history. I include some geography, because the location of Rwanda and its bordering countries is not generally known and because the geographic location is profoundly influential in the history of my country and in my personal experiences. Rwanda is an eastern African country, covering an area of 26338 km² with a population of approximately 12 million citizens.¹¹ Rwanda presently shares borders with the Democratic Republic of Congo to the west, Uganda in the north, Tanzania in the east and Burundi in the south. The two figures below give an idea of Rwanda's map, location, and landscape.



Fig. 1. Rwanda and its relation to surrounding countries

Source: *Republic of Rwanda: Geography*, accessed August 11, 2015, <http://www.gov.rw/home/geography/>.

¹¹*Republic of Rwanda: Geography*, 2014, accessed August 11, 2015, <http://www.gov.rw/home/geography/>.

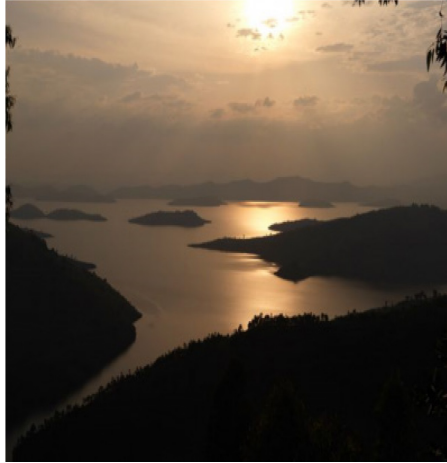


Fig. 2 An example of Rwanda's hilly landscape
 Source: *Republic of Rwanda: Geography*, accessed August 11, 2015, <http://www.gov.rw/home/geography/>.

Will Ferguson's description of the landscape, in a Post Media News article, provides a sense of Rwanda: "Rwanda rolls across the heights of Central Africa in a misted landscape of contoured fields and hidden valleys. Rwanda was the last region of Africa to be reached by Europeans as it lies along the watersheds of the Nile and Congo Rivers, deep in the humid heart of the African continent, a beautiful country and tragic."¹² It is known as the "land of a thousand hills," with five volcanoes, twenty-five lakes, and numerous rivers, some of which form the source of the river Nile.¹³ These hills range in altitude from 1000 to 4500 m with the Karisimbi Volcano, at 4507 meters, as the highest point.¹⁴ Rwanda is located at the equator and has rainy seasons that occur between March and May and from October to November. There are no extremes of temperature. The country's temperature is generally mild, generally between 24.6 and 27.6°C, with August and September as the hottest months.

¹² Will Ferguson, "Gorillas in Our Midst: Twenty Years after the Genocide, Rwanda Reinvents Itself as Boutique Travel Destination," *Calgary Herald*, April 15, 2014.

¹³ *Republic of Rwanda: Geography* (2014), accessed November 15, 2014, <http://www.gov.rw/home/geography/>.

¹⁴ *Ibid.*

Rwanda's population is composed of three groups: the Hutu, the Tutsi, and the Twa. The Hutu are the majority and are estimated to represent 85% of the population, with the Tutsi and Twa representing 14% and 1% respectively.¹⁵ These three groups have the same culture, speak the same language, practice the same religions, and have lived together for over five hundred years.¹⁶ In pre-colonial times, *Hutu* and *Tutsi* in Africa typically referred to social or professional categories of farmers and herders respectively. In his article, *Beyond Tribalism: The Hutu-Tutsi Question and Catholic Rhetoric in Colonial Rwanda*, J.J. Carney cites Gatwe, saying "Although the categories existed in traditional Banyarwanda society, the 'Hutu'-'Tutsi' lines were comparatively fluid and significant factors of integration remained."¹⁷ Each society was stratified and ruled by a patriarchal monarchy. Kings had advisors, whom they would consult, but power resided with kings. The Hutu and Tutsi would intermarry, although in each society, women had no rights to property, safety, children, or decision making. The Tutsi were generally cattle keepers and the Hutu were generally farmers. The precolonial uses of the terms *Hutu* and *Tutsi* typically referred to social or professional categories of farmers and herders, respectively. These categories also had hierarchical implications.

Europeans and the Church in Rwanda: Creating Stepping Stones to Racial Divide

Into this fluid cultural milieu, the first Europeans entered Rwanda. Written history tells us that the first European colonizers of Rwanda were Germans. The Germans moved into Rwanda in 1897 from Tanzania. At the same time, they claimed Burundi, a separate

¹⁵"Rwanda-UNAMIR Background," United Nations, accessed August 12, 2015, <http://www.un.org/en/peacekeeping/missions/past/unamirFT.htm>.

¹⁶ Timothy Longman. "Rawanda." Countries and their cultures, accessed August 12, 2015, <http://www.everyculture.com/No-Sa/Rwanda.html>.

¹⁷ J.J. Carney, "Beyond Tribalism: The Hutu-Tutsi Question and Catholic Rhetoric in Colonial Rwanda," *Journal of Religion in Africa* 42 (2012): 172-202. http://www.academia.edu/7633540/Beyond_Tribalism_-_Catholic_Rhetoric_and_Hutu-Tutsi_Question_in_Colonial_Rwanda_JRA_2012.

kingdom to the south. The entire area was treated as one colony and known as Ruanda-Urundi.¹⁸ The German rule was achieved by placing agents at the courts of the various local rulers.¹⁹ When the Germans entered Rwanda, they found a well-established monarchy. The King was supreme, but the rest of the population of Hutu, Tutsi, and Twa lived in symbiotic harmony.²⁰ The Germans colonized Rwanda between 1897 and 1916.²¹ They established a monarchical leadership that served their political and economic interests. According to Mvuyekure, the missionary effort that accompanied the German colonization solidified “Hutu and Tutsi social professional categories into fixed categories of race and ethnicity, thereby laying the foundation for future ethnic violence”.²² In this dissertation, I use *Hutu* and *Tutsi* according to current and local uses of the terms, which are primarily social rather than professional. The professional distinctions no longer apply because of changes in traditional cattle keeping, farming spaces, and populations.

Following the principle of *divide and conquer*, the Germans began spreading negative ideologies, portraying the Tutsi as foreigners in Rwanda. At this time, the German colonizers were also claiming resources in the Congo. However, following the defeat of Germany in the European war, better known to westerners as the First World War, Belgian forces entered Rwanda in 1916 from the Congo and occupied Rwanda as

¹⁸ Bamber Gascoigne. *History World*, accessed August 12, 2015, <http://www.historyworld.net>.

¹⁹ Ibid.

²⁰ *Republic of Rwanda: History*, accessed November 15, 2014, <http://www.gov.rw/History>.

²¹ Bamber Gascoigne, *History World*.

²² Augustin Mvuyekure. “Idéologie Missionnaire et Classifications Ethniques en Afri-que,” in *Les Ethnies ont une Histoire*, eds. Jean-Pierre Chrétien and Gérard Prunier (Paris: Karthala, 1989), 303-324, quoted in J. J. Carney, “Beyond Tribalism: The Hutu-Tutsi Question and Catholic Rhetoric in Colonial Rwanda,” *Journal of Religion in Africa*, 42 (2012): 172-202, 177.

http://www.academia.edu/7633540/Beyond_Tribalism_-_Catholic_Rhetoric_and_Hutu-Tutsi_Question_in_Colonial_Rwanda_JRA_2012_

their colony.²³Traces of their influence still exist in the Kinyarwanda language. Germany's defeat in the First World War meant that education was given in French, using French language resources.²⁴Other such markers of the German-Belgium transition can still be heard in the language of Rwanda.

The Belgians colonized Rwanda between 1916-1962. The establishment of their *control* significantly involved a continuation of the ancient maxim, *divide and conquer*. Their rule in Rwanda favoured the Tutsi against the majority Hutu. With the help of the Catholic Church, especially the Roman Catholic White Fathers, the Belgians educated the Tutsi and gave them important political positions.²⁵ The Belgians, in the 1950s, shifted their favour from the Tutsi to Hutu because Tutsi politicians were agitating for independence, something Belgium did not want. Perraudin, the then Catholic and Swiss bishop of Rwanda's largest diocese, worked closely with the Belgian colonial administration in giving support and mentorship to the emerging Hutu elite and future leadership of Rwanda because they shared his vision of Christian civilization, Church-state partnership and social democracy.²⁶In 1962, the Belgians granted independence to the Hutu elite and continued to support them in their policy of *divide and conquer* against the Tutsi.²⁷These events importantly led to contemporary divisions between Hutu and Tutsi.

²³ Bamber Gascoigne, *History World*.

²⁴Thus, the first language of instruction I knew was French.

²⁵J. J. Carney, "Beyond Tribalism: The Hutu-Tutsi Question and Catholic Rhetoric in Colonial Rwanda," *Journal of Religion in Africa* 42 (2002): 172-202, 175.

²⁶ *Ibid.*, 172-202, 193.

²⁷ *Ibid.*, 190.

Another factor which deeply affected the social cohesion of Rwandans and their cultural identity was the attempt by European missionaries to uproot Rwandan spirituality and cultural values they thought evil and in need of fixing. The first missionaries in Rwanda were the Lutherans, arriving in the north of Rwanda in 1898 and establishing their mission in Byumba. The Roman Catholics followed and arrived in the south of the country in 1900, starting their first church in Kabwayi. Following the defeat of Germany in the First World War, the Anglican Church arrived in the eastern part of Rwanda, specifically Gahini, in 1920. Gahini later became a centre of the East-African Christian spiritual revival that spread throughout the country and to neighbouring countries, such as Uganda, Tanzania, Congo, and Burundi, as well as, even, Europe, the United Kingdom, United States of America, and Canada. Other denominations such as the Pentecostals, Baptists, Methodists, and Presbyterians came later.

In light of the Rwanda's status as one of the most Catholic countries in Africa, the 'Tutsi Genocide' of 1994 forced a serious and ongoing reassessment of the legacies of twentieth-century Catholic mission efforts in Rwanda. In particular, scholars have criticized colonial Catholic leaders for radicalizing Hutu and Tutsi categories, hardening previously fluid line and introducing a zero-sum 'tribal' discourse that reaped a terrible harvest in the post-colonial period.²⁸

These European denominations wanted to bring Christianity to Rwandans, whom they believed were living on the Dark Continent.²⁹ The missionaries felt a call to become the conduits for the colonial mission that would civilize and spiritualize Africans, believing such a mission necessary to eradicate Indigenous beliefs and practices.³⁰ Such an attempt was implemented in Rwanda by missionaries through education and evangelistic endeavours and affected the solid foundation of Rwandan identity, unity, and social

²⁸ Ibid., 172-202, 172.

²⁹ Peter Run, "Reconsidering the Crisis of Confidence in Indigenous African Conflict Resolution Approaches," *Journal of Pan African Studies* 6 (December 2013): 26.

³⁰ Ibid., 29.

cohesion. It gave way to social disintegration of Rwandans and led to hatred between Hutu and Tutsi, destroying *Ubuntu* in Rwanda. *Ubuntu* is a sense of community belonging that is enshrined in African cultures. It is characterized by the expression: “You are because we are.”³¹

Colonial education and evangelistic endeavours were prevalent throughout the world then. It was a worldview that has been the experience of Indigenous people worldwide. I believe this vision was not helpful to Rwandan people or to other Indigenous populations, but rather was destructive culturally, spiritually, socially, and psychologically at all levels of Rwandan community life. Perhaps the colonizers thought that their actions were for the betterment of the local people, or perhaps they were acting out of a desire for power. I find encouragement in reading the work of Peter Run, who chose to quote Chinua Achebe’s 1977 remark from his critique of Joseph Conrad’s *Heart of Darkness*: “Every culture has its strange customs and it takes a proper understanding of another culture to realize this.”³² My conviction is that no culture is superior to another and there is no reason whatsoever for one group to target the eradication of another group’s cultural values and beliefs. This was an assault I believe needs an apology and correction.

A Continuation of the Divide: The Hamitic Theory

In the early 1900s, many European missionaries and scholars regarded the Hutu-Tutsi distinction as a racial or biological division, distinguishing Tutsi from Hutu according to the *Hamitic Hypodissertation*.³³ The Hamitic theory was propagated by John

³¹ John Mbiti, *African Religions and Philosophy* (Nairobi: Heinemann, 1969), 108.

³² Peter Run, “Reconsidering the Crisis of Confidence,” 26.

³³ Edith R. Sanders, “The Hamitic Hypodissertation”: Its Origin and Functions in Time Perspective, *Journal of African History* 10 (1969): 521-532.

Speke, Henry Morton Stanley, Jan Czekanowski, Richard Kandt, and other colonial explorers and anthropologists who posited that a so-called Hamitic race of North African and Ethiopian pastoralists³⁴ was culturally and biologically superior to the Bantu populations of sub-Saharan Africa.³⁵ According to these European theorists, Hamitic peoples were thought to share closer ties with white Europeans than Bantu Africans.³⁶ For European theorists studying Rwanda, the Tutsi were considered to fit the role of the Hamitic civilizer who had invaded and conquered the Indigenous Bantu Hutu.

For Leon Classe, the influential Catholic Vicar Apostolic of Rwanda between 1922 and 1945, the ‘Tutsi’ are not Bantu, they are, if one wants, Negroids – they are an African people who possess the strongest Hamitic indices’ . . . Described by one missionary as ‘Caucasians under a black skin’ . . . lent them an air of the exotic that would come back to haunt them in the post-colonial period.³⁷

In his article, *Beyond Tribalism: The Hutu-Tutsi Question and Catholic Rhetoric in Colonial Rwanda*, Carney states, “According to Augustin Nvuyekure, missionary discourse ‘ossified’ Hutu and Tutsi ‘socio-professional categories into fixed categories of race and ethnicity, thereby laying the foundation for future ethnic violence.’”³⁸ In this same article, Carney also observes that the arrival of Belgian colonial powers and the White Fathers missionaries turned the Hutu-Tutsi social cultural categories into a political tool. In fact, the invasion of the European colonial officials and Catholic missionaries created and exacerbated the Hutu-Tutsi issue. In using this divisive and untraditional application of the language, the Belgians and White Fathers portrayed the

³⁴ Pastoralists are those doing pastoralism. Pastoralism is the branch of agriculture concerned with the raising of livestock. It is animal husbandry: the care, tending, and use of animals, such as camels, goats, cattle, yaks, llamas, and sheep. “Pastora,” Wikipedia, <https://en.wikipedia.org/wiki/Pastoralism>.

³⁵ J.J. Carney, “Beyond Tribalism,” 172-203, 176.

³⁶ Ibid.

³⁷ Ibid., 172-202, 177.

³⁸ Ibid., 177.

Tutsi as invaders, colonists, and foreigners, managing to convince the Hutu elite that the Hutu populations were being victimized by the Tutsi.

Notably, such racial positioning and language, solidified under the Hamitic Hypothesis underlies the ethnic identity cards which Belgium introduced in the 1930s and also validated the policy and practice of separation and marginalization.³⁹ The use of identity cards, which recorded “ethnic identity” as either Hutu or Tutsi, allowed the Hutu militias and Hutu officers to better identify and kill the Tutsi during the Genocide. The consequence was the erosion of cultural and spiritual values that led to hate, lack of conflict resolution, and the killing of the Tutsi people. The divide and conquer policy carried out by the German and Belgian colonial powers, the interference into Rwandan culture and social cohesion, and the Hamitic theory are believed to have been milestones towards the eventual divide between Hutu and Tutsi in Rwanda and to have led to various massacres of Tutsi in 1959, 1963, 1973, 1990 and the 1994 Genocide that wiped out more than one million Tutsi and moderate Hutu and left thousands of traumatized Rwandans. This colonial manipulation polarized the Rwandan people, Tutsi and Hutu alike, and, as Run observes, “inhibited their traditional ways of resolving conflicts and reconciliation.”⁴⁰

The Cultural Marginalization of Women from Past to Present

As mentioned, oral and written history reveals that Rwanda was a monarchy for many centuries. According to the same Rwandan oral tradition received from the conversations I had with elders,⁴¹ This monarchy was believed to be the foundation of a long- and well-established history of marginalization of women. The same oral history

³⁹ Ibid.

⁴⁰ Peter Run, “Reconsidering the Crisis of Confidence,” 26.

⁴¹ Conversations with Rwandan elders on October 17, 2015

also suggests that the monarchy began around 1000CE. The King did not belong to any group and ranked above them all. Under the monarchical rule, the King had all the powers and could not be contradicted. Rwandan men owned everything in their households, including women and children. Rwandan women's roles were to bear and raise children and do domestic work. Women had no say in family matters, decisions, and conflicts or concerns. Because the mistreatment of women was culturally tolerated some women were physically and sexually abused by their husbands and relatives. Women lived stressful, degrading, and traumatic lives during the time of the monarchy. Gender equality was not respected in the lives of Rwandans. Gender equality was an unknown concept. Women and girls lacked the freedom to choose their partners. Girls, at a marriageable age were given for marriage by their parents for the sake of family interest without the girls' consent. Rwandan women were socially, economically, and politically marginalized. A woman caught committing adultery was thrown into the river. Women were, in most cases, beaten and physically abused.

During the German and Belgian colonial rule of Rwanda women were further marginalized. For example, few girls received education, while boys were largely educated. When schooling was introduced in Rwanda by the German colonial power, together with the help of the White Fathers missionaries, the very few girls allowed to attend were segregated from the boys. Most parents sent boys to school, leaving the girls at home to help mothers with domestic work. For the most part, the only girls receiving an education during the Belgian era were the daughters of local chiefs and of Rwandans on the staff of the Belgian government.

The marginalization of women in Rwanda continued during the 1950s and 1960s, especially for Tutsi women, who were targeted by Hutu killers during the various massacres of Tutsi in 1958, 1964, 1973, 1990 and 1994. During these massacres, Tutsi women were sexually abused, killed, or even sometimes saved for gang rape as was witnessed by my co-researchers⁴². The women were not only marginalized in the community, but the introduction of separating men and women during church services, led to the worsening of the gender imbalance.⁴³ Women had lost the right to be human and were not considered to reflect the image of God.⁴⁴ They had been denied a sense of belonging to the local community. Though Hutu women had access to the benefits of Hutu power during the post-independence period, their social status as women remained unchanged. As Tutsi women were generally considered more beautiful than Hutu women, rich Hutu men took advantage of Tutsi women's low social and political status to marry them. This fostered jealousy between Hutu and Tutsi women and has been thought to be one of the main reasons why many Hutu women played a role in killing their neighbouring Tutsi women and children during the Genocide reported by my co-researchers⁴⁵.

During the Genocide, Rwandan women suffered further challenges. Husbands were lost to the Genocide, homes destroyed, and the women lacked opportunities to earn a living. They lost dignity and humanity through the traumas of rape, pregnancy, children produced by rape, and torture. A report of the Rwanda National Curriculum Development Centre states, "Many women, children and men have been left with experiences which

⁴² Conversations with my co-researchers on November 10, 2014.

⁴³ Conversations with Rwandan elders on October 17, 2015.

⁴⁴ Tim Clinton, ed., *The Soul Care Bible: Experiencing and Sharing Hope God's Way* (Nashville: Thomas Nelson Publishers, 2001), Genesis 1:27-28, 4.

⁴⁵ Conversations with my co-researchers and with elders on November 10, 2014.

they permanently recall and manifest extreme degradation of humanity from the genocide”.⁴⁶ An overwhelming grief from the loss of husbands, children, and relatives caused severe trauma to women and orphaned children.

Among these traumatized women were thousands of Hutu women who continuously struggled to survive while their husbands were kept in prison, charged with involvement in the Genocide. In my ministerial work with women survivors of the 1994 Genocide and personal conversations with my church members I came to learn that in the midst of the 1994 Genocide, many Hutu women fled Rwanda for security after the Hutu army and militias were defeated by the Tutsi rebels. They ended up in harsh exile conditions in the Congo. Many of these women were traumatized and infected with HIV/AIDS because of the massive numbers of rapes committed during the Genocide and inside Congo refugee camps. Some of these women still live with HIV/AIDS, while many of them have already died, leaving thousands of traumatized orphans, also with HIV/AIDS and stressful life conditions⁴⁷. Herman, on the impact of trauma, states:

The traumatic events call into question basic human relationships. They breach the attachments of family, friendship, love and community. Traumatic events have primary effects not only on the psychological structures of the self but also on the systems of attachment and meaning that link the self and the community.⁴⁸

These women struggle with day-to-day life issues of safety, getting food for themselves and their families, with physical and emotional wounds, despair, and a lack of trust in themselves and other people. Ten years after the genocide, German researchers Schaal

⁴⁶ National Curriculum Development Centre Rwanda. 2004.

⁴⁷ Conversations with women survivors and members of my church during my ministry in communities (2006-2015).

⁴⁸ Judith L. Herman, *Trauma and Recovery: The Aftermath of Violence from Domestic Abuse to Political Terror* (USA: Basic Books, 1992), 51.

and Ebert found that 44% of Rwandans had PTSD,⁴⁹ while Munyandamutsa, a Rwandan clinical psychologist, discovered that “the prevalence of trauma in Rwanda was still at 30% of the Rwandan population and that 80% of the traumatized people are women whose psychology was affected on the individual and interactional levels.”⁵⁰ This clearly shows that the prevalence of trauma in Rwanda remains high and that a lot of healing work needs to be organized to deal with this disorder. Nyiramuhire, another Rwandan clinical psychologist, suggests that in Rwanda “the psychic trauma remains acute and the chances to be exposed to this challenge grow more and more.”⁵¹ The same research suggests that there may have been “the trauma’s transmission to the children of former refugees due to verbalization of the traumatic experience, the mourning experience, the age, representation and the search of the genocide as well as some mental representations in a form of images of shared horror.”⁵² The review of this statement suggests that there are Rwandans who may still be traumatized or still at risk for trauma even 23 years after the 1994 Genocide.

⁴⁹ Susanne Schaal and Thomas Ebert, “Ten Years after the Genocide: Trauma Confrontation and Posttraumatic Stress in Rwandan Adolescents,” *Journal of Traumatic Stress* 19, no. 1 (February 2006): 95-105.

⁵⁰ Naasson Munyandamutsa, Preface to *Prevalence de L’Etat de Stress Post-Traumatique* (Kigali: Rwanda Ministry of Health, 2008), vi.

⁵¹ Alice Nyiramuhire, *Analyse du Phenomene de Transmission du Traumatisme Psychique* (Butare: Universite Nationale du Rwanda, 2008), 50.

⁵² Ibid.

Chapter Two: The Nature of Violence, Truth, and Reconciliation and Healing

This chapter reviews the literature about Rwanda, Rwanda's history, and the impact of colonization by foreign European powers with the support of Catholic White Fathers leading to the ethnic divide, various massacres, and the horrendous 1994 Genocide. The chapter also features the different views of scholars that highlight the nature of trauma, its impact on women, and the available clinical and pastoral resources for addressing PTSD to promote reconciliation and healing.

The Violence of Colonization and Genocide

Frank Chalk, a Canadian professor of history at Concordia in Montreal, Quebec, Canada, cites Kyle Matthews' article, *How to Build the Will to Intervene*, defining genocide as a targeted act that seeks to "eliminate a real or perceived threat, to spread terror among real or potential enemies, to acquire economic wealth and to implement a belief system or any ideology and impose it on people who would not normally accept it."⁵³ Jean Mutabaruka, Nathalene Sejourne, Eric Bui, Philippe Birmes, and Henri Chabrol, on the other hand, define genocide as

acts committed with intention to destroy in part or entirely, a national ethnic, racial or religious group such as murder of members of the group; causing serious mental or physical injury to members of the group leading to its partial or complete physical destruction; imposing birth control measures within the group; and transferring children by force from the group to another group.⁵⁴

The seeds for the 1994 Genocide in Rwanda were sown by German and Belgian colonization. Steven Newcomb, a Shawnee and Lanape cofounder and co-director of the Indigenous Law Institute, indicates:

⁵³ Kyle Matthews, "How to Build the Will to Intervene," *Globe and Mail*, April 26, 2014, 1-2.

⁵⁴ Jean Mutabaruka et al., "Traumatic Grief and Traumatic Stress in Survivors 12 Years after the Genocide in Rwanda," *Stress and Health* 28, no. 4 (October 2012): 289-96, 990.

The term colonization is derived from the Latin *colere*, ‘to till, cultivate, farm (land).’ Thus colonization can be thought of in terms of the steps involved in a process of cultivation: taking control of the Indigenous soil, uprooting the existing Indigenous plants (peoples), overturning the soil (the Indigenous way of life), planting new colonial seeds (people) or transplanting colonial plants (people) from another environment, and harvesting the resulting crops (resources) or else picking the fruits (wealth) that result from the labor of cultivation (colonization).⁵⁵

Newcomb also indicates that the Doctrine of Christian Discovery underpins colonization.⁵⁶ The Doctrine of Christian Discovery was decreed by Pope Alexander VI. It promulgated a “right of discovery” and the assumption of dominion over lands previously held by indigenous peoples and unknown to Christians. As a result of Pope Alexander VI’s decree, indigenous lands were grabbed by European settlers.⁵⁷

I have already drawn attention to the fact that Rwanda was colonized by both the Germans and the Belgians. These colonizers influenced the political leadership, fostering violence and superiority. Literally, taking over the land, they imported new seeds and forcing Rwandans to uproot their own crops so as to plant and grow these new plants that would enable the colonial powers to earn hard currency. The growing of new plants was mandatory and any Rwandan not willing to grow them was beaten or heavily punished. The German and Belgian colonial masters and Catholic White Fathers played a key role in implementing their divide and conquer policy, their Hamitic theory and interference in the Rwandan culture by portraying Tutsis as invaders of Rwanda and potential enemies of the Hutu. The Indigenous people of Rwanda were manipulated in order to satisfy the interests of colonizing peoples.⁵⁸

⁵⁵ Steven T. Newcomb, *Pagans in the Promised Land: Decoding the Doctrine of Christian Discovery* (Golden, Colorado: Fulcrum Publishing, 2008), 14.

⁵⁶ *Ibid.*

⁵⁷ *Ibid.*

⁵⁸ J.J. Carney, “Beyond Tribalism,” 172-202, 172.

This had damaging effects on Rwanda's social harmony, contributing to the loss of cultural identity, dignity, and an increased hatred between the Hutu and Tutsi. The result led to the massacres of people identified as Tutsi in 1959, 1963, 1973, and 1990, and climaxed with the horrific 1994 Genocide.⁵⁹ As previously mentioned, the atrocities committed in the 1994 Genocide in Rwanda are widely believed to have not been accidental but carefully planned by the Rwandan Hutu government. During the 1994 Genocide, the Hutu government used some Hutu church leaders to alert some Tutsi people to hide in church buildings for safety. Tutsi, in the act of prayer and seeking protection, were found and killed with grenades.

A pattern of violence and non-accidental genocide is confirmed by Matthews, Executive Director of the Montreal Institute for Genocide and Human Rights Studies at Concordia University in Montreal, Quebec, Canada, who observed that "Genocide does not just begin over-night. It starts with groups fighting over resources or demonizing one particular group."⁶⁰ In the Rwandan case, the ethnic divide between the Hutu and Tutsi was created and promoted by colonial powers and Catholic white missionaries who led the Hutu against the Tutsi and fueled hatred between the two groups. The 1994 Genocide against the Tutsi and the murder of moderate Hutus was a failure of humanity that could have been prevented by an international community. General Romeo Dallaire, head of UN peacekeepers in Rwanda during the 1994 Genocide, says in his autobiographical account of the genocide, "The 1994 Genocide was a failure of humanity that could happen again."⁶¹ This statement was a confession and warning to the international

⁵⁹ Atle Dyregrov et al., "Trauma Exposure and Psychological Reactions to Genocide Among Rwandan Children," *Journal of Traumatic Stress* 13, no.1 (2000): 4.

⁶⁰ Kyle Matthews, "How to Build the Will to Intervene," 2.

⁶¹ Romeo Dallaire, *Shake the Hands of the Devil*, (Toronto: Vintage, 2004), xviii.

community. General Dallaire admits in this statement that the failure to intervene in Rwanda led to the loss of more than one million innocent Rwandan lives which could have been saved. Commenting on his encounter with the Rwandan General who was coordinating the genocidal killing, Dallaire confesses, “I shook hands with the devil. I have seen him, I have smelled him and I have touched him.”⁶² He saw people slaughtered but was powerless to act because world powers did not want to intervene. He suffered from PTSD because of the inexpressible violence he witnessed.

The failure of the international community to prevent or intervene in the 1994 Genocide in Rwanda suggests that humanity has not learned from its previous failures to prevent past genocides. World history reminds us about the Holocaust perpetrated by Nazis in Germany during the 1930s and 1940s, during which time six million Jewish people were killed in gas chambers.⁶³ Alongside the extermination of Jewish people, five million Slavs, Roma, disabled people, Jehovah’s witnesses, homosexuals, and religious dissidents were also killed.⁶⁴ In 1915, ethnic Armenians living in the Ottoman Empire (now Turkey) were rounded up, deported, and executed on orders of the government. More than one million ethnic Armenians, Assyrians, and Greeks are estimated to have been killed between 1915 and 1923.⁶⁵ In 1975, in Cambodia, when the Khmer Rouge took power, between 1.7 and 2 million political dissidents were killed.⁶⁶ During all of these genocides, the world was aware of what was happening and watched, doing nothing to prevent these genocides.

⁶² Ibid.

⁶³ “Past Genocides and Mass Atrocities,” United to End Genocide, <http://endgenocide.org/learn/past-genocides/>.

⁶⁴ Ibid.

⁶⁵ Ibid.

⁶⁶ Ibid.

History also reminds us of Aboriginal⁶⁷ and Indigenous⁶⁸ peoples who have experienced colonization and genocide at the hands of the white European settlers in Canada, the United States of America, Australia, and other parts of the world. The Truth and Reconciliation Commission of Canada documents inform us that:

For over a century, generations of Aboriginal children were separated from their parents and raised in over-crowded, underfunded, and often unhealthy residential schools in Canada. They were commonly denied the right to speak their language and told their cultural beliefs were sinful . . .

Residential schools disrupted families and communities. They prevented elders from teaching children long-valued cultural and spiritual traditions and practices. They helped kill languages The purpose of the residential school system was to separate children from the influences of their parents and their community, so as to destroy their culture. . . . Education, it was said, would ‘civilize’ Aboriginal people.⁶⁹

Aboriginal people continue to struggle against colonization and work hard to re-build their nations within the territories they have inhabited for thousands of years prior to European settlers. They were taken and traumatized, their trauma carried from generation to generation. This attempt at cultural assimilation and so called *civilization* of Aboriginal peoples has affected these peoples, yet they have struggled to maintain their identities, cultures, and family cohesion. I believe any social-economic and healing program

⁶⁷ According to Aboriginal Affairs and Northern Development Canada, the term *aboriginal* means “The descendants of the original inhabitants of North America. The Canadian Constitution recognizes three groups of Aboriginal people—Indians, Métis and Inuit.” <http://www.aadnc-aandc.gc.ca/eng/1100100014642/1100100014643>.

⁶⁸ The United Nations has developed an understanding of the term *indigenous* to mean: “Self-identification as Indigenous peoples at the individual level and accepted by the community as their member; Historical continuity with pre-colonial and/or pre-settler societies; Strong link to territories and surrounding natural resources; Distinct social, economic or political systems; Distinct language, culture and beliefs; Form non-dominant groups of society; and Resolve to maintain and reproduce their ancestral environments and systems as distinctive peoples and communities.” “Indigenous Peoples, Indigenous Voices: Factsheet,” United Nations, http://www.un.org/esa/socdev/unpfii/documents/5session_factsheet1.pdf.

⁶⁹ The Truth and Reconciliation Commission of Canada, *Canada, Aboriginal Peoples, and Residential Schools: They came for the Children* (Winnipeg, Manitoba: Truth and Reconciliation Commission of Canada, 2012), 1.

intended to resolve Aboriginal issues should be informed by those peoples' respective needs, cultural values, spirituality, and cosmology.

Concerning the 1994 Genocide, the predominantly Hutu government mobilized and utilized a military dominated by ethnic Hutu, the youth paramilitary, and the general population to kill Tutsi and moderate Hutu. Ervin Staub et al. comment that "the perpetrators in the government that organized the violence included members of the military, young men organized into paramilitary groups and ordinary people including neighbors and even family members in mixed families."⁷⁰ The impact of the 1994 Genocide was catastrophic. More than one million innocent Tutsi and moderate Hutu were killed. Several thousand Tutsi families, men, women, children, and moderate Hutu people were slaughtered, while Tutsi women were identified for humiliation and rape. The 1994 Genocide against the Tutsi and moderate Hutu generated thousands of traumatized and desperate women and orphaned children who were and are overwhelmed by despair, anger, poverty, and trauma. Staub et al. also report on the impact of the 1994 Genocide on Rwandans:

The impact of intense violence on survivors is enormous. Their basic psychological needs are profoundly frustrated, their identity, their way of understanding the world, and their spirituality disrupted. These disruptions, along with those of interpersonal relationships and the ability to regulate internal emotional states, co-exist with and give rise to intense trauma symptoms.⁷¹

The survivors of the 1994 Genocide are still overwhelmed by the loss of their family members, as well as the threats, torture and unbearable violence they went through. Many still feel desperate and hopeless, and are anxious about their future. Montgomery, writing

⁷⁰ Ervin Staub et al., "Healing, Reconciliation, Forgiving and Prevention of Violence or Mass Killing: An Intervention and Its Experimental Evaluation in Rwanda," *Journal of Social and Clinical Psychology* 24 (2005): 299.

⁷¹ *Ibid.*, 299.

about the Rwandan orphans, says: “Just seven and five years old when their world collapsed, they grew up in patch work families of orphans, fearful, confused and unbearably sad, raising children younger than themselves. Now in their 20s, they struggle to keep the pain embedded in their psyches two decades ago from crippling them completely.”⁷² In relation to the impact of the 1994 Genocide, Human Rights Watch reported:

During the 1994 Genocide, Rwandan women were subjected to sexual violence on a massive scale, perpetrated by members of the infamous Hutu militia groups known as the *Interahamwe*, by other civilians, and by soldiers of the Rwandan Armed Forces (*Forces Armées Rwandaises*, FAR), including the Presidential Guard. Administrative, military and political leaders at the national and local levels, as well as heads of militia, directed or encouraged both the killings and sexual violence to further their political goal: the destruction of the Tutsi as a group. They therefore bear responsibility for these abuses.⁷³

and

The physical and psychological injuries suffered by Rwandan rape survivors are aggravated by a sense of isolation and ostracization. Rwandan women who have been raped or who suffered sexual abuse generally do not dare reveal their experiences publicly, fearing that they will be rejected by their family and wider community and that they will never be able to reintegrate or to marry. Others fear retribution from their attacker if they speak out. Often, rape survivors suffer extreme guilt for having survived and been held for rape, rather than having been executed” states the Human Rights Watch.⁷⁴

The perpetrators of the 1994 Genocide in Rwanda used sexual violence as a weapon of humiliation and war. As the same Human Rights Watch report states: “The humiliation, pain and terror inflicted by the rapist is meant to degrade not just the individual woman but also to strip the humanity from the larger group of which she is a part.”⁷⁵ The sexual

⁷² Sue Montgomery, “20 Years Later,” *The Montreal Gazette*, December 17, 2014, 1. <http://www.montrealgazette.com/health/rwanda+years+later/9674013/story.html>.

⁷³ Human Rights Watch, “Introduction,” *Shattered Lives: Sexual Violence during the Rwandan Genocide and its Aftermath* (1996), para 1, accessed July 18, 2015, <http://www.hrw.org/reports/1996/Rwanda.htm>.

⁷⁴ *Ibid.*, para 8.

⁷⁵ *Ibid.*, para 5.

violence and mistreatment of Tutsi, especially Tutsi women, was intended to dehumanize and humiliate unwanted Tutsi alleged to be invaders.

The loss of husbands, children, relatives, with the accompanying overwhelming grief, has caused much trauma to these women and orphaned children. Judith Herman, a trauma expert, explains the devastating impact of trauma on victims. She says that traumatic events undermine the belief systems that give meaning to human experience, violating person's faith in a natural or divine order and casting the victim into a state of existential crisis, breaching attachments of family, friendship, love, and community.⁷⁶

Among these traumatized women are thousands of Hutu women who continuously struggle to survive while their husbands are kept in prison, charged with involvement in the genocide. In the midst of the 1994 Genocide, many Hutu women fled Rwanda, fleeing for their security after the Hutu army and militia's perpetrated killing were defeated by the Tutsi rebels. Many of these women are traumatized and infected with HIV/AIDS because of widespread rape both during the Genocide and in refugee camps in Congo. In relation to the impact on social relations and recovery, Herman adds: "Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning. Traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life."⁷⁷ She suggests that "recovery therefore is based upon the empowerment of the survivor and the creation of new connections. . . . Recovery can take place only within the context of relationships; it cannot occur in isolation."⁷⁸

⁷⁶ J. Herman, "Recovery from trauma," *Psychiatry & Clinical Neurosciences* 52, (October 1998 Supplement): 145-150.

⁷⁷ *Ibid.*, 33.

⁷⁸ *Ibid.*, 145.

In my own experience, I have found human relationships to be a great opportunity for healing for those who have experienced traumatic events. At a personal and cultural level I understand Herman's statement regarding the significance of context within relationships for recovery. Not only is my Rwandan culture contextually rooted in the human relationships of family attachments and community, but personally, having experienced trauma in my life, my own psychological structures place human relationships within the context of cultural value and personal trauma.

During the review of literature for this study, I learned a vocabulary and new concepts that help me understand and articulate my own position in relation to others, as well as help me to communicate with the women in my ministry. This language and conceptual learning has enabled me to communicate my thoughts, even with those who are unfamiliar with my culture but express an interest in helping. In casual conversation and in more formal academic conversations, I am and we are better able to engage in what might be called cross-cultural dialogue.

The Pastoral and Theological Literature

Rwanda is a predominantly Christian country, with nearly 90% of the people professing some form of Christian belief and the remaining population professing Islam, traditional religion, and other faiths.⁷⁹ In the Rwandan context, God is thought to be part of community, the source of unity and prosperity, and without involvement in fights and ethnic divisions. "He is believed to be the founder of Rwanda, the symbol of unity of his people, who would spend the day outside and sleep in Rwanda," writes Collette

⁷⁹ Anne Kubai, "Post-Genocide Rwanda: The Changing Religious Landscape," Nordic Africa Institute Africa Days Conference, Uppsala, Sweden, 2007: 202.

Braeckman, a Belgian journalist and writer.⁸⁰ When the Genocide took place, and more than one million people were killed and thousands left severely traumatized, I could not understand what had happened or comprehend how the God Rwandans believed to be omniscient, powerful, and omnipresent could have allowed the Genocide to happen. I quickly realized this was a difficult theological question.

In my ministry with women, I am aware that many women survivors of the 1994 Genocide have asked themselves this same question: Why did God allow the Genocide to happen, destroying their lives, their families, and Rwandan society? I am also aware that their faith has been affected by what happened during the Genocide. They are angry at God, wondering why God did not intervene and save their families. Some women even wonder if God had been killed or died. Holocaust survivors raised these same questions. Robert Douglas,⁸¹ in his discussion of Elie Wiesel's⁸² relationship with God, states that Wiesel wondered why God did not intervene to rescue Jewish people under Nazi German persecution. "When that intervention was not forthcoming, he began to doubt in God and in His mercy. He began to accuse God of cruelty against his people."⁸³ Richard Rubenstein, another Jewish theologian, shocked by the killing of six million of his people, argues that "the horrors of the Holocaust prove that God cannot exist," proclaiming the death of God and turning to what he called "the tragic fatalities of the God of the nature."⁸⁴ Eliezer Herskovits asserts that God's "absence" in Nazi Germany

⁸⁰ Colette Braeckman, *Rwanda, Mille Collines: Mille douleurs* (Bruxelles: Editions Nevicata, 2014), 13.

⁸¹ Robert E. Douglas Jr., Elie Wiesel's Relationship with God, <http://www.stsci.edu/~rdouglas/publications/suff/suff.html>.

⁸² Elie Wiesel was a Jewish author and survivor of the death camps of World War II.

⁸³ Robert E. Douglas Jr., Elie Wiesel's Relationship with God.

⁸⁴ Zachary Braiterman, "Hitler's Accomplice": The Tragic Theology of Richard Rubenstein," *Modern Judaism* 17, no. 1 (February 1997), para 1. http://muse.jhu.edu/journals/modern_judaism/summary/v017/17.1braiterman.html.

could be explained by the concept of “the hiding of the divine face.”⁸⁵ According to Herskovits, this hiding of His face was necessary in order for God to maintain His respect for humanity’s free will. Rabbi Nissan Dubov, a writer for the Chabad organization, an international Jewish religious organization, presents similar questions 60 years after the Holocaust. He states, “The question becomes rhetorical – not, ‘where was G–d during the Holocaust?’ but rather, ‘where was man during the Holocaust?’” In other words, he wonders, as other Rwandans may wonder: Where was the international community?

The Jewish Holocaust and the 1994 Rwandan Genocide are events beyond my understanding. These two tragic events raise two important theological questions: Where was God and where was man? In an attempt to find answers to these questions, and others, I found that in his Ph.D. dissertation, *Constructing a Neuroscientific Pastoral Theology of Fear and Hope*, Jason Whitehead tries to answer these same questions through process theology. He says that process theology is well known for its reconstruction of God’s power and its maintenance. Whitehead further emphasizes the God-human relationship when he cites Griffin as another process theologian advocating for a form of theistic naturalism as proposed through the writings of Alfred North Whitehead where God “In one sense transcends our particular world, [but] it is also of human freedom.”⁸⁶ He adds that “process theology responds to questions arising out of loss of hope because of its commitment to human freedom, its realism about

⁸⁵ Rabbi Or N. Rose, “Death of God,” *The Holocaust*, para 4.

<http://www.myjewishlearning.com/article/the-holocaust-responding-to-modern-suffering/3/>.

⁸⁶ Jason Whitehead, “Constructing a Neuroscientific Pastoral Theology of Fear and Hope” (PhD diss., University of Denver, 2010), 1688, Digital Commons @ DU (Paper 952).<http://digitalcommons.du.edu/etd/952>.

destructiveness and loss, its redefinition of God's power and resulting refinement of the God-human relationship."⁸⁷ He states that "God is actually *within* our world."⁸⁸

If God relates to all, God in some ways must also transcend our normal understanding of what 'in' and 'with' might mean. Thus God becomes relationally responsive to the workings of the entirety of the world. This enables God to become an integral part to our fearful moments rather than remote observer.⁸⁹

Continuing, he adds, "Process theologians, myself among them, contend that the best recourse for developing a coherent concept of God is to hold on to God's relationality and love while redefining God's power."⁹⁰

A theological response, such as this, offered through process theology, suggests some possible and encouraging responses to questions of Rwandan women survivors who continue to live with fear and loss of hope. The women expected God to intervene in the 1994 Genocide, be part of their fearful times, and to respond to all their needs at that crucial moment. But they were disappointed not to see God present during their suffering and for their loss of dear ones. Whitehead says:

God is present and fully relating to us in the midst of fearful moments. God is there when we recognize a threat. God is there when the amygdala fires, sending impulses through our bodies in order to react to a threat; God is present in the moments influencing choices about whether to fight, freeze or flee or appease the threat.⁹¹

Whitehead reminds us of who God is and what our expectations of God are. We are challenged with respect to our expectations however because we live in a world of confusion, greed, and injustice that fuel divisions, rivalry, wars, and violence. In these

⁸⁷ Ibid., 169.

⁸⁸ Ibid., 176.

⁸⁹ Ibid., 175.

⁹⁰ Ibid., 185.

⁹¹ Ibid., 176-177.

circumstances, we do not necessarily notice God's presence or see God's interventions while we struggle with our own self-estrangement.

Challenges we face within ourselves are also part of expectations, that is, there is an expectation that human power and freedom need to be considered. To elaborate on that, the theologian Tillich states "humans were characterized by both self-estrangement and goodness. He saw self-estrangement as the self-destructive aspect of human existence such as alienation from God and other humans."⁹² Tillich believed goodness was "the human capacity to choose to have an alliance with God [and] this alliance gave one the capacity to begin to overcome self-estrangement."⁹³

Process theologians offer some answers to such questions and do not ascribe omnipotence to God, at least not as omnipotence is construed in traditional theology. They take a significantly different stance to God's power and the God-human relationship, utilizing the terms *coercive* and *persuasive*. They see "omnipotence of traditional theologies as a form of coercive power. Through the concept of an omnipotent God, human power and freedom are non-existent."⁹⁴ Whitehead says that through this concept of omnipotent power, people become

actors in a divine drama with the script already written and the parts laid out. For process theologians faced with the realities of suffering and unpredictable tragedy, a loving God whose power is coercive does not exist, and if such a God existed, that God would not be worthy of worship . . . [and so] the best recourse for developing a coherent concept of God is to hold on to God's relationality and love while re-defining God's power.⁹⁵

⁹² Paul Tillich, "Estrangement and Reconciliation in Modern Thought," in *Paul Tillich: Theological writings*, ed. Gert Hummel (Berlin/New York: de Gruyter, 1992), 32.

⁹³ Ibid.

⁹⁴ Jason Whitehead, "Constructing a Neuroscientific Pastoral Theology of Fear and Hope," 184-185.

⁹⁵ Ibid., 185.

The attempt by process theology to redefine God's power does not help Rwandans because it adds a further theological problem. This view which re-defines God's power and considers the non-existence of a loving God with coercive power is thought heretical by most Rwandans who still believe in God and in God's power and omnipresence, despite God's silence and absence during the 1994 Genocide. This process theological explanation attempts to provide answers to theological questions Rwandans are still asking about God but also produces spiritual confusion. It also goes against the traditional and basic Christian beliefs of Rwandans that God is omnipotent, all-knowing, and omnipresent. Rwandan theologians and church leaders must seriously consider this theological debate if they are to play a role in the healing and reconciliation of Rwanda. On the other hand, the Rwandan churches need to address allegations that they sided with the perpetrators during the 1994 Genocide.

Daniel S. Ntwari, of the African Reporter, writes that the "role of religious leaders was very crucial in the implementation and planning of the Rwandan genocide. Rwandans trusted the church, and most mass killings during the genocide were conducted on church premises as thousands sought refuge in the pews."⁹⁶ However, we should not generalize the evidence that many churches and leaders failed to stand up in the 1994 Genocide and, instead, were actually a part of it. In the 22 years since, these churches have failed to apologize to Rwandans. Notably, some Protestant churches made informal apologies to Rwandans three years ago. For example, in March, 2016, leaders of the World Council of Churches, the Alliance of Evangelical Churches in Rwanda, the Protestant Council of Rwanda, and the All Africa Council of Churches agreed that the

⁹⁶ Daniel S. Ntwari, "Clergy in Rwanda Hint They are Ready to Apologize for Genocide," *African Reporter*, May 19, 2015, para 2. <http://www.afrikareporter.com/clergy-in-rwanda-hint-they-are-ready-to-apologize-for-genocide/>

churches' responses during the Genocide were completely inadequate.⁹⁷ Ntwari's article informs us that the "Roman Catholic church in Rwanda, which has been highly implicated in promoting the genocide, announced recently it will issue an official apology as soon as the Genocide inquiries and court cases into the role of its church members are concluded."⁹⁸ The apologies by the Catholic Church, a predominant church in Rwanda, may be an action in the right direction that helps heal the ethnic divisions, contributing to a meaningful reconciliation and peace among Rwandans. The Anglican Church also expresses the conviction that the Church has a role in meaningful reconciliation of past wounds and in the production of peace. Viateur Ndikumana, Rwandan Anglican minister and professor of theology, proposes

That all churches in Rwanda need to take an active role in the process of healing this collective memory and the wounds of the past by promoting a theology adapted at the context, participatory justice, the Koinonia and effective Christian services.⁹⁹

According to Ndikumana, the development of a nation can only be assured if its citizens accept that they share a past and together shoulder the vagaries of the present in light of the past towards a better future.¹⁰⁰ These influential people claim that the Rwandan churches need to play a role in healing the wounds of the past and in the reconciliation of Rwanda. As a pastor, survivor, wounded but in the process of healing, I have been called to help heal wounded Rwandans and to focus my ministry on the healing of women and youth. In dealing with traumatized women, I need to explore the areas of theology that deal with people who are hurting.

⁹⁷ Accessed June, 2016, Goodreport.biz/2016/03/ecumenical-leaders-apologize-for-inaction-in-rwanda.

⁹⁸ Ibid., para 3.

⁹⁹ Viateur Ndikumana, "Healing the Wounds of the Past and Promoting Development in Rwanda: The Church's Stance on the Genocide and Civil War. EMW and EED. Encounter Beyond Routine: Cultural Roots, Cultural Transition, Understanding of Faith and Cooperation in Development." Paper presented at the International Consultation, Academy of Mission, Hamburg, January 17, 2010, 79.

¹⁰⁰ Ibid.

The relevant theological discipline in pastoral theology and the relevant practice is pastoral counselling. Clinebell defines pastoral counselling as a “valuable instrument by which the church stays relevant to human need.”¹⁰¹McKeever, in Clinebell, adds that pastoral care and counseling are effective methods “for communicating the gospel by helping [people] open themselves to healing relationships.”¹⁰²Caregiving is a tool that “can help save those areas of people’s lives that are shipwrecked in the storms of daily living, broken on the hidden reefs of evil and tragedy, injustice and despair.”¹⁰³According to William A. Clebsch and Charles R. Jaekle, pastoral care consists of:

(1)Healing - a pastoral function that aims to overcome some impairment by restoring the person to wholeness and by leading him to advance beyond his previous condition: (2) Sustaining -Helping a hurting person to endure and to transcend a circumstance in which restoration to his former condition or recuperation from his malady is either impossible or so remote as to seem improbable. (3) Guiding – Assisting perplexed persons to make confident choices between alternative courses of thought and action, when such choices are viewed as affecting the present and future of the soul. (4) Reconciling -seeks to re-establish broken relationships between man and God.¹⁰⁴

This kind of caregiving is summarized by Clebsch and Jaekle as century-spanning, life-transformative, and valid in terms of both longevity and effectiveness.

The Rwandan women survivors of the 1994 Genocide need this kind of pastoral caregiving to help them heal from their wounds and to recover their dignity. They have been humiliated and traumatized. They need pastoral care services that help them overcome their impairment caused by trauma ,transcend their challenging situations, and

¹⁰¹ Howard Clinebell, *Basic Types of Pastoral Counseling: New Resources for Ministering to the Troubled*,(Nashville: Abingdon Press, 1966), 14.

¹⁰²Ibid., 59.

¹⁰³ Ibid., 2.

¹⁰³Ibid., 15.

¹⁰⁴ William A. Clebsch and Charles R. Jaekle, *Pastoral Care in Historical Perspective*(New York: Harper & Row, 1964), 33, quoted in HowardClinebell, *Basic Types of Pastoral Care & Counseling*(Nashville: Abingdon Press, 1966), 42.

empower them to make right choices and reconcile with themselves, men, and God. They also need caregiving that helps them recover from their wounds and restore their dignity. This caregiving must come from people they trust and be given and received in the context of relationships.

Pastoral counseling has the responsibility and the possibility to address the needs of traumatized people. Trauma and PTSD isolate the victim and distort their world, while pastoral counseling can help victims break their isolation and reconnect these women with other people and with God. The mission of churches in Rwanda and their ministers is to provide a basis for healing by helping traumatized people improve their relationships with other people and with their God. However, many churches in Rwanda lack qualified pastoral care counselors who can provide quality counseling services, while other counselors the churches do employ are timid and struggle with the guilt of their inaction during the 1994 Genocide. In general, the churches have not been able to initiate a tangible healing discourse and healing programs that respond to the needs of the traumatized people of Rwanda, especially women and youth. Pastoral care and counseling should be one of the means by which the churches contribute healing work through reconciliation and restoration of trust and love for Rwandans. Niebuhr, William, and Gustafson, posit “that the ultimate objective and unifying goal of the church is the increase among men [sic] of the love of God and neighbor.”¹⁰⁵ If the churches in Rwanda had fulfilled this goal in their past evangelistic work, the 1994 Genocide might have been prevented. If the churches could fulfill this goal today and in the future, they might

¹⁰⁵ H. Richard Niebuhr, Daniel D. William, and James M. Gustafson, “The Purpose of the Church and its Ministry,” religion-online.org, last modified February 4, 2003, <http://media.sabda.org/alkitab-2/Religion-online.org%20Books/Niebuhr,%20H.R,%20Williams,%20D.%20D.%20%26%20Gustafson,%20J.M.%20-%20The%20Purpos.pdf>.

ensure that a genocide would never happen again in Rwanda. The churches in Rwanda, therefore, have a pastoral mission to emphasize, in their teachings, the love of God and neighbour amongst their members. This emphasis would make a difference in the reconciliation and healing of wounded Rwandans.

Yet, for reconciliation to take place in Rwanda, repentance and forgiveness are crucial and the churches in Rwanda, despite their tarnished image, need to play a key role in these areas, especially in terms of forgiveness. Rogers observes that “one cannot overlook the power of forgiveness in the process of healing but forgiveness must not be rushed or demanded of a trauma victim.”¹⁰⁶ She believes that the trauma survivor may need to see “just punishment of the perpetrator by the legal system and some legitimate repentance on the part of the perpetrator.”¹⁰⁷ In my experience as a pastor, repentance does not always produce automatic forgiveness, especially in post-Genocide Rwanda. For instance, only a few Genocide perpetrators have repented to their victims, making forgiveness and reconciliation difficult. Steve Cornell, senior pastor at Millersville Bible Church in Millersville, Pennsylvania, offers some suggestions concerning forgiveness and reconciliation. He says, “When someone has been significantly hurt and feels hesitant about restoration with the offender, it’s both right and wise to look for changes in the offender before allowing reconciliation to begin.”¹⁰⁸ Cornell also warns that it “is difficult to genuinely restore a broken relationship when the offender is unclear about his confession and repentance.”¹⁰⁹

¹⁰⁶ H. Richard Niebuhr, Daniel D. William, and James M. Gustafson, “The Purpose of the Church and its Ministry,” 38.

¹⁰⁷ Ibid.

¹⁰⁸ Steve Cornell, “How to Move from Forgiveness to Reconciliation,” The Gospel Coalition, March 29, 2012, para 7, <http://www.thegospelcoalition.org/article/how-to-move-from-forgiveness-to-reconciliation>.

¹⁰⁹ Ibid., para 10.

Healing cannot occur when traumatized people still have vengeful thoughts.

Minow warns against vengeance, observing, “Vengeance can lead to horrible excesses and still fail to restore what was destroyed initially. Mass killings are the fruit of revenge for perceived past harms.”¹¹⁰ She also states:

Giving in to emotions that often circle revenge and retribution can be self-defeating and illusory. The traumatized people imagine that revenge will bring relief even though fantasy of revenge simply reverses the roles of perpetrators and victims continuing to imprison the victim in horror, degradation and bounds of the perpetrator’s violence.¹¹¹

Revenge may build up a circle of conflict and defeat any hope of relief. John Hampton warns against revenge, arguing that vengeance can be too emotionally costly. It only stokes fires of hatred that consume all.¹¹²

In the Rwandan context, we have much to learn from these words of wisdom and warnings about vengeance. Rather than revenge and anger, repentance and reconciliation, combined with care and trauma counseling, may significantly contribute to the healing of both the Genocide survivors and their Hutu offenders. Revenge would be harmful to Rwanda because it may lead to other conflicts or worsen trauma and PTSD. It may also negatively affect the reconciliation peace and stability process which the current Rwandan government is heavily invested in. The government of Rwanda is aware of this danger and stands firmly against it. This viewpoint is part of the Rwandan government’s policy-making in all areas of governance. In 1999, the Rwandan government established the National Unity and Reconciliation Commission (NURC).¹¹³ Its mission is “to promote unity, reconciliation, and social cohesion among Rwandans and build a country

¹¹⁰ Martha Minow. *Between Vengeance and Forgiveness* (Boston: Beacon Press, 1998), 11.

¹¹¹ Ibid.

¹¹² Ibid.

¹¹³ National Unity and Reconciliation Commission, <http://www.nurc.gov.rw/index.php?id=84>.

in which everyone has equal rights and is contributing to good governance.”¹¹⁴ This commission coordinates and facilitates the intensive work of reconciliation between Hutu and Tutsi. The intent is to achieve durable peace and fight against revenge that may lead to future conflicts. In my own experience, this commission has so far done commendable work in the area of reconciliation.

The government of Rwanda has also resolved gender issues, which kept women marginalized for centuries, and implemented equality opportunities for all. This reconciliation work brings the Tutsi and Hutu together to live in peace instead of being locked in the cyclical revenge cycle. The National Unity and Reconciliation Commission emphasizes justice, truth, and reconciliation and stands in contrast to the Truth and Reconciliation Commissions that took place in Sierra Leone and South Africa, where only truth and reconciliation were emphasized. Shaw, in “Rethinking Truth and Reconciliation Commissions: Lessons from Sierra Leone,” observes that

Sierra Leone, like South Africa valorized a particular kind of memory practice: truth telling, the public recounting of memories of violence. This valorization, however, is based on problematic assumptions about the purportedly universal benefits of verbally remembering violence.¹¹⁵

Ideas concerning the conciliatory and therapeutic efficacy of truth-telling are the products of a Western culture of memory deriving from North American and European historical processes.¹¹⁶ A truth commission or TRC will be more effective if it builds upon traditional and locally established practices of healing and social coexistence. If we discount or ignore such processes, we may jeopardize any form of social

¹¹⁴ Ibid.

¹¹⁵ Rosalind Shaw. *Rethinking Truth and Reconciliation Commissions, Lessons from Sierra Leone*, 1.

¹¹⁶ Ibid.

recovery.¹¹⁷ Each country has its cultures and can learn from other cultures, but it is important to acknowledge the significance of historic, geographical, linguistic and political contexts of lessons learned from other cultures in order to for learning to be relevant. Not all Western theories, principles, and practices are fully applicable or even adaptable in other cultures, including Rwanda's culture. For an effective work of healing and reconciliation, the post-Genocide government of Rwanda emphasized justice for all through traditional village courts, called *Gacaca*.¹¹⁸ Reconciliation was based on Rwandan cultural values and rituals, where both the offended and offenders were able to tell their stories. These village courts ensured that the justice and reconciliation process put in place responded to the Rwandan context and helped to bring healing, durable peace, and prevent future conflicts.

Sharing stories of historical, political and personal experiences not only leads to justice but contributes to healing. South Africa's TRC slogan, "Revealing is healing," crystallized ideas about the healing and conciliatory power of verbal memories of violence and abuses promoted in the commission's final report. While others urged the past to be forgotten, words emblazoned at the entrance of the museum in the former concentration camp of Dachau say: "Those who forget the past are doomed to repeat it." The National Unity and Reconciliation Commission in Rwanda emphasizes the telling of painful memories and encourages confession and forgiveness. As pastor and pastoral counselor, my research is on how an African-centered clinical and pastoral therapy approach can promote the healing of Rwandan women, enabling them to effectively deal with their fears and anxieties. Pastoral theologian Bingaman proposes that "anxious

¹¹⁷ Ibid., 2.

¹¹⁸ Gacaca is a traditional village court in Rwanda that is composed of elders.

clients, in this climate of fear, confusion, disorientation and apprehensive expectation, will need, in the context of therapy and counseling, encouragement and permission to identify, explore, modify, and even change their core of beliefs.”¹¹⁹ Thus, as Bingaman suggests, our mission and responsibility as pastoral counselors is to understand the needs of traumatized people within the particular context of Rwandan tradition, history, and culture in order to begin to help them identify and modify self-defeating thoughts and overcome fears and revenge. Understanding the need for the clients to be allowed and encouraged to look for their own identity and to explore within an atmosphere supporting these needs is critical.

Minow, regarding the importance of reconciliation and forgiveness, arguing in favour of forgiveness, says, “The victim should not seek revenge and become a new victimizer but instead should forgive the offender and put an end to the cycle of violence.”¹²⁰ As seen through the establishment and actions of the National Unity and Reconciliation Commission, social, political efforts have been made to mobilize both Hutu and Tutsi towards repentance and forgiveness. The act of forgiveness has the potential to reconnect the offender and the victim so as to renew their relationship. The act of forgiveness can heal grief, help create new constructive alliances, and break a cycle of violence. Breaking a cycle of violence is challenging anywhere. In Chile, for example, José Zalaquett, a Chilean Human Rights advocate, and member of the Chilean National Commission for Truth and Reconciliation, states, “Underneath truth, justice and

¹¹⁹ Bingaman, K. A. *Treating the New Anxiety: A Cognitive-Theological Approach*. Lanham, MD: Jason Aronson, 2007: 57.

¹²⁰ Martha Minow, *Between Vengeance and Forgiveness*, 14.

forgiveness lay the twin goals of prevention and reparation which is the process of moral reconstruction.”¹²¹

My ministry in Rwanda faces the intersecting challenges of justice, forgiveness, and reconciliation. Some Genocide offenders are not willing to repent their crimes. While fostering repentance remains a challenge, many scholars and theologians agree that it is necessary. For example, Jeffress proposes that “if we want to rebuild a broken relationship with other people or with God, repentance is necessary.”¹²² Another way of addressing this issue, says Jeffress, is to consider that this situation sometimes requires an “unconditional forgiveness which provides a way of letting go of the wounds of the past inflicted by those who are incapable of repentance.”¹²³ In Rwanda, especially amongst the victims of the 1994 Genocide, repentance and restitution should go hand in hand. In my understanding, *restitution* is the attempt to demonstrate genuine repentance to someone who has wronged another. Tim Clinton, editor of *The Soul Bible*, provides an example of genuine repentance and restitution in the story of Jesus and Zacchaeus, the chief tax collector, in Luke 19:3-6.¹²⁴ Zacchaeus was considered by Jews to be dishonest, a sinner, and not deserving of Jesus’ attention. Though he had wealth, he was spiritually empty and badly needed Jesus for repentance and salvation. Zacchaeus said to Jesus, “Behold, Lord, half of my possessions I will give to the poor, and if I have defrauded anyone of

¹²¹ José Zalaquett, “‘Conference Proceedings’ in *Dealing with the Past: Truth and Reconciliation in South Africa*,” eds. Alex Moraine, Janet Levy, and Ronel Scheffer (Capetown: IDASA, 1994) quoted in Ramin Jahanbegloo, “The Future of Iran, Transitional Justice: Reflections on Forgiveness and Transitional Justice in Iran,” Legatum Institute, <http://www.li.com/docs/default-source/future-of-iran/2012-future-of-iran-by-ramin-jahanbegloo-reflections-on-forgivenessand-transitional-justice-in-iran.pdf?sfvrsn=2>

¹²² Robert Jeffress, *When Forgiveness Doesn’t Make Sense* (Colorado Spring: Water Brook Press, 2000), 75.

¹²³ *Ibid.*, 81.

¹²⁴ Tim Clinton, ed., *The Soul Care Bible*, Luke 19:3-6.

anything, I will give back four times as much (Luke 19:8-9).”¹²⁵ Although considered by his contemporaries to be not deserving of Jesus’ attention, Zacchaeus was given divine attention and his transformation did take place. Therefore, we must assume hope exists even where the challenge appears difficult.

In Rwanda, the offenders tried before the Gacaca courts were asked to pay restitution to the survivors, even though some offenders were too poor and incapable of paying. They were asked to pay back a portion of what they had looted even though it was known that many could not pay back what they had looted while others were and are still unwilling. The latter cases are still being resolved by the Rwandan courts and the situation still is unresolved in many cases, presenting many and varied challenges for the National Unity and Reconciliation Commission (NURC).

As a minister and pastoral counselor called to serve wounded women, I must define my own theology upon which I base my ministry. My own theology should be based on how I think and live my life in light of my faith. It should also be built on the way I engage my world and relate to it. To illustrate further, Curry cites Azibo, an African-American psychologist who posits that “the engagement of the world is a reflection of how an individual engages the world from a specific worldview or historical consciousness.”¹²⁶ My own theology is a reflection of who I am, my identity as I was as a child, and who I am now – my thoughts in relation to my spirituality, my culture, and how I perceive the world. I grew up a Rwandan, an African, and a Christian who believes in a God who is caring, loving, the giver of life, and is in control of the world, my life

¹²⁵ Ibid., 120.

¹²⁶ Tommy J. Curry, “On the Meta Theoretical Orientation of Daubi Azibo Nosology: Placing the Development of his African-Centered Diagnostic System against the Methodological Crisis Argued for by Dr. W. C. Banks,” *The Journal of Pan African Studies* 7, no.5, (November 2014): 25. <http://www.academia.edu/6230241/>.

here, and life after death. I grew up suffering because of who I am, was threatened with death, and nearly killed. The church did not stand with me, though I was Christian. I wondered what being Christian meant and why God allowed politicians to dehumanize and treat their people violently rather than protecting them.

I later discovered that the church was inspired and impacted by imperial theology. That is, a theology practiced by a church associated with an empire. An example would be the state church of the Roman empire as patronized and largely controlled by the Roman emperors from the time of the transfer of the seat of the government to Constantinople ¹²⁷. An imperial theology portrays the Emperor and other political leaders as characterized by divine power and serves to perpetuate their power and interests. I then sought to understand that theology by reviewing historical accounts of the Roman Empire and Christianity and by referring to current conversations regarding Imperialism, specifically American Imperialism. For example, Crossan, writing about imperial theology, asks, “By the time we get to the end of the book, and especially in its final chapter, a third question appears. Is Bible-fed Christian violence supporting or even instigating our imperial violence as the New Roman Empire?”¹²⁸ In this way, I perceive that the role of violence in Christianity exists in connection with imperial theology, at least as the idea presented in Crossan’s book.

Jesus, in his mission, suggested that the nonviolent kingdom of God challenged the Roman Empire, which was violent and had ungodly leadership. Such theological discussion raises a serious question about the violence inherent in imperial domination and which the Christian gospel is mandated to challenge. Problematically, the church has

¹²⁸ Dominic Crossan, *God and Empire: Jesus Against Rome, Then and Now*.
<http://www.johndominiccrossan.com/God%20&%20Empire.htm>.

at times not challenged such domination, but sided with it and blessed it. This imperial theology helps to explain the origin of imperial domination and violence that have influenced subsequent political and religious leadership. Imperial theology also helps us to understand why both the Holocaust victims and the 1994 Rwandan Genocide survivors questioned God's lack of intervention. Crossan suggests that "the intervention to stop killing and violence is the responsibility of the empire. The role of the kingdom of God is to bring peace through nonviolent means and . . . to liberate ordinary people nonviolently,"¹²⁹ which is why Jesus accepted his own death as a sacrifice for the salvation of the human race. On sacrifice, Crossan says that "God was offended by human sin, and because that sin was a human affront to divinity, no adequate satisfaction was possible. Therefore in his mercy, God sent his only begotten Son to suffer and die in our place."¹³⁰ Jesus died as a sacrifice so that I may live on earth and after this life.

In response to sacrificial love, I committed myself to live a transformed life that tells of God's love and grace, a meaningful life that inspires, encourages, and comforts other people, especially those hurting and suffering. Yet, I'm compelled to ask another important question: How has my own wounded-ness influenced my research and my healing ministry? Referring to Nouwen, I am a wounded healer,¹³¹ but I am also in the process of healing. My wounded-ness has very much influenced my research, because, out of my suffering and wounds, my passion, my calling, and my commitment to do the research presented in this dissertation arose. Nouwen recommends ministering to

¹²⁹ Ibid.

¹³⁰ Ibid.

¹³¹ Henri Nouwen. *The Wounded Healer: Ministry in Contemporary Society* (New York: Bantam Doubleday Dell Pub., 1979).

“emphasize that which is in humanity common to both minister and believer.”¹³²

Woundedness, which is often part of our shared humanity, can serve as a source of strength and healing when counseling others. My awareness of being wounded has humbled me and led me to recognize that at least some small way, I share an experience of woundedness which helps me to begin to understand something of the experiences of Rwandan wounded women. I acknowledge that in saying this, a reader may think that I have greatly minimized the differences of gendered and sexual violence, a topic which I discuss later in this document.

I have discovered that I am not an expert bringing healing to traumatized women. Rather, we are companions on a healing journey, healing together. All of us, together, will work as a team to help other traumatized Rwandans overcome their wounded-ness and heal. My own story has influenced me by providing me the passion, compassion, and energy to work with my fellow Rwandans still struggling to overcome the effects of imperial theology.

The 1994 Genocide was theologically inspired by imperial ideology that portrayed the Hutu and the Hutu government as the imperial authority and the Tutsi as dehumanized slaves, tolerating the term ‘cockroaches’ and deserving extermination. This government oppressed, humiliated, and organized the extermination of Tutsi and moderate Hutu, as well as the rape of women. The women survivors of the Genocide, suffering from a long tradition of patriarchal abuse, still struggle with the trauma of torture, rape, and the loss of dear ones. They need comfort, to be valued, healed, and have their dignity restored. Ursula King, a feminist theologian from the University of Bristol Institute for Advanced Studies and Professor Emeritus of Theology and Religious Studies

¹³² Ibid.

argues that “for women to overcome their oppression, they created another liberation movement that is concerned not only with their own liberation but that of all people by affirming the full humanity of all women.”¹³³ King also states that “the roots of the women go deep into the history, a history of struggle for equality, justice and human rights.”¹³⁴

The experiences of women in Rwanda derive deeply from the history of a traditionally male dominated society, of imperial domination, genocide, and a lack of comfort and caregiving. The Church, as an institution, became part of the imperial power, did not stand with the dominated and suffering women, and failed to uphold the doctrine of creation in the image of God. The Church sided with imperial authority and failed to stand and advocate for its suffering members, who were created in the image of God. During the Genocide, the churches in Rwanda frequently sided with the killers and unfortunately became an accomplice to evil. The Church lost its divine mission and embraced idolatry. The Church missed the opportunity to be a place where hurting people could feel safe and find love, comfort, and happiness.

The Rwandan women survivors of the 1994 Genocide I work with have experienced the failure of the Church in Rwanda to offer help and comfort to those who were hurting. They did not heed the words of Isaiah, who proclaimed that God calls the Church to comfort his people (Isaiah40:1).¹³⁵ Rwandan women and young girl survivors were raped and were submitted to torture and death under the genocidal killers in 1994. Now they still need to fight for their identity, dignity, and human rights. They deserve to be remembered and mourned just as the daughter of Jephthah is always mourned by the

¹³³ Ursula King, *Feminist Theology: a reader*, 275.

¹³⁴ Ibid.

¹³⁵ Tim Clinton, ed., *The Soul Care Bible*, Isaiah 40:1.

people of Israel, as reported in 2 Samuel 1:19-27. In relation to this story, Tribble observes that although the story is brief and ancient, it still evokes the imagination, calling forth a reader's response.¹³⁶

Rwandan women who survived the 1994 Genocide suffer deeply from guilt and shame for the humiliation and rape they went through. Ramsay argues that the power of shame

undermines the victim's sense of self, her capacity to love and accept herself, and her capacity for genuinely giving and receiving love seriously erodes her capacity for religious belief and a health spirituality. Shame engenders deep estrangement within the self and between the self and others—and sometimes between the victim and God. . . .

The levels of estrangements and alienation induced by shame gradually can be overcome as the survivor establishes a connection with a skilled therapist whose care she can trust.¹³⁷

Many among these women still struggle with PTSD. In her book, *Pastoral Care for Post-Traumatic Stress Disorder: Healing the Shattered Soul*, Rogers speaks about the effects of sexual trauma. She says,

Survivors of rape, which is a crime of forcing another person to submit to sex acts, have a high occurrence of post-traumatic stress disorder. . . . Rape is a multidimensional trauma violating the spiritual, physical and psychological boundaries."¹³⁸

Rwanda needs qualified pastoral counselors. As a pastoral counselor in training, I am working to equip myself in trauma counseling so I can contribute to the empowerment of other pastoral counselors. Together we need to work with traumatized people, accompanying them on their healing journey. An effective healing of past wounds and a

¹³⁶Phyllis Tribble, *Texts of Terror: Literary-Feminist Readings of Biblical Narratives: Overtures to Biblical Theology* (Philadelphia: Fortress Press, 1989).

¹³⁷ Nancy Ramsay, "Sexual Abuse and Shame: The Travail of Recovery," in *Women in Travail and Transition: A New Pastoral Care*, edited by Maxine Glaz and Jeanne S. Moassner (Minneapolis: fortress press, 1990), 113.

¹³⁸ Dalene C. Fuller Rogers, *Pastoral Care for Post-Traumatic Stress Disorder: Healing the Shattered Soul*(CA: Haworth Pastoral Press, 2002),3.

recovery of self and personal dignity damaged by humiliation, rape, and torture during the 1994 Genocide need the understanding and guidance of a pastoral counselor. In her book, *Dignity: Its Essential Role in Resolving Conflict*, Hicks writes,

the dignity model is an approach I have developed to help people understand the role that dignity plays in their lives and relationships. It is my response to what I have observed to be a missing link in our understanding of conflict: our failure to recognize how vulnerable humans are to being treated as if they didn't matter. It explains why it hurts when our dignity is violated, and it gives us the knowledge, awareness, and skills to avoid unknowingly harming others.¹³⁹

In my ministry with traumatized women, I have used group counseling where women come and meet, share their stories, listen and value one another's stories, cry together, comfort each other, and pray for one another. This group counseling has made a big difference in healing their psychological, social, and spiritual wounds. Hicks also suggests that "simple acts of dignity—listening to people and acknowledging their presence, their experiences, and their suffering—can help them recover their self-worth."¹⁴⁰ In listening to each other with love and empathy, the women experience value, allowing for healing and the rebuilding of their lives. Helping these women recover their dignity and self-worth should be a mission of the church for the very reason that the church also failed to stand with the victims of the 1994 Genocide. This could be an opportunity for the church to redeem itself from the failures of the past and to make a difference in terms of the healing and reconciliation of Rwandans.

The church could also tap into the spiritual revival that took place in 1930s Gahini. This spiritual revival was called the East African revival which began in Rwanda and became one of the remarkable movements of the Holy Spirit in the Christian church.

¹³⁹ Donna Hicks, *Dignity: Its Essential Role in Resolving Conflict* (New Haven and London: Yale University Press, 2011), 2.

¹⁴⁰*Ibid.*, 197.

Richard Gehman comments: "The Lord broke through Gahini, (east of Rwanda) then Rwanda's lives were changed and characterized by high moral character and great responsibility. The Holy Spirit began to work in many people's hearts and there was deep conviction of sin."¹⁴¹ Gatwa and Rutinduka report that the church experienced a remarkable revival then, one that embraced the entire east Africa area.¹⁴² The church should emphasize the spiritual values that sprang up from this revival: fear of sin, repentance, forgiveness, commitment to faith, love, and care. These values would dedicate Christians to the building of a caring, loving, reconciled, and peaceful community. The churches in Rwanda should use their spiritual resources to promote healing and reconciliation between Rwandans and between Rwandans and God.

Forgiveness and Repentance

When people change in their hearts, they can contribute to making the world a peaceful and better place to live. When people open themselves to repentance and forgiveness, people can play a significant role in facilitating healing or both those who hurt and those who harmed others, helping each find freedom and peace. For example, forgiving those who threatened my life in 1964, people who never apologized or repented, helped me find my own peace and freedom. I felt released from my prison of anger and hatred. In this, I am reminded of Lewis Smedes's words: "To forgive is to set a prisoner free and discover that the prisoner was you."¹⁴³

Conflicts hurt and affect both victims and offenders emotionally, physically, psychologically, and neuro-biologically. In the Rwandan context, people's emotions,

¹⁴¹ Richard Gehman, *The East African Revival*, Eajet 1986/Gehman/page 46 / 05-1_036.pdf -adobe .Acrobat .Reader DC

¹⁴² Tharcisse Gatwa and Laurent Rutinduka, *Histoire du Christianisme au Rwanda: Des origines a nos Jours*, 125.

¹⁴³ Lewis Smedes, <https://besilentbestill.wordpress.com>

feelings, thinking, and general physical health were all affected and are still affected. They feel angry, desperate, and guilty, feeling also that the world has changed. Traumatized, they feel that the world is hostile to them and they tend to isolate, often falling into depression. In such circumstances, repentance and forgiveness may play a key role in resolving conflicts, reducing pain, and promoting healing. In Rwanda, most offenders who repent do receive forgiveness from the survivors they wronged. Offenders who refuse to repent may sometimes be forgiven by victims, but usually not.

Many in the Rwandan culture believe that forgiveness comes when offenders repent. Since many offenders have not repented yet, many victims are not ready to forgive. This creates a situation in which both offenders and victims hold onto psychological and traumatic issues characterized by shame, guilt, anger, and depression. The best method here is to educate offenders with the knowledge shown by neurobiology and with the wisdom shown in the Bible so that they might see for themselves how they are harming not only their own entire beings but that of others as well. Stephen Marmer, a psychiatrist and psychologist, suggests, in his conversation with Jared Sichel, that "It is obligatory to forgive those who make true repentance – it frees you of corrosive grudges. If you repent it frees you from destructive shame and guilt."¹⁴⁴ In other words, repenting frees one from self-destruction. Karen Swartz (M.D.), Director of the Mood Disorders Adult Consultations at John Hopkins Hospital, warns about the negative effects on human health resulting from the unresolved issues:¹⁴⁵

¹⁴⁴Jared Sichel, The psychology of repentance, September 11, 2013, http://www.jewishjournal.com/yom_kippur/article/the_psychology_of_repentance.

¹⁴⁵ "Forgiveness: Your Health Depends on It," John Hopkins Medicine, http://www.hopkinsmedicine.org/health/healthy_aging/healthy_connections/forgiveness-your-health-depends-on-it.

There is enormous physical burden to being hurt. The unresolved conflict can go deeper than you may realize, it may be affecting your physical health. . . . The good news is that studies have found the act of forgiveness can reap huge rewards for your health lowering the risk of heart attack; improving cholesterol levels and sleep; and reducing pain, blood pressure, and levels of anxiety, depression and stress.¹⁴⁶

Thus, forgiveness is an active process within the body from which one consciously decides to let go of negative feelings, whether the offender deserves this action or not.¹⁴⁷

As well, according to Swartz, studies have found that people who are naturally more forgiving than others tend to be more satisfied with their lives and have less depression, anxiety, stress, anger, and hostility.¹⁴⁸ People who hang onto grudges, on the other hand, are more likely to experience severe depression and PTSD. Approaching others with love and compassion is worthwhile in working towards repentance and forgiveness. By understanding the other's cultural values and offering them space to share their stories, pastoral counselors can facilitate forgiveness, reconciliation, and healing.

Aware that the healing of the heart comes from God's grace and love, pastoral counselors have the responsibility to show these wounded people that God cares and attends to their pain and suffering, as referred to by the prophet Hosea.¹⁴⁹ Tim Clinton tells that Jesus is alive, the savior of all, and that His power heals.¹⁵⁰ We need to trust and depend on him. He raises people from death.¹⁵¹ Jesus died to save us and he took our own punishment so that we are saved from our sins. Isaiah writes, "But he was pierced for our transgressions, crushed for our iniquities; the punishment that brought us peace was upon

¹⁴⁶ Ibid.

¹⁴⁷ Ibid.

¹⁴⁸ Ibid.

¹⁴⁹ Hosea 11:3-4.

¹⁵⁰ Tim Clinton, ed. *The Soul Care Bible*, Luke 6:19.

¹⁵¹ Luke 7: 12-15.

him.”¹⁵² Jesus is compassionately aware of our suffering and pain. He calls us to love one another, live in peace with one another and comfort one another.¹⁵³

As a Rwandan and a Christian, I believe in living in peace, and believe that reconciliation between Hutu and Tutsi people is possible. It helps to understand reconciliation as Staub describes, that *reconciliation* means “that the victims and perpetrators do not see the past as defining the future.”¹⁵⁴ The past does not need to define the future.

This vision of reconciliation is revealed as the National Unity and Reconciliation Commission (NURC) oversees the reconciliation process in Rwanda. Many Tutsi victims and Hutu offenders have been actively responding to yet there are some Rwandans who have not joined the reconciliation process. Various reasons for this deserve to be clarified by further research.

We are reminded of the ministry of reconciliation by St. Paul.¹⁵⁵ I have been called by my Lord Jesus Christ for this ministry. When applying this message of reconciliation to the Rwandan context as a Christian and pastor, I feel called to play a role in facilitating the reconciliation process between Hutu and Tutsi in Rwanda. This is not the work of one person but of a community, one that should be supported internationally. I am part of a community of believers advocating for the reconciliation and healing of wounded Rwandans. Reconciliation in Rwanda should come from a

¹⁵² Isaiah 53:5b

¹⁵³ Isaiah 40:1.

¹⁵⁴ Ervin Staub, “Reconciliation after Genocide, Mass Killing, or Intractable Conflict: Understanding the Roots of Violence, Psychological Recovery, and Steps toward a General Theory,” *Political Psychology* 27, no. 6 (December 2006), 868, http://www.jstor.org/stable/20447006?seq=1#page_scan_tab_contents.

¹⁵⁵ 2 Corinthians 5:18.

theological experience of God in the community and work towards repentance and forgiveness.

Providing opportunities to women survivors for the tremendous power they experience when they connect between themselves, share their stories, listen to one another, and comfort one another is important. Through prayer, dance, and music programs, women and youth victims of trauma have opportunities to meet, share stories, and listen to and comfort one another. Through song and dance they break their isolation, forgive, and explore possibilities for reconciliation. Reconciliation cannot be effective if victims are not consulted and fully involved throughout the entire process. Jesus recommends the search for truth as a way of achieving freedom when he says, “If you abide in my word, you are my disciples indeed. And you shall know the truth, and the truth shall make you free.”¹⁵⁶

Reconciliation

In Rwanda, the commission in charge of unity and reconciliation continues to organize workshops that facilitate dialogue between victims and perpetrators for the purposes of encouraging offenders to tell the truth about their actions and repent their wrongdoing. Some offenders have responded and told the truth, but unfortunately others have decided not to tell the truth. Those who have told the truth have helped promote repentance, forgiveness, and reconciliation. Though reconciliation is difficult to achieve, it is slowly made possible by God’s grace. Staub observes that reconciliation is a “mutual acceptance by members of formerly hostile groups of each other.”¹⁵⁷ According to these authors, “forgiving involves letting go of the anger and desire for revenge. It can help

¹⁵⁶John 8:31-32.

¹⁵⁷Ervin Staub, “Reconciliation after Genocide,” 867-894, 868.

diminish pain resulting from victimization and in moving away from a victim identity.”¹⁵⁸ Many in Rwanda think reconciliation and forgiveness are connected and that forgiveness should come only as result of a change in the victimized party once the offending party repents. Reconciliation, therefore, involves both the victims and offenders.

David Zaremba is co-ordinator of the African Great Lakes Initiative (AGLI), an organization that promotes and supports peace activities at the grassroots level in the Great Lakes region of Africa, which includes Burundi, Congo, Kenya, Rwanda, Tanzania, and Uganda. Through Peace Teams, made up of people from local partners and the international community, the organization focuses on conflict management, peace building, trauma healing, and reconciliation. Zaremba suggests that healing and reconciliation need to go together when “the groups that have engaged in violence against each other continue to live together.”¹⁵⁹ This is the case for Hutus and Tutsi in Rwanda. They share the same culture and space, work together, and live together. The organization’s “Healing and Rebuilding our Communities” training material, designed for reconciliation in Rwanda, Burundi, and the Democratic Republic of Congo (HROC), emphasizes that “in every person, there is something that is good.”¹⁶⁰ The material adds that each person and society has an inner capacity to heal and an internal, personal knowledge of how to recover from trauma. Healing from trauma requires that a person seek and share their inner good and wisdom with others. Through this effort trust can begin to be restored. The African Great Lakes Initiative’s (AGLI) peace activities are

¹⁵⁸ Ibid.

¹⁵⁹ David Zaremba, *African Great Lakes Initiatives of the Friends Peace Teams* (St. Louis: 2005).

¹⁶⁰ Ibid., 5

consistent with Staub et al., who state that perpetrators also need to heal for reconciliation to take place.¹⁶¹

The violence in the African Great Lakes Region was experienced at both a personal and community level. Healing can begin only when there is at least relative safety and security. In Rwanda, both Hutu and Tutsi have the capacity to change, repent, forgive, reconcile, heal, and stand for human rights, peace, and development. In Rwanda, the reconciliation process has progressed beyond the healing process, which has just started. Healing is a commitment accompanied by a change of heart and mind in both victim and offender. Encouragingly, some Rwandan women survivors have been audacious enough to forgive those who harmed them and killed their relatives without those offenders' repentance. They are impressive women who have taught much in terms of forgiveness and have become my heroes. These are the people that Mahatma Gandhi would have considered "strong people"¹⁶² when he said, "The weak can never forgive. Forgiveness is the attribute of the strong."¹⁶³

Empowering Women

I rejoice that some of these women have worked hard and managed to rebuild their lives and achieve social and economic independence. They are the recipients and witnesses of God's power to transform futility into fertility and blessings. Most Rwandan victims lost their husbands and family members but clung to each other and such experiences are reflected in Ruth and Naomi's story from the Bible.¹⁶⁴ Ruth was a young Moabite woman who married an Israelite. When all the men in the extended family died,

¹⁶¹Ervin Staub et al. "Healing, Reconciliation, Forgiving and the Prevention of Violence," 297-334.

¹⁶² Mahatma Gandhi, *All Men are Brothers: Autobiographical Reflections* (New York: The Continuum International Publishing Group, 2005), 155. <http://unesdoc.unesco.org/images/0007/000710/071082eo.pdf>.

¹⁶³ Ibid.

¹⁶⁴ Tim Clinton, ed. *The Soul Care Bible*, 335.

the women faced an uncertain future. Yet, despite her hardships, Ruth clung to both God and her mother-in-law, Naomi, pledging, “Wherever you go, I will go; and wherever you lodge, I will lodge, your people shall be my people and your God, my God.”¹⁶⁵ to their faith. They, however, still struggle with anger to the church for failing to stand with them and against the international community which never intervened in the Genocide. There are also women angry at themselves, wondering why they are still alive and why they did not die during the Genocide. Lester, in relation to such anger, proposes “alternative Christian stories to confront the dysfunctional narratives for healing.”¹⁶⁶ Christian stories, such as Ruth and Naomi’s, show how Christian people live their faith and how that faith affects their lives. They are about how a Christian life provides encouragement and hope, even through challenges. Christian stories help challenge narratives of hurt or what is felt and lived as a meaningless life. Narrative therapy is a method that distinguishes people from their problems and encourages them to use their own resources in managing their day-to-day lives. Christian stories are used to confront the dysfunctional stories. The narrative therapy that Lester proposes is applicable to the Rwandan context, especially with regards to the women survivors of the 1994 Genocide. Such therapy could make a difference for these women, since most are still hurting yet faith-oriented people. Lester advises Christians to consider anger, not as evil, but as a divine gift. He says, “Anger is a gift from God that serves courage, hope and intimacy.”¹⁶⁷ This is not how Christian faith was taught in Rwanda. Rwandans were taught that anger is a sin. Teaching about anger

¹⁶⁵ Ibid.

¹⁶⁶ Andrew Lester, *The Angry Christian: A Theology for Care and Counseling* (Louisville, KY: Westminster John Knox Press, 2003), 250.

¹⁶⁷ Ibid.

needs to be reconsidered and Rwandans need to be helped to understand how to efficiently manage anger.

In my healing ministry with these wounded women I am exploring how, in addition to the healing of these women, these wounded women could be more empowered to become more resilient with more self-esteem, confidence, dignity, and skills to effectively deal with their future. Just as the post-Genocide Rwandan government has done for gender issues and promoting gender equality, so psychology and theology should do here. Churches should support equality between women and men and value Rwandan women for who they are. Glaz and Moessner comment that “A woman’s relationship to her body has a ramification in her sense of self. A theology that does take into account the interplay of mind and body is a type of doctrinal decapitation.”¹⁶⁸ According to these authors, psychology has participated in the muzzling of women’s voices. Women were thought to be weaker intellectually, psychologically, and morally and to be inherently masochistic. Middle-class women were counseled to accept their dependency, envy, masochism, and inadequacy and to believe that acceptance of this idea would enable them to find self-respect in being women as women were thought to be. The time has come for the churches and all Rwandans to know women are at least as strong, intelligent, and wise as men. They need to be valued and have their dignity and social, political, economic, and spiritual status recovered. This will bring complete healing to their lives, but also stability and development to Rwanda.

The Neuroscience of PTSD and Healing

¹⁶⁸ Maxine Glaz and Jeanne S. Moessner, eds., *Women in Travail and Transition* (Minneapolis: fortress press, 1990): 39.

The 1994 Genocide traumatized both Tutsi and Hutu, affecting them economically, spiritually, socially, and psychologically. Trauma experts from all over the world studied PTSD prevalence amongst Rwandans in the period immediately following the events.

Richard Neugebauer et al. carried out a national survey of Rwandans, aged 8-19, measuring traumatic exposure through an inventory of war time experiences and a checklist of PTSD symptoms. In sample one, 95% of respondents reported re-experiencing symptoms, 95% reported avoidance blunting symptoms, and 63% reported arousal symptoms. Sample two figures were 96%, 95%, and 56%, respectively. The overall rate of probable PTSD was 62% and 54% in samples 1 and 2, respectively, and exhibited a dose-response relationship with exposure. Amongst the most heavily exposed individuals, the rate was 100% and the rates of probable PTSD were higher among females than males. These rates of probable PTSD were even further elevated one year after the genocide.¹⁶⁹ Neugebauer et al.'s findings suggest that "at the extremes psychological resilience is all but extinguished at least among youth in the aftermath of the catastrophic manmade [sic] violence."¹⁷⁰

In research affiliated with Medecins Sans Frontieres, de Jong et al. report the prevalence of PTSD for Rwandan and Burundian Refugees in Tanzanian camps, finding that "many cases of PTSD go unrecognized by the medical community in general. In refugee populations, this phenomenon is partly due to difficulties in making cross-cultural diagnoses and confusing PTSD with the stress that accompanies the acculturation

¹⁶⁹ Richard Neugebauer et al., *PTSD Stress Reactions among Rwandan Children and Adolescents in the Early aftermath of Genocide* (New York State Psychiatric Institute, 2009), 1033.

¹⁷⁰ *Ibid.*, 1043.

process.”¹⁷¹ They estimate that 50% of people have mental health problems. De Jong et al. argue that “given the huge number of people in need of help, providing individual support to all is unfeasible.”¹⁷² They recommend that “psychological interventions should focus on strengthening community structures and providing support to larger groups ...through population wide psycho-education campaigns or management of therapeutic centers.”¹⁷³ These findings indicate that the prevalence of PTSD is highly elevated, that resilience to this disorder is much lower amongst young people, and that PTSD cases go unnoticed because of cross-cultural diagnosis issues.

Dyregrov and his colleagues interviewed 3030 Rwandan children survivors of the 1994 Genocide exposed to extreme violence. Ninety percent of children had believed they would die in the Genocide, most had to hide to survive, and 15% had to hide under dead bodies to survive. A shortened form of the Dyregrov’s *Impact of Event Scale* used 1830 of these children and documented high levels of intrusion and avoidance. While children living in shelters were exposed to more trauma, they also showed fewer PTSD reactions. Analyses show that children’s reactions were associated with loss, exposure to violence, and, most importantly, feeling their lives were in danger.¹⁷⁴

All of these research findings unanimously and clearly show that the prevalence of PTSD is still high in Rwanda, that the loss of dear ones, violence, and the fear caused by PTSD are still part of life for many Rwandans. An adequate response to this situation should provide psychological support and accompany these survivors in their healing

¹⁷¹ J. de Jong et al., “The Prevalence of Mental Health Problems in Rwanda and Burundese Refugee Camps,” *Acta Psychiatrica Scandinavica* 102, no. 3 (2000): 171-177, 171. <http://hdl.handle.net/10144/18112>.

¹⁷² *Ibid.*, 171-177, 176.

¹⁷³ *Ibid.*

¹⁷⁴ Atle Dyregrov et al., “Trauma Exposure and Psychological Reactions to Genocide among Rwandan Children,” *Journal of Traumatic Stress* 13, no. 1, (2000): 1.

journey. The government of Rwanda should give priority to this PTSD scourge and provide the means to support Rwandans still devastated by this disorder. Pastoral counselors and therapists should work with other health practitioners to educate people about PTSD and counsel them on how to deal with it.

The Physiology of Post-Traumatic Stress Disorder

PTSD is a global issue that deserves global efforts and solutions. Some trauma victims heal and others do not. Those who do not heal develop PTSD or other disorders, such as depression, and need treatment to heal, but effective treatment and healing of PTSD requires better understanding of the disorder and its physiopathology. The current PTSD literature includes proposed changes to the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) that are being proposed. One of these changes is described by James Phillips who discusses cultural variations and his concerns regarding a sense of universal response to trauma. He elaborates saying,

In the years of DSM-5 development, one point of controversy in the work on PTSD was whether to include symptoms of complex PTSD (also called disorders of extreme stress not otherwise specified) in the diagnosis. The argument for inclusion was that many sufferers of trauma and chronic trauma do not express the standard symptoms of PTSD but rather symptoms of depression, anxiety, or dissociation, or of borderline personality response to trauma. In the DSM-5 discussion of PTSD, there is a small subsection disorder DSM-IV does not do justice to the great cultural variety of every aspect of, culture-related diagnostic issues, devoted to cultural differences. While this subsection does recognize cultural variation, and while DSM-5 also has an entire section III dedicated to “cultural formulation,” these commentaries do not alter the core diagnostic criteria of PTSD, which continue to convey the sense of a universal response to trauma. Thus, as with complex PTSD, DSM-5 has not significantly changed the problems that beset DSM-IV.¹⁷⁵

¹⁷⁵ Ibid.

Another publication by Cloitre et al.¹⁷⁶ also expresses a global perspective and presents another argument for changes in classifications within the larger category of traumatic stress disorders. Cloitre et al. refer to the *International Classification of Diseases*, 11th version (ICI-11), stating, “The World Health Organization (WHO) has proposed two related diagnoses, post-traumatic stress disorder (PTSD) and complex PTSD. . . WHO has emphasized clinical utility as the organizing principle in classification development.”¹⁷⁷ In this article, Cloitre et al. explain that complex PTSD requires symptoms that fit all accepted PTSD criteria for diagnosis, but also includes additional features reflecting the impact trauma can have on systems of self-organization, such as problems in affective, self-concept, and relational aspects of a person. Cloitre et al. state that these types of

disturbances are pervasive and occur across various contexts and relationships regardless of proximity to traumatic reminders. . . . In addition, there may be emotional numbing and a lack of ability to experience pleasure or positive emotions. . . . These can be accompanied by deep and pervasive feelings of shame or guilt related to, for example, not having overcome adverse circumstances, or not having been able to prevent the suffering of others.¹⁷⁸

Cloitre et al. also discuss complex PTSD: “The measure of complex PTSD included in this analysis was comprised of six symptoms in three domains; PTSD symptoms, emotion regulation difficulties, and interpersonal regulation difficulties.”¹⁷⁹ They did also recognize that their “participants did not include, for example, refugee survivors of torture, political persecution, war zones, or concentration camps. It is possible [they say],

¹⁷⁶M. Cloitre et al., “Evidence for proposed ICI-11 PTSD and complex PTSD: a latent profile analysis,” *European Journal of Psychotraumatology*4 (May 2015).

¹⁷⁷*Ibid.*, 1.

¹⁷⁸M. Cloitre et al., “Evidence for proposed,” 2.

¹⁷⁹ Marylene Cloitre et al., “A Development Approach to Complex PTSD: Childhood and Adulthood Cumulative Trauma as Predictors of Symptoms Complexity,” *Journal of Traumatic Stress*22, no. 5(2009): 401.

that studies of such populations might show equally powerful effects for adult and childhood cumulative trauma.”¹⁸⁰

Many adult survivors of the 1994 Rwandan Genocide, suffering from PTSD, experienced stress from an early age, as discussed by Hanson et al., who warn that early life stress (ELS) has the potential to compromise development and that high degrees of adversity can be linked to behavior problems.¹⁸¹ Many Rwandan women survivors of the 1994 Genocide experienced early stress and during the Genocide were sexually abused, threatened, and frightened, leading to an increased prevalence of PTSD in this group. Persons who suffer from complex PTSD deserve a thorough assessment and intensive psychological support. Rwanda continues to experience enormous healthcare challenges in dealing with women struggling with PTSD and who are often mentally disabled and cannot work to support themselves. Though many Rwandans suffer from PTSD, Rwanda lacks funds and skilled qualified health professionals to effectively respond to the situation. As such, there is an urgent need for training in such fields. Because many Rwandans are faith-based people, more training of therapists and pastoral counselors is urgently needed and would be an appropriate focus. Sharing an understanding of the processes and symptoms of PTSD and complex PTSD may help survivors to at least obtain some understanding of the traumatic memories they experience as flashback episodes and torment. Many may be helped to understand that although they may still have difficulty sleeping, perhaps they need not also have the added hopelessness, fear,

¹⁸⁰ Ibid., 406.

¹⁸¹ Jamie L. Hanson et al., "Behavioral Problems After Early Life Stress: Contributions of the Hippocampus and Amygdala," *Biological Psychiatry* 77, no. 4 (February 2015): 314–323. doi: 10.1016/j.biopsych.2014.04.020

and sorrow resulting from the belief that they are bewitched or victims of demonic attacks.

Fear and Anxiety

Fear and anxiety are constant concerns for many Rwandans for many reasons. Debiec and LeDoux write about fear processing, saying “fear and anxiety are evolutionarily developed responses to perceived or anticipated threat. They involve behavioral, automatic and endocrine alterations aimed at increasing an organism’s chance of survival . . . [that] excessive or uncontrolled fear and anxiety may lead to anxiety disorders.”¹⁸²In the future, other researchers or educators may find investigating the effects of trauma, especially fear and anxiety, on learning processes, to be worthwhile. For example, the work of Johns tells us that the part of the brain called the hippocampus “is involved in the formation of new memories and [is]particularly important for the recollections of personal experiences and also stores spatial maps of the environment that we use to navigate.”¹⁸³He explains that the hippocampus is a memory centre of Declarative Memory and plays an important role in helping a person navigate their way around their environment and, for this reason patients severely traumatized have difficulty remembering directions, and retrieving new memories from their brain. They may be able to learn new things but forget them quickly. Declarative memories such as memories of facts and events, are encoded in the hippocampus and two other regions of the brain which are all within the medial temporal lobe. However, procedural memories

¹⁸² Jacek Debiec and Joseph LeDoux, *The Amygdala and the Neural Pathways of Fear (Post-Traumatic Stress Disorder)* (New York: Humana, 2009), 23.

¹⁸³ *Ibid.*, 39.

do not appear to involve the hippocampus at all but rather are associated with regions related to motor control.¹⁸⁴

For example, a person with PTSD might have problems learning Rwandan history and then have few problems learning to work with wood. While trying to learn the history of Rwanda, they would not be able to move the material from their Declarative Memory lessons into their long term memory because the dendrite spines in their hippocampus had been pruned away.¹⁸⁵

Damage to the hippocampus, as related to poorer memory and executive function, is described by Lindstrom et al.¹⁸⁶ as more likely to be seen among youth with PTSD stress symptoms, higher levels of cortisol, and an endocrine response to stress. This has been related to the decreased hippocampal and prefrontal cortex volumes, which in turn have been related to poorer memory and executive functioning. Executive functioning includes, for example, attention and inhibitory control, working memory, problem solving, and planning. It is for this reason that patients who are severely traumatized have difficulty retrieving something from their memory because the stress effect means that some forms of new learning, such as Declarative Learning, have been inhibited.

Poorer memory, executive function, and poorer school performance have been observed in many Rwandan youth survivors of the 1994 Genocide, however explanations for this phenomenon have been lacking. Such information would be invaluable in that it would help create awareness among therapists, educators, and victims so they might work together to address PTSD and intergenerational issues for a better future for Rwandans and their country. Support for this can be found in Dubiec's and LeDoux's work which

¹⁸⁴ "Declarative (Explicit) & Procedural (Implicit) Memory," The Human Memory, www.human-memory.net/types_declarative.html.

¹⁸⁵ Kyle Johnson, personal communication, September, 2016.

¹⁸⁶ Sarah Lindstrom et al., "Career Readiness: A Potential Pathways through which Urban Youth's Exposure to Stress Influences Adult Health," *J Community Psychol* 43, no. 3 (April 2015): 322. <http://onlinelibrary.wiley.com/doi/10.1002/jcop.2015.43.issue-3/issuetoc>.

suggests that people are capable of learn new responses that break automatic and previously conditioned Such findings might also help the Rwandan government, parents, educators, and mental health practitioners work together to consider long-established ways of educating youth. Dubiec’s and LeDoux’s claim that, through carefully guided uses of Cognitive Behavioral Therapy and therapeutically guided activity based on the *escape-from-fear* paradigm, there may be some helpful science to guide clinical practices.

Intergenerational Trauma

There is growing evidence to support the idea that offspring of survivors of mass violence and trauma can be impacted. Implications of such impacts further draw attention to the need for interventions and supports for communities impacted by genocide, especially in Rwanda,. According to Perroud et al., their study “shows that abnormal HPA axis activity may play a central role in the pathophysiology of PTSD and depression and that the mechanisms underlying these dysfunctions, including epigenetic modifications, would be sufficient to explain the transgenerational transmission of the disorder from the mother to the offspring.”¹⁸⁷ This is just one explanation of one phenomenon in Rwanda, but it is notable in its connections with the neurology of brains and the physiology of bodies belonging to mother and her baby.

PTSD Assessment

Regarding PTSD assessment, understanding PTSD symptoms is important, but more important for an effective treatment is knowing the people, their culture, and their values. Hippocrates observed “It’s more important to know what sort of the person has a

¹⁸⁷Nader Perroud et al., “The Tutsi Genocide and Transgenerational Transmission of Maternal Stress: Epigenetics and Biology of the HPA Axis,” *World Journal of Biological Psychiatry*, 15, no. 4 (April 2014): 343.
<http://www.tandfonline.com/doi/abs/10.3109/15622975.2013.866693>

disease than to know what sort of disease a person has.”¹⁸⁸ PTSD assessments need to consider the cultural values and beliefs of people requiring help as part of the diagnostic process.

In terms of a framework for guiding a general mental health assessment, I have found Arnold Lazarus’s rapid and thorough assessment, called a BASIC ID, helpful in cutting across cultural boundaries. This comprehensive assessment, built on aspects of personality that describe who we are as human beings,¹⁸⁹ These personality aspects are: behavior, affect, sensation, imagery, cognition, interpersonal relations, drug use, and biological features, the first letters of these words making up the acronym BASIC ID.¹⁹⁰ The letter ‘B’ stands for Behavior, ‘A’ affect (emotions), ‘S’ sensations (touch, smell, sight, hearing and taste), ‘I’, imagery, ‘C’ cognition, ‘I’ interpersonal (how we relate with other people), and ‘D’ stands for Drugs and Biology.¹⁹¹

This multimodal assessment aims to provide a general measure of clients’ states for each of these aspects as a way to track the effects of PTSD and then provide therapy. It is administered by therapists and can take one to two hours, in a short time providing clinicians with a comprehensive template that permits them to clarify problems that need correction.¹⁹² Vivyan reports that “Multimodal therapy has developed into a therapy that incorporates all elements of our personality, rather than restricting therapy to one or two dimensions.”¹⁹³ A multimodal life history inventory is usually offered to clients for completion at home following initial consultation and helps the therapist and client

¹⁸⁸ David Brooks, *Heroes of Uncertainty*, 3.

¹⁸⁹ Arnold A. Lazarus, *Brief but Comprehensive Psychotherapy* (New York: Springer Publishing Company, 1997), 1.

¹⁹⁰ Ibid.

¹⁹² Ibid.

¹⁹² Ibid.

¹⁹³ Carol Vivyan, “Multimodal Therapy,” Cognitive Behavior Therapy Self-Help Resources, para2, <http://www.getselfhelp.co.uk/mmt.htm>.

together identify those modalities the client prioritizes or is neglecting. Therapy can therefore commence with the modality likely to be of most beneficial to the client. Lazarus's work is helpful in providing a structure with which therapists can begin to understand the expressions of survivors' struggles, emotions, relationships, and thoughts. I have found that I can use this assessment tool in my healing ministry in Rwanda in a way that is culturally appropriate.

Understanding and Interpreting Assessments

According to my own experience, some of the Rwandan women and youth who survived the 1994 Genocide have misused alcohol and engaged in sexual behaviors that members of their communities cannot understand. In most cases, attempts to persuade them to act otherwise prove fruitless. Assessing and interpreting such behaviors is challenging unless one understands the neurological processes that occur in the traumatized individual.

Self-medication, through substance abuse (drugs and alcohol for example) leads to changes in the region of the brain called the nucleus accumbens (NAc also abbreviated as NAcc). The nucleus accumbens (NAcc) is responsible for self-preservation, protecting us from harm and thus protecting our lives suggests Kyle Johnson¹⁹⁴. The NAcc is also the centre for human pleasure, including sex and the taste of food. In situations of substance abuse, a kind of reprogramming occurs in which the substance takes over both roles of self-preservation and of pleasure. The addict begins to identify the drug as the key source for pleasure and self-preservation. This leads to a drug-induced delusion wherein the addict begins to equate drug-use with staying alive. Changes in this particular region of the brain occur such that the region can no longer function as in a healthy brain.

¹⁹⁴ Kyle Johnson, personal communication , September 2016

The addiction's capacity to create immense pleasure and the delusional belief that the addict needs to maintain the addiction to stay alive is what leads to the previously mentioned beliefs of Rwandan women and youths. Awareness of these processes could be helpful in providing pastoral counseling.¹⁹⁵

PTSD Treatments: Cognitive Behavior Therapy, Guided Imagery, and Relaxation Therapy

PTSD is an emotional disorder characterized by excessive fear and anxiety. Treating PTSD requires dealing with the excessive fear caused by threatening stimuli. Such mental diseases are disabling and devastating. A number of treatment approaches have emerged for those who suffer from PTSD. Shiromani et al. recommend that treatment for PTSD involve the inhibition of fear through cognitive behavior therapy.¹⁹⁶ Somers and Queree describe cognitive behavioral therapy (CBT) as a

psychological treatment that addresses the interactions between how we think, feel and behave. It is usually time-limited (approximately 10-20 sessions), focuses on current problems and follows a structured style of intervention. The development and administration of CBT have been closely guided by research. Evidence now supports the effectiveness of CBT for many common mental disorders.¹⁹⁷

The use of cognitive behavior therapy (CBT) is believed to “[lead] to reduced anxiety and aversive behavior associated with fear memory.”¹⁹⁸ In CBT, patients are repeatedly confronted with their feared memories while the therapist aims to create a feeling of safety.¹⁹⁹ Aaron T. Beck, one of the developers of CBT, identified distorted, negative cognition (primarily thoughts and beliefs) as a primary feature of depression and

¹⁹⁵ Ibid.,..

¹⁹⁶ Pritayam J. Shiromani, et al., *Post-Traumatic Stress Disorder*, 80.

¹⁹⁷ Centre for Applied Research in Mental Health and Addictions, “Cognitive Behavioural Therapy: Core Information Document,” 3, retrieved from <http://www.raminader.com/PDFs%20Uploaded/CBT%20-%20CBT%20Core%20Information%20Document.pdf>

¹⁹⁸ Pritayam J. Shiromani et al., *Post-Traumatic Stress Disorder*, 80.

¹⁹⁹ Ibid.

developed a short-term treatment in which the primary target was the reality testing of the patient's depressed thinking.²⁰⁰ The CBT model proposes that dysfunctional thinking (which influences the patient's mood and behavior) is common to all psychological disturbances.²⁰¹ When people learn to evaluate their thinking realistically and adaptively, they experience improvement in their emotional state and in their behavior.²⁰² They also need to decrease their avoidance and confront situations they fear so that they can test their negative predictions behaviorally.²⁰³ Changes in behavior and thinking, which can be the result of CBT, can be linked with the re-modelling of a person's neural network.²⁰⁴ This information offers hope that traumatized Rwandan women, whose neurological processes have been affected by trauma, could re-model their brains.

CBT could be a good therapy to use in the treatment of the Rwandan women survivors of the Genocide as it might help address some cognitive, emotional, and behavioral problems associated with PTSD that many such women experience. Many Rwandan women survivors of the 1994 Genocide have distorted thoughts about what happened, about their day-to-day lives, and about their future. This therapy is concerned with helping the individual evaluate their thinking, correct their distorted thinking, confront situations they fear, and deal with their avoidance issues.

Shiromani et al. also propose "guided imagery as a tool for the treatment of PTSD." They continue, "Guided imagery helps to direct individuals to effectively create and manipulate mental representations to produce therapeutic changes. It can involve a

²⁰⁰ Judith S. Beck *Cognitive Behavioral Therapy: Basics and Beyond* (New York and London: The Guilford Press, 2011), 1.

²⁰¹ *Ibid.*, 3.

²⁰² *Ibid.*

²⁰³ *Ibid.*, 6.

²⁰⁴ *Ibid.*

full range of senses, such as sounds, tastes, smells, and tactile sensations as well as visual images.”²⁰⁵ I believe guided imagery can be helpful in treating and contributing to the healing of Rwandan traumatized women survivors experiencing PTSD. Further, this approach is especially useful given its tolerability, affordability, and efficacy to improve mood. Based on its self-administrative nature, this therapy can be used by many Rwandan traumatized women survivors of the 1994 Genocide, particularly those who were abused and tortured and have not received psychological help. It may also present a useful therapy to traumatized women who live in the remote places of Rwanda far from the therapists.

In the treatment of PTSD, most therapeutic approaches help clients find words to describe their fearful experiences (that is, tell their stories) and understand why these experiences remain so uncomfortably registered in their inner landscape. The goal of such approaches is to develop new mental and physical actions that are adaptive to the client’s current reality.²⁰⁶ Herman observes that “recovery from trauma and PTSD is based upon the empowerment of the survivor and connections . . . because the core experiences of psychological trauma are regarding relationships, such as disempowerment and disconnection from others.”²⁰⁷ In the context of PTSD, empowerment is paramount, but this might mean that everyone involved is doing everything possible to ensure that the survivors are the managers of their own recovery.²⁰⁸ Herman also suggests that

The treatment for trauma also involves reinstating lost resources, learning new resources and strengthening existing resources. By resources, it is meant all the

²⁰⁵Pritayam J. Shiromani et al., *Post-Traumatic Stress Disorder*, 364.

²⁰⁶ *Ibid.*, 165.

²⁰⁷ Judith L. Herman, *Trauma and Recovery*, 133.

²⁰⁸ Judith L. Herman, *Trauma and Recovery*, 208.

personal skills, abilities, objects, relationships and services that facilitate self-regulation and provide a sense of competence and resilience. Survivors need to be helped to learn to use the movement sensation and posture of the body to stabilize themselves and increase the ease of their daily life functioning and use as well the self-care resources that stabilize the energy regulation system such as regular sleep and eating habits are established.²⁰⁹

This is exemplified in places, projects, programs, activities, and gatherings where many Rwandan women survivors learn to weave, make crafts, sing, dance, and pray together. These meetings and programs have impacted these women's lives and healing, allowing them to experience empowerment and increased confidence, competence, and resilience. Later in this research study, I will describe in more detail, using my co-researchers' discussion, how being together in a supportive group, reinstating lost resources, and strengthening existing resources influences behaviors and thoughts and helps with healing.

Movement, dance and music can be used in the treatment of PTSD. Patricia Cane suggests that

movement, dance and music are powerful ways to release traumatic stress and balance energy Music can strengthen memory and learning, boost productivity, regulate stress-related hormones, boost the immune function, affect body temperature, increase endorphin levels, reduce muscle tension, improve body movement and coordination and affect respiration, heartbeat, pulse rate and blood pressure. Music has a positive effect on people who have suffered some kind of physical or emotional trauma and is currently used in some hospitals to alleviate pain or anxiety connected with surgery or medical procedures.²¹⁰

According to Cane, research has shown that dance and movement can be significant therapies for the healing and empowerment of the survivors of abuse and violence. The songs tell the joys and sorrows, the triumphs and defeats, the courage and commitments

²⁰⁹ Ibid., 208.

²¹⁰ Patricia M. Cane, *Trauma Healing and Transformation: Awakening a New Heart with Body, Mind, Spirit Practice* (California: CAPACITAR, 2000), 212.

to struggle for the long haul to heal and transform communities and societies.²¹¹ With regards to movement, dance and music, I have been involved with music and dance therapy for the treatment of PTSD among the youth who are supported by Yego-Rwanda, referred to in Chapter 1.

Music and dance have made a difference and brought healing in the lives of these vulnerable young people. Music and dance are valued parts of Rwandan culture that are used in the celebration of lives and important events. They regulate stress hormones and help release trauma. Dance and music should be emphasized in the treatment of PTSD in Rwanda.

Although music and dance were not part of my initial research plan, I have come to appreciate their healing power. This realization has become part of my belief in a need for the integration of African-centred resources, such as music and dance, in a community-oriented, socially connected setting, with Western-based resources and knowledge, such as CBT. Dance and music should be valued and emphasized in the treatment of PTSD in Rwanda.

Because Rwanda is a country where the Christian faith is predominant, pastoral and clinical resources should be prioritized there in the treatment of PTSD. For those who are not Christian, the use of their own religious beliefs should be used as a way to help them cope with PTSD and build resilience. Inzlicht and colleagues (2009) “discovered that religious convictions had an anti-anxiety effect for the persons who held them.”²¹² This team discovered that religious convictions correlated with reduced activation in the dorsal anterior cingulate cortex (ACC) during trials designed to increase

²¹¹ Ibid., 212.

²¹² Michael Inzlicht et al., “Neural Markers of Religious Convictions,” *A Journal for the Association for Psychological Science* 20, no. 3 (2009): 2.

anxiety.²¹³ Importantly, religious beliefs, dance, and music are also effective in releasing and treating trauma and PTSD.

Gregory and Prana, who worked with refugee citizens of Côte d'Ivoire living in asylum in Liberia, propose a companion recovery model for the treatment of complex PTSD. They define the companion recovery model as “a means to educate participants on how to process trauma, focus on finding meaning and implementing positive change as a result of the traumatic struggles they experienced.”²¹⁴ Gregory and Prana recommend that, in their training for trauma victims, each participant select “one participant who becomes one’s companion. They learn how to administer immediate companion counselling for each other during the intensive training and long term support to help to reintegrate into their natural environment.”²¹⁵ The companion recovery model would work well in Rwanda as Rwanda is a community-oriented society where an individual facing social emotional issues has to tell a story to a relative or friend and would be accompanied in his or her journey to sort out and resolve her or his issues and heal. Narrative therapy and the companion recovery model have existed in Rwandan culture for years and are part of the country’s healing system.

The Rise Up Rwanda²¹⁶ ministry, with which I am involved and which organizes healing retreats for abused and traumatized Rwandan women, emphasizes that each woman chooses her friend who accompanies and supports her in her healing journey.

²¹³ Ibid.

²¹⁴ Jenifer L. Gregory and Helen Prana, “Posttraumatic growth in Cote d’Ivoire Refugees Using the Companion Recovery Model,” *Traumatology* 19, no. 3 (2013): 223.

²¹⁵ Ibid., 40.

²¹⁶ Rise Up is a Canadian registered charity whose mission statement is: “Through counselling, support and education, Rise Up brings hope and healing to those impacted by domestic abuse, and educates and empowers communities to end that abuse. The Society founders are helping to establish a similar organization with Rwandan women’s leadership as a local project that spearheads healing retreats for traumatized women.” Through my initiatives with Yego, I am one of the founders of this organization in Rwanda.

Many women have witnessed to the fact that this accompaniment has made a difference in their lives. Sharing one's story, being valued and accepted, and having support from a caring friend help to deal with pain and anxiety and heal from stress.

Logotherapy, founded by Victor Frankl, is another important tool in treating PTSD. Frankl's understanding of the human condition is decidedly hopeful. He wrote a book called "*Man's[sic] Search for Meaning* (Frankl 1959). The foreword of the 2006 edition is written by a clergyman, a rabbi, who says in the foreword "We have come to realize that this is a profoundly religious book. It insists that life is meaningful and that we need to see life as meaningful despite our circumstances."²¹⁷

Southwick et al. propose logotherapy for the treatment of trauma. Logotherapy is "a meaning-centered psychotherapy that draws from the tradition of existential philosophy and is grounded in the professional work and extraordinary life experiences of its originator 'Victor Frankl.'"²¹⁸ The literal meaning of logotherapy is healing through meaning.²¹⁹ Logotherapy is future-oriented, focuses on personal strengths, and places responsibility for change on the patient.²²⁰ Logotherapy is considered adjunctive therapy, enhancing rather than supplanting other treatment approaches.²²¹

Many Rwandan women survivors struggle with the meaning of life. They keep asking themselves what they are still here for. Any therapy that does not address the issue of meaning will not make an impact on these women's healing from PTSD. An effective therapy should heal the soul, mind, and body.

²¹⁷Victor Frankl, *Man's Search for Meaning*, (Boston: Beacon Press, 2006)..

²¹⁸ Steven M. Southwick et al., "Logotherapy as an Adjunctive Treatment for Chronic Combat-Related PTSD: A Meaning-Based Intervention," *American Journal of Psychotherapy* 60, no. 2 (2006): 162.

²¹⁹Ibid.

²²⁰ Ibid.

²²¹ Ibid.,163.

In Rwanda, many people are illiterate and use oral methods of communication. The dissemination of therapies in Rwanda for the treatment of PTSD should take into consideration this social factor in promoting the trauma narrative that would be relevant in the Rwandan culture. Wolfe proposes the “trauma narrative as a way to treat PTSD.”²²² This approach can be applied to Rwandans, especially to the women who survived the 1994 Genocide. Speaking about her work with American veterans, Wolfe comments, “We have them reel it off in great detail as though they were watching a movie, and with all the senses included. We ask them what they are seeing, what they are hearing, what they are smelling, what they are feeling and what they are thinking.”²²³ Rwandan culture emphasizes narrative and storytelling in dealing with issues in the community’s daily life. Wolfe’s narrative approach is relevant to Rwandan culture and morally appropriate for use in the treatment of PTSD for Rwandan survivors. Therapies, such the trauma narrative, have made a difference in the lives of people. Herman observes that “recovery from trauma and PTSD is based upon the empowerment of the survivor and connections . . . because the core experiences of psychological trauma are regarding relationships, such as disempowerment and disconnection from others.”²²⁴ For total recovery from trauma, Watson and Neria suggest increasing resilience by: “imitate[ing] resilient role models, cultivat[ing] positive emotions and optimism, fac[ing] fears, solv[ing] problems rather avoid[ing] them and cultivat[ing] spirituality.”²²⁵ I believe the best ways to assist people experiencing PTSD to develop resilience might be by advising them to regularly attend community gatherings or

²²² Judith L. Herman, *Trauma and Recovery*, 177.

²²³ *Ibid.*

²²⁴ *Ibid.*, 133.

²²⁵ Patricia Watson and Yuval Neria, “Understanding and Fostering Resilience in Persons Exposed to Trauma,” *Psychiatric Times* 30, no.5 (May 2013), 2.

Christian fellowships for support and to have conversations wherein healed survivors are invited to share their success stories with those still struggling with PTSD.

Regarding the treatment of depression as comorbid to PTSD, the Alberta Health Services (AHS) proposes the use of both medication and psychotherapy.²²⁶ Through psychotherapy, the patient is helped to understand and deal with problems contributing to their depression, including negative and self-defeating thinking styles, stress, and low self-esteem. A crucial therapy would help the person cope “with relational problems; learn to solve problems; be more communicative and assertive; detecting and dealing with relapses, understand and making acceptance easier; and help the individuals learn healthier behaviours and gain greater self-control.”²²⁷

The use of medication and psychotherapy, narrative, music and dance are only a few general approaches to treatment and healing. Another potentially useful therapy for women survivors of the Genocide is relaxation and meditation. Benson and Proctors suggest that “relaxation and meditation help a person switch on gene activity associated with health and disease.”²²⁸ In many parts of the world meditation has been part of healing since ancient times. One of the responsibilities for Rwandan pastoral counsellors should be to develop an awareness of new and old approaches to healing from trauma.

Another, perhaps more specific responsibility for Rwandan pastoral counselors will be to help PTSD victims identify their self-defeating beliefs, behaviors, and actions so as to facilitate their healing.

²²⁶ Alberta Health, *Depression. What is it? What to do?* (Alberta Health, March 1996).

²²⁷ *Ibid.*, 7.

²²⁸ Herbert Benson and William Proctor, *Relaxation Revolution: The Science and Genetics of Mind Body Healing* (New York: Simon & Schuster, Inc., 2010), 9.

An Orientation to the African Perspective

Rwandans are a community-oriented people. They belong to extended families and to the community. Therefore, when individuals are experiencing tensions, when the community is divided, and in extreme circumstances, particularly when neighbours begin to hate each other expressing this in violent behaviours, this affects families and communities and threatens members' sense of belonging to a community. Reconciliation within the community is critical. In my ministry with traumatized women, I continue to explore concepts of repentance and forgiveness, which are foundational for true reconciliation and healing. Relationships and connections in the Rwandan context are fundamental to individuals in a way that is different in American and European cultures in which I have lived and visited. The worldviews are different in this understanding of being.

John Mbiti, a Kenyan theologian who emphasizes the sense of belonging of African individuals to their immediate families, their extended families, and to their community, recognizes the resulting impact of trauma on the community. He observes that

The individual African does not suffer alone but with a corporate group, when he rejoices he does not rejoice alone but with his kinsmen, his neighbors, relatives whether dead or living. The individual can only say: 'I am because we are; since we are; therefore I am.'²²⁹

Since individuals are so intimately connected, effective trauma healing must include counseling in the areas of forgiveness and reconciliation as the foundation for the restoration of relationships and unity in the community. A unified community provides a healthy framework for resolving issues and healing traumatized people. A unified

²²⁹John S. Mbiti, *African Religions and Philosophy* (Nairobi: Heinemann, 1969), 108.

community values its members and attaches great importance to their safety and wellbeing. That is why a tragic event, such as the 1994 Genocide, not only destroys human lives, but also decimates family and community, which are foundations of life, growth, and security.

Bagele Chilisa supports this sense of belonging and accountability among Africans that informs pastoral counseling and the healing ministry. Chilisa says “Ubuntu worldview refers to ‘I am because we are.’ It is an example of a framework that calls on one to see the other as ‘self’ . . . to honor and respect the other . . . as one would wish for self, and to feel a belongingness to the . . . community without feeling threatened or diminished.”²³⁰ According to Desmond Tutu, “Ubuntu is the very essence of being human. . . . It is not, ‘I think, therefore I am.’ It is, ‘I am human, therefore I belong, I participate, I share.’”²³¹ The application of Ubuntu in research is both an ethical framework and a way of knowing. The African community values individual persons and, within the social framework, guarantees their security, wellbeing, and growth.

Fu-Kiau comments on the value African communities attach to the individual. “In the African society in general . . . a human being is perceived as power, a phenomenon of perpetual veneration from conception to death—a perpetual reality that cannot be denied, and more so after death—because the physical reality becomes a spiritually living reality in words, deeds, experiences, image, and an invisible radiating sun.”²³² Fu-Kiau also argues that for a person to

be healthy, is to be in total harmony not only with the global unit of the social body of the community but also with the wholeness of the universe because the

²³⁰Bagele Chilisa, *Indigenous Research Methodology*, 22.

²³¹Desmond Tutu, *No Future without Forgiveness* (New York: Doubleday, 2000), 35.

²³² Kimbwandende KiaBunseki Fu-Kiau, *Self-Healing Power and Therapy: Old Teachings from Africa* (New York: Vintage Press, 1991), 39.

human being is only a tiny element in the body of tiny elements. On the contrary to be sick is to leave the wheel of life.²³³

When a person dies, the community mourns with the family and provides all the needed support. The dead person is valued and mourned and remains part of the community in the form of spirit. Fu-Kia also posits that “the dead represents a physical and spiritual reality, present in the past as well as the living in community today into the process of shaping the direction of our physical and spiritual reality and presence in the future.”²³⁴ Accordingly, when an African person is hurt, the community is hurt and thus one’s healing brings joy, peace, and wellness in the community.

If the work of healing hurting people in Rwanda is to be meaningful, pastoral counseling needs to be adapted to Rwanda’s particular culture. Seeking support in advocating for an awareness of an African perspective, I found that Bevans recommends the contextualization of theology as “an attempt to understand the Christian faith in terms of a particular context.”²³⁵ He suggests, “Theology that is contextual realizes that culture, history, contemporary thought forms and so forth are to be considered, along with scriptures and tradition, as valid sources for theological expression.”²³⁶ Pastoral care and counseling need to be contextualized to suit the needs of Rwandans and to address the wounds and damage caused by the 1994 Genocide. If pastoral counseling is to include Rwandan values, it must use cultural rituals that make the healing work effectively and meaningfully, possibly including such rituals as the washing of loved ones’ hands after the burial or the shaving of hair as a way to close the days of mourning that are part of the culture.

²³³ Ibid.

²³⁴ Ibid., 8.

²³⁵ Stephen Bevans, *Models of Contextual Theology: Faith and Cultures* (New York: Orbis Books, 2008), 3.

²³⁶ Ibid., 4.

In my own view, any development therapy that aims to address the needs of African people should be based on those peoples' cultural values and identity and their expression through rituals. Using rituals in counseling Rwandan survivors may have a great impact, especially by focusing on remembrance and mourning of the loss of dear ones, forgiveness, and reconciliation.

In support of this view, Malidoma Patrice Some'of Burkina Faso, in his book, *Ritual, Power, Healing and Community*, comments on the importance of rituals in Africa. He claims that if one is to live, from a spiritual point of view, then ritual is not only necessary, but it is inevitable. The absence of ritual, he says, means that there are no real elders, the youth disoriented and adults are bewildered. This means that there is little hope for the future.²³⁷ Patricia Cane reports that in many cultures ritual has been a resource that helps people to deal with grief, loss, and emotional pain.²³⁸ Cane also comments that "rituals and gathering in circles have provided ways to reclaim the healing power of community and to make meaning out of difficult moments that people have experienced individually or as a group."²³⁹

The principle of gathering in circles has not been common practice in Rwanda. However, it appears to carry deep social and powerful political meaning as it empowers traumatized and undervalued people by giving them a voice. The sharing of experiences helps break the isolation so often felt by those who have been traumatized. Rituals, such as gathering circles, may thus be effective in bringing healing to the Rwandan women

²³⁷Malidoma Patrice Some', *Ritual, Power, Healing and Community*(London, UK: HarperCollins, 1999).

²³⁸Patricia M. Cane. *Trauma Healing and Transformation*, 190.

²³⁹ *Ibid.*, 190.

who survived the 1994 Genocide because it helps to break their isolation. It is a way of giving value and dignity to these women who suffered so much during the Genocide.

Speaking about the importance of the contextualization of research, Chilisa observes: “I am personally disturbed by the way in which the Euro-Western research process disconnects me from the multiple relations I have with my community, the living and the nonliving.”²⁴⁰ She belongs to “the Bantu people who live a communal life based on a connectedness that stretches from birth to death, continues beyond death, and extends to the living and the nonliving.”²⁴¹ For Africans, relationships in their communities between the living and the non-living are extremely important and may play a key role in the healing of traumatized people.

Healing traumatized people in Rwanda sometimes includes applying the principles of systemic and multigenerational therapy, which emphasize the involvement of family and ancestors in therapy. Counseling single women and orphaned children survivors of the 1994 Genocide who no longer have parents or relatives requires the involvement of their non-living parents and ancestors if the process is to be an effective in healing and resolving trauma.²⁴²

Speaking of therapy for the healing of wounds for Africans in his own cultural milieu, Fu-Kiau suggests that “the traditional African healer sees many things as affecting the whole person and the social body in which the individual belongs. So as such, a cure must be perceived in its wholeness, for the mind is not separated from the

²⁴⁰Bagele Chilisa, *Indigenous Research Methodologies*, 3.

²⁴¹ Ibid.

²⁴² Although it continues to play a big role in healing the women’s wounds, this spiritual aspect is not liked by some fundamental Christian groups in Rwanda who see it as invoking evil and dead spirits.

body, nor the body from the mind.”²⁴³ Fu Kiau also says that, for Bantu African people, therapy is “regenerating power. And regenerating power is to convey the deepest meaning of therapy. The African therapist conducts therapy publically outside or inside the house, but always in the presence of family members and close friends.”²⁴⁴ This runs contrary to Western therapists who conduct counseling in particular places, at particular times, and for a particular number of sessions. Therapy in the African context, on the other hand, can take the form of debate, conversation, play, ritual cooking, party, dance, war games, trips, weaving, running, bathing or washing hands, ceremony, working with clay, massage, mediation, singing, drumming, story-telling, laughter, touching, iconographical writing, inhalation, or hypnosis.²⁴⁵ Though this kind of therapy makes a difference in the lives of African people, it may not necessarily be applicable for Western people because it is not adapted to European/North American worldviews. Thus, rituals constitute one of the important African-centred frameworks or tools that can be used to bring healing to hurt people, especially the Rwandan survivors of the 1994 Genocide.

Another African-centered framework that has made a positive impact in Rwanda is called *Agaciro*, which works well with Ubuntu. It translates as “dignity” and reminds Rwandans that they are humans with dignity. This paradigm, created in 2010 by Rwandan president Paul Kagame, is currently changing lives in a positive way through ethical and social values, while informing the economic, philosophical, political, and social lives of Rwandans. It complements the Ubuntu paradigm in promoting the spirit of striving for dignity, truth, honesty, self-confidence, independence, hard work, accountability, community, belonging, and teamwork for the benefit of Rwandans. The

²⁴³ Kimbwandende KiaBunseki Fu-Kiau, *Self-Healing Power and Therapy*, 40.

²⁴⁴ *Ibid.*, 47.

²⁴⁵ *Ibid.*, 48.

education of Rwandan leaders, counselors, teachers, and ministers needs to be informed by this worldview so that their future services will be relevant to the contexts and needs of Rwandan people. This is why training in pastoral counseling needs to be informed by an African-centered approach to healing if it is to positively impact traumatized women survivors. Effective pastoral counseling work with PTSD patients should be informed by Rwandan cultural values so as to bring effective healing to hurting and wounded people.

In this same spirit of an African-centered approach to trauma healing, Yego-Rwanda currently offers music and dance as a therapeutic program promoting healing of traumatized youth. This music and dance program is rooted in the Rwandan culture and focuses on Jesus as brother to the brotherless, father to the fatherless, and husband to the widows. It has proved helpful to traumatized people. Dance brings joy to the heart and relaxation in the brain, helps to change the perspectives of the traumatized, and helps the traumatized to deal with anger, sadness, and isolation. The context of this music and dance program emphasizes its roots in the sacred that is similar to what Gordon Lynch presents when he refers to Durkheim's model of the moral and the sacred. Although Durkheim wrote in the 1950s, Lynch referred to Durkheim's theory when he said in 2012 that

Sacred ritual could then be anything that people do that reminds them of, and renews their identity with these deep moral realities. . . . Durkheim's theory of the sacred is perhaps best understood as a theory of a particular kind of public communication. It points our attention towards social acts that convey powerful moral meanings in ways that are meant to draw a sympathetic public audience around them.²⁴⁶

²⁴⁶ Gordon Lynch, "Emile Durkheim: Religion—the Very Idea, part 1: The Analysis of Moral Life," *The Guardian*, December 10, 2012, <https://www.theguardian.com/commentisfree/2012/dec/24/emile-durkheim-religion-ritual-ancient-modern>

Lynch also suggests that shared music through singing and dancing leads to simultaneous activation of shared beliefs and emotions and enhances a sense of belonging, or community.²⁴⁷ This statement may be helpful in understanding the therapeutic benefits of music and dance experienced by the women and youth of Yego-Rwanda.

The implementation of the local traditional Gacaca courts in Rwanda is another African-centered approach to healing trauma. It has proved helpful to both victims and offenders. Offenders were prosecuted and requested to pay a compensation for what they destroyed or looted. The approach has brought justice to the victims of the 1994 Genocide and cultivated a sense of accountability among all Rwandans to own the process of justice and reconciliation. Ervin Staub suggests that Gacaca “provides opportunity for the offended to face and confront the offenders for justice.”²⁴⁸ This approach is helpful because it focuses on justice and brings the victims and offenders together to confront their stories and to heal.

The healing of Rwandan women will have to integrate both the clinical and pastoral approach to trauma and include the traditional African religions and philosophy. The effective healing of trauma/PTSD in Rwanda will have to rely on the African/Rwandan culture and psychological resources. African people have their own cultural and psychological values that need to be valued and considered in the treatment of traumatized people in Rwanda. Fu-Kiau writes: “Neo-colonial regimes in Africa, like their masters continue to look at everything in Africa’s past as negative and

²⁴⁷Ibid., 10.

²⁴⁸Ervin Staub, “Reconciliation after Genocide,” 867.

regressive.²⁴⁹ Africans have their own cultural values, beliefs, and knowledge that need to be valued. For example, De Reef Jamison and Karanja Carroll posit that

African-Centered knowledge production has been extremely influential in the development of authentic and culturally-relevant models of understanding human existence. . . . The idea of an African-centered psychology grounded in the cultural reality of people of African descent has been addressed by several Black psychologists (Akbar, 1994; Baldwin, 1980; Kambon, 1991; Nobles, 1986).²⁵⁰

Jamison and Carroll go on to say that these Black psychologists define African Psychology as “a system of knowledge (philosophy, definitions, concepts, model and practice concerning the nature of the social universe from the perspective of African cosmology).”²⁵¹

An African-centered approach to psychology must examine the particular moments and movements that have provided insight into understanding African behavior, explore African worldviews as conceptual systems for appreciating and approaching African cultural beliefs and practices, examine models of African traditional healing and rich variety of African thought and theory and help participants translate African psychological theory into various applications.²⁵²

These authors further add that the differences between African psychology and Euro-American psychology reflect differences in terms of worldview and culture between Africans and Europeans. They suggest that it would be helpful to expand “conceptual boundaries to include once again the African-centered voices from beyond the veil of Western psychology that were so prevalent and relevant to the pioneers of the field.”²⁵³

This work should inspire Rwandan psychologists and pastoral counselors to write a Rwandan-centered psychology that educates Rwandans against racial and ethnic stereotypes inherited from the colonial legacy. It should empower them to develop

²⁴⁹ Kimbwandende KiaBunseki Fu-Kiau. *Self-Healing Power and Therapy*, 15.

²⁵⁰ DeReef F. Jamison and Karanja Keita Carroll, “A Critical Review and Analysis of the State, Scope and Direction of African-Centered Psychology from 2000-2010,” *Western Journal of Black Studies*, 38, no. 2, (2014): 99.

²⁵¹ *Ibid.*, 99.

²⁵² *Ibid.*, 99.

²⁵³ *Ibid.*, 105.

creative psychologies that liberate minds and build a dynamic society with a bright future. These would be psychologies of liberations.

Commenting on social injustices and economic and political exploitation, Watkins and Schulman state that “All over the earth, innovative liberation psychologies are asking what kind of psychological approaches might enhance capacities for critical thinking, collective memory, peacemaking and the creative transformation of individuals, groups and neighborhoods.”²⁵⁴ These authors also believe that in such challenging situations “psychologies of regenerations are needed, as ways to imagine, rebuilding psychological spaces where one can develop a critical analysis of one’s situation, improvise new practices for healing of individuals and communities and recover or create a sense of common purpose and vision.”²⁵⁵ This is the kind of psychology Rwanda currently needs to heal wounds and to plan for a better future and the following chapter introduces the research methodology specific to my research dissertation.

²⁵⁴ Mary Watkins and Helene Shulman, *Towards Psychologies of Liberations* (UK: Palgrave MacMillan, 2008), 2. <http://www.palgrave.com/br/book/9780230537682#aboutAuthors>.

²⁵⁵ Ibid.

Chapter Three: Research Methodology

This dissertation concerns the story of Rwandan women who survived the Genocide and who are healing from PTSD. Listening to the stories of women who witnessed and experienced the event is important. Through this research, as I explored my life and traumas and reflected on my own experience, I learned to apply a heuristic methodology. My work and facilitation of the heuristic experiences of these women led me further to phenomenology. My methodology for this study is heuristic phenomenology. With my research aimed at integrating an African-centered clinical pastoral trauma approach to healing women survivors of the Genocide, I found I needed to go to these women, to listen to their stories, and to learn from them their experience of survival and what they thought could facilitate their healing. I also realized I was a wounded person trying to work with fellow wounded persons to help them heal from PTSD.

I found heuristic methodology to be an appropriate methodology for my research.²⁵⁶ Moustakas defines heuristic methodology as “a process of internal search through which one discovers the nature and the meaning of experience and develops methods and procedures for further investigation and analysis.”²⁵⁷ As a wounded healer and person, I needed to do an internal self-search to find out what were my internal resources that helped me cope with my wounds and make them meaningful. Myco-researchers, or the seven women who worked with me, also could benefit from a heuristic

²⁵⁶ Clark Moustakas, *Heuristic Research: Design, Methodology and Applications*(Newbury Park: Sage Publications, 1990), 11.

²⁵⁷ Ibid.

methodology which engaged their “self-search to discover the nature and the meaning of their experiences.”²⁵⁸

On the other hand, I also wished to have a methodology that allowed me to explore and to better understand the lived experiences of these co-researchers. I found this type of methodology to be phenomenology. According to Creswell, “a phenomenological study describes the meaning for several individuals of their lived experiences of a concept or phenomenon.”²⁵⁹ Heuristic-phenomenology has proved to be an adequate methodology to address and respond to the needs of my research in terms of facilitating self-inquiry and understanding the meaning of the lived experiences of my co-researchers.

At that time in the research study, I focused on finding co-researchers and on developing relationships with them. My reflections also had this focus. However, as I came to the end of my research and began to write my findings and their implications, as well as to have discussions with my dissertation committee members, what became apparent to all was that this was a story of African women and trauma. As a story, the research meant more to me and to my co-researchers. Further, the research was truly heuristic and phenomenological in that there was a personal connection, a shared and embodied journey towards a knowledge of healing and of living with past and present trauma. One of my committee members stated that

It is critical to discuss implications of gendered ways of knowing. Discussion about gender and the role of women in Rwandan society requires further unpacking. The recognition of the feminization of pain and suffering is a critical issue in any serious healing and therapeutic approach.²⁶⁰

²⁵⁸ Ibid.

²⁵⁹ John W. Creswell, *Qualitative Inquiry and Research Design: Choosing Among Five Approaches* (Thousand Oaks: Sage Publications, 2007), 57.

²⁶⁰ Abiel Khalema, personal communication, September, 2016.

This will be further considered in Chapter Five where I discuss findings and the conclusion.

This chapter discusses the research question and the approach used to surface the lived experiences of seven women survivors and to explore their understanding of how one heals.

The Research Question

My research question is: “What might be an African-centered clinical pastoral therapy approach to healing women survivors of the 1994 Rwandan Genocide?” This is an important question because it searches for a therapeutic approach that can address the cultural, psychological, social, physical, and spiritual aspects affected by PTSD. The 1994 Genocide was overwhelming and deeply affected all aspects of life for its victims. Therefore, following this, one wonders in what ways and for whom might such an approach result in healing trauma, including intergenerational trauma. Specific questions, derived from Creswell,²⁶¹ which proved encouraging in my conversations with the co-researchers, include:

- Please tell me about yourself.
- How have you coped with the impact of the Genocide on your life?
- Have you made any mistakes in ways you have tried to cope with the aftermath of the 1994 Genocide?
- Is there anything I might have asked in order to understand the impact on your life of the 1994 Genocide?

²⁶¹Ibid., 61.

Heuristic Methodology

The heuristic research methodology, as presented by Moustakas, offers both the researcher and the co-researchers the opportunity to reflect on their autobiography.²⁶² According to Moustakas, the heuristic process “is a way of being informed, a way of knowing. Heuristic research involves self-search, self-dialogue, and self-discovery; the research question and methodology flow out of inner awareness, meaning, and inspiration.”²⁶³ In my own experience self-search, self-dialogue, and self-discovery lead to autobiographical reflection.

Other aspects of a heuristic methodology that are potentially congruent and useful in the Rwandan cultural/historical context are indwelling, focusing, self-dialogue, immersion, and tapping into tacit knowledge. Indwelling requires that a person become deeply involved in whatever task they are doing or relationship they are experiencing at a particular time. Such heuristic research is a way of getting to know the people with whom they are relating, by living together in community with them. Moustakas²⁶⁴ discusses the process of indwelling as self-reflective thinking that taps into one’s own internal resources regarding feelings and thoughts that might help clarify questions and lead to answers. In my own observation, and after having had the experience of talking with others about this, I became aware that a similar process of self-dialogue has commonly and historically occurred in Rwanda. This process of self-dialogue and self-reflective thinking is believed by many Rwandans to be common in our culture, especially when people face serious issues or problems. This usually happens with people who are

²⁶² Clark Moustakas. *Heuristic Research*, 11.

²⁶³ *Ibid.*, 11.

²⁶⁴ *Ibid.*, 24.

overwhelmed by issues, such as with women regularly abused by their husbands or people involved in grave court cases.

Self-dialogue is believed to be therapeutic because it helps to access and empty unhealthy thinking from the subconscious and clarify distorted thinking so that solutions can emerge. Immersion is part of Rwandan culture. The majority of Rwandans immerse themselves in problems, think them through continuously, and dream about them until they are resolved. From time immemorial, Rwandan elders regularly turned inward (indwelling), looking into themselves for the kind of knowledge that does not enter everyday thinking. The elders entered deeply into tasks and interactions and then reflected on these experiences for a better understanding of and solution to phenomena in their communities and problems submitted to them. Married couples use this process to resolve issues in their relationships and only after going through this process do they seek the help or advice of relatives and elders, called Bazehe,²⁶⁵ to help them resolve their issues. This process is similar to that recommended by the Christian teaching found in the Bible in Matthew 18:15ff. Rwanda only has a few remaining teachers, or Bazehe, as many were lost to the Genocide. I and many others strongly mourn the loss of those whom we looked to for advice and wisdom in our daily lives and relationships. We feel as if our teachers are gone.

Finally, I note that Moustakas encourages the heuristic researcher to have an autobiographical connection with the research question. I have no doubt that I have an autobiographical connection with this research question.

²⁶⁵*Bazehe* means elders and is the plural of *Muzehe*.

Phenomenological Methodology

Van Manen defines phenomenology as “the study of the life world.”²⁶⁶ According to van Manen, “phenomenology aims at gaining a deeper understanding of the nature or meaning of our everyday experiences. It also attempts to explicate the meanings as we live them in our everyday existence and our life world.”²⁶⁷ Van Manen describes phenomenological research as “oriented towards lived experience (phenomenology).”²⁶⁸ Phenomenology asks “What is this experience like?”²⁶⁹ The phenomenological methodology is not time-bound. It is flexible and reflects thoughts, feelings, memories, and anticipation through the past, present, and future in a search to understand and investigate lived experiences. Van Manen describes phenomenology as “a study of the lived experiences in the lived time, lived space, lived body and lived relationship.”²⁷⁰ Creswell presents phenomenology as a description of several individuals’ lived experiences of a phenomenon.²⁷¹ While Creswell does not explain how to conduct the research, van Manen offers more specific information regarding how to conduct research. For example, through him, I discovered I should learn to interact and work with my co-researchers in describing and interpreting time as experienced by them, including how some spaces felt and how they were remembered, how they felt about their bodies at the time and how they feel about their bodies now, how they experienced their many relationships of past and present, and how they anticipated or looked at future experiences of relationships.

²⁶⁶ Max van Manen, *Researching Lived Experience: Human Science for Action Sensitive Pedagogy* (Ontario: The Athlone Press, 1990), 11.

²⁶⁷ Ibid.

²⁶⁸ Ibid.

²⁶⁹ Ibid., 9.

²⁷⁰ Ibid., 11.

²⁷¹ John Creswell. *Research Design: Qualitative, Quantitative, and Mixed Methods: Approaches*, 3rd edition (California, London, New Delhi and Singapore: Sage, 2009).

Attaining a sense of nature and deeper meaning of a phenomenon is a concept that is common in Rwandan culture. Any phenomenon taking place in Rwanda attracts curiosity from many Rwandans. They are eager to know and understand what it is, its nature, and its meaning. The Genocide overwhelms victims who wonder whether it was a punishment from God because of the then evil-doing of political leadership. The complexity of such an overwhelming experience can be understood with a phenomenological approach, especially in combination with the self-reflective approach of heuristic self-inquiry.

The Practical Application of Heuristics and Phenomenology

Combining these two methodologies makes sense in Rwandan culture. The phenomenon of trauma in Rwanda affects individual Rwandans. It affects their brains and bodies. Most of these traumatized persons are widowed or orphaned survivors. Survivors often re-experience trauma each year in April through July, with those months as a reminder of the events themselves and functioning as a time specified for memorial services. These survivors remember the lived experiences in a particular time. As well, there are particular spaces that trigger trauma for many Rwandans. They live with trauma in their own spaces, at particular times of the year, and in their bodies. The healing of such persons requires finding ways for them to confront their triggers and to experience an absence of danger in those places now.

Rwandans tend to be community-oriented and depend on relationships. Any phenomenon affecting one person affects the community and a large network of relationships. In the Rwandan culture, a person belongs to a family and community. The trauma that affects one Rwandan also affects the community and several relationships

among families. These concepts of lived body, space, time, and relationship are part of Rwandan culture. The lived experiences of trauma have an impact on individuals: their body, space, time, and relationships. Most Genocide survivors in Rwanda are eager to tell their stories, but they need trustworthy persons and a safe environment to do so. Heuristic inquiry and phenomenology constitutes an appropriate methodology to investigate the stories of my co-researchers and to offer a rich and deep description of those stories.

A heuristic phenomenological methodology provided a structure and a validation for self-reflection on my own traumatic background and was also helpful in forming the fundamental questions I began with. As I progressed with research conversations, I made many changes to both my questions and to the ways in which I asked those questions. I learned through reflection and helpful comments from my project-dissertation committee members. This process was a learning experience that gave me confidence and, I hope, better skills.

Early on, I thought about questions I could ask myself and formed the following: What has been the best therapy for my own personal trauma and how could this be of help to other persons struggling with PTSD/trauma in Rwanda? Reflection on the answers to these two questions helped me in conversations with my co-researchers and facilitated in building their trust and confidence in me. Structuring research questions in this way helped my co-researchers feel safe with me by allowing them to realize I had experienced similar issues, though mine were small compared to theirs.

In planning for the conversations, I was aware that I needed to engage these women in ways that responded to their needs and was informed by their cultural and spiritual values. Bagele Chilisa, an African researcher from Botswana provides some

helpful insight regarding this. She introduces “*Ubuntu*, as a research paradigm that addresses the relationship among people, the living and the non- living, and honors the spiritual existence that promotes love and harmony among peoples and communities.”²⁷² Her approach takes into consideration the importance of relationships in research. She advocates the recognition of spirituality in the research. She says, “The recognition of spirituality allows researchers to explore the interconnections between the researcher’s experience of the sacred and the practical aspects of research.”²⁷³ Chilisa also discusses the ways in which *Ubuntu* is an African-centered theoretical framework and expresses the worldview “I am because we are.” I repeat this here to emphasis the community-oriented and connected character of Rwandan culture. *Ubuntu* is a framework that calls on the researcher to see self as a reflection of the researched other, to honor and respect the researched as one would wish for the self to be, and to feel belonging to the researched community without feeling threatened or diminished.²⁷⁴ Chilisa quotes Desmond Tutu’s understanding of *Ubuntu* as “the very essence of being human.”²⁷⁵ The research should honour co-researchers, value who they are as human beings, and consider their beliefs and wishes. Swanson notes that *Ubuntu* guides the researcher’s responsibilities and obligations to the researched and promotes community, belongingness, togetherness, and wellbeing.²⁷⁶ *Ubuntu* is an idea, a paradigm which could, because of its traditional roots, contribute to the African ways of doing things. This has potential to help with healing the hurting people and ways of resolving our own problems.²⁷⁷

²⁷²Bagele Chilisa, *Indigenous Research Methodologies*, 22.

²⁷³ Ibid.

²⁷⁴ Ibid.

²⁷⁵ Ibid.

²⁷⁶ Swanson, quoted in Bagele Chilisa, *Indigenous Research Methodologies*, 22.

²⁷⁷ Ibid.

Ubuntu is an African-centered paradigm that inspires me to appreciate the women co-researchers' spiritual and cultural lived experiences so as to be able to find out how my spirituality and the women's spirituality connect and how all of us connect with the sacred. These women have been deeply wounded physically, emotionally, and spiritually and need to be approached with attention, empathy, and respect. I, too, have been wounded through my experiences and have struggled to cope with the sequelae of my traumas. The recognition of spirituality allows me and the women to explore the interconnections between my own experience of the sacred and the co-researchers' experiences. When I read and reflect on what Chilisa has written, I am reminded that discussing a spiritual, holistic, and traumatic experience is complex and sensitive for all.

Wilson, an Opaskwayak Cree researcher from Canada, who is also aligned with the Australian Aboriginal community, also places emphasis on relationships and relational accountability in research.²⁷⁸ Wilson says,

I believe that Indigenous epistemology and ontology are based upon relationality. . . .Our axiology and methodology are based upon maintaining relational accountability. The Indigenous people have come to realize that beyond control over the topic chosen for study, the research methodology needs to incorporate their cosmology, worldviews, epistemology and ethical beliefs.²⁷⁹

Again, I was reminded of what I had been thinking of and reading about earlier and felt supported in learning how and why it was important to engage these women co-researchers in ways that responded to their needs and was informed by their cultural and spiritual values.

²⁷⁸ Shawn Wilson, *Research Is Ceremony: Indigenous Research Methodology*(Halifax: Fernwood Publishing, 1966), 11.

²⁷⁹Ibid., 15.

Criteria and Process for Choosing Co-researchers

Two principles guided my criteria for selecting my seven co-researchers, each a woman survivor of the 1994 Tutsi Genocide. These principles were informed by Creswell and Patton. Creswell states that “criterion sampling works well when all the individuals experience the phenomenon under study.”²⁸⁰ Patton says the important information to be gathered is “[that] from which one can learn a great deal about issues of central importance to the purpose of the research.”²⁸¹ I kept these statements in mind while identifying possible co-researchers. I also reflected on these statements when considering changes necessary to adapt to Rwandan culture and to the comfort of my co-researchers.

I selected all seven co-researchers from women survivors who had touching stories and were committed to being involved in my research and were willing to open up and tell their stories. To make these selections, I approached a woman survivor and family friend who was willing to help me in my research. I explained to her my research and the type of co-researchers I needed. She accepted to connect me with four other Tutsi women survivors of the Genocide who were also members of her Christian fellowship group. I spoke to them and shared both my story and how genocide impacted me and my family. Respecting the fact that the other two women I needed should be Hutu and may have a different view of the Genocide’s effects than the other women, I approached some Hutu women from my church in Kigali who knew and trusted me and from these I picked two who were willing to work with me. After selecting my co-researchers, I explained to these seven women my research, its vision, and its objectives. I made sure they were safe and felt safe to share their stories with me. I assured them of the anonymity and

²⁸⁰ John Creswell, *Qualitative Inquiry and Research Design*, 61.

²⁸¹ M.Q. Patton, *Qualitative Evaluation and Research Methods*, (Newbury Park: Sage, 2002), 169.

confidentiality of their stories. I agreed with them not use their usual names to protect their privacy. Accepting to be part of my research and to share their stories, they each provided pseudonyms to use in my research. They accepted to be part of my research and shared their stories. They made it clear that they were not comfortable with the use of video/audio recording in our conversations but they unanimously preferred a verbal conversation with questions and answers and the writing down of their responses.

They and I signed anonymity and confidentiality agreements. To emphasize their safety, all conversations took place in locations of their choice and none took place in a church context. This was because many Rwandan survivors no longer feel safe in church buildings as many Rwandans were called by church leaders during the 1994 Genocide to hide in church buildings for safety but later this was discovered to be a trap to have them quickly gathered and easily decimated by the killers. Because I am a pastor and Tutsi survivor, both the Hutu and Tutsi women were comfortable with me, but I had to meet with them at different times and locations to make them feel safe and comfortable. In all the conversations I had with these women, at their own chosen times and locations, all the women were comfortable and shared their stories without problems. I enjoyed my time with them. They all requested me to use prayer at the beginning and end of every conversation and I did.

In selecting these women, I kept in mind equal representation of religious faiths in Rwanda, geographical belonging, social status, and ethnic groups. Five of the women were Tutsi and had been tortured, abused, and lost parents, husbands, children, siblings, and relatives. Two were Hutu women who lost their husbands to HIV/AIDS, were gang raped, and wished to heal from trauma. The seven women ranged from 43 to 57 years of

age. Their education level varied: four had completed university education, one had junior high, and one had an elementary school education.²⁸² The seven women experienced the same phenomenon: They were affected and traumatized by the 1994 Genocide and were single mothers. Trauma has no ethnic boundaries and both Tutsi and Hutu women were affected and traumatized by the Genocide. For this reason, I interviewed both Hutu and Tutsi women to ascertain how they coped with their wounds.

I discovered that one of my co-researchers had counseling skills and we agreed that she would be available to provide support should a crisis arise during the conversations. She helped me to coordinate the conversations and assisted me in taking notes whenever needed. This was done with the permission of all the co-researchers.

Ethics

Before beginning conversations with my co-researchers, which took place in Kinyarwanda, the language of Rwanda, I met with them to explore what their ideas, values, and wishes were for this research. To establish a sense of connection and equality between me and the co-researchers I shared with them the rationale for carrying out this research. I also shared my own personal traumatic life with them as well as the impact of genocide on me, my family, and relatives. In so doing I had hoped that my own experiences would help them feel safe and comfortable with me. As recommended by the St. Stephen's College Ethics Review panel, I introduced them to the confidentiality and anonymity agreement and the consent to participate agreement. We agreed that should anyone wish to quit, she was free to do so and that precautions were in place to deal with co-researchers' traumatic crises, should they arise.

²⁸² Journal notes.

With their permission, we also agreed to stop the conversation should a crisis arise. The co-researcher who had counseling skills would work with me to provide counseling support to persons in need. At our first meeting, we had an opportunity to get to know each other. Thus I discovered the women valued prayers during our time together and we agreed to pray at times they decided upon. They also wanted to share spiritual experiences that have helped them to cope with their traumas. We discussed how best to have the conversations and they assured me of their willingness to contribute to the success of my research dissertation.

Forms and questions that were presented during this first meeting are included in the Appendix.

During this time I kept in mind what Kirby and McKenna propose in terms of quality interviews.²⁸³ They state “for quality interviewing, there must exist a sense of equality between the person gathering the information and the person whose knowledge is sought.”²⁸⁴ I showed the co-researchers the letter from St. Stephen’s College, allowing me to do my research. They were satisfied and willing to work with me. I then spoke to them about the planned conversations and questions and consulted with them to find out which conversation approach they were most comfortable with: individual or group conversation.²⁸⁵ They decided to meet with me individually and meet with me as a group at the end. Then I asked the co-researchers to sign the consent and anonymity forms for our mutual protection, which they willingly did (Appendix A).

²⁸³Sandra Kirby and Kate McKenna, *Experience Research Social Change: Methods Beyond Mainstream* (Toronto: University of Toronto Press, 2006), 68.

²⁸⁴*Ibid.*, 67.

²⁸⁵ These questionnaires can be found in the Appendix.

Data Collection

In my initial conversations with the co-researchers, we agreed to meet once per week for seven weeks. At times, we had to change this arrangement for many reasons, such as family obligations the women had and health issues. I agreed with my co-researchers to have one of them as an assistant for recording the conversation, helping transcribe and, when appropriate, helping me translate the data collected. However, because my assistant is not conversant with English, with her permission, I translated the data myself. She helped take notes in conversations when available and I took the notes when she was not available.

In our conversations, I positioned myself as a researcher trying to understand, rather than a pastor providing moral or spiritual comfort. I was aware that I needed to stick to my position as a researcher and not as a pastor because the two could conflict. In all conversations, I listened to them, interjected, and asked probing questions for more information. The conversations lasted from 40 minutes to one hour. The four main questions and additional and clarifying questions can be found in Appendix B. During the last meeting, the group helped to clarify all questions and provided a crosscheck for the information I previously collected. I used the responses to the questionnaires and notes I wrote from oral conversations.

Translation of the Research Data

As the research findings were in the Kinyarwanda language, I translated the data from Kinyarwanda into English. The translation from one language into another affects meanings in ordinary life, and in research can affect the findings. I often felt the challenge of finding appropriate words to present the story, ideas, emotions, and values into a new

context different from the original context. Some of the values and the emotions attached to the story can be lost during the translation process. This is an important aspect of research that needs more thought and discussion among scholars and researchers. To address this concern of translation, I later met with a well-learned woman and survivor of the Genocide, who knew English, and requested her to read through my transcripts in Kinyarwanda and the translated data. She agreed with my translations and was happy with them.

Data Analysis

Once the data had been collected from the co-researchers, I wondered how I could produce meaning from the information. I read and re-read the stories to achieve a sense of the whole, as recommended by Creswell. I used the principle of “immersing of self in the details, so as to get a sense of the whole conversation before breaking it into parts.”²⁸⁶ This exercise helped me identify “segments of data that speak significantly about the phenomenon.”²⁸⁷ I read the transcripts several times to identify themes and categories. Emerging themes or categories were developed by studying the transcripts repeatedly and considering possible meanings and how they fit with developing themes. In arranging the main themes, and for better organization of the meaning units, I followed Baker’s²⁸⁸ suggestion to classify meanings into one-word (or few-word) themes to capture the main ideas.²⁸⁹ This offered me a good experience in which I was able to analyze the phenomenon. These main themes became the headings under which I continued to describe the phenomenon.

²⁸⁶ John W. Creswell, *Qualitative Inquiry and Research Design*, 143.

²⁸⁷ *Ibid.*, 96.

²⁸⁸ Cynthia Baker, “Method Slurring: The Grounded Theory/Phenomenology Example,” *Journal of Advanced Nursing*, 17 (1992): 1355-1360.

²⁸⁹ *Ibid.*

Within each of these themes, I found sub-themes that arose out of the co-researchers' experiences that provided full meaning for each of the major themes. I went through a process using sub-themes as they arose and later, as I reflected and continued with my analysis, I deleted those not relevant. I also found that some descriptive statements could fit into more than one sub-theme, in which case, I placed them in both sub-themes. Some of the sub-themes became larger than others and this gave a sense of the overall data.

Reliability and Validity

When beginning my research, I found the Heuristic Methodology²⁹⁰ particularly appropriate. Moustakas defines this approach as “a process of internal search through which one discovers the nature and the meaning of experience and develops methods and procedures for further investigation and analysis.”²⁹¹ This methodology provided an excellent starting place for my research as it demanded my reflection on my own assumptions, experiences, and reflection on the interactions I would have with the women who were co-researchers. Reflection is a critical aspect of the hermeneutic methodology and for me, as I searched through literature across cultures and traditions, it became both a challenge and a great help. As I became more experienced with this methodology, I developed confidence in my own knowledge and skills and in the reliability and validity of my interpretations and understandings of my own experiences and of the conversations with the co-researchers.

In any research methodology, one must pay attention to the validity and reliability of the research. As Moustakas says:

²⁹⁰Clark Moustakas, *Heuristic Research*, 11.

²⁹¹*Ibid.*, 11.

Validity in heuristics is not a quantitative measurement...the question of validity is one of meaning: Does the ultimate depiction of the experience derived from one's own rigorous, exhaustive self-searching and from the explications of others present experience? This judgment is made by the primary researcher The heuristic researcher returns again and again to the data to check the depictions of the experience to determine whether the qualities or constituents that have been derived from the data embrace the necessary and sufficient meanings²⁹²

Other researchers have variably expressed this concept in the academic language of research. Creswell, in *Qualitative Inquiry and Research Design*, presents Eisner's 1991 work to demonstrate the use of *credibility*, which is reached through "structural corroboration, consensual validation, and referential adequacy" that Eisner carefully explains by saying that "the weight of evidence should become persuasive."²⁹³ Creswell also uses more recent language to respond to challenges of reliability and validation. He says: "[There is no consideration that is] definitive as the final word on this topic nor should every study be required to address them. [There] are two types of validation: ethical validation and substantive validation."²⁹⁴

The qualitative methodological process of my research required me to return repeatedly to the data and notes, to consult with my assistant, and to further discussion with the co-researchers, sharing with them the meanings I interpreted and the essences of the phenomenon. The entire process requires a respectful, careful attitude and a willingness to allocate time.

In this application of the heuristic model, I found envisaging the reflective process overall, as an ethical endeavor, helpful. I was particularly interested to find a reference to this in Chilisa's 2012 *Indigenous Research Methodologies*.²⁹⁵ She devotes much space to

²⁹² Ibid., 11.

²⁹³ John W. Creswell, *Qualitative Inquiry and Research Design*, 204.

²⁹⁴ Ibid., 205.

²⁹⁵ Bagele Chilisa, *Indigenous Research Methodologies*, 171.

an “ethics theory built on relationships and responsibilities to the researched . . . from choice of topic and data collection instruments to data analysis and dissemination of findings.”²⁹⁶ In other words, she agrees with Clegg and Slife, who say “every research activity is an exercise in ethics.”²⁹⁷ Chilisa goes on to say that “the researcher’s responsibility is to work beyond the book research methodologies”²⁹⁸ to think of other possibilities, to accommodate the researcher’s own ways of knowing, and to be sure that the practice, or work, of research takes into consideration the old saying “do unto others as you would have them do unto you.”²⁹⁹

Going Further: Phenomenology

With these foundations in methodology, I expanded my knowledge and skills to include phenomenology. Through reflection, writing on these reflections, and beginning to put a methodology into practice, the heuristic methodology led me to an awareness of myself that could be appropriately described as a “wounded researcher” still struggling with unfinished business and unanswered questions. Romanyshyn, in his *The Wounded Researcher: Research with Soul in Mind*, quotes Jung as saying that “the unfinished business and unanswered questions that are more collective and cultural than personal and familial, apply to therapy as well as research.”³⁰⁰ Romanyshyn shows that Jung connected therapy with research, which is what I am doing. I believe that the questions of my research are significant at more than the level of an individual and that there is a

²⁹⁶ Joshua W. Clegg and Brent D. Slife, “Research Ethics in the Postmodern Context,” *The Handbook of Social Research Ethics*, quoted in Bagele Chilisa, *Indigenous Research Methodologies*, 171.

²⁹⁷ Bagele Chilisa, *Indigenous Research Methodologies*, 171.

²⁹⁸ *Ibid.*, 172.

²⁹⁹ *Ibid.*

³⁰⁰ Robert D. Romanyshyn, *The Wounded Researcher: Research with Soul in Mind* (New Orleans: Spring Journal Books, 2007), 95.

connection between the process of my research and therapy, especially because in the Rwandan context, social and personal relations are tied together.

While I am engaged in research that hopefully has a collective and cultural basis, I am also engaged in therapy. My questions were collective and cultural, as well as personal and familial. Unfinished business and unanswered questions were part of my motivation for doing research, yet I am resolved to remain aware of the connections between therapy and research and to be respectful of this relationship. I may be able to contribute to knowledge of cross-cultural approaches to both research and therapy at the end of this research project.

Chapter Four: Findings

This research project aims to integrate an African-centred clinical pastoral approach to healing trauma in Rwanda. This approach comes as response to the high prevalence of trauma in Rwanda, especially among Rwandan women survivors of the 1994 Genocide. Most of these women have been victims of rape, threatened with death, and have lost their family members during the Genocide. These women are both Tutsi and Hutu and they are traumatized because of the suffering they went through and after this tragic event. Human Rights Watch has appropriately captured the magnitude of their suffering in their report:

During the 1994 Genocide, Rwandan women were subjected to sexual violence on a massive scale, perpetrated by members of the infamous Hutu militia groups known as the *Interahamwe*, by other civilians, and by soldiers of the Rwandan Armed Forces (*Forces Armées Rwandaises*, FAR), including the Presidential Guard. Administrative, military and political leaders at the national and local levels, as well as heads of militia, directed or encouraged both the killings and sexual violence to further their political goal: the destruction of the Tutsi as a group. They therefore bear responsibility for these abuses.³⁰¹

The physical and psychological injuries suffered by Rwandan rape survivors are aggravated by a sense of isolation and ostracization. Rwandan women who have been raped or who suffered sexual abuse generally do not dare reveal their experiences publicly, fearing that they will be rejected by their family and wider community and that they will never be able to reintegrate or to marry. Others fear retribution from their attacker if they speak out. Often, rape survivors suffer extreme guilt for having survived and been held for rape, rather than having been executed.³⁰²

The Rwandan women who survived the horrible tragedy and who have been overwhelmed by trauma, PTSD, anger, despair, and poverty still struggle to survive. They need help, comfort, and healing. I felt a call to work with these women towards the healing of their

³⁰¹Binaifer Nowrojee, "Shattered Lives: Sexual Violence during the Rwandan Genocide and its Aftermath," Human Rights Watch, September, 1996, para 1, <http://www.hrw.org/reports/1996/Rwanda.htm>.

³⁰² Ibid.

wounds. My training in pastoral counseling arose from these women's needs for healing, but also from my own traumatic life-journey and my mother's struggle with trauma caused by the Hutu attack on our family in December, 1963.

As previously indicated, I engaged in conversations with seven women survivors of the Genocide for seven weeks. I had the privilege to listen to them, learn from their stories, try to understand their experience as Genocide survivors, discover how they were coping, and find out what they thought could help them heal. The following is an introduction to my co-researchers, using pseudonyms in Kinyarwanda and French as chosen by themselves to protect their privacy. All co-researchers told me they chose pseudonyms that reflected friends and relatives who died during the Genocide. The use of these names was a way to value and remember them.

Introduction to the Co-Researchers

Kira is in her mid-forties and a widow who has lost her husband, siblings, parents, and other relatives during the genocide. She admits to having been raped. Following the Genocide, she remarried and had six children. Her husband died a few years after the Genocide from HIV. He left *Kira*, as well as three of her children, infected with HIV. She does odd jobs to survive. *Kira*, a few years after the Genocide, stopped pursuing her second grade of junior high.

Rose is in her mid-forties. During the Genocide of 1994 she was married with no children. She lost her husband, siblings, parents, and relatives. She was raped, infected with HIV, and struggles with health issues and poverty. She survives alone and away from her family. She is currently a street vendor and has completed elementary school.

Marcelline did not mention her age, but she may be in her fifties. During the 1994 Genocide, she was married with eight children. She lost her husband, five of her eight children, all her siblings, and parents. She survived with only her three daughters. She now serves as a counselor in a charitable organization. She holds a university degree.

Joyeuse married a year before the Genocide. She did not wish to mention her age, although she appears to be in her early fifties. During the Genocide, she lost her husband before they could have a child. She decided not to re-marry. She also lost her brother, family, and other relatives. Joyeuse now works with a charitable organization. She was able to educate herself and holds a university degree.

Leais mid-fifties. She is a widow, having lost her husband and two of her four children during the Genocide. She works as a counselor and human rights activist and holds a university degree. Lea, in addition to being a co-researcher, was also my research assistant.

Angeis in her forties. During the Genocide, she lost all of her six siblings, parents, and relatives. She was the first born in a family of seven children. She survived hiding in the bushes for over a month and was able to overcome famine, rain, and harsh conditions. After the Genocide, she married and had four children. She works for a non-governmental organization and has a university education.

Benoiteis in her mid-fifties. She lost her husband and five of her eight children. She also lost her parents, siblings, and relatives. She works for a charitable organization.

Research Conversations with the Rwandan Women

In my research conversations with these women, I used a qualitative research methodology that involved both heuristic and phenomenological methodologies. As

previously indicated, the heuristic aspect of the methodology drew from the work of Moustakas.³⁰³ The ongoing reflection engaged me in self-reflective thinking that tapped into my own internal resources regarding feelings and thoughts that helped me to clarify and answer the questions. This *indwelling*³⁰⁴ process of self-dialogue is common in the Rwandan culture, especially with persons facing serious issues or problems.

The use of phenomenological methodology helped me to investigate the lived experiences of my co-researchers. According to van Manen,³⁰⁵ phenomenology aims at gaining a deeper understanding of the nature or meaning of our everyday experiences. It also attempts to explain the meanings of our everyday experiences as we live them. This methodology was appropriate in investigating the lived experiences of my co-researchers.

A combination of these two methodologies helped balance the research process. Heuristic methodology focused on self-reflection and self-exploration, while phenomenology focused on the experiences of others, as well as, myself, the researcher and how I understand the lived experiences of trauma survivors. This combined approach gave both the researcher and the co-researchers opportunities to tell their lived experiences and to establish connections between stories. I hope that this kind of sharing brought healing, not only to the researcher, but also to the co-researchers and established collegiality between them.

Initially, I thought three interviews with each of the women would be sufficient. However, we later added one more conversation, allowing me to refine my interview techniques in order to further clarify responses. During the fourth conversation,

³⁰³ Clark Moustakas, *Heuristic Research: Design, Methodology and Applications*, 24.

³⁰⁴ *Ibid.*, 24.

³⁰⁵ Max van Manen, *Researching Lived Experience*, 9.

all seven co-researchers chose to come together to help cross-examine findings and respond to additional questions.

When the data collection was complete, I learned about a researcher who has since had an important influence on my thinking, BageleChilisa³⁰⁶ from Botswana. Her approach takes into consideration the importance of relationships in African and Rwandan cultures. I also relate to other statements from Chilisa. For example, she advises that the recognition of spirituality allows researchers to explore the interconnections between the researcher's experience of the sacred and the practical aspects of research.³⁰⁷ I need to appreciate my co-researcher's spiritual and cultural lived experiences in order to understand how my spirituality and the women's spirituality connect and how all of us connect with the sacred. Recognition of spirituality empowered me and the women to explore the interconnections between my own experience of the sacred and the practical aspects of research. When discussing an experience that is spiritual, holistic, and traumatic, Chilisa's words show how complex the research experience can be.³⁰⁸

Themes and Sub-Themes

As previously mentioned, themes or categories were developed by studying transcripts and considering possible meanings I followed Baker's³⁰⁹ suggestions of classifying meanings into themes of one or a few words to capture the main ideas which became the headings under which I continued to describe the phenomenon. Within each of these themes, I found sub-themes that arose out of the co-researchers' experiences and provided full meaning of each major theme. I went through a process wherein I used sub-

³⁰⁶ Bagela Chillisa, *Indigenous Research Methodologies*, 22.

³⁰⁷ *Ibid.*, 114.

³⁰⁸ *Ibid.*, 20.

³⁰⁹ Cynthia Baker, "Method Slurring," 1355-1360.

themes as they arose and, later, as I reflected and continued my analysis, I deleted those not relevant. I also found that some descriptive statements could fit into more than one sub-theme, in which case, I left them in both sub-themes. Some sub-themes became larger than others and this gave a sense of the overall information.

In my analysis of the four conversations, I found four main themes and thirteen subthemes. The four main themes are:

- Image of self as deeply wounded by the Genocide in relation to others and God
- Coping with wounds and other effects of the Genocide
- Committed and planning to heal from the wounds
- Hoping and working towards a better future

Each theme is addressed and, in turn, accompanied by short statements from co-researchers that help illustrate and clarify these themes.

Theme One: Image of Self in Relation to Others and God – Deeply Wounded by Genocide

In my analysis, I discovered that the impact of the Genocide was so severe that it negatively affected the co-researchers' way of looking at themselves, seeing, and relating with others and God.

Affected and deeply wounded

This subtheme is found below and it defines the theme "I was overwhelmed by the violence and the loss of my dear ones" which was commonly expressed by all the co-researchers.

Joyeuse: I was overwhelmed by the violence and the loss of my dear ones . . . My thinking and social life were affected. I was lacking sufficient care, comfort for me and my children. I saw myself as an outcast without value. I did not trust other people and turned to isolation and was not settled. I miss the care, intimacy, love and support of my family.

Kira: I was raped because of who I am [and] . . . I survived but I am very wounded. I lost my husband, siblings, parents and relatives. All these wounds in my heart have had terrible impact on me and on my children. After genocide, I remarried another man and we got six children together. He then infected me with HIV. He died leaving me with HIV infection and three of our children got infected too. I live in despair, with no accommodation and food for my children.

Marcelline: I was very much affected by the loss of my relatives. During the 1994 Genocide, my husband got killed with my two sons, his parents and seven brothers. I was born in a family of eight children, three boys and five girls. All the boys and their children were killed during the genocide as well as my sisters with their families, my parents . . . I only survived with one son. He is now a young adult.

Rose mourns the loss of her husband and her family and reported:

One year before genocide I got married with my husband. He was Christian and a nice man. Unfortunately, he was killed during genocide before we could have a child. I survived because I was hidden by a Hutu woman neighbor. During the genocide, while still in my hiding, somebody brought me my husband's marriage ring covered with blood. I discovered my unique brother with his wife and his son have all been killed. My four sisters, my Mom, my brother-in-law and his five children have also been slaughtered and a lot of other very nearby members. All houses and materials were also destroyed. I was terribly shocked, affected but I had no right to cry or to show my anguish at this particular time.

The Genocide became so violent to Tutsi and women and children that it mentally affected many survivors. *Lea* narrates a tragic story of violence she witnessed being committed against young Rwandan children. She laments:

During the 1994 Tutsi genocide, in my village after the loss of my family members together with other Tutsi people of my village, we were brought to site of death where Hutu militias were killing people. I found there young Tutsi who were being hacked to death, crying and begging to be spared. One of them was saying: "If you forgive me, I will not be a Tutsi anymore." Another child was saying, "I know I have wetted my bed that is why you are punishing me. Please forgive me. If you don't I will tell my dad." I was terribly shocked by the killing of these young babies.

Mentally affected

The 1994 Genocide also caused a lot of suffering and mentally affected women survivors. The following stories expressed by the co-researchers testify to this issue of

violence and how it has significantly affected them mentally. In particular, the co-researchers describe how they were feeling during and immediately after genocide.

Ange: I am a survivor of the Genocide. During the 1994 Genocide against Tutsis I lost my husband and five of my eight children, my parents, all brothers and sister, relatives . . . During this time my thinking was affected, I thought the world was over. I was shocked to lose my family members. I felt alone and could not relate to some people especially those connected with the killing of my people (Hutu).

Benoite: During the 1994 Genocide my thinking was damaged. During the 1994 Tutsi genocide I was confused for sometimes. I lost control of who I was and could not find myself.

Kira: During the 1994 I was feeling lost my thinking abilities and my life have halted due to the situation I was going through. It took me a lot of energy to think about my relatives killed during the 1994 Genocide and hardly figured out that they were killed because of who they were. I lost all my abilities for thinking. I was just like a piece of metal. I lost all hope for living.

Ange: During and after the 1994 Tutsi genocide my thinking was disconnected from reality.

Mistrust

Mistrust is another subtheme that affects a person's image and their relationship with other people. This subtheme clearly emerges in the following co-researchers' stories.

Benoite: Socially, I had no trust in other people. I was fearful and not willing to connect with others.

Lea: I lost trust in other people, felt sorrowful and lonely. I was abused emotionally by my adopting family and this caused me to feeling a low self-esteem. I have poor social relationship; always think about my deceased family members I lost during genocide. I have not had the opportunity to mourn. Sometimes I have irrational beliefs.

Joyeuse: I have no trust in other people during and immediately after the 1994 Genocide against the Tutsi. I saw myself as having no life and no hope.

Depression

Depression is another identified subtheme. The co-researchers spoke to their state of depression in the following stories:

Ange: After the genocide, I was left alone, losing all family intimacy and care. I had nobody to share with my pain and joy. I had no joy, fear, was missing the family so much and nothing could please me. I did not want to work, talk or take care of myself. No will to buy clothes. I was in solitude. I did not trust anyone. I lived in isolation, I did not like anyone, and I thought nobody liked me. I saw that my life had no meaning. I did not see the importance of living.

Kira: During the genocide my thinking was affected by the loss of my entire life. I was overwhelmed by the violence and the killing of family and relatives. My social life was affected. I lost trust in other people. And for this reason I was lacking sufficient care, comfort for me and my children. I saw myself as an outcast without value. I did not trust other people and turned to isolation. I saw myself as valueless person and I was not settled.

Benoite: I was feeling bad and did not like to talk, kept quiet and did not like to see people laugh. I had a lot of headaches. I kept thinking about genocide and its impact on me. I wondered how I could start my life alone, with despair. I condemned my God, and asked Him why I was still alive.

Lea: Immediately after genocide I considered my life as a burden, not as a gift from God or something various. I preferred to die than to live. I planned to kill myself with suicide. My mind and thoughts were affected and could not help me to rebuild my hope. I couldn't plan for my future. I kept moving around calling my children who died.

Marcelline: I had suicidal thoughts and I wished God could stop my breathing and end my life. I had no hope in the future.

Struggling with a distorted concept of God

Struggling with a distorted image of God is another sub-theme that surfaces in the majority of co-researchers' stories. For example, *Lea* commented that "During the Genocide I was angry at God and wondered why he allowed Genocide to happen." *Ange* goes far in thinking about the death of God and stated: "During the Genocide, overwhelmed by the violence and the shock of losing my dear ones not seeing a divine intervention, I believed God had been gunned down by 'Hutu' 'criminals.'" *Benoite*

commented: “To me God did not exist because I saw many church leaders and Christians killing and churches being turned into places of massacre.”

Later, after coping with the losses and depression, the image of self and God changed for the women. The following are excerpts from the co-researchers’ interviews:

Ange, who thought “God was gunned down” during the genocide had this to say: After genocide I remembered how God protected me several times. I recognized God still existed when I had testimonies from other survivors who told stories on how God helped and saved them. Though I have been affected by genocide, but I believe now God exists. God gave man the right to choose between good and evil and Hutu genociders chose to kill.

Joyeuse: The Genocide was a consequence to sin because of greed, selfishness of the former Rwandan government. This led to sin of violence and killing of the Tutsi and unfortunately the effects were on both the Tutsi and Hutu in many ways. I personally believe God exists but was angry at sin, punished his people (e.g. Sodom and Gomorrah) because of sin. I had the belief that God allowed this to happen. He exists and punishes sin and that the 1994 Genocide was an effect of sin and all was in God’s plan.

Marcelline wondered if God knew what was happening and said: During the 1994 Tutsi genocide, I kept wondering if God knew what was happening and why he could allow this tragedy. I still have some problems to understand why God allowed genocide to take place.

Contrarily some stories portray God as a God of miracles who saves. The following stories feature this aspect.

Rose thanked God for saving her life. I always think about God’s love for me and his saving power and miracles. I always thank God for saving me from being raped. When genocide erupted, my sisters were going for prayers. We found ourselves surrounded by Hutu killers near the border with Burundi (hiding in a small house). I was trembling and had a lot of fear. We prayed to have our lives cleansed and waiting to go to the Lord. We then started looking for ways to flee to Burundi. We thought there were no ways we could flee there but with God’s grace, we achieved it after a lot of struggle against a Hutu group that wanted to kill us. God miraculously saved us from these killers.

Marcelline shared her story of reflection on God’s saving power: I was hiding in a bush for safety. Then the Hutu killers were hunting us using dogs. One of their dogs entered the bush where I was hiding, started sniffing, ready to bark and attack. I had a Bible in my hands. I hit the dog’s mouth with my Bible. The dog

left the bush, quiet and did not signal my presence. I consider this a God's miracle.

Lea, who was affected spiritually by genocide, gave her testimony on how she was able to reconnect with her faith. Due to the genocide and loss of my relatives, my faith was affected. I no longer had interest to go to church or pray. I was angry at God for having left me down and allow the killing of my dear relatives. But later after genocide, in working with caring organizations, I was helped to reconnect with prayer. I realized I needed God for help. I started worshipping Him. People started challenging me, asking me to pray. I started reading my Bible and found some comforting words. Now I enjoy God's comfort, power and love.

Keeping a traumatic memory

Keeping a traumatic memory is another subtheme that speaks to how the violence was overwhelming and traumatic to many survivors and is expressed in the following stories:

Marcelline: Immediately after genocide, dying was better for me than living. I feared to live by myself and also thought that the genocide was not over. I also started feeling a lot of sadness, kept thinking about the loss of my relatives all the time. I felt I was traumatized.

Ange: After the Genocide, I kept thinking about genocide as a movie all the time to the extent that several times I had headache.

Benoite. I was in deep sorrow and not thinking. I had a terrible fear. I could not see and my body was shaking. This situation had an impact on me. I was weak in my body, had a lot of sadness and sorrow, a lot of crying, and was feeling my body not operating well and had fear of dying. I had nobody else to support me. I experienced anxiety because of challenging life conditions I went through. Genocide caused me to worry and to have anxiety.

Joyeuse: After the loss of my family members, I was very affected. My thinking was disconnected from reality. I felt alone, had mistrust for others, feeling not safe, and lacked care. I feared to be re-victimized. I had a great sorrow and anger. I saw myself traumatized and felt I needed to forgive those who killed my family.

Kira: I felt I had no value and no hope. I blamed God for keeping me alive. I lost wisdom, had fear, hatred and had no hope and was hiding my emotions. I had lost my wisdom and my thoughts were dead. I stocked lot of sorrow and anger in me. I was overwhelmed by this entire situation and felt wounded and traumatized.

Lea: I was traumatized and denied my children to go to school arguing that their Dad was killed because he was educated. They joined school when my dad intervened to persuade me about it. I still experience sorrow and anger which make me wondering who I am (widow struggling with life, alone living in poverty) and may lead me to say funny words I might not have said. I still struggle with unforgiveness and flashbacks (traumatic memories).

Theme Two: Coping with the Wounds

Coping with wounds is the second main theme that surfaced in the co-researchers' stories. Their stories also contained subthemes, such as accepting the situation, receiving support from the community, and determination to deal with the wounds.

Accepting the situation as coping requires accepting what happened first. The following stories reflect this dynamic:

Kira: I need to settle down and accept my situation. I need to think and plan for the better future of myself and my children. I need accommodation for my family as well as money to do a small food business (selling crops). From the government, I need to have security for my family, the education of my children and the medical health insurance.

Ange: I decided I needed to start a new life alone. I felt I was dead and have risen from the dead. I prayed and asked God to empower me to overcome my situation. I decided to resume school. Prayer was so important and helped me to re-build myself and have hope of living again. I joined school and later got married. My new family stood by me and I enjoyed them. They helped me to be happy again, enjoy life and feel life was meaningful again. Nowadays, I enjoy other people and relating with them. I am happy to attend public ceremonies with joy. I feel I have responsibility and willing help other people and stand with them.

Benoite: Later after genocide I realized that I had a lot to thank God for and started praying. I had no joy, nothing could bring me joy. I therefore prayed to God to give me the gift of joy. I started feeling comfortable at speaking to fellow survivors. I started thanking God for his protection upon me.

Support from the community

Support from the community is a subtheme that appeared in many stories and was fundamental in helping the co-researchers cope with their wounds. For example:

Ange: After the Genocide, it was very hard for me to live with uncountable problems as consequences of genocide. It required only the power and intervention of God through different persons who approached, comforted, listened to me, and became my sisters and brothers in Jesus.

Joyeuse: My neighbors approached me and prayed with me. They integrated me back into the community because I had any opportunity to share my story with people I trust. They became a new family for me. I received comfort and encouragement from the community. I developed my self-esteem and my dignity. I feel much better now but the triggers take me back to my traumatic situation. I have no revengeful thoughts. I now pray and enjoy my salvation in company of others.

Lea: The people in the community came to me, talked to me and shared similar stories with me. I felt encouraged because I felt I was not alone. Sharing testimonies with one another helped us to learn from one another, share experiences, speak out our feelings and empty out the bad stuff. Through fellowship, we were together, we ate together, listened to one another, loved each other, listened to the word of God and surrounded one another with love to the extent that one widow said: 'If my husband was not killed I would not have come to know the love of God since I have made him God.'

Rose: My friends kept visiting with me, comforting me and telling me that I was not alone to suffer from the effects of the Genocide because the same thing happened to many other people. My neighbors and friends kept approaching, listening and talking to me and supported me a great deal and this helped my anxiety and anger to significantly reduce. I managed to cope due to patience and also in realizing that this was a general problem. All these people made me busy and I had little time to think about my problems and issues which was helpful.

Marcelline: During the post-genocide period, some nice people from the community approached me regularly, took care of me and gave me support I badly needed. They supported me and donated scholastic material to my children. They also encouraged me to overcome the issues I was facing. They also helped me to search for and find my two children who had survived. They took care of me and my two children and even provided accommodation, food and clothing to me and to my children. I also received support from Rwandans who have returned home from the neighboring countries. These people loved me and my children, cried with me, supported and stood by me.

Determination to deal with wounds

The determination to deal with wounds is a subtheme that demonstrates a resolution to press ahead in accepting the situation while receiving comfort and support from the community. The following stories speak about this determination:

Marcelline: The day I met my friends who told me about the love of Christ, this is where the Lord has opened my eyes and gave me the joy of living. I started thinking about the future of my children and my future, I managed to find a single housing, and I could study the university, which has allowed me to have a job.

Ange: I have determination to live and not lose hope. I look forward to work hard for a better welfare. I am still finding out ways to forgive those who harmed me. God helped me to cope, through prayers and patience and gave me patience to face all the challenges I went through.

Kira: I have realized that God has brought me from far and has made me who I am today. I have determination to live and not lose hope. I look forward to work hard and earn a living, reconcile with Tutsi neighbors who lost their family members.

Lea: God has enabled me to realize that I do not need to be held up by sorrow and sadness. Even what I do not have today, I believe I will have them in the future. I now trust in a good leadership in my country that has a clear vision and which might uproot all the seeds of hatred among Rwandans and plant seeds of love to overcome evil.

Theme Three: Planning for Healing from the Wounds

Planning for healing from the wounds was another important theme I noticed in the co-researchers' stories. The wish and need to heal clearly falls into three sub-themes in the following co-researchers' excerpts: sharing stories with trusted people, accepting help from a trauma counselor; and forgiving the offenders and moving towards healing and reconciliation.

Sharing stories with trusted people

Joyeuse: The fellowship with other women in the same situation helped me a lot. We met regularly, talked, listened to one another, cried together, loved one another and trusted in one another as Christians. We were so close to each other, loved each other and shared everything, listened to each other cried together without hiding anything and stood with one another. This helped me a lot. I

shared my story, cried together, a lot of time and it was through this that God healed me. I was able to accept situation and life continued.

Rose: After genocide what helped me most was the fellowship I regularly had with other women who were in the same situation. I came to trust them. We shared our stories and prayer. These women were there for me and enabled me to get close to God. It helped me to connect with other Rwandans from various background and places. Fellowship became a new family for me.

Benoite: In the post-genocide, some people from the community kept visiting me, attended to me, showed me love and provided me with what I needed. I trusted them and shared my story with them. They comforted me and encouraged me to come to terms and cope with my situation.

Accepting help from a trauma counselor

Accepting help from a trauma counselor is a subtheme that emerged in the co-researchers' stories. The following stories speak to this matter.

Lea: I need a professional counselor I can share my story with. This would help heal my trauma.

Ange: I need help from a trauma counselor to overcome my fear and to identify my resources in order to use them to cope. Prayer gives me peace. I feel released of pain and then have hope, joy and settled down (Gutuza) and have peace of mind and then all goes well. My strategy has been to relax, to cool down, and give myself peace. I also pray and it helps me and the world of God comforts me and strengthens me.

Kira: I did not want to share my story for a number of years. I now need trustworthy people to share my story with. I need a counselor to help break my isolation completely and be able relate to other people. I also need safety, security, good welfare and accommodation for me and my children.

Joyeuse: I was comforted through counseling. There are individual and group counseling. Individual counseling brings the client and the counselor together alone. Counseling takes place but the client back to her home is again overwhelmed by issues. But in group counseling, people witness to each other, share experiences and testimonies in public, become a family. They learn from one another and are in fellowship and prayer. This helps the clients to be together, to support one another and heal as quickly as possible. They support one another. For example, the victims of HIV/AIDS are together, share their experiences and support one another and are able to overcome their stigma. Counseling of survivors without any other support is difficult. Many survivors are poor and struggling in life. They need food, clothing, education and accommodation.

Rose: I would be happy to meet with a counselor. I would appreciate to have him or her work mainly with me on my unforgiveness for my fostering family that abused me during the post-genocide period.

Marcelline suggested the pastoral approach for the healing of trauma: The survivors need a good listening and understanding. Provide them with a safe environment where the traumatized women would share their testimonies, on how they coped, healed and forgave those who harmed them. Give them the opportunity to share how they came to accept their problems. Regarding to counseling, it is Christ who counsels and heals. Tell them how Christ comforts, and loves. Let them know that with Christ's help and through Him, they have the perspective of eternal life.

Benoite, on the other hand, provided an alternative to trauma counselor. She explained: I did not seek a counselor. I just shared with other survivors who were in the same situation. Today I do not think it is necessary to have counseling. The only and best way I worked through my wounds was to just meet and talk with people I knew, studied or lived with in the village especially elderly women. I trusted and shared my story with them; cried and prayed together with them and this helped me a lot.

What also helped fellow young women survivors was being adopted by older women. This adoption included comfort, coaching, and support. These women sat together, the young women sharing their stories with the older women. The older women listened to the young ones with empathy, shared and cried together, showed love, and comforted and supported the younger women. This home-grown solution greatly helped many young and older women.

Forgiving offenders and moving towards healing and reconciliation

Forgiving offenders and moving towards healing and reconciliation is a subtheme that was expressed by some co-researchers who believed that forgiving offenders may be important in healing and reconciliation. The following stories speak to this matter:

Kira: The criminals need to confess for forgiveness to take place. They need to compensate for the lost and looted properties.

Lea: I do not like to do harm. I have forgiven the killers of my family. I have forgiven people who have harmed me. This gift comes from my nature and from God. Concerning the strategies for the future, I met with Tutsi widows to reconcile, got involved into the promotion of gender work; helping youth from both Hutu and Tutsi into working together and reconciliation. I looked at myself as a person without value.

Marcelline: The strategies were forgiveness (of those who killed my dear ones), prayer, depend on God, cool down myself, build good relationships with my neighbors. Immediately after genocide I saw those who wronged me as enemies but after forgiveness I could relate to them easily. This made me cool down (comfortable) and reduced my anxiety.

Rose: I believe the repentance and forgiveness may play an important role in the healing of my traumas. Putting more efforts in the implementation of justice done through Gacaca court is another healing factor. The promotion of reconciliation with Hutu people through Unity and Reconciliation is also another therapeutic factor.

Joyeuse: The true forgiveness is from the heart. The true forgiveness is rooted in God. Jesus, he forgave his enemies. God told Cain: no one will kill you. Immediately after genocide, I spent much of my time thinking about my enemies. But later by God's power, I welcomed Jesus. He saved me and gave me power to forgive. The Reconciliation is based on God's word.

On the other hand, some co-researchers believed the will to forgive and reconcile comes from the heart of the victim and should not be subject to pushing or be imposed by anybody. The following stories speak to this matter:

Ange: I was wounded by the Pentecostal Church, and the Catholic which have been pushed us to forgive without confession, denied us the right to get angry, cry, shout hate (sin). Which kind of forgiveness? This has been a manipulation by churches. Why should the "Churches push victims to forgive without confession from offenders. The church leaders did nothing to urge the offenders to confess or repent.

Benoite: During the Gacaca court, it was a good opportunity for a restorative justice. I did not take any person into Gacaca court. Most of people who harmed and killed my relatives were very poor and could not pay back. Most of them were hungry and poor. I felt compassionate about them, their houses falling apart and having no means to send their children to school. I asked God to give me the power to forgive them. I decided not to take them before the court. They know it. I have even given support to some of them living in absolute poverty. I have no revengeful thoughts but I am focused on unity and reconciliation.

Theme Four: Hoping and Working for a Better Future

Another important theme that surfaced from the co-researchers' stories is *hoping and working for a better future*. Two subthemes were identified: *hoping for a better future* and *planning and working towards better welfare and a better future*. The Genocide not only traumatized victims but also destroyed their hope. When victims cope, forgive, and heal, the final stage is to hope, plan, and work for a better future. The following excerpts address this matter.

Hoping for a better future

Kira: I have developed an attitude of giving value and dignity to myself. I also keep striving for hope in the future and trust in myself. I also believe that what people call impossible will be possible to me.

Joyeuse: I have hope in the future. I have hope in life after death. I hope my son will complete the university and hope he will have his own family. I will be happy to see him growing and having his own family.

Ange: I wish to build a better future based on cultural values. But now I have hope for the future.

Marcelline: I have hope God will do good to me. He will wipe my tears from my eyes. Hope helps me to have peace and joy in me.

Rose: I am proud of myself because I am a Christian. I am now a holder of a Bachelor's Degree and would be happy helping women in need who have been damaged by the genocide's effects and are still struggling with traumatic and life issues.

Planning and working towards a better welfare and future

The *hope of a better future* requires *plans to work towards a better future*. The co-researchers' stories that follow address this matter:

Marcelline: I plan to work towards a better future and do much in relating with other people and the community, get involved in the community work and into government projects that support widows. I also wish to be and work with other people in participating in the long-term community development works.

Kira: I am planning to start a small business by selling tomatoes and earn a living. This will help improve my economic situation. The help I need is having my own house, the education of my children and funds to increase my small business capital as well as advocacy for me and my children. The implementation and growth of my small business would help me heal my wounds. I can develop, grow and will not worry no more. When there is no worry, trauma heals.

Benoite: I am interested to work and support my family. I also have to focus on loving and taking care of my family. I have a vision to live, striving to be a model to my children and my neighbors. Having safety and accommodation would also help to heal my wounds.

Some co-researchers expressed the need to work towards the prevention of future conflicts and genocides. For example, one co-researcher said, “I will pray to God for genocide to never happen again.” *Kira* had this to say: “I will always strive for my peace of mind and peace for other people.” Finally, *Marceline* suggested that “all the people of Rwanda should be given freedom of speech, value, good leadership and all forms of segregation should be fought against and love, unity and reconciliation should be promoted among Rwandans.”

Interpreting the Themes

Theme One: Image of Self in Relation to Others and God Deeply Wounded by Genocide

The seven co-researchers unanimously expressed how they were all deeply overwhelmed and mentally affected by genocide. *Kira* said, “I was like a piece of metal,” meaning she felt her thinking abilities were no longer functioning and that she felt her thinking was not real. Similarly, another co-researcher stated, “I have lost my thinking abilities.” Another co-researcher shared, “I was terribly shocked, affected but I had no right to cry or to show my anguish at this particular time.” All the co-researchers expressed how they were overwhelmed by genocide, experiencing violence in losing their dear ones and facing horrible torture and abuse.

All the co-researchers indicated that their social lives were affected and that they developed mistrust in their relationships with other people. For example, one woman said, “I had no trust in people” and another observed: “My social life was affected.” All the women also referred to their lives after the Genocide as depressed and isolated and with a sense of being apart from the rest of the community. They said they felt they no longer had value and were like outcasts. The following statements capture their feelings. One co-researcher said, “I hated myself and felt I had no value for myself,” while another said, “I felt I was an outcast without value.” The women co-researchers experienced what Herman describes as a shattering of the construction of the self. One felt “like a piece of metal” and the other felt “mentally sick” and like an “outcast,” someone who is not normal person in how she sees her relationship with others, family, and friends.

The Genocide not only negatively impacted these women’s mental health, but their spirituality and faith as well. The majority of the co-researchers struggled with a distorted concept of God. *Lea* said that “Genocide was God’s plan,” while *Kira* was convinced that “Genocide was God’s anger against sin,” or as a punishment. *Benoite* suggested that “God was gunned down,” while *Ange* wondered “if God was aware of what was happening.” As I tried to find out more to help me describe and understand the deep wounds of these women, I struggled with how to word my questions and how to encourage them to say more. The co-researchers admitted that during the 1994 Genocide they were deeply wounded, not only in their understanding and belief in the relationship to God to what they saw and felt. The majority of the co-researchers claimed to still have traumatic memories of what happened during the Genocide and to feel that their lives and the lives of their children were damaged and remain damaged. *Kira* said, “I still have

wounds and pretend for not having them. I was raped because of who I am and due to lack of protection,” and regretfully claims, “If genocide had not interfered with my family, my children would have completed their high school.”

Each of the co-researchers believe there are many traumatized people in Rwanda who are primarily youth between 12 and 35 years of age. These youth are thought to be people who were young during the Genocide. Others are thought to be kids from traumatized victims and families who grew up in schools who do not understand what happened, ask many questions, and are overwhelmed by trauma. The other group of young people includes those who are traumatized survivors living with the victims of Genocide, especially victims of rape.

Theme Two: Coping with Wounds

All co-researchers agreed that acceptance of their situation was a major factor in coping with their wounds. *Ange* said that what helped her most was the acceptance of her own situation. Unanimously, the greatest factor that helped the co-researchers to cope was support through relationships and prayers from community. *Rose* commented:

The people in the community came to me, talked to me and shared similar stories with me. I felt encouraged because I felt I was not alone. Sharing testimonies with one another helped us to learn from one another, share experiences, speak out our feelings and empty out the bad stuff. Through fellowship, we were together, we ate together, listened to one another, loved each other, listened to the word of God and surrounded one another with love to the extent that one widow said: “If my husband was not killed I would not have come to know the love of God since I have made him God.

The determination to cope with wounds was another common and important factor to the majority of co-researchers. The co-researchers were determined to survive, adopt a

positive behaviour, and to have a vision for the future that included supporting their respective families.

Theme Three: Plans to Heal from the Wounds

The seven co-researchers agreed that plans to heal from wounds have to be based on the word of God and on sharing their stories with trusted people and on. For example, *Kira* expressed her need for trustworthy people to share her story with. All co-researchers agreed that the healing of wounds requires the sharing of story with trusted people or accepting help from a trauma counselor. They also indicated that healing involved working toward both forgiving offenders and reconciliation. For example, *Benoite* said, “The fellowship with other women in the same situation helped me a lot. We met regularly, talked, listened to one another, cried together, loved one another and trusted in one another as Christians. This helped me a lot. God healed me.” *Lea* also testified to the value of sharing story with trusted people. She commented,

After Genocide, what helped me most was the fellowship I regularly attended with other women who were in the same situation. I came to trust them; we shared our stories and prayers. These women were there for me and enabled me to get close to God. It helped me to connect with other Rwandans from various background and places. Fellowship became a new family for me.

On other hand, *Kira* clearly stated her need for a trauma counselor. She claimed, “I need a professional counselor I can share my story with. This would help heal my trauma. I need help from a trauma counselor to overcome my fear and my forgetfulness and heal from my wounds.”

Another strategy that helped many of these women was the formation of relationships with older women for comfort and guidance. This seemed to help break the co-researchers’ isolation and enable other relationships with other people for healing.

The majority of co-researchers believed that forgiving their offenders may help in their healing and reconciliation. The church's mission is to facilitate forgiveness, reconciliation, and healing, but because the church in Rwanda failed to stand with the victims of genocide, this mission has become challenging. I hope that after the church's apology to Rwanda, its mission for reconciliation of Rwandans will be more effective and impactful. For example, *Ange* and *Joyeuse* do not believe in an imposed forgiveness, but rather in a forgiveness that comes when offenders repent. *Ange* complained, "I was wounded by the Pentecostal Church, and the Catholic which have pushed us to forgive without confession, denied us the right to get angry, cry, shout and hate. Which kind of forgiveness? This has been a manipulation by churches?" Some churches in Rwanda were reluctant to apologize to victims or to request Hutu criminals repent, while putting pressure on survivors to make reconciliation possible and also claiming their role in that reconciliation process. *Lea* said, "Churches have pushed victims to forgive without confession from offenders. The church leaders did nothing to urge the offenders to confess or repent."

Theme Four: Hoping for the Future

All co-researchers spoke of having hope for the future. They had determination to live and not to lose hope. They said they plan to work hard towards improving their welfare and taking care of their families. Some of the co-researchers strongly thought about working towards peace and security, ensuring Rwanda never experiences another conflict or genocide.

I felt blessed to be able have conversations with these co-researchers and to learn about their lived experiences of the Genocide, especially in terms of how they were able

to cope and plan for healing and a better future. These co-researchers have been deeply wounded, traumatized, and still have wounds. They need special attention and counselors to help with their healing and support for earning a better life.

The next chapter offers an overview of the implications of this research and some of my reflections on the process.

Chapter Five: Personal Reflections on Findings

This research was a response to the high level of trauma in Rwanda. The Rwandan government estimates there are currently about a half million Tutsi women who are single mothers and who survived genocide. The majority of these women survivors of the Genocide have experienced violence and are traumatized. Even given, or perhaps because of, the scope of this devastation, there is little Rwandan literature or research on this topic. One exception I have found useful is a report written by Munyandamutsa.³¹⁰ Although Munyandamutsa provides information regarding the prevalence of PTSD, his report does not have the scope to assess or identify methods or resources for healing.

Rwandan Contextual Resources and Practices

Part of the reason that there is little or no literature originating from Rwanda on single mothers traumatized by the Genocide is that there are no academic resources to support such endeavours. For example, in terms of medically-based research on this topic, Rwanda has few health institutions specialized in treating trauma. As previously mentioned, in the early months and years after the Genocide, several international organizations flew into Rwanda to help with trauma recovery. They spent a short period of time there and their effect was not felt long-term. The few psychologists and psychotherapists, who were able to spend a short time in Rwanda working with traumatized Rwandan people, wrote articles on the situation of trauma in Rwanda and explored this issue from a psychological perspective, proposing psychological treatment. Their studies were general and none focused specifically on women survivors or on a combination of clinical, cultural, and spiritual approaches to healing trauma.

³¹⁰Naasson Munyandamutsa, *Prevalence du L'état de Stress Post-Traumatique*, vi.

These international psychologists and therapists helped stabilize few people's mental health. Tens of thousands of Rwandans were unable to access the services and help of these international therapists during the short time they were available. Any literature that was written was done from an international basis. For this reason, I looked for a review of relevant literature elsewhere. For example, I have already indicated that the work of Chilisa³¹¹ has been particularly helpful because of her awareness of cultural factors in relation to research methodologies. The cultural factors were important in my research and will be in my healing ministry. They emphasize the human relationship.

I believe that the questions of my research are significant at more than the level of the individual and that there is a connection between the process of my research and therapy, especially because in the Rwandan context, social and personal relations are tied together. While I have engaged in research that will have collective and cultural implications, I am also engaged in therapy. My questions were collective and cultural while also personal and familial. However, I need to do a more in-depth search for related local resources, both historical and current. The unfinished business and unanswered questions were part of the reason I did this research but I resolve to remain aware and respectful of the connections between therapy and research.

Trauma healing is a long process and is based on well-documented and thorough research which I have studied in my investigation of trauma among single mother survivors in Rwanda. I also needed to find out how these women were able to cope and then develop an African-centred clinical pastoral approach to trauma therapy in Rwanda. Against this background, I focused this research on women survivors of Genocide to respond to their needs for trauma healing. My ministry among traumatized single mothers

³¹¹Bagele Chilisa, *Indigenous Research Methodologies*, 20.

will be informed by these research findings. Peace, stability, good health, and wellness in Rwanda will not be possible without trauma healing. Many women were affected and show signs of trauma. Their mental, social, physical, and spiritual well-being is worsening. The question is: Who was behind all this suffering and for which purpose? The history of Rwanda tells us that the 1994 Genocide was the product of a colonial legacy from the Germans, the Catholic Church, as well as the second Hutu dominated government sponsored by France which organized and perpetrated genocide. The United Nations Security Council bears a share of the responsibility for having failed to stop the Genocide. A comprehensive pastoral-clinical approach to healing of the wounds of Rwandan survivors of the Genocide requires that those who allowed it to happen take responsibility for that.

The Process of Adapting Western-Based Research and Therapeutic Methodologies in My
Ministry of Pastoral Counseling

Prayerful Conversations

As I engaged in the research process in Rwanda, I found that it was necessary to adapt some things and that other strategies and information transferred well into the African context. One of the most significant aspects that I did have to adapt was the interview and recording techniques. Simply importing Western methodologies was not helpful in establishing even a modest level of rapport and communication. Of course, the language of communication was Kinyarwanda and translations were made by me after the interviews. I found that to establish rapport with my co-researchers, I had to adapt the interview approach to what more closely resembled *prayerful conversations*. I also stopped using the tape recorder because my co-researchers presented suspicious looks

and hesitant voices whenever the tape recorder was present, even though the tape recorder was small. I began having an assistant take notes for me.

Together not Alone

I began conversations individually but, after the initial conversations, my co-researchers began to ask if they could not meet together. They asked me “Why can’t we converse with you when we are together instead of isolating us?” I was almost embarrassed when they brought this concern to my attention. Another aspect adapted to my culture was timing. They were pleased to tell their stories and so establishing any outward concern regarding time, the co-researchers expressed wonder that perhaps I was the one who had a concern about time. One woman, at the beginning of our time together, asked me to begin with a prayer. “Could you pray with us?” They each kept asking me the same question. They also asked me to pray with them at the end of each session. As I prayed, they participated actively and prayed quietly in their own hearts. As I reflected on this, I realized that the deeper meaning was beyond understanding and so the story had to be put into the hands of God. This issue and their future were in this way put into God’s hands.

A Church of Justice, Unity, and Compassion

The church is seen by many Rwandans as a divine institution and a community of faith that should be both safe for everybody and without segregation. They expect the church to be characterized by justice, unity, and compassion, but were disappointed by its involvement in socially divisive colonial politics and in the various conflicts that befell Rwanda in 1958, 1964, 1973, 1990, and the 1994 genocidal climax. The church in Rwanda has always been expected to be part of the solution and not part of the problem,

as has been the case several times in the past. In working with the church to help the traumatized women heal, the church will need to live up to its role of being a healing home for the wounded Rwandans so that its image can be restored.

Healing Imagery Grounded in a Biblical Context

The process of my personal reflection has, in many ways, led me to appreciate the value my culture places on relationships. It has also led me to search for possible healing for survivors and their children. This includes healing methods for those who remain terribly wounded and those who have survived with some degree of reconciliation, mental, physical, and spiritual health. I have also learned that problem-solving and home grown solutions are available in Rwanda. They need to be valued and brought to the surface and used. It is important for Rwandans to be aware that they should not always depend on outsiders to solve their problems, but that their culture has within it the resources to deal with issues. As the world becomes a global village, interdependence has become a reality. I have resolved that learning from other systems or cultures to complement Rwandan resources is worthwhile. For this reason, I propose the integration of imagery with the Rwandan healing approach of meeting and working through issues together. I suggest that imagery be grounded in the biblical context to become appealing to these women.

Research Findings

My research conversations took place in a Rwandan urban area from October 2013 through April 2014 and involved seven co-researchers, all women survivors of the 1994 Genocide. The findings from these conversations indicated that the women survivors of the 1994 Genocide were deeply affected by the violence they experienced:

abuse, torture, rape, and the loss of their family and relatives. Further, these same women also experienced the theft of their possessions and properties.

The majority of the co-researchers admitted to having been traumatized, being depressed, feeling “valueless,” losing trust in other people, and isolating themselves to the extent that some thought about suicide. They also raised questions about God, wondering why He allowed the Genocide to happen. The majority of these women felt their faith in God affected. They also thought that coping with their wounds required accepting what happened to them during the 1994 Genocide and receiving support from the community. They also came to an understanding that meeting together as women survivors, sharing stories, listening to one another, crying together, and praying together would be of great help in coping with the impact of this tragic event. The following excerpts testify to this:

Joyeuse: The fellowship with other women in the same situation helped me a lot. We met regularly, talked, listened to one another, cried together, loved one another and trusted in one another as Christians. We were so close to each other, loved each other and shared everything, listened to each other cried together without hiding anything and stood with one another. This helped me a lot. I shared my story, cried together, a lot of time and it was through this that God healed me. I was able to accept my situation for life to continue.

Rose: After Genocide, what helped me most was the fellowship I regularly had with other women who were in the same situation. I came to trust them; we shared our stories and prayer. These women were there for me and enabled me to get close to God. It helped me to connect with other Rwandans from various background and places. Fellowship became a new family for me.

Benoite: During the post-genocide period, some people from the community kept visiting me, attended to me, showed me love and provided me with what I needed. I trusted them and shared my story with them. They comforted me and encouraged me to come to terms and cope with my situation.

Where Was God?

The 1994 Genocide was horrible and overwhelming to survivors, especially the single mothers. Many of them lost a sense of their identity, were traumatized, lost trust in other people, and had their faith affected. Most women who survived lost their family members in unbelievable violence. They were abused, raped, and wondered why God did not intervene. Others kept asking, “Where was God?” Two co-researchers expressed frustration with God and the Rwandan churches for not intervening or standing up with them during the 1994 Genocide. One of the main themes that emerged in my findings has to do with the question, “Where was God?” “Image of self in relation to others and God deeply wounded by genocide” became a major theme amongst the co-researchers. These women had trouble understanding how a powerful God could let them down and allow Genocide to happen.

Ange, shocked by the Genocide’s violence against the Tutsi, wondered why God did not intervene. She decided to believe God had died, that he had been gunned down. *Benoite* commented, “To me God did not exist because I saw many church leaders and Christians killing and churches being turned into places of massacre.” For me, this indicated how desperate and affected they were in their faith. Gaining a better understanding of the concept of God these women have is important in developing an effective pastoral approach that could address their distorted image of self, God, and the church.

The women’s comments and questions are reminiscent of the quotes I presented in my review of the pastoral and theological literatures, which, to summarize, were also questions asked by many of the Holocaust survivors who witnessed and experienced horrible Nazi violence. They too could not understand how God allowed unimaginable

violence to happen to His people. Comments, questions and conversations expressing concern over the apparent absence or inaction of God have arisen in other times and places. For example, Wiesel, a Jewish theologian, wondered why God did not intervene to save his people.³¹² In an article responding to a Jewish theologian (Rubenstein), Zachary Braiterman³¹³ quotes Rubenstein:

Rubenstein therefore proclaimed ‘the death of God’ and turned to what he called the tragic fatalities of the God of the nature. . . . Critics have regularly dismissed the relevance of Rubenstein’s writings to Judaism and its theological and communal cultures. In the most egregious case, one critic called Rubenstein an ‘accomplice to Hitler.’ . . . Paganism and the death of God represented theological slogans to Rubenstein, not a stable theological identity.

These are theological questions about the relationship between religion and the state. For example, what is the role of the church or religion in the socio-political governance of a state? What are the roles or responsibilities of God in the administration of a state? To what extent should God be involved in the politics of any given country? All these questions need to be pondered by scholars and theologians to help people of faith, especially the Rwandan women survivors of the 1994 Genocide. Perhaps through some of these questions, the survivors can understand and deal with the implications of genocide on their faith. On the other hand, five co-researchers said their faith was not affected. They believed God allowed genocide because of human sin committed by the Rwandan political leaders. In their stories, they mentioned God and thanked Him for having saved their lives.

Marceline: I was hiding in a bush for safety. Then the Hutu killers were hunting us using dogs. One of their dogs entered the bush where I was hiding, started sniffing, ready to bark and attack. I had a bible in my hands. I hit the dog’s mouth with my bible. The dog left the bush, quiet and did not signal my presence. I

³¹²Robert E. Douglas Jr., *Elie Wiesel’s Relationship with God*, para 1.

³¹³Zachary Braiterman, “‘Hitler’s Accomplice,’” 75-90.

consider this was a God's miracle. It was indeed unusual to survive the hunting dog as many others Tutsi were hunted in the same way, discovered and killed.

The subthemes, including being affected, deeply wounded, mentally affected, mistrusting, depressed, and struggling with a distorted image and concept of God, appeared throughout most of the co-researchers' stories. These sub-themes help define and confirm the main theme that focuses on the idea of "being deeply affected as a consequence of the Genocide." The trauma from the Genocide affected the normal function of survivors' brains and bodies, leaving them depressed, isolated, mistrusting, and struggling with a distorted of self and God. The majority of the co-researchers admitted to being affected and deeply wounded.³¹⁴ For example, *Kira* testified, "I was raped because of who I am" and "I survived but I am very wounded." *Kira* was angry at her offenders and felt humiliation. *Joyeuse* said,

I was overwhelmed by the violence and the loss of my dear ones. My thinking and social life were affected. I was lacking sufficient care, comfort for me and my children. I saw myself as an outcast without value. I did not trust other people and turned to isolation and was not settled. I miss the care, intimacy, love, and support from my family.

Joyeuse appeared depressed and needs more assistance to heal. Herman, a trauma expert posits:

Traumatized people suffer damage to the basic structures of the self. They lose their trust in themselves, in other people, and in God. Their self-esteem is assaulted by experiences of humiliation, guilt, and helplessness. Their capacity for intimacy is compromised by intense and contradictory feelings of need and fear. The identity they have formed prior to the trauma is irrevocably destroyed.³¹⁵

This is the situation that characterized the psychological state of these women immediately after the 1994 Genocide. My findings indicate that most of these women have coped with their wounds to some extent, though others still struggle.

³¹⁴ Judith L. Herman, *Trauma Recovery*, 56.

³¹⁵ *Ibid.*

Keeping of a Traumatic Memory

The keeping of traumatic memory was another sub-theme that spoke to the aforementioned theme. The 1994 Genocide and its violence were overwhelming and traumatic to many survivors to the extent that some women still experience symptoms of PTSD. For example, *Marceline* shared, “Immediately after genocide, dying was better for me than living . . . kept thinking about the loss of my relatives all the time.” *Ange* expressed, “I kept thinking about genocide as a movie all the time to the extent that several times I had headache.” *Benoite* said:

I had no real thinking. I was feeling my life has halted. I was in deep sorrow with no thinking. I had a terrible fear. I could not see and my body was shaking . . . I was weak in my body, had a lot of sadness and sorrow, a lot of crying, and was feeling my body not operating well and had fear of dying. I had nobody else to support me. I experienced anxiety because of challenging life conditions I went through. Genocide caused me to worry and to have anxiety.

Joyeuse: After the loss of my family members, I was very affected. My thinking was disconnected from reality. I felt alone, had mistrust for others, feeling not safe, and lacked care. I feared to be re-victimized. I had a great sorrow and anger. I saw myself traumatized and felt I needed to forgive those who killed my family.

Kira said to her witnesses: I felt I had no value and no hope. I blamed God for keeping me alive. I lost wisdom, had fear, hatred and no hope, and was hiding my emotions. I had lost my wisdom and my thoughts were dead. I stocked lot of sorrow and anger in me. I was overwhelmed by this entire situation and felt wounded and traumatized.

Lea: I was traumatized and denied my children to go to school arguing that their Dad was killed because he was educated . . . I still experience sorrow and anger which make me wonder who I am as a widow struggling with life, alone . . . I still struggle with unforgiveness and flashbacks (traumatic memories).

These PTSD symptoms indicate clearly that these women still experience trauma memory and that they need help. The use of an African-centered clinical pastoral approach would address the effects of this disorder, which has distorted the psychological, spiritual, social, and cultural aspects of their lives.

Coping with Wounds

Coping with the wounds is the second main theme that surfaced in the co-researchers' stories. It purposely describes a state wherein the women overcame and dealt with their wounds. Their stories contain a number of sub-themes, such as accepting the situation, receiving support from the community, and the determination to deal with wounds. All of these sub-themes feature in the stories below. For instance, accepting the situation speaks to the overall theme, as coping requires accepting what happened in order to heal and change.

Kira: I need to settle down and accept my situation. I need to think and plan for the better future of myself and my children. I need accommodation for my family as well as money to do a small food business [selling crops] . . . I need to have security for my family, education for my children and the medical health insurance.

Ange: I needed to start a new life alone . . . I was dead and have risen from the dead. I prayed and asked God to empower me to overcome my situation. I now enjoy other people and relating with them. I am happy to attend public ceremonies with joy. I feel I have a responsibility and am willing help other people and stand with them.

Benoite: I therefore prayed to God to give me the gift of joy. I started feeling comfortable at speaking to fellow survivors.

Joyeuse: I received comfort and encouragement from the community. I developed my self-esteem and my dignity. I feel much better now but the triggers take me back to my traumatic situation.

Most co-researchers indicated that support from community played a big role in helping them cope and break their isolation, re-connecting them with other people. It also helped them to feel they mattered and to increase their sense of self and self-esteem. It also helped them identify people they could trust and could share their stories with. This is an African-centered clinical pastoral approach. The women shared their stories and listened to one another and found this therapeutic and clinical. As they prayed together

and comforted one another, this was also therapeutic and a pastoral way of healing themselves. Two excerpts illustrate this:

Benoite: Later after genocide I realized that I had a lot to thank God and started praying. I had no joy, nothing could bring me joy. I therefore prayed to God to give me the gift of joy. I started feeling comfortable speaking to fellow survivors. I started thanking God for his protection upon me.

Marceline: Some nice people from the community approached me regularly, took care of me and gave me support I badly needed. They supported me and donated scholastic material to my children. They also encouraged me to overcome the issues I was facing. They also helped me to search for and find my two children who had survived. They took care of me and my two children and even provided accommodation, food and clothing to me and to my children.

Another subtheme was the determination to deal with wounds and I believe this demonstrates a resolution to press ahead in accepting one's situation and receiving comfort and support from the community.

Marceline: The day I met my friends who told me about the love of Christ, this is where the Lord has opened my eyes and gave me the joy of living. I started thinking about the future of my children and my future.

Ange: I have determination to live and not lose hope. I look forward to work hard for a better welfare. I am still finding out ways to forgive those who harmed me. God helped me to cope, through prayers and patience.

As previously mentioned, the trauma of genocide destroys hope. When the victims begin to heal through coping and forgiveness, the final stage is to recover hope, plan, and work for a better future. The fourth theme that surfaced indicates that the majority of women have coped with their wounds and are now involved in recovering hope and are planning and working towards a better future. Their hope is expressed in the comments below. For instance, *Kira* stated, "I have developed an attitude of giving value and dignity to myself. I also keep striving for hope in the future and trust in myself."

Joyeuse: I have hope in the future...I hope my son will complete university and hope he will have his own family. I will be happy to see him growing and having his own family.

Ange: I wish to build a better future based on cultural values....But now I have hope for the future.

Marceline: I have hope God will do good to me. He will wipe my tears from my eyes. Hope helps me to have peace and joy in me.

Their hope also included specific plans that speak of a better future.

Marceline: I plan to work towards a better future and do much in relating with other people and the community, get involved in the community work and into government projects that support widows. I also wish to be and work with other people in participating in the long-term community development works.

Benoite: I am interested to work and support my family. I also have to focus on loving and taking care of my family. I have a vision to live, striving to be a model to my children and my neighbors.

Kira: I am planning to start a small business by selling tomatoes and earn a living. This will help improve my economic situation. The help I need is having my own house, the education of my children and funds to increase my small business capital as well as advocacy for me and my children. The implementation and growth of my small business would help me heal my wounds. I can develop, grow and will not worry no more. When there is no worry, trauma heals.

Some co-researchers also expressed the need to contribute to the prevention of future conflicts and genocides. For example, “I will pray to God for genocide to never happen again.”

Finding Spirituality or Faith Again

Conversations with the co-researchers also revealed how the women found their spirituality or faith again in God. I was amazed how these women turned to God and trusted Him after a time of frustration wherein they accused Him of having let them down. This suggests that faith is an extremely complex phenomenon.

Marceline: The day I met my friends who told me about the love of Christ, this is where the Lord has opened my eyes and gave me the joy of living. I started

thinking about the future of my children and my future, I managed to find a single housing, and I could study the university, which has allowed me to have a job.

Ange: I have determination to live and not lose hope. I look forward to work hard for a better welfare. I am still finding out ways to forgive those who harmed me. God helped me to cope, through prayers and patience and gave me patience to face all the challenges I went through.

Kira: I have realized that God has brought me from far and has made me who I am today. I have determination to live and not lose hope. I look forward to work hard and earn a living, reconcile with Tutsi neighbors who lost their family members.

Lea: God has enabled me to realize that I do not need to be held up by sorrow and sadness. Even what I do not have today, I believe I will have them in the future. I now trust in a good leadership in my country that has a clear vision and which might uproot all the seeds of hatred among Rwandans and plant seeds of love to overcome evil.

Offender and Victim Relationships: Trust, Help and Reconciliation

Finally, the women expressed a combination of factors underlying the healing process, including repentance from offenders, justice for victims, forgiving offenders, sharing wounds with trusted persons, receiving help from a counselor towards reconciliation, and reconciliation.

Lea: I do not like to do harm. I have forgiven the killers of my family. I have forgiven people who have harmed me. This gift comes from my nature and from God. Concerning the strategies for the future, I met with Tutsi widows to reconcile, got involved into the promotion of gender work; helping youth from both Hutu and Tutsi into working together and reconciliation. I looked at myself as a person without value.

Marceline: The strategies were forgiveness (of those who killed my dear ones), prayer, depend on God, cool down myself, build good relationships with my neighbors. Immediately after genocide I saw those who wronged me as enemies but after forgiveness I could relate to them easily. This made me cool down (comfortable) and reduced my anxiety.

Rose: I believe the repentance and forgiveness may play an important role in the healing of my traumas. Putting more efforts in the implementation of justice done through Gacaca court is another healing factor. The promotion of reconciliation

with Hutu people through Unity and Reconciliation is also another therapeutic factor.

Joyeuse: Immediately after genocide, I spent much of my time thinking about my enemies. But later by God's power, I welcomed Jesus. He saved me and gave me power to forgive. The Reconciliation is based on God's word.

On the other hand, some co-researchers believed that the will to forgive and reconcile comes from the heart of the victim and should not be pushed or imposed by anybody. For instance, *Ange* said:

I was wounded by the Pentecostal Church, and the Catholic which have influenced pushed us to forgive our offenders without confession and denied us the right to get angry, cry, and shout and release our hate feelings. Which kind of forgiveness? This has been a manipulation by churches. Why should the Churches push victims to forgive without confession from offenders? The church leaders did nothing to urge the offenders to confess or repent.

Two of the co-researchers mentioned they needed the help of a counselor, while five just needed to share their painful stories with trusted people. For example, *Leas* said, "I need a professional counselor I can share my story with. This would help heal my trauma."

Ange: I need help from a trauma counselor to overcome my fear and to identify my resources in order to use them to cope. Prayer gives me peace. My strategy has been to relax, to cool down, give myself peace. I also pray and it helps me and the world of God comforts me and strengthens me.

Kira: I did not want to share my painful story for a number of years. I now need trustworthy people to share my story with. But I also need a counselor to help me break my isolation to be able to completely relate to other people. I also need safety, security, good welfare and accommodation for me and my children.

Rose: I would be happy to meet with a counselor. I would appreciate to have him or her work mainly with me on my unforgiveness for my fostering family that abused me during the post-genocide period.

Marceline made a suggestion concerning the attributes and environment when working with traumatized women. She said:

The survivors need good listening and understanding and a safe environment where the traumatized women would share their testimonies, on how they coped,

healed and forgave those who harmed them. They also need the opportunity to share how they came to accept their problems. Tell them it is Christ who counsels and heals.

Benoite, on the other hand, shared a different option. She said:

I did not seek for a counselor. I just shared with other survivors who were in the same situation. Today I do not think it is necessary to have counseling. The only and best way I worked through my wounds was to just meet and talk with people I knew, studied or lived with in the village, especially elderly women. I trusted and shared my story with them, cried and prayed together them and this helped me a lot.

Benoite found comfort, coaching and support from other women in the same situation.

This home-grown solution helped greatly both young and old women heal.

Contribution to My Future Practice of Ministry in Rwanda

In preparation of my ministry, I have acquired the fundamental knowledge and skills for pastoral counseling in order to respond to the needs of traumatized people. I expect this to be a life-long process, one with the added challenge of finding access to supportive and informative resources in the context of African – centered knowledge. In serving those who are vulnerable as a result of trauma, I hope to remain aware of the required humility and compassion that it takes to undertake this challenging ministry. My work will focus on single women and their children who were traumatized by the 1994 Genocide. It will aim to bring hope, care-giving, and healing to them. I believe that my contribution to trauma healing will be implemented through training other pastors and lay people through my home church, one-to-one counseling, and my work with the Yego and Rise up Foundations, which I helped establish. I believe training other counselors to be important because of the number of traumatized women and children in Rwanda and the need to reach out to them.

Early in March 2015, my three Canadian friends, Kae Neufeld, Joanne Vanbeek, and Petra Lewing, and I organized a healing retreat for twenty women, some of whom were survivors, others abused by their husbands, and others sexually abused. The purpose was to create a safe place where these women could share their stories, be listened to with empathy, and surrounded with love, prayer, and comfort. The women appreciated the retreat and requested another one. I plan to offer annual retreats for women who are survivors of genocide and domestic and sexual abuse, as well as those suffering from HIV/AIDS.

Teaching of Others

I intend to teach other pastoral counselors once I complete my education. There is obviously a great need for this type of work in Rwanda and I believe that Rwandans are capable and committed to healing through pastoral counseling. The majority (96%) of Rwandans believe in God and Christianity. During my research conversations, I noticed that some of the co-researchers experienced a distortion of their faith in God, so an approach will have to be put in place that addresses both pastoral and clinical issues.

An African-Centered Approach to Healing Trauma Among the Women of Rwanda

Trauma healing takes place within a social group and community. An effective healing approach for the co-researchers would have to address all of their cultural, social, spiritual, psychological, and even economic issues. My research conversations with the co-researchers helped me understand what helped them cope with their wounds and thus share this knowledge with other women and other researchers. It was a positive experience to work together to identify and review approaches and therapies that work for them.

Another positive experience has occurred through Yego, which is part of my ministry and is influenced by my studies. In Yego, music and drama are being used as a therapeutic means to help break the isolation felt by survivors of the 1994 Genocide and build self-esteem and hope for the future.



Fig. 4: Rwandan youth dancing at a Yego-Rwanda event³¹⁶

The above figure shows a group of Rwandan youth dancing. This program is organized by Yego-Rwanda³¹⁷ as a tool for healing trauma, PTSD and depression among the youth. In relation to healing, an African-centered clinical pastoral approach is an appropriate therapy for healing trauma of single women survivors because it addresses both their psychological and pastoral issues and also takes into consideration their cultural realities. This approach may help these women to heal the distortions of faith that the co-researchers expressed during my research.

My ministry must be culturally and socially relevant and the pastoral counseling resources must be made readily available as much as possible. The role of women is so

³¹⁶Emmanuel Gatera, *Rwandan youth dancing at a YEGO-Rwanda event*, 2015.

³¹⁷Yego is a Foundation registered with the Rwandan government and initiated by my wife, Athanasia, and I. Yego means *yes* in Kinyarwanda and stands for Youth Empowered for Growth and Opportunities. Yego's purpose is to support trauma healing among Genocide survivors, adults, and youth.

vital to Rwandan society that working together with women is critical to the healing of everyone.

Also important is the fact that the women survivors of the 1994 Genocide are still carrying wounds inflicted decades ago. These wounds affect these women's entire lives. They expose these women to diseases, such as depression, heart disease, and high blood pressure that negatively affect their health, work, families, community, and nation. There are very few resources available for these women and their children. A culture and society cannot survive or thrive if the pillars of their country's society are forever wounded. This situation is overwhelming Rwanda's resources. The impact of genocide upon these women was overwhelming and damaging. These women watched and experienced the brutal killing of their husbands, children, grandparents, and siblings, watched other Tutsi women being raped and were also victims of rape themselves. The impact was so great that currently they still struggle with these wounds. Twenty-one years after the 1994 Genocide, single women survivors still struggle with trauma and PTSD, despite the claim by UN agencies, international organizations, and church institutions of having helped them to recover from trauma.

In my focus on ministry to the women of Rwanda, I am impressed by the words of Romeo Dallaire and Stephen Lewis, recorded in a book titled *Seeking the Sacred: Leading a Spiritual Life in a Secular World*. Stephen Lewis says, in the context of his advocacy for women and their vulnerable situation with respect to HIV/AIDS:

She looks after herself, she looks after the sick neighbor, she looks after the orphans. These women do all the work. They carry the entire burden of care for society, yet they are so disproportionately vulnerable. There has been very little work done to improve the predicament of women. Every affected country knows

it is losing its women and it cannot stop it. . . . A way has to be found to empower these women before their numbers are further decimated.³¹⁸

Regarding the 1994 Genocide, Romeo Dallaire says, “the bodies piled up. . . . The world powers sat in their national assemblies and decided not to intervene while the bodies piled up.”³¹⁹

I believe this study will contribute to my ministry and that my ministry may aid in the empowerment of women and their entire families. My hope is for a future that is different from the past. For Africans, the relationship of their community of living with the non-living is extremely important and may play a key role in the healing of the traumatized people. In Rwanda, one of the ways used to heal the traumatized is to involve the non-living ancestors in the process of healing and resolving issues. This religious aspect may play a big role in healing women’s wounds.

In my hope for a future that is different from the past, I believe that Africans need to figure out how to resolve their own issues rather than rely on Western research approaches. For example, Thiong’o, a Kenyan, stated

How we view ourselves, our environment even, is very much dependent on where we stand in relationship to imperialism in its colonial and neo-colonial stages; that if we are going to do anything about our individual and collective being today, then we have to coldly and consciously look at what imperialism has been doing to us and to our view of ourselves in the universe.³²⁰

Since that statement was made in 1986 the book in which this was written has been reprinted 12 times, most recently in 2006. Thiong’o claimed that a mind could be colonized in a process that stripped away the traditional, ancestral culture of formerly

³¹⁸Stephen Lewis, “Empowerment,” in *Seeking the Sacred: Leading a Spiritual Life in a Secular World*, edited by Elizabeth Etue (Toronto: ECW Press, 2006), 67.

³¹⁹Romeo Dallaire, “Trial, The Struggle,” in *Seeking the Sacred: Leading a Spiritual Life in a Secular World*, edited by Elizabeth Etue (Toronto: ECW Press, 2006), 46.

³²⁰Ngugiwa Thiong’o, *Decolonizing the Mind: The politics of Language in African Literature*, (James Curry Ltd. Oxford England, Heinemann Reed Pub. 2006), 88.

colonized and historically marginalized peoples, and replaced it with Euro-Western culture.³²¹ There are many losses in the lives of the survivors of the 1994 Genocide and some of the losses extend back into the generations before them.

Looking at the more recent past and into the future, I have learned that very many Rwandan women who were traumatized in the 1994 Genocide will now suffer from PTSD. A careful assessment needs to be made of these women. This will mark a beginning towards an effective treatment for such women. There will also be a need to assess children in order to determine whether or not there has been intergenerational trauma, that is, a transfer of trauma from mother to child. I will continue to consider all these aspects in my work with my women co-researchers.

A Culturally Appropriate and Effective Body of Knowledge and Skills that Contribute to Healing

Sharing stories in a traditional way

I have spent time living between cultures, including most recently when I came to Canada for several months each North American spring-summer to complete my studies. This has been the source of much reflection. I have become aware, in an experiential way, not just a theoretical way, of how each culture in the world has its own values, principles, and rules for how life should be lived at the family, community, and national levels. These values and principles are passed to new generations at specific times. In my own culture, these times are in the evening when the entire family sits around a fire or when the mother and her daughters, or the father and his sons, discuss what it means to be a woman or a man. The daughters and sons have a major role to play in these discussions by asking questions for clarification and confronting parents' knowledge with

³²¹ Ibid.

what they knew from peers and friends. Traditionally, in my culture, this is the crucial time for the transfer of cultural and spiritual values and knowledge from parents to children.

One important example of this type of occurrence involves people sharing experiences of the Genocide. In the post-Genocide era, many single women who were raped have shared their experiences with their children, friends, and church leaders. Although not easy to share such stories, their vulnerability has helped create awareness among Rwandans about how bad rape is and about its negative effects on victims. Most Rwandans, especially youth, both Hutu and Tutsi, feel sorry about this situation and advocate against genocide and rape. Thus, the women who have been raped have contributed greatly to an awareness of the issues that have affected them.

Knowledge of Gendered Violence: Its Sources, Effects and Future Risks

Traditionally, in the past Rwanda, girls and women were considered weak and destined to only serve their households and men. They were dominated by men who considered them property for the purpose of reproduction and domestic service. Because women lacked rights, sexual abuse of women and girls was tolerated and not taken seriously. Women's issues were discussed between men, relatives, and elders, while concerned women and girls were not given a chance in the resolution of their own issues. This continues to happen frequently within families. Tutsi girls and women were considered sexually preferable to both Hutu and Tutsi men, while Hutu women were not but were admired only for hard work and home service. This view of Tutsi women has

resulted in jealousy for Hutu women of Tutsi women and also made Tutsi women targets by Hutu men who thought the women were accessible to them as a normal circumstance.

In any tension or conflict between the Hutu and Tutsi groups in Rwanda, especially during the 1994 Genocide, Tutsi women were a target and experienced sexual assault and rape, which were considered tools of war. Donatila Mukamana and Petra Brysiewicz³²² emphasize this point. They argue that "During the 1994 Genocide, rape was used as a weapon to humiliate and degrade the Tutsi women."³²³ Using the United Nations's statistics, Mukamana and Brysiewicz give an estimate of quarter of a million women raped during the 1994 Genocide.³²⁴ They also state that during the short time of this Genocide women were subjected to sexual violence on a massive scale and that violence was often carried out in the presence of family members.³²⁵ Other sources estimate that one million people were killed in 100 days, and more recent reports suggest that closer to two million people were killed. An estimated 20000 children were born as a result of rape and an estimated 75 000 children were orphaned.³²⁶ The risks of future violence cannot be underestimated given these traditional and recent social and physical violence toward women.

Moving Away from the Western "Banking Model" of Education

In educational and academic settings, various factors ensure that knowledge is passed on, is helpful and contextually relevant, and that the mode of transfer is acceptable and adds value to the receiver of that knowledge. Rwanda's current education system is

³²² Donatila Mukamana and Petra Brysiewicz, "The Lived Experience of Genocide Rape Survivors in Rwanda," *Journal of Nursing Scholarship* 40, no. 4, 2008.

³²³ *Ibid.*, 380.

³²⁴ *Ibid.*

³²⁵ *Ibid.*

³²⁶ "Statistics," SURF, <http://survivors-fund.org.uk/resources/rwandan-history/statistics/>.

based on the banking model, inherited from colonial and post-colonial institutions and social structures. It is a Western model most famously criticized by Paolo Freire in his book *Pedagogy of the Oppressed*.³²⁷ In this model of education, emphasis is put on the student receiving information from a knowledgeable person (the teacher), memorizing it, and reproducing the received information in verbal, usually written form. There is no emphasis or value placed on student experience or prior knowledge and neither is the sharing of knowledge among students or between student and teacher part of the model. The term *banking* draws a comparison between banking and knowledge where money (information) is deposited into a bank (brain) to be withdrawn at a later date. Critical thinking, synthesis of concepts, and problem solving strategies are not emphasized. Freire described this model of education as a pedagogy of the oppressed. By this, he meant that, through this model of education, a dominating society can restrict and discourage critical, complex, and conceptual thinking, thereby maintaining control over an oppressed people.

Applying what is known about the neurological characteristics of PTSD sufferers to national policies of curriculum and teaching practices, I would suggest that the banking model of education will not result in the successful education of a majority of children and youth in Rwanda. This model relies too much on the transfer of potentially meaningless verbal information, the learning of which requires a healthy short-term and long-term memory. Neurological research into PTSD indicates that the stress effect in children and youth affects the function of the brain regions associated with declarative learning. Such children and youth in schools will probably exhibit poor memory and executive functioning. That is, their working memory will be diminished and so will be

³²⁷Paolo Freire, *Pedagogy of the Oppressed* (New York: Seabury Press, 1968).

their ability to sustain attention, problem solve, and plan, as the areas of the brain that manage these functions will be negatively affected.

Another consideration is the difference between the investment of Western education in the individual, their knowledge, and their wellness. The traditional African-centered education model, on the other hand, invests in a person for the interest of the community because this model assumes, as John Mbiti states, “You are because we are.”³²⁸ My education as a pastor, counselor, minister, and individual interacts well with my status as part of the community. This means that whatever knowledge I acquire as a pastor and individual, I am acquiring this knowledge for the benefit of my church, community, and, to a larger extent, my country, Rwanda. What I learn is meaningful in that it may benefit my community. Although my knowledge and contribution may appear only as a very small contribution, considering the need for trauma healing in Rwanda, they are still an important tool for healing our nation because I am a member of that community.

Empowerment of Rwanda’s traumatized women will require creation of a safe environment in which such women are able to share their stories. Considering the African-centred context, the Rwandan traumatized women whom I serve will benefit from the counseling education I will have gleaned. My education and the skills I am acquiring are gifts to my church and community. I share this knowledge with other people in my community so that those in need of trauma healing may benefit. My motivation originates from my traumatic struggles, a great sense of community, and my call as a minister to God’s people.

³²⁸ John Mbiti. *African Religions and Philosophy*, 108.

The passing on of knowledge is not about swallowing everything given to you but rather about looking at information with a critical mind cultivated through the consultation and conversation with elders. The colonial model, or “banking model,” of education offered to Africans has denied them critical aspects and skills for problem-solving, and so ultimately discarding African ways and methods for problem-solving. However, a new model for critical thinking is slowly taking shape.

What Do We Do with the Findings?

These findings need to promote healing for women survivors of the 1994 Genocide. I believe the Ministry of Health, religious organizations, and NGOs involved in trauma healing need to make good use of these findings which emphasize the African-centered clinical pastoral approach to trauma, which, clinically, points to traditional ways of “sharing, listening to one another with empathy and crying together” and, pastorally, concerns praying together and comforting one another. A plan for action would consist of working with other stakeholders, for example the Ministry of Health and religious institutions, to train people in this African-centered clinical approach to trauma in theory and practice. The training would be both short-term (workshops) and long-term (train counselors at the university level) and go hand in hand with advocacy on behalf of vulnerable and traumatized women. This advocacy should aim to eradicate all forms of abuse against women in Rwanda. I plan to work with stakeholders to implement campaigns advocating for women traumatized by genocide, sexual abuse, and HIV/AIDS. I will, through these campaigns, approach the government, parliament, foreign embassies, international organizations, and the UN for action that contributes to justice, their healing, and their empowerment.

I am committed to using what I have learned in conducting this research to cultivate awareness of the mental health and traumatic issues facing these women so as to assist in their healing and wellness. The skills and capabilities I have acquired through my education, such as individual and systemic psychology, neuro-psychology, and psychotherapy, have empowered me and provided me with leadership skills. My future work will also be informed by the continued needs of the women I serve. It is also my intention and hope that this research project would form a basis for future work, beginning from Kigali, the capital of Rwanda, and extending throughout the country as more counselors become available and budgets allow. Empowering women to help others is part of my personal goal. My future goals add strength to my commitment for this research project.

Regarding the colonization of African culture and African ways of knowing, I refer again to Chilisa,³²⁹ who proposes the decolonization and indigenization of the dominant research approaches in order to develop research approaches informed by a post-colonial Indigenous research paradigm along with third space methodologies. These third space methodologies incorporate three interconnected aspects: the researcher, the researched, and the relationship between. In this context, Chilisa introduces an African-centered theoretical framework called *Ubuntu*. The Ubuntu worldview refers to “I am because we are.” It is an example of a framework that calls on the researcher to see *self* as a reflection of the researched *other*, to honor and respect the researched other as one would wish the self to be, and to feel belonging to the researched community without feeling threatened or diminished. “Ubuntu is the very essence of being human,” according to Desmond Tutu (1999).

³²⁹Bagele Chilisa, *Indigenous Research Methodology*, 2

Agaciro and Ubuntu

In Rwanda, we have another African-centered framework, described earlier, called *Agaciro* that fits well with Ubuntu. It translates into “dignity” and reminds us of who we are as Rwandans: humans with dignity. This paradigm shift is currently changing lives for the better by carrying out ethical and social values and informing our economical, philosophical, political, and social lives of Rwandans. This new paradigm, *Agaciro*,³³⁰ complements the Ubuntu paradigm by promoting a spirit that strives for self-dignity, truth, honesty, self-confidence, independence, hard work, accountability to individuals and community, and teamwork for the benefit of community and Rwanda. The education of Rwandans and ministers should be based on these paradigms, which are relevant to the context and needs of the Rwandan people. My training in pastoral counseling needs to be informed by an African-centered approach to healing if it is to be impactful in my work with traumatized women survivors of the 1994 Genocide. I find the following principles helpful in training such pastors.

Working with Other Stakeholders

During my studies at St. Stephen’s College, I learned the benefit of partnering with other stakeholders, including other churches, NGOs, government health organizations, medical faculties, social work organizations, and international organizations. Working with other churches and with the Rwandan government organizations would give weight to my work and help open some doors I might not have been able to open by myself. The trauma and PTSD in Rwanda requires a comprehensive

³³⁰ *Agaciro* is a Rwandan philosophical concept meaning *dignity* coined by the current President of Rwanda, Paul Kagame.

approach and resolute action from the Rwandan Ministry of Health and all health stakeholders.

I also hope that this study will be of assistance to me in my role as an advocate for those who have been traumatized and who continue to live with this experience. I hope for my ministry that the findings from this study will assist other Rwandans to take on roles of advocacy, perhaps even advocating in the political and social realms of policy making. A well-researched study on the situation of trauma can positively influence Rwandans' mental health policy makers to actively intervene in trauma recovery among the single women survivors of genocide.

Aspirations and Hopes

I have hopes and aspirations that as a result of this research Rwandans could deal with their historical and political divide, deal with genocide and its consequences, and move towards a reconciled and prosperous Rwanda.

1. It is my hope that eventually Germany, Belgium, France, and the Catholic Church will officially apologize to Rwanda for their role in dividing Hutu and Tutsi and acknowledge this role in the 1994 Genocide.
2. I have hope that through the United Nations, the International Community will officially apologize to Rwandans for failing to intervene in the 1994 Genocide.
3. It would be helpful if the UN and International Community could establish a special fund (such as the European Marshall plan after World War II) to aid in the economic re-building of Rwanda.
4. It would be helpful if the World Health Organization and international organizations could help Rwanda to set up a vigorous health program to train enough Rwandan

- trauma specialists (psychologists, trauma counselors, pastoral counselors and mental health practitioners) to deal with this scourge.
5. I suggest that the International Community (UN and World powers) support Rwandan efforts to identify, arrest, and prosecute all people who committed genocide in Rwanda, wherever they may now be in the world in order to ensure that justice is rendered to the victims of the 1994 Genocide.
 6. It would be a good thing if the International Community could aid Rwanda in ways that would assist in eradicating poverty and building self-reliance, while also empowering Rwandans, especially the women survivors of the 1994 Genocide.
 7. I hope the international organizations, churches, and other religious organizations worldwide will provide the financial and logistical support towards a durable unity and reconciliation process in Rwanda.
 8. I hope that the worldwide academic community will support Rwanda in its endeavors to re-write its history and re-boost its culture, building a solid foundation of national unity for reconciliation and future prosperity.
 9. I strongly encourage more African-centered research into PTSD. Additional work could also include the role of traditional Rwandan music and dance on trauma/PTSD healing, the role of spirituality/prayer in the healing of trauma/PTSD in Rwanda, and research on interpersonal trauma in Rwanda.
 10. I hope that in the future Rwandans will have something to offer the international community as we attempt to reconcile our people and work toward peace and prosperity. The knowledge and skills that we are acquiring may be of help to other nations whose people are seeking healing.

On a local level, I hope that the knowledge, skills, and examples I have taught, learned, and shared will be further developed by the people of my community and country.

I have pursued the Doctor of Ministry in Pastoral Counseling to empower myself and to work with traumatized women. My responsibility is to contribute towards the healing of trauma among my people and join human rights activists, advocating that genocide never happen in Rwanda or in any other place in the world again.

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Appendix A: Ethics

Confidentiality Agreement for Assistant

Institution: St. Stephen's College, Edmonton, Alberta, Canada

Dissertation title: *Integrating an African-Centred Clinical Pastoral Therapy Approach to the Healing of Women Survivors of the 1994 Rwandan Genocide: A Personal Dialogue*

Researcher: Emmanuel Gatera

e-mail: XXX

I_(name)_____ agree to:

Assist in recording, transcribing and when appropriate to translate the data collected in this research project.

Keep all the research information shared with me confidential by not discussing or sharing the research information in any form or format (e.g., disks, tapes, transcripts) with anyone other than the Researcher(s).

Keep all research information in any form or format (e.g., disks, tapes, transcripts) secure while it is in my possession.

Return all research information in any form or format (e.g., disks, tapes, transcripts) to the Researcher(s) when I have completed the research tasks.

After consulting with the Researcher(s), erase or destroy all research information in any form or format regarding this research project that is not returnable to the Researcher(s) (e.g. information stored on computer hard drive).

Other (specify).

Signature_____ Print Name _____

Date _____

Researcher Signature _____ Date _____

Agreement of Consent to Participate

Institution: St. Stephen's College, Edmonton, Alberta, Canada

Dissertation title: *Integrating an African-Centred Clinical Pastoral Therapy Approach to the Healing of Women Survivors of the 1994 Rwandan Genocide: A Personal Dialogue*

Researcher: Emmanuel Gatera

e-mail: XXX

I _____ am aware of the purpose of this research project. I am aware that I can withdraw from this project at any time, without any consequence to myself. **I am also aware that in case I may decide to withdraw from this research, my data would be destroyed or kept for use by the researcher with my permission.** I am willing to participate as a co-researcher in Emmanuel Gatera's research study.

My signature indicates my informed consent as to the purpose and my own involvement. I understand that I will take part in six group sessions over two to three months. I also understand that some one-on-one sessions will be part of the project and I am willing also to participate in these sessions.

I also understand that the researcher will take precautions and use strategies for dealing with Co-researchers' traumatic crises situations should they arise.

I understand that all records, tape recordings, transcripts and notes will be confidential and kept in a secure location. At the completion of Emmanuel Gatera's dissertation these records will be destroyed.

I agree to not divulge about the other co-researchers' information throughout and after the six group sessions.

Signature

Date

Researcher's signature _____

Date _____

Confidentiality Agreement for Anonymity

Institution: St. Stephen's College, Edmonton, Alberta, Canada

Dissertation title – *Integrating an African-Centred Clinical Pastoral Therapy Approach to the Healing of Women Survivors of the 1994 Rwandan Genocide: A Personal Dialogue*

We, the co-researchers involved with Rev. Emmanuel Gatera's research study have agreed with him on keeping our names anonymous in this research. The researcher will use other names to protect us.

Researcher: Emmanuel Gatera **e-mail:** XXX

Signature _____ **Date** _____

Print Name _____

Signature _____ **Date** _____

Print name _____

Signature _____ **Date** _____

Print Name _____

Signature _____ **Date** _____

Print name _____

Signature _____ **Date** _____

Print name _____

Signature _____ **Date** _____

Print Name _____

Signature _____ **Date** _____

Print name _____

Researcher _____ **Date** _____

Appendix B:

Initial Interview Questions

1. Please tell me about yourself.
2. How have you coped with the impact of the 1994 on your life?
3. Have you made any mistakes in trying to cope with the aftermath of the 1994 Genocide?
4. Is there anything I might have asked in order to understand the impact on your life of the 1994 Genocide?

Additional Interview Questions

1. Tell me about your remembering of the memorial period every year.
2. Do you still experience sorrow, anger, and bitterness?
3. Do you need help as far as healing is concerned?
4. Has God or have people contributed towards the healing of your wounds?
5. How have the sharing of testimonies, crying, and shouting helped you overcome the impact of the 1994 Genocide?
6. Tell me about the trauma situation in your community.
7. Who are the main categories of the victims?
8. What might be the best clinical pastoral approach for healing traumatized people?
9. Tell me about forgiveness and reconciliation with people who harmed your relatives.
10. What could help you effectively heal from your wounds?