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Narratives of resilience : stories of survival among Rwandan women who endured the 1994 genocide

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ABSTRACT

This qualitative thesis explores resiliency factors of 17 Rwandan women who survived the 1994 genocide. The psychological symptoms of trauma and resiliency research are explored as well as narrative healing techniques. The thesis uses secondary data of unedited testimonies collected after the genocide in Rwanda and qualitatively codes for resiliency. The research shows that the following factors aided in resiliency with this population: courage, a belief in God, carrying on the legacy of their family, communal support and a purpose in life. This body of work emphasizes the potential for not only healing after a trauma, but also increased growth, communal connection, hope, revitalized life purpose and faith in one's life path. This research, as well as other resiliency research may aid Social Workers' implementation of a therapeutic system that no longer emphasizes the potential pathology of a trauma survivor, but instead accentuates an individual's strengths and systems of support.

NARRATIVES OF RESILIENCE: STORIES OF SURVIVAL AMONG RWANDAN
WOMEN WHO ENDURED THE 1994 GENOCIDE

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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CHAPTER I

INTRODUCTION

The occurrences of war, genocide and natural disasters have been constant throughout history. These events can irreversibly change a region, country, community, geographic and political landscape, cultural group and an individual. These circumstances can dramatically affect an individual or group's ability to thrive due to their experiences of things such as trauma and loss. Many people with trauma backgrounds "face chronic, complex emergencies that are rooted in histories of colonialism, oppression, poverty, racism and environmental degradation. Although emergencies are frequently identified within a country, they also transcend national boundaries.

Similarly, profound psychological needs often exist within national boundaries for particular, disadvantaged cultural groups" (Wessells, 1999, p. 1). During crisis situations many people are susceptible to developing a range of psychological conditions from sleep disturbances, anxiety, traumatic flashbacks, depression, social isolation, substance abuse and so on (Fabri, 2001; Herman, 1997; Miller & Rasco, 2004). These stresses are then compounded if the population also suffers from poverty, oppression and other social and environmental stressors. "In these contexts, psychological wounds cannot be separated from collective wounds--they are psychosocial with an emphasis on the social" (Wessells, 1999, p. 4).

While the literature supports that traumatic events have the potential for acute and chronic mental health affects, there is also a growing body of literature that supports the

potential for individual and communal positive growth and adaption. This body of work emphasizes the potential for not only healing and thriving after a trauma but also a personal sense of development, growth and positive change.

As a social work profession there is a calling to support those affected by trauma and find ways that can best assist in the healing of these individuals and groups. As a field we must continue to explore not only theories of healing which come from hospitals, universities and institutes, but also research must continue to be done on how individuals affected by tragedy have internally and culturally used practices to assist in their personal healing. The field needs to be encouraged to explore how people have grown from trauma, how they have not only survived but thrived.

Through exploring an individual trauma narrative, one can potentially glean insight into the practices that individuals used to cope and survive a challenging history. The thesis uses secondary data of unedited testimonies/trauma narratives in order to reveal the resiliency and positive adaptive qualities that Rwandan women, from the Tutsi ethnic group used to survive the horrific 1994 genocide.

CHAPTER II

LITERATURE REVIEW

To understand how an individual or collective group can grow, learn and heal from trauma, a full understanding of the trauma story as well as the historical and cultural background of the people must be explored. The following literature review will begin by explaining the basic symptoms of trauma as understood in the Western psychological community as well as the ideas behind an individual's trauma narrative. Then, a more focused inquiry of Rwandan history and culture with a focus on women will be explored.

Psychological Affects of Trauma

Post traumatic stress disorder (PTSD) and trauma related psychological stress became a discipline of study after the return of United States soldiers from Vietnam (Allen, 2001). The field has greatly expanded since this time, exploring trauma affects from things such a war, domestic abuse, sexual violence and early childhood neglect, as well as doing specific studies on the affects of refugees, immigrants and other populations of our society.

Trauma affects can be mild or acute, temporary or chronic. Not all people who have been exposed to traumatic experiences develop PTSD, but fear, safety threats and loss of control appear to be some of the primary factors in the development of PTSD symptoms (Welsh & Brodsky, 2010).

The Diagnostic and Statistical Manual of Mental Disorders (DSM) defines trauma in the context of PTSD. To have a diagnosis of PTSD one must have experienced the following:

> The person has been exposed to a traumatic event in which both of the following are present: (1) the person experienced, witnessed, or was confronted with an event that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others; (2) the person's response involved intense fear, helplessness, or horror. (American Psychiatric Association [DSM-IV-TR], 2000, p. 427-428)

Some of the symptoms of PTSD can include feelings of intense helplessness, increased arousal, heightened fear response such as being fearful in public spaces, emotional numbing, avoidance, nightmares and hyper vigilance around issues of perceived safety (Allen, 2001 & Herman, 1997).

Allen (2001) sees trauma as being both impersonal and interpersonal. Impersonal trauma is a traumatic event that was not done specifically to a person, but they were part of, such as a natural disaster or witnessing a horrific event. While impersonal trauma is not "done" intentionally to a person, it has interpersonal effects, such as loss of one's home and social support. Additionally, during times of impersonal trauma, such as a natural disaster, people can then be exposed to interpersonal trauma such as direct violence and rape which can be secondary effects of any disaster. Interpersonal trauma is the intentional direct threat or injury to a person in the form of violence, physical rape, emotional threats and criminal assaults. While every person is susceptible to traumatic occurrences, populations of vulnerability such as women, the poor, children and ethnic and racial minorities have a higher likelihood of experiencing a traumatic event due to their marginalized status and lack of social power (Herman, 1997).

Trauma Work with Refugees

For refugees and internally displaced populations mental health research has taken on a field of its own due to the unique stressors this population faces. Some of these additional stressors include being displaced from their country of origin, immense poverty and a lack of basic needs met such as food, shelter and clothing.

Evidence emerging from the field suggests that refugees have an increased risk of psychological and emotional distress, symptoms of PTSD and psychosomatic grief disorders, due to the high level of reported trauma exposure (Miller & Rasco, 2004; Welsh & Brodsky, 2010; & Schweitzer, Greenslade & Kagee, 2007). There are additional stress related effects if the population is relocated or displaced after the trauma, such as issues with increased vulnerability, poverty, acculturation stress, unemployment and family separation (Miller & Rasco, 2004).

To alleviate some of the psychological symptoms with this population, trauma work which focuses on both the vulnerabilities and strengths of the refugee populations have been shown to be successful in lessoning stress related symptoms. Trauma work that incorporates the refugee population's natural support system and coping strategies have been proven to reduce isolation, increase activism efforts to fight further trauma, improve mental and emotional well-being, provide an increased sense of safety, and increased interest in life and the future (Bolibok, 2010; Hoeberichts, 2010; Ganesan, 2006; Maston, 1994; Stepakoff, Hubbard, Katoh, Falk, Mikulu, Nkhoma & Omagwa, 2006). Along with formal psychological interventions, "many refugees appear to have adapted to various traumatic stressors they have encountered without any formal assistance from mental health

professionals" (Schweitzer, Greenslade & Kagee, 2007; Powell, Rosner, Butollo, Tedeschi, & Calhoun, 2003).

To best facilitate healing in refugee communities that have experienced trauma, it is important to know what this population has done to heal themselves, and then explore additional support possibilities.

Posttraumatic Growth, Positive Adaption and Resilience

Posttraumatic growth has been coined as a term that reflects an individual or groups positive adaptations after a traumatic event. Tedeschi and Calhoun (1995) who developed this term, focused on three relevant dimensions of positive growth: changes in self perception, changes in interpersonal relationships, and a changed philosophy on life. They defined posttraumatic growth as a "significant beneficial change in cognitive and emotional life that may have behavioral implications as well. Further, it involves such fundamental changes or insights about living that it does not appear to be merely another coping mechanism" (Tedeschi, Park & Calhoun, 1998, p. 3). Empirical work also uses the term "transformative coping" as an interchangeable word with posttraumatic growth.

Another commonly used strength based term in the field of trauma recovery is resilience. This term describes a person who is able to return back to the way of living before the trauma, to recover with minor setbacks and to adapt in a harmonious way to one's new life. Resilience is also a word used to describe the ability to sustain, survive and go through traumatic experiences through the use of positive coping mechanisms such as religion as social support. "Resilience seems to be related to the will to live and striving for active mastery other than passive recognition to one's fate" (Parens, Blum & Akhtar, 2008, p. 184).

Individual resilience after trauma is possible due to a variety of factors. Most research on resilience focus on two lines of inquiry: genetic risk studies, such as family history of mental health, and risk research, which focuses on the impact of different life stressors such as poverty, chronic illness, an unsafe home environment and sexual or physical abuse (Tedeschi, Park & Calhoun, 1998; Linley, 2003; Parens, Blum & Akhtar, 2008; Fuderich, 2007).

In addition to this research, protective factors which are many times harder to quantify, are also necessary components in understanding resiliency. Protective factors are grouped into three categories, individual, family and community. Individual protective factors are attributes such as positive temperament, motivation, effective coping style, sense of self efficiency and mastery. Family protective factors are relational dynamics such as family cohesion, warmth, absence of discord, and culture and ethnic identification. Lastly, community protective factors are systems such as local schools, churches and supportive neighborhood organizations. Resilience factors are correlated to protective factors because they increase the likelihood that individuals will adapt and cope with stressors (Fuderich, 2007).

While I have described posttraumatic growth as the ability to have gained something from a trauma and resilience as the ability to return to one's previous state before the trauma occurred, the literature does not make such a clear distinction. There is not a set definition in psychological literature and research and many times the words get blurred to mean the same thing. For the benefits of this research, resiliency will be used as broad term to explain the ability to maintain competent functioning in the face of adversity as well as "a process that

promotes social relationships, social structures, and community functioning amidst adversity or a violent situation" (Zraly & Nyirazinyoye, 2010, p. 1657).

The focus of this research is to explore resiliency within Rwandan women who survived the horrific events of the 1994 genocide. Empirical data of international populations and US based refugees who experienced trauma show that some have been able to positively adapt and grow from trauma (Schweitzer, Greenslade & Kagee, 2007; Welsh & Brodsky, 2010; Miller & Rasco, 2004; Vasquez, Cervellon, Perez-Sales, Vidales & Gaborit, 2005). Adaptive traits and coping strategies shown in this population include the desire to help others, maintaining hope, religious practice, meaning-making, recalling moments of happiness during and/or after the tragedy and the ability to continue forming relationships during and/or after the trauma. It has been additionally shown that while "positive adaption and resilience may be found in some domains, losses may still occur in others" (Linley, 2003).

The work behind posttraumatic growth and resilience studies by no means negates the powerful and at times destructive psychological affects that trauma can have on vulnerable populations. Nor does it imply that someone is fully healed after their experience, as many may continue "experiencing debilitating negative effects in some areas of life simultaneously with a neutral or even positive affect in some other area" (Alayarian, 2007, p. 315). Resilience studies merely reflect a more strength based model that holds to the idea that people have the capacity to not only heal from trauma but also grow, develop and improve from the experience.

The Trauma Narrative

For an individual or cultural group, "experiencing a violent loss disrupts the narrative process relevant to organizing historical events, as well as destroying the fundamental assumptions that endowed the life story with significance" (Currier & Neimeyer, 2006, p. 91). The intensity of a violent experience creates the possibility to feel fragmented, confused about one's identity as well as lose trust in others. Many times this can leave the victim feeling alone with no other option than to suffer in silence. The individual or group's traumatic stories can become repressed within their psyche, causing nightmares, fear of the world and an inability to trust (Herman, 1997). Psychological trauma theory rests on the premise that fragmentation of the self due to trauma can be mended through the creation of a continuous narrative that integrates the trauma story into the greater story of one's life (Herman, 1997).

Currier & Neimeyer (2006), view narrative disruption occurring in three different ways. The first called narrative disorganization, in which one's experience of trauma becomes fragmented and cannot fit into her prior life story and the trauma memories remain isolated and unprocessed. Narrative dominance, occurs when a group in power enforces and defines a narrative, therefore "stealing 'authorship' for the individual's life story (Currier & Neimeyer, 2006, p. 93). Lastly, narrative dissociation, when one blocks and silences aspects of the experience from her conscious awareness and narration. These forms of narrative disruption, or personal fragmentation caused by trauma, while potentially being a protective factor and psychological defense, can also be a barrier to healing.

In Freud's Studies in hysteria (Bruer & Freud, 1895) he suggested that recalling previous memories allows the unconscious link between one's current life and repressed

memories. He goes to describe that healing from tragedy is possible by gaining insights of one's traumatic experiences, as well as allowing oneself to feel the emotions associated with the event. Part of healing from trauma involves recalling those past memories as well as allowing for memories to not be concrete, firm, and linear.

> I have always believed that when I tell my stories to others and myself I am helping myself and others understand who I am. I am also creating meaning out of my existence: making sense of my life...Stories of trauma can shake our faith in humanity, disrupt our sense of security and heighten our sense of personal vulnerability. However, the tapestry woven by using the yarns and threads that run through many stories show how, by eventually facing suffering head-on even though the pathway may have been difficult or sometimes lost, traumatized individuals can demonstrate the wonderful resilience of the human spirit. (Etherington, 2003, p. 196)

For many people they can gain life-changing benefits by reevaluating their traumatic experiences such as renewing their interest in life, relationships and so forth. Through the narration of one's trauma story the potential opens to integrate the experience in to their greater life narrative or cultural/ethnic narrative which can allow for both individual, familial and cultural healing. Alayarian, (2007) goes on to state that by sharing one's story it allows for a sense of participating in a shared tragedy as well as a form of normalizing a shared existence. This normalization is a key component to not feeling alone within the sorrow, darkness and tragedy.

Trauma narratives are provocative and many times the tendency is to focus attention on the brutal facts. "It is easy to become preoccupied with the tragic events in a story, but to do so is like looking directly into a blinding sun: you cannot see anything else" (Mollica, 2006. P. 38). By giving attention to the morbidity; the wisdom and insight gained from the story can be overlooked. For this reason Richard Mollica, M.D., the director of the Harvard Program in Refugee Trauma, created a guide for practictioners to review trauma stories in orde to better allow for insight and healing to come forth. Through decades of clinical

psychological work with refugees, Mollice (2006) came to define four necessary components

of the trauma narrative.

The Facts: What happened? What are the historical facts and details of how history affected the individual/group?

Cultural Meaning of Trauma: How is the story understood through the person's specific cultural lens—what are the traditions, values, customs that are embedded and intertwined in their story?

Looking Behind the Curtain: What are the survivors insights when reflecting upon their own situation?

Listener/Storyteller Relationship: What can the storyteller (testimony participant) teach the listener (reader)? What is the storyteller conveying about survival and healing?

The first necessary component to understand one's story is to have a historical

context for what happened to both the individual and the collective group they were part of.

Second, the cultural meaning which in many ways is speculative to an outsider, but can still

be gleamed by reviewing anthropological and sociological data and stories on the group in

study, which for this thesis is Rwandan society and the divisions of the three primary ethnic

groups, Twa, Hutu and Tutsi. Third, how does the survivor weave within her story personal

ideas of survival and resilience. For Mollica (2006), to have a trauma survivor sit in front of

you, shows in some capacity her will to live--and she will inevitable always help guide the

listener/clinician into seeing where her personal strength lies. Fourth and lastly, the

relationship between the listener and the storyteller. For Mollica (2006) to listen to a story is

to create a relationship, as one tells her story she conveys her life, people of importance and

how survival happened. In the case of this thesis, although I am not directly interviewing

these women, each one of them was given a forum to tell their stories, and uniquely with the

knowledge that their stories would be internationally publicized. Therefore "the trauma story,

functions to not only heal the survivor, but also teach and guide the listener--and, by

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extension, society--in healing and survival" (Mollica, 2006, p. 37). These four elements I hope to highlight to some capacity within this thesis.

In order to understand these four components, the focus within this thesis lies on the subjective words and narratives of these women, not in the idea of an objective truth.

> Evocative stories activate subjectivity and compel emotional responses. They long to be used rather than analyzed; to be told and retold rather than theorized and settled; to offer lessons for further observation rather than undebatable conclusions; and to substitute the companionship of intimate detail for the loneliness of abstract facts. (Ellis & Bochner, 2000, p. 744)

By the end of this thesis I hope to share with the reader how these women have narrated their ability to survive and grow from the experience of extreme trauma. May this work be a reminder that the act of telling one's story and allowing another to witness one's tragedy, can allow for healing of the individual, community and society. The very act of having the courage to speak demonstrates a survivor's resilience.

Rwandan History

To best understand the testimonies of these women, an analysis of the history and culture of Rwanda and how it pertains to women must be explored. History, just as one's personal narrative is seen as a subjective experience that is reflective to one's place in the hierarchy of power. It must be made clear that there are many different historical narratives depending on who is reflecting. Therefore I am less interested in the general details of the history and more in the phenomena of hierarchy and power construction in past and present day Rwanda and how that creation of power has potentially impacted the lives of women. There is unfortunately little historical writing on women during pre-colonial and colonial periods. It was only until the 1994 genocide with its intense violence towards women did an international community takes notice of the treatment of women. Going back to my thesis

focus, I am less concerned with the exact "truth" of Rwandan history, but how the historical context or Rwanda has influenced one's subjective meaning of her story. Since individual subjectivity is more important, my historical review will be brief and concrete as to allow a scene to be set in order to highlight these women's individual complex stories.

I will briefly outline the history of Rwanda using Liebhafsky Des Forges (1999) and Adekunle (2007) historical perspectives as my guides. I use these books due to their accessibility and general reviews of accuracy. These books as well as other documents explain how the history of Rwanda is not something that is set in stone with one agreed upon narrative. In an effort to focus my work on the actual narratives of these women, I am not doing an analysis of the different perspectives of history, but instead giving an outline for the purpose of understanding the general context of these women's stories. Lastly, in order to contextualize the reader as to Rwanda's location in Africa, Appendix A has a current map of the continent of Africa and the country of Rwanda.

Pre-Colonialism

The first structured group in what is now Rwanda called themselves Twa and was nomadic hunters and gatherers. The Hutu were a migratory group that entered into the area circa A.D. 1000 and then began mixing with the Twa. The groups both had a clan structure with clan heads who acted as rulers. The Hutu began to become more sedentary and claimed ownership over the land and took on farming as their livelihood. Both men and women participated almost equally in farm work. The Tutsi, were warriors and cattle owning people that migrated to the area between the fifteenth and sixteenth centuries from what is now Uganda. As the groups became culturally mixed due to geographic proximity, intermarriage became a common practice as well as general assimilation.

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Adekunle (2007) notes, "although the Hutu, Tutsi, and Twa pursued different occupations, their symbiotic relationship facilitated the political and economic structure of the society. They developed a complex and sophisticated society, speaking the same language and observing common religious belief systems" (Adekunle, 2007, p. 6). Historical narrative begins to diverge at this point, some say Tutsi took control of power over the other groups which has lasted until this day and others say they co-inhabited in a peaceful way until the time of colonialism.

What is known was the introduction of the Tutsi also created a change from a system of clans to a monarchy. The monarchy system was hierarchical in structure with the king at the top, who was believed to come from heaven and then a slew of other political, religious and military councils. The first European entered the monarch system in 1891 and the system soon after collapsed and collaborated with the German colonial powers.

Colonialism to the 1994 Genocide

The first colonial arrival to Rwanda was in 1891 by German explorers and shortly after Rwanda became a German colony as part of the German East Africa. In 1910 Germany began to have an on ground ruling system of colonial generals. At this time the German's increased Tutsi power for three reasons: "for the convenience of their administration, for the continuation of a traditional inexpensive structure of power that suited their economic exigencies, and for the German belief in the Tutsi being ethnically superior to the Hutu" (Adekunle, 2007, p. 16).

In the early 20th century, colonial power changed from Germany to Belgium and Belgium strategically increased its support of Tutsi rule and power. Belgium accomplished this by not allowing for Twa and Hutu to be part of secular education and the government in

Rwanda. Belgium also issued identity cards that formalized one's ethnic identity which included documenting physical and psychological characteristics of these different groups. "Individuals were categorized as Hutu or Tutsi according to their degree of beauty, their pride, their intelligence and political organization. Thus, racial categories and assignments reflected not only European racial atheistic but also their racism" (Eller, 1999, p. 201), with the darker skin, less attractive people being Hutu and the lighter skin, educationally privileged people being Tutsi.

These actions greatly furthered ethnic feuding and conflict. While the Hutu power adamantly opposed the selective discrimination, it was not until the 1950s when Belgium began to allow for re-admittance of Hutus into the educational and governmental system to Rwanda. At this time there was a significant push from the Hutu group to end colonial ruling in Rwanda. This began the increase of Hutu power which resulted in inter group fighting and killing over positions of power as Belgium began to withdraw. A series of political changes in Rwanda at this time led to the 1960s killing and displacement of Tutsi due Hutu enforced violence. During the 1960s and until the late 1970s fighting between the Hutu and Tutsi continued, with the majority Hutu seeking dominance and sovereignty over the country. The fighting went into the neighboring country of Burundi and killing thousands of Tutsi within both countries.

In 1975 General Juvenal Habyarimana, the most senior officer in the 1950s Hutu created army, took power with the promise to restore order and national unity. This time was the beginning of a new creation of power by creating districts otherwise known as "communes" within Rwanda that were individually governed by burgomaster or governor which governed disputes and carried out national laws that Habyarimana's party enforced.

The motivation behind the creation of districts was to control the masses and to mobilize them to create infrastructure for economic development. During Habyarimana's period of power significant foreign investment was funneled into Rwanda to help develop its infrastructure.

Power at this time was determined by wealth, which was mainly calculated by the ability to own land and/or political power which was determined by one's connection and affiliation with Habyarimana's party, the National Revolutionary Movement for Development (NRMD). During the 1980s an insurgence of religious fervor took over the country, with Catholic, Baptist, Anglican and Presbyterian churches. Additionally during this time the country took a major economic downturn when the price of the international coffee market dropped considerably leaving the rural poor in a major food crisis. The urban elite were affected by the drop in coffee prices, but less so since infrastructure was more established and stable in the urban centers. The increase in poverty caused increased friction within the Hutu and Tutsi groups allowing for another time that ethnic killing occurred in both Rwanda and Burundi. By the late 1980s with international pressure to create a multiparty system in Rwanda and for the current government to address the over 600,000 refugees located in the surrounding countries, Habyarimana was forced to think strategically to maintain his power.

By the early 1990s Habyarimana decided to increase his power by getting the Hutu majority to support him by creating a diversion which made the Tutsi group seem responsible for attacking the capital city, Kigali. This began the national rhetoric supported by Habyarimana which labeled the Tutsi as untrustworthy. The French also began to enter into Rwanda at this time and supported the Habyarimana government. This period of time was

one which further strengthened the Tutsi and Hutu opposition. In 1991 due to internal and external pressure Habyarimana was forced to accept the creation of a constitutional amendment that allowed for the creation to multiple political parties. Within months fifteen parties were established which went from liberal to more extreme politics many of which were based of ethnic assumptions of superiority.

The increase in political activism and the new allowance of a multi party political system caused Habyarimana and his party, National Revolutionary Movement for Development (NRMD) to become more aggressive with their tactics to maintain power. In 1992 NRMD began to support the *Interahamwe*, once only a youth group, now it began to form into a real militia. This youth group began to commit direct politically motivated actions that many times involved violence. This violence began a slew of other NRMD government supported actions to maintain their political power. This additionally demonstrated to the Rwandan public that the government would not support all civilians. In 1993 international human rights organizations finally saw through the rhetoric of Habyarimana's government, to the blatant condoned and supported violence.

During the early 1990s there were many different tactics that Habyarimana and the NRMD used to create increased division among the Hutu and Tutsi. Everything from controlling all forms of media and reporting false information about what was happening in the country to both Rwandans and the international community, to changing the curriculum in the schools to focus on Hutu supremacy. All of these tactics were done to spur Hutu violence and hatred of the Tutsi. This propaganda was easily integrated into the Hutu groups in Rwanda and soon Hutu people from all levels of the society were supporting the nationalistic view of NRMD. The internal media created a slander of information pinning the

Tutsi as accomplices to colonizers, untrustworthy and the enemy to Rwanda and in contrast to the Hutus as victims.

The early 1990 rhetoric of Hutu superiority began to set in on a very local level where Hutu only schools, churches and social centers opened and the two groups began to no longer socialize. Additionally dozens of communities began to increase violence towards the Tutsi, with almost 3000 Tutsi people reported being killed. Tutsi people were living in deep fear of the many warnings, rumors and attacks that all pointed towards their killing.

The international community was hesitant to report on violence due to the government and the media of Rwanda downplaying the violence and blaming any fighting on Tutsi extremists. The focus for many countries was to stop the fighting instead of addressing the violations of the government. Appealing to the international community, Habyarimana and the NRMD government made a series of public statements saying they were committed to undertake a series of reforms to make sure human rights violations were decreased and violations would not be tolerated. These statements squelched most international concern. At this same time NRMD was building its army and importing guns, grenades and mortars from Egypt and South Africa and machetes from England in preparation for a major war.

> In the episodes of violence from 1990 to 1994, Habyarimana's supporters perfected some of the tactics they would use during the genocide: how to choose the best sites to launch attacks, how to develop the violence—both in intensity and in extent—from small beginnings, how to mobilize people through fear, particularly fear aroused by "created" events, how to use barriers and bureaucratic regulations to keep the target group restricted to one place, and how to build cooperation between civilian, military and militia leaders to produce the most effective attacks. Perhaps equally important, they had learned that this kind of slaughter would be tolerated by the international community. (Liebhafsky Des Forges, 1999, p. 45)

Rwandan 1994 Genocide

With the accumulation of arms, Habyarimana and NRMD began to distribute the arms, first to police that protected civilians and then they were more covertly given to militia groups. His supporters began to recruit and train the militia groups in preparation for a large scale attack on the Tutsi. As militias formed they varied in ideology from radical beliefs of killing all Tutsi to others which just believed in Hutu supremacy and Tutsi obedience.

According to some, on April 6, a plane carrying President Habyarimana was shot down by his own party members, while others say by Tutsi militia. This event began the 1994 Rwandan genocide, even though thoughtless killing had been occurring since the late 1980s. Colonel Bagosora of the NRMD party, backed by extremist militia took power after Habyarimana's death. At this point violence began to pick up intensely and with it the departure of any international support and witnesses including the United Nations and France, Belgium, Italian and US military troops.

Continued control over the media allowed for widespread dissemination of the Colonel Bagosora's plan of mass annihilation of the Tutsi. "By appropriating the well-established hierarchies of the military, administrative and political systems (set up by Habyarimana); leaders of the genocide were able to exterminate Tutsi with astonishing speed and thoroughness (Liebhafsky Des Forges, 1999, p. 4). The initial use of grenades, machine guns and mortars allowed for the death toll to rise very quickly in short period of time.

> It was only after the military had launched attacks with devastating effect on masses of unarmed Tutsi, Tutsi supporters and those that opposed the genocide, that civilians assailants, armed with such weapons as machetes, hammers, and clubs, finished the slaughter...Hutu militia supporters were charged with driving Tutsi from their homes and gathering them to places of slaughter, with assembling the masses of assailants, providing transportation and "tools" for the "work," arranging for the disposal of corpses, and directing the division of looted property and confiscated land. (Liebhafsky Des Forges, 1999, p. 231)

Killings happened in both the home with a single family and also in masses in common area such as a church or community center, both scenarios the killing was done by the Hutu neighbors. The Tutsi watched as their neighbors became their killers, nothing was sacred; it was to kill or be killed. The authorities gave incentives for killing, such as food, drinks, drugs, and cash--all appealing things to poor jobless men and women. It was encouraged to pillage homes and farms of Tutsi families that one killed and take any items that the killers wanted.

The survival of both Tutsi and Tutsi supporters was due to either hiding in marshes, forests, swamps, churches and hidden spaces in homes. Many Tutsi who lived were because of the actions of Hutu that opposed the genocide and were willing to risk their lives in order to save the innocent. Approximately two million people fled to neighboring countries for safety and in time, UN supported refugee camps. Between April and July 1994, approximately 800,000 Hutu and Tutsi had been massacred and tens of thousands more that had been severely maimed (Adekunle, 2007).

Women During and After the Genocide

While Tutsi and other marginalized men were mostly killed during the period of the 1994 genocide, women on the other hand were more commonly raped and then either killed, forced into violent marriages or they escaped somehow and lived. Rape is a forceful violence meant to inflict physical, psychological, cultural and social damage. "Women were both agents and objects in the 1994 Rwandan genocide, during which rape, gang rape, sexual torture, sexual slavery, and forced marriage were used systematically against an estimated 200,000 to 350,000 women and girls" (Zraly & Nyirazinyoye, 2010, p. 1657).

The after effect of being raped was severe stigmatization and marginalization, women could not marry, were seen as unclean (could have HIV), were left by their husbands', out casted from their families and seen as dirty by local health systems. This stigmatization caused men and women to not share about their experiences. This paper will highlight the others, those women that for whatever reasons decided to share with the world their stories. For many this was possible due to not caring about the social stigma and due to the support created by joining with women that also shared this common bond of horror (Adekunle, 2007; Liebhafsky Des Forges, 1999; Zraly & Nyirazinyoye, 2010).

After the Genocide

The international community did not reenter the genocidal country until after the genocide was over, with their intention to clean up the mess that they choose to leave just months earlier. The international community funneled money into reconciliation, reconstruction and rebuilding programs for the country. The Rwandan Patriotic Front which was very much responsible for the ending the genocide has been the primary ruling party in Rwanda since 1994.

After the genocide with the help of the United Nations, one of the first responses was the creation of the International Criminal Tribunal for Rwanda (ICTR). The ICTR was "established for the prosecution of persons responsible for genocide and other serious violations of international humanitarian law committed in the territory of Rwanda between 1 January 1994 and 31 December 1994. It may also deal with the prosecution of Rwandan citizens responsible for genocide and other such violations of international law committed in the territory of neighboring states during the same period" (International Criminal Tribunal for Rwanda, n.d.). In 2002, gacaca courts, or local courts were set up in Rwanda to help try

the 1000s of potential genocide conspirers that were held in jail. The gacaca courts which had both male and female appointed judges, allowed for the lessoning of sentences by those who confess their crimes and the jail terms can be halved if detainees agree to do community service.

In the decade after the genocide the government made a series of laws trying to control the rhetoric surrounding the post genocide country. These laws were in response to the Hutu controlled and manipulated media system used in starting and sustaining the 1994 genocide. These laws while potentially good intentioned also made it challenging to have competing narratives about the genocide since it criminalized non-conforming speech and therefore acted as another form of controlled speech. This becomes an important point for this research because these laws created a state sanctioned narrative of the genocide, that potentially influenced the narratives used in this.

Now, more than 15 years since the genocide, Rwanda continues to be place of instability and cultural conflict. Both Tutsi and Hutu from that region seek asylum in countries all over the world out of fear of persecution and death due to open dissent of corrupt officials and unlawful persecution due to their ethnicity and/or family history. In 1996, Rwanda was one of the leading countries in both asylum applicants and approved asylum cases in the United States (asylumlaw.org, n.d.). Just as ethnic violence continues, so too does the ability to find meaning and sustenance as a way to continue living and healing from the tumultuous history that has plagued this country.

Synopsis of Power

Since colonialism began in Rwanda there was a system of singular dominance always ruling the country. If not a colonial power, it became a single party ruling system, which

some could say had components of a dictatorship. Ruling forces, even those during

Habyarimana's regime did not equally protect all parts of Rwandan society, which most

likely created a lack of trust by those in any marginal position. Due to the unstable political

system in Rwanda from colonial times through today and the misuse of power by the ruling

groups, for many there is a deep mistrust in the system to protect them if they share their own

story and truth. This is a point of significance because it sets the stage of a place that would

be very challenging for marginalized women, especially a Tutsi women to tell their stories of

survival during the genocide due to fear of potential violence and persecution.

Gender Roles

In pre colonial Rwanda most families lived in familial compounds. Men and women

held specific roles which to some degree have continued in post colonial and present day

Rwanda. One of the significant changes due colonial powers and Catholicism was the

creation of a husband and wife monogamous marriage. In pre colonial times polygamy was a

common practice where men could have two to three wives. This practice while now

uncommon was documented into the 1990s.

For women, the transition from childhood to adulthood has been defined culturally

and politically. International law deems a minor as 18 and under and officially the

government law of Rwanda determines a minor as anyone below the age of 21. While in

writing this law requires that anyone below the age of 21 have parental approval to marry,

this law has not been enforced by the country and additionally since there were so many

young aged orphans after the genocide this law became of no effect (Arnett, 2007;

Chapdelaine, 2006; Rutagengwa, 2006). In addition, "under article 171 of the Civil Code,

the age for marriage is 15 years for girls and 18 years for boys and a Rwandan girl can stop

being considered a child between 15 and 21 years of age" (Chapdelaine, 2006, p. 15).

Additional markers that a girl has reached adulthood are menstruation and the ability to cook and serve food for her family or large numbers of people. "In rural areas, girls can marry at age 15, 16, or even 14 if they are considered to have reached physical maturity" (Rutagengwa, 2006, p. 222).

During colonial times and until present women have been regarded as dependents of their male relatives and/or husbands. Traditionally the roles of women have been centered on their positions as wives and mothers.

> From a young age, the education that girls receive from their mothers initiates them into future lives as wives and mothers. A woman will take care of the house as well as working the fields. She will learn certain kinds of behavior such as keeping a reserved attitude or submission. Ultimately the strength of the family is measured in the number of its boys. (Human rights watch, 2004, p. 20)

Women's roles were relegated to the home and agriculture. Women are known to do the majority of the agricultural work even though the land ownership is traditionally in a male household head's name and is passed down through the male relatives. Additionally, most of the commercial activity related to agriculture is relegated to men.

Women's roles as docile caregivers have also made them very susceptible to domestic abuse as well as minimal access to opportunities outside the home. While the Constitution guarantees equality to both sexes, there continues to be a minority of women involved in political and professional life. This continues even in post-genocide Rwanda where women were estimated to make up 70% of the population.

In post genocide Rwanda many women became orphans with no family members living and therefore no male relatives to validate their social status. "Most female survivors have little education, lack of marketable skills, and are often denied access to their deceased

husbands' or fathers' property because they are women" (Human rights watch, 2004, p. 23).

In the years following the genocide the government created a series of laws that allowed for

female property ownership as well as affirmative action type laws to allow for more women

to access positions of power within the government. Additionally with the support of

international funds Umudugudu or planned resettlement villages especially for female

orphans and windows have been established all over Rwanda.

While there has been advances in women's rights in Rwanda, there is debate on the

true efficacy of the new gendered laws and women's initiatives in the long term development

of women as equal power holders in the country (Human rights watch, 2004).

Religion

Religion has always played a prominent role in the lives of people in Rwanda. Before

colonialism religion was based on the unique mythology which incorporated the belief of a

deity figure that resided in the sky. Consistent rituals were performed at all life ceremonies,

from birth and marriage to work, illness and death. One of the central tenants of pre-colonial

religion was the idea that when a person dies, she continues living but in a spirit form and is

able to reside with her earthly family within her spirit form. These spirits took on myths of

their own and spiritual healers/guides were able to access and commune with these spirits.

Although this structure of beliefs remained until the late 19th century when

colonialism began in Rwanda, it is documented that starting in the 18th century Islam was

introduced to the area and practiced by small numbers. Throughout all the different colonial

groups Christianity was the dominant religion and by the 1930s the Catholic Church,

European missionaries and converted Rwandans began to hold significant political power in

the country. One of the powerful conversion tactics was the missionaries learned the native

language Kinyarwanda, when other European colonizers mainly spoke the colonized language.

While Christianity in Rwanda preached common goodwill towards all men and brotherhood among the different ethnic groups, they still had no ability to stop or positively affect the 1994 Genocide. In contrast to the rhetoric of unity, during the 1994 genocide, churches in Rwanda were the places of some of the largest Tutsi massacres. While many in the Christian church in Rwanda hold to the belief that they had no choice but to help the Hutu, many prominent religious priests, nuns and lay leaders took part in the Genocide. The Church's primary alleged involvement was they would make promises of safety to the Tutsi people, gather them in one area of the church compounds and then they would be murdered.

After the Genocide millions of dollars in aid from Christian charities poured into Rwanda, as well as religious peace activists, many with the intent to make amends for what happened. Many people attribute much of the reconciliation work in post-genocide Rwanda to the religious workers. The Catholic Church no longer holds the same power as it did pre-genocide. Now, Evangelical and Protestant groups are the growing religious denominations in the country.

Healing Practices Post Genocide

In post genocide Rwanda the need for healing was influenced by traditional Rwandan concepts as well as Western influence in the reconciliation efforts. The creation of the *gacaco* courts, or community based local courts which were established after the genocide to try people who have been imprisoned for alleged participation in the genocide were one way that created a participatory form of healing for the country. The judges who served in the courts were known as *Inyangamugayo* or persons of integrity and were both men and

women. These judges allowed for both an unusual holding of women's new found power as the majority gender in the country and also a way for elders of the country to be honored (Zraly & Nyirazinyoye, 2010, p. 1660).

In addition to the courts every year, the month of April is the *icyunamo* or annual mourning period for remembering the genocide. During this time the news, radio and public engagements all center on the remembrance of this part of history. During this time *Umunsi wa Intwari* or Hero's Day is also recognized which commemorates the national court trial of 10 men accused of genocide crimes including rape.

Zraly & Nyirazinyoye's (2010) research on resiliency in women that survived the 1994 genocide elucidated three concepts that they saw as directly related to the healing process of Rwandans post genocide.

Kwihangano: Directly translated as to withstand, this concept encouraged patience in response to circumstances ranging from irritating annoyances, to painful hardships like the genocide, to the death of loved ones.

Kwongera kubaho: This translates loosely as an emotional and/or spiritual reaffirmation of life after potential death or returning to a life after a terrorizing event. This idea was expressed in public forums and during speeches of *icyunamo*.

Gukomeza ubuzima: This notion includes the ability to continue-on living, one's willingness to move on to find new motivation to live and doing what it takes to live. That life will continue to have struggles and one must continues to live and learn.

While it is uncertain the extent to which Rwandans in general subscribed to these concepts, the fact that these ideas were established allows for potential healing by those that know of, or learn about them.

Summary of Literature Review

While this literature review in ways is just brushing upon some of the elements in Rwandan culture and history, it hopefully has provided the reader with a general

understanding of some of the elements which have influenced the women in this research. In this theoretical lens which I have chosen to analyze these testimonies there is a presumption that Rwandan women's experience with poverty, genocide, marginalization, colonialism and sexism, etc. have all influenced their world view, genocide testimonies, conceptions of self and capacity to heal.

CHAPTER III

METHODOLOGY

It is estimated that over three million Rwandans were killed, severely hurt or made refugees in other countries in the 1994 genocide. Many that lived through the genocide had harrowing stories of how they survived and in the end were left with a physically destroyed country, a new and unstable government, a divided ethnic society as well as psychological scars due to witnessing and being involved in war. The survivors had lost children, spouses, sisters and for many they were the only known surviving member of their family. These survivors had to then find ways to rebuild their lives even when their literal and metaphorical wounds were still exposed.

In an effort to understand what factors influenced the survival and continued healing of these survivors, I have embarked on this master's thesis. Through reviewing testimonies of women that survived 1994 genocide, my hope is to understand some of the factors that allowed for the resilience of this population. It is my belief that all people have within them the potential to heal, and this work is my attempt to see amidst this phenomenal horror how meaning, understanding and healing were possible.

Sample

Qualitative research methods, which use human narratives as the means for the data base "are more likely to tap the deeper meanings of particular human experiences by permitting the use of subjectivity to generate deeper understandings of the meanings of human experience" (Rubin and Babbie, 2010, p. 34). The ability to generalize subjective

meanings is the reason that qualitative work best fits this particular study on subjective

factors of resilience among Rwandan women.

My research will involve qualitative analysis of unedited testimonies of Rwandan

women who survived the 1994 genocide. Due to the sensitive nature of one's trauma

narrative and the limitations that the Human Subjects Review Board of Smith College School

has on interviewing vulnerable populations, I decided to use secondary data. I have been

given permission by the Human Subjects Review Board of Smith College School for Social

Work (see Appendix B), to use secondary data of genocide testimonies from the Survivors

Fund (SURF) (SURF, http://www.survivors-fund.org.uk).

The SURF testimonies have been available to me by my correspondent David Russell

who is a SURF employee. I have been given written email approval by David Russell to use

the testimonies as a qualitative data set for my thesis (see Appendix C). All testimony

participants had engaged in one of the many SURF supported programs in Rwanda. The

invitations to be interviewed were extended to people by SURF's partner organizations in

Rwanda.

I have used two sets of unedited testimonies in this thesis. The first set of testimonies

was collected through the Hearing and Healing project which was established in Rwanda to

provide an opportunity for survivors to record their stories for posterity and additionally

receive psychosocial support. SURF financially supported the Hearing and Healing project

and it is maintained and managed by Rwandan genocide survivors. SURF began collecting

the testimonies in Rwanda in 1999 and continues collecting testimonies to this day.

The Hearing and Healing project offered testimony participants a preparatory session

which was undertaken by a Rwandan of the same sex as the participant. All testimonies were

filmed in a location that was convenient for participants – often in their own homes.

Participants were given the option of inviting family members or friends to be with them as

they told their stories, but they also had the choice to be alone in the room. A camera was set

up in the room and the participants would speak directly into the camera in their native

language Kinyarwanda. Ordinarily just one person of the same sex was there at the start of

the interview, to set up the camera and to ensure that things were recording properly and the

sound levels were fine. They would then leave the room once the participants began to give

their testimonies. The participants would speak directly into the camera and tell their stories.

They were told to speak about any part of their life stories in connection to the genocide,

such as their lives before the genocide, what happened during the genocide, who they lost

during the genocide and any parts of their lives after. Most interviews were translated from

Kinyarwanda to English by SURF's Founder, Mary Kayitesi Blewitt. She is now a United

Kingdom resident, but of Rwandan origin and her first language is Kinyarwanda.

All participants were given access to further counseling immediately following their

testimonies. Participants also had the ability to receive long term services, often including

trauma counseling and health care. Many of the initial participants were women survivors

that were raped and infected with HIV during the genocide. Those testimonies were edited

and then used in a campaign to advocate and support an antiretroviral treatment for women in

need.

The second set of unedited testimonies was conducted by Rwandan members of the

Association of Widows of the Genocide (AVEGA). This organization which is based in

Rwanda is one of SURF's main partners. All women who were part of AVEGA received

mental and physical health services. All testimonies were voluntary and took place between

October 1994 and April 1995. These testimonies were also conducted in Kinyarwanda and in a location that was convenient to the participants. Once again the women chose if they wanted family or friends to be present while telling their stories. These testimonies were non-structured and people were asked to share any part of their stories.

The AVEGA testimony project believed that healing and relief could occur when one could tell her story and be witnessed by another. Therefore all participants told their stories with at least one other witness of their choice and an additional transcriber. No men were present in the initial sessions after the genocide due to the challenging dynamics between men and women.

All participants were aware that their stories would be edited and then published for people all over the world to read. All testimonies were translated from Kinyarwanda to English by SURF employee David Russell who is a native Rwandan and Kinyarwanda speaker.

David Russell provided me with a total of 86 unedited testimonies of Rwandan Tutsi women and girl survivors. These testimonies ranged from a paragraph to seven single spaced pages. The ages of the survivors ranged from 7 to 68 years old during the time of the 1994 genocide. In an attempt to decrease the number of testimonies to analyze, I created a more specific sample criterion. Through cultural research on Rwandan gender roles, several sources determined that age 15 was when most Rwandan females were regarded as women which opened up the potential for marriage, children and leaving their caregivers homes (Arnett, 2007; Chapdelaine, 2006; Rutagengwa, 2006). Due to the psychological differences in how a child, adolescent and adult understand trauma and how their community responds to them due to their age, I decided to only review testimonies of women 15 and older at the time

of the genocide. This would allow me to focus my attention on an "adult" survivor and someone that potentially had adult responsibilities during and after the genocide and seen as an adult in the eyes of their fellow acquaintances. Once I created this criterion I was left with 62 testimonies.

In order to decrease my sample even more, I decided to narrow my criteria to unmarried women, 15 years and older during the time of the genocide. This decision narrowed my sample size to 17 testimonies. My reasoning for this selection was twofold. One, it narrowed my sample size to a reasonable amount for the purpose of my master's thesis and two, I had personal interest in this sample selection. While this sample is one of interest, therefore having some personal bias, my main priority was to narrow down the number so I would review all testimonies that fit my sample.

My interest in this specific sample set comes from my personal history of being a 29 year old female adult with no siblings and by age 27 both of my biological parents had died. This left me, like many within my sample as an adult orphan. I, as well as many of those in my sample, have no direct biological family as well as being the sole remaining lineage of our family. While I am considered an adult in the eyes of my society, it is also a rarity at my age to have no siblings, let alone no living parents. Many people when they understand my personal story are in disbelief at all I have done and accomplished in lieu of the extensive loss I have experienced. While the experience of losing my parents is very different from the women in my sample, we both are left with the challenge to live on our families' legacy and memory. In my own search for healing, I decided to look at a population that while different, allowed me to observe how resilient factors can assist in dealing with tremendous pain and loss.

The chosen sample, leaves me with the voices of the women that at the time of the genocide were looked at as adults and after the genocide they were implored to help with the rebuilding of their war torn land. These women became caregivers to surviving family members, victims of sexual violence and new mothers due to pregnancy from their assailants and/or HIV carriers.

Since I am using secondary data, I have limited understanding of my sample. For instance, I was not able to screen for things such as economic, educational and social status as a way to make sure I had a diversity of sample. Therefore this leaves an inability to fully account for how representative my sample is due to not knowing all sample details.

Data Collection Methods

The nature of secondary data creates many strengths and limitations within my work. The strength in using this data is while I am not explicitly asking questions regarding the women's subjective perceptions of resilience, by the nature of giving a testimony their means of survival will be included. As Mollica (2006), would argue all trauma stories have within them information about how the person survived and derived meaning from the experience. In addition, his work shows that by telling over one's story a person creates a relationship with the listener and this relationship in one where the survivor teaches her means of survival.

In the case of these testimonies all women knew that their testimonies would be used in an international setting to gain attention about the genocide and women's rights. The only thing asked of the women who gave their testimonies was to tell their stories. This open ended question gave the women the potential ability to speak about whatever they wanted in the testimonies. These women were given the choice to tell what they want and in turn

communicate for themselves how they want to be seen, portrayed and remembered. Lastly, since all survivors were volunteers one could presume that the choice to tell their stories was one, an act of their strength within itself and two, a political act since the distribution of their stories would inform and influence others.

To understand the limitations of this work it is important to acknowledge the meta-data, which includes unspoken words and silences and takes into account the political and cultural framework which influences what people do or do not say (Fujii, 2010). "In the aftermath of war, mass killing, and sexual violence, public accusations and private confessions can lead to reprisals from neighbors, rejection from family members, or repression from the state" (Fujii, 2010, 232). The greatest limitation to any qualitative work is the data is based on subjective influence from family, communal, societal and political structures. "People experience, remember, and recount violence through the lens of their own victimization" (Fujii, 2010, 236).

It is known that Rwandan women who were raped, infected with HIV and/or impregnated by their offenders had the potential to be ostracized from their community if their history became known (Adekunle, 2007; Liebhafsky Des Forges, 1999; Zraly & Nyirazinyoye, 2010). "Victims who talk about rape generally bring more, not less, shame to themselves and their families. For this reason, they often choose to remain silent as a way to protect their families" (Fujii, 2010, 238). For these women, as with many other marginalized populations, denial can be a form of self/communal protection. Due to fear of becoming an outcast within one's family and/or community, many women could have chosen to not tell their full stories, even though their information when published was sworn to anonymity.

On a country level shortly after the `gaca` courts began in 2002, the courts created the terms 'survivor" which was allotted to only people who had been targeted during the 1994 genocide, effectively denying the survivor status due to previous forms of violence. Therefore by foreign donors and the Rwandan government solely focusing on the 1994 genocide, it does not give a space for other forms of victimhood and survival to be understood and incorporated into one's individual narrative as well as that of the country. For many women, they came from generations of persecution and by focusing on just the 1994 genocide it can be silencing their stories.

On an international level of influence, both testimony projects used in this thesis were funded by international donors. The female volunteers whose testimonies I have used were all part of organizations that provided them with both physical and mental health support. During the time these testimonies were collected, from 1994-1999 the country remained incredibly unstable, people were still in traumatic shock from the experience and in survival mode trying to get their basic needs met. Therefore while these testimonies were volunteer based, the women could have felt pressure to tell their stories or even elaborate their stories as a way to get greater organizational assistance.

In conclusion these multi spheres of influence in these survivors' lives have also influenced their personal testimonies (Fujii, 2010). This influence does not make these stories untrue, but they speak to the women's subjective experiences and personal narratives.

> Oral sources are credible but with a `different` credibility. The importance of oral testimony may not lie in its adherence to fact, but rather in its departure from it, as imagination, symbolism, and desire emerge. Therefore, there are no 'false' oral sources...'wrong' statements are still psychologically 'true,' and...this truth may me equally as important as factually reliable accounts. (Portelli, 1991. p. 51)

For these women, "the stories they tell - inventions and all - are valuable because they reflect the speaker's state of mind, aspirations, and desires. All these elements tie the speaker to her larger community and reveal different kinds of truths, such as psychological and emotional truths" (Fujii, 2010, 234).

For some women they could change their stories as a way to create a new history, reality, aspirations for a better life and disappointments about their current situation. For others, they tell stories as a way to communicate their feelings of marginalization and victimhood, as a way to go against the cultural norms that view them as lesser due to what happened to them. It can shed light on one's moral code and personal value of speaking out rather than hiding one's true thoughts and feelings. There are many reasons why a person would tell their trauma story and also reasons on what they choose and don't choose to say. By not directly interviewing these women I am unable to ask for clarity within their stories, as well as unable to see body language, poses in speech and emotional reaction as way of also gaining insight and perspective.

There is a blurred line between what could be called fact and fiction, and I choose to hold that stories do not need to be a series of "facts" but accounts of experiences with people, places and psychological states of being (Fujii, 2010). Therefore what I am left with is an element of these women's truth that they wish to share. My goal is to not prove the exact truth or accounting of what happened to these women but to extract meaning and subjective experience that they imbue in their stories. These testimonies portray glimpses of these women's stories of survival, past, present and future--as they tell what happened, how they arrived at where they are, and insights as to where they hope to go.

CHAPTER IV

FINDINGS

Introduction

This chapter contains the findings from oral testimonies of 17 Rwandan women who survived the 1994 genocide. The findings section elucidates themes of resiliency that were consistent among the women's narratives. Again resiliency in this paper will be used as a broad term to explain the ability to maintain competent functioning in the face of adversity as well as "a process that promotes social relationships, social structures, and community functioning amidst adversity or violent situation" (Zraly & Nyirazinyoye, 2010, p. 1657). The findings were analyzed through the four trauma narrative components laid out by Mollica (2006) in the literature review. The data from these testimonies are presented in the following sequence: demographic data of participants and review of resiliency research and how it applies to the participants. Lastly, the chapter presents resiliency findings in the following order: courage, a belief in God, carrying on the legacy of their family, communal support and a purpose in life.

Demographic Data

The sample in this work are 17 Rwandan Tutsi women who at the time of the 1994 genocide were unmarried, childless and in the range of 15-33 years old. Of these 17, 15 of the women reported being raped during the genocide and 8 of them having one or more children due to their rape during the genocide. Five of these women were left orphans after the event with no known family alive. Lastly four of the women were infected with HIV

during the genocide and three at the time of the interview were awaiting their HIV test results.

Review of Resiliency

As the literature review explains, research on resilience explores two different lines of study. One, genetic studies such as mental and psychological family history and two, risk studies that explore different life circumstances such as poverty, abuse and/or war. In connection to risk research, it is also important to review protective factors that are shown to support an individual or group's resilience.

Due to the limitations of secondary data, the genetic background of these women is unknown to this research. The risk studies have been explored throughout the literature review and paint a picture of a very at risk population (Tutsi women) in a very unstable geographic region that suffered from centuries of colonization and war. On the other hand these testimonies highlight many obvious protective factors in the individual, relational and communal realms. In review, individual protective factors include things such as an individual's positive temperament, motivation and effective coping style. Relational protective factors include family/friend cohesion, warmth, absence of discord and culture and ethnic identification. Lastly, community factors are seen as organizational networks such as local schools, churches and supportive neighborhood organizations. Resilience factors are correlated to protective factors because they increase the likelihood that individuals will adapt and cope with stressors (Fuderich, 2007).

For these women the communal protective factors after the genocide are evident in that all of the women who gave testimony were part of/or supported by an organization that provided mental and physical health support and/or job training and housing. In review of the

testimonies 15 (n=17) women comment on the importance and emotional security of having organizational support for their health needs, professional development and basic needs such as food and housing. The international funding, yet another communal protective factor, financed these organizations which additionally aided relational protective factors since the women now had a group of women that became what seems to be a supportive surrogate family. While the individual protective factors are challenging to completely determine, it is clear that each of these survivors had extreme emotional strength that enabled them to metaphorically and many times literally fight for their lives. The resilient factors explained in this thesis are influenced and supported by the individual, relational and communal protective factors.

In order to analyze these testimonies, I was guided by both the current research on resilience, as reviewed above, and Mollica's (2006) commentary on the elements of a trauma narrative. Mollica (2006) argues that there are four elements in a trauma narrative: the facts (i.e. the history of the situation), the cultural meaning of trauma, the survivors insights and reflections into their situation and lastly what the storytellers are conveying to the listeners about their survival and healing. The premise of this research is that these women were all in some way explaining their means of survival and resilience through their stories.

Factors of Resiliency

Courage.

One of the general resilient qualities these women possess is courage. Courage to continue to live even after the world becomes a nightmare filled with death, pain and immense personal and cultural grief. The stories these women shared were ones of tremendous horror. They witnessed family, friends, spiritual leaders brutally killed and/or

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raped. The women personally experienced direct physical and sexual violence, such as being ganged raped by over 10 men as one woman accounted and being thrown into a mass grave with the "dead and half dead" as another woman remarked. One women describes how she watched as each member of her family was "hacked to death" by a machete.

These women were forced to hide in marshes, drink muddy water and eat grass for sustenance as their body swelled, oozed and ached with infection. As one woman described she "looked like death itself." After the genocide they were left with a broken country with no active government and judicial system. On a personal level many were ostracized by their families and friends after being disgraced for having pre-material sex, although it was due to rape. They additionally had children from their perpetrators and then these new children, in the words of their families were "killers," "bastards" and "militia's children."

The testimonies make it clear that these women, even now struggle with their experience. These women speak about being "deeply alone" and their lives consist of "living in the shadow of the genocide." As one woman says, "sometimes I wish I had died because being a survivor has shown me more pain than joy and I am more of a burden than a blessing to my neighbors." This idea of an inability to feel joy and happiness is expressed by other women as well and for many their lives post genocide is filled with constant "regret for surviving."

> It is now 10 years since the genocide, but to me, it is just like yesterday. What happened, happened within a short time, but it was enough for the killers to carry out genocide, in which over a million people were killed. Those who survived have nothing to look back to. We live in the shadow of the genocide. Many scarred for life physically, mentally and psychologically, and as if that is not enough, many of those who survived were infected with the HIV virus through rape. People are hurting. They are crying out for help! Crying out for justice!

While these stories present a horrific experience, they also show a deep level of personal resilience and courage. As the language in the testimonies describe, these women literally "fought to survive," they "escaped," "ran," and "managed to somehow continue and survive." They additionally pleaded to their perpetrators to not kill those around them, even at their personal expense. One woman recalls, "I screamed for them to kill me and let the old woman's life to be spared." There are also glimpses of understanding and even compassion towards their perpetrators. One woman responded to her friend after she referred to the Hutu group as devils, "don't call them that, we are all people, what happened to us Tutsis could happen to anyone." These women demonstrate extreme determination to live. These women's lives in themselves are testimony to their resilience.

A belief in God.

More than half of the women commented on the importance of God in their lives. God was portrayed as a figure that in their words, "helped," "supported," "provided" and "protected" them throughout their lives. God was a figure that helped guide them, for as one woman said, "he has a plan for us." God not only guided these women but accompanied them "during our difficult time." Many of these women held that by the "grace of God they survived." God for these women is an active figure that they speak with through prayer and give thanks to, as one women said, "the only thing left to do in all this chaos is to thank God." This connection with God was described by these women as a relationship that brought "comfort" and even "joy" and "delight."

Carrying on the legacy of their family.

In reflection of Mollica's (2006) last category of storyteller (testimony participant) as conveying to the listener/reader about their survival and healing, it became relevant that the

women, whom many were orphans, desired to share their stories with others as a way of honoring those that were killed. Sixteen (n=17) women gave some sort of accounting of the family that died. All 16 testimonies contained the first names of parents and many times siblings as well as other important family members. Many times they gave detailed explanations on how their family members' died such as "my aunt died soon after due to the cuts she had on her body" or "my father was killed first while he was trying together with other men to fight against the militia." Five (n=17) women explicitly shared that they felt one of their reasons to live was to carry on the story of their families. The following two quotes represent two different women's experience of how being alive enabled them to tell their family's stories.

"Too many people died. Sometimes I think God spared me to let me tell the story." The second woman narrated

"But I didn't think I was dying because I felt a voice telling me that my family would die, but not me. The voice was right and now I must use it."

These women are both telling their stories are a way of carrying on the legacy of their families and also to some degree affirming a purpose in their lives.

Communal support.

Fourteen (n=17) women commented on the importance of others in supporting them and mirroring their own struggle and pain. While communal support is the overarching factor aiding resiliency, I also make the distinction between communal support and the power of twinship, or having another person in your life that has been through a similar struggle. Six women explicitly talk about the importance of not being alone with their trauma stories. It is apparent from the testimonies that by having women communally share about their experience they seem to feel "less alone" and "cared for," like being part of a surrogate

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family. For instance, "I now realize that it is not only me who went through that" and as another woman remarked, "these women helped me get over my weird thoughts of being the only one who went through this." While I will continue to explore the idea of communal support aiding in these women's resilience, I want to point out that the sharing of stories among the women seems to have aided in a sense of normalizing their symptoms as well as sense of greater support in knowing they were not the only ones who went through the horror of the genocide.

The women's organizations that assisted these women who gave testimony are also shown to provide tremendous support and strength. It is clear through the women's testimonies that the organizations provided a space for women to gather, share their stories and create a surrogate support network. The following three quotes represent three different women's experience with the communal support of their women's groups, Solace and Avega.

> The only thing I can say is that since finding Solace, I am a changed person. I have even started to make new friends. I feel accepted. I have started to feel that I am also someone. Today, I can laugh and smile. I have found another family. I believe I am alive and I will live.

> My special thanks go to that family that cares for me like I am their own daughter and have wiped away my tears. I have always said to myself that this is the parent God has given me. (speaking about the organization AVEGA)

> I hated people, all people. My mind was continually with the dead. I thought only of my brothers and sisters and also my parents who are not alive. Today, I enjoy living with those who are alive, and not the dead. I thank God that he has given me people who can listen to me and who love me.

These quotes mirror other women's experience that the organizations' provided the space to create what became a surrogate family. As explained above, all of these women lost family in the genocide and for some they were orphaned through the massacre. While having one's family brutally killed is traumatic for anyone, the women communicate that they feel a

level of support, love, care and acceptance of a family even if it is not their biological family. These women represent those that have chosen to reside in the land of the living. They have maintained or developed their ability to form connections with those that are alive verses continuing to mourn those who are dead. After an experience of witnessing horrific killing, these communal living areas and women's organizations provide a physical and emotional place for those that survived.

> I never returned to my home but stayed in the widow's estate in Kimironko (built by Avega) with those that I had survived with.

> I see significance in this quote that these women represent survival, and living

together potentially reminds them of the positive aspects of survival, those that can support, love and continue to nourish the human.

In contrast some women continue to express feelings of deep solitude:

> It feels terrible having nobody to turn to after having lived with a big family like I had. The RPF soldiers saved us but I am as good as dead because I have nobody to turn to.

This lack of connection creates a sense of potentially being like walking dead, alive in human form, but emotionally desolate. This feeling of not having support, while expressed by some, the majority found strength in the community of others.

A purpose in life.

The nature of war or genocide is so profound that for many the life they had before can be drastically different after the event. Many of these women commented that they were students, caretakers for siblings, engaged to men or working in jobs at the time of the genocide. After the genocide the country as well as these women began to rebuild their lives. For these women there was an emphasis that post genocide, their jobs, care taking responsibilities and volunteering allowed for a sense of purpose and motivation to live.

One woman found purpose through work with the organization PAPI

> I am a voluntary worker in PAPI project and the project advises and helps HIV victims and encourages others to go for HIV tests. It feels good to be helping other.

Another found purpose through work

> I hope that I find a job so that I can help the old women care for the children especially now that they are in school.

As another found purpose through being back in Rwanda and with her family

> But often, I feel happy to be back in Rwanda and at home, to have found my siblings and just to be there for them.

While serving others seems to encourage a sense of purpose there is also a clear sentiment that the responsibility to take care of others can also be a burden. The following three quotes represent three different women's challenges with being caretakers.

> I have to work hard to earn a living for all those relatives of mine who survived yet I am handicapped myself!!

> I am sad that I am HIV positive, yet I have to work hard to sustain my family which expects everything from me.

> It is only me who survived in the entire clan and I now I am these children's source of everything.

For some women a job or care taking enabled them to be needed, to give love and support while additionally being a huge responsibility, especially for the young women, ages 15 and 16. These women many times had never lived without the direct support of their parents and after the genocide they became the primary caretakers of their younger relatives that also survived.

Synopsis

As the research on resilience points out, there may be aspects of strength and resilience in some parts of an individual's life, and in other parts continued challenge and

struggle. The testimonies used in this thesis paint a picture of a group of women that have witnessed and experienced unimaginable horror and suffering. While clearly the pain of the genocide remains with them, it is also evident that connection, hope, life purpose and faith have also woven into the greater stories of their lives.

CHAPTER V

DISCUSSION/CONCLUSION

Optimism
By Jane Hirshfeld (2002)

More and more I have come to admire resilience.
Not the simple resistance of a pillow, whose foam
returns over and over to the same shape, but the sinuous
tenacity of a tree: finding the light newly blocked on one side,
it turns in another.
A blind intelligence, true.
But out of such persistence arose turtles, rivers, mitochondria, figs
All this resinous, unretractable earth.

This qualitative study explored the factors of resiliency for Rwandan women who

survived the 1994 genocide. A review of the literature in resiliency research, trauma

narratives and cultural and historical conditions of Rwanda have allowed for a broad picture

to help analyze these qualitative narratives. Although these narratives alluded to potential

challenging psychological symptoms such as nightmares, fear and depression, when analyzed

through a strength based lens, these women's survival during and after the genocide was also

seen as a dynamic, communal, spiritually intact and capable filled experience. The

experiences of these women demonstrate that being socially connected to others assists in

meaning making, establishing normalcy and providing support needed to endure the daily

struggles and wounds that remain from the genocide.

These genocide testimonies were used as medium to gain public awareness to the

women's voice of the genocide. This marginalized population was given an international

forum to tell their stories, in their language, through their lens. While the scope of their

influence is unknown, what is apparent is their words have travelled across continents

throughout the past decade and have been used to raise money, consciousness and develop research like this thesis. The collection and distribution of these oral testimonies allowed for both individual and collective healing, as a marginalized group was able to come together and support each other as they shared and processed their experiences. These women, who in modern Rwandan culture have been emotionally and verbally silenced, were now able to tell their stories.

Cultural trauma affects both the individual and the collective and has the ability to tear at the social fabric of what once was a cohesive community (Eyerman, 2001). Eyerman (2001) believes that culturally traumatized groups must reinterpret their past in order to reconcile with present and future needs. He sees a direct correlation between how we remember our past and our current human behavior, for "we embody the past through the present" (Eyerman, 2001, p. 4). Furthermore, a group's past will be defined by others, especially those in power, unless the culturally traumatized group takes on the challenge of defining their legacy with their own stories. Through defining themselves and their history, it creates the potential for unification and power within these once traumatized and many times marginalized communities. This is where the impetus for culturally healing group work comes in. Groups with shared commonality and experience can come together to heal their individual story and the stories of their people and in the process build collective power. I see therapeutic group interventions as one way to bring in issues of oppression and healing into the same room and allow for individual and communal social change in the process.

In this specific thesis, communal support and social connections were shown to be a major unifying factor of resiliency. With this information it seems like group therapy could potentially be a very important mental health treatment modality for this specific population.

In addition to group work, the incorporation of spirituality within social work could potentially benefit the continued healing process of the Rwandan women in this study since God was a major resiliency factor.

Additionally, the findings of this thesis support the argument to incorporate ethnography within the implementation of mental health modalities with post-conflict populations. As Mollica (2006) would argue, a full ethnographic understanding of a population's culture and history are the means to understanding how a population or individual survived any horrendous event. As social workers it becomes imperative to have an understanding of our client's whole person (culture, spirituality, history) in order to truly hear their messages of survival.

Cultural knowledge becomes extremely important when working with new immigrants, since their entire world view was based in a land and culture different from the United States. According to the National Association of Social Work code of ethics (National Association of Social Workers, 1999) our job as social workers is to honor and acknowledge the dignity in each person. One of the many ways to achieve this is by taking the time and effort to meet the client where they are by embracing and engaging in their cultural framework. Additional research can be done looking at the success of cultural competent modes of healing that incorporate the natural support system of the community into the therapeutic system.

Whichever healing modalities are shown to be most effective with this type of population, this research confirms that while one may go through horrendous events there is always the potential for healing and growth. As a mental health worker, my hope is this research as well as other resiliency research may aid in the implementation of a therapeutic

system that instead of emphasizing the potential pathology of a trauma survivor, instead

highlights an individual's strengths and helps to sustain their self defined systems of support.
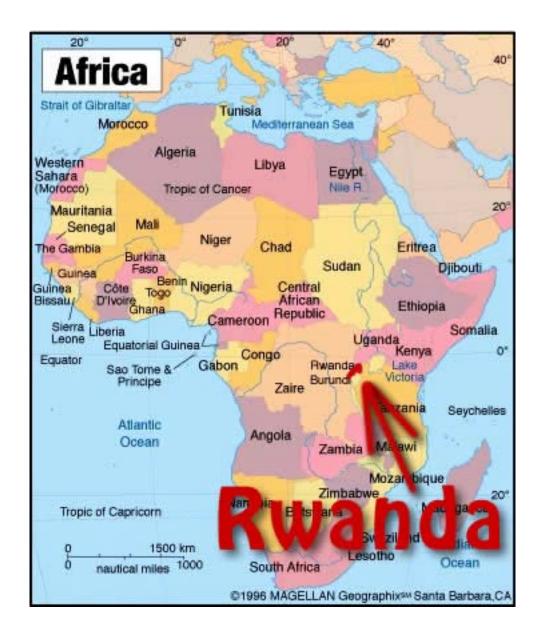
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Appendix A

Map of Africa with Highlighted Area of Rwanda

Note: Figure reproduced by permission from
http://jeremyrenners.blogspot.com/2009/12/map-of-rwanda-in-africa.html

Appendix B

Email Approval to Use Secondary Data for my Thesis by Smith College School
for Social Work.

-----Original Message-----
From: Ann Hartman <ahartman@smith.edu>
To: jlaterz@aol.com
Sent: Fri, Aug 20, 2010 3:48 pm
Subject: Re: HSR Question

Since the material is in the public domain and none of the people are
identified, there is no need of HSR involvement. As far as permission to us the
material, that is an ownership matter and not a HSR matter .

Ann

>>> <jlaterz@aol.com> 08/20/10 11:27 AM >>>

Hi Ann,

I have a question from an incoming second year student about HSR. She is doing
her thesis on female survivors of the Rwandan genocide. She has obtained copies
of testimonies from Rwandan women from several NGOs. These NGOs have given the
student permission to use this material (via email). The edited version of these
testimonies is in the public domain (on the Internet) and contains the actual
names of the women.

The student wants to do a qualitative thesis using this material. Our question
is: Does she need a complete HSR review or does she need to submit the email
permissions that she received from these organizations?

I appreciate your help,
Take care,
Jean L

Appendix C

Email Correspondence Approving the Use of Testimonies as Secondary Data by
SURF Coordinator David Russel

Email from Leah Krieger: Smith student
Emails to David Russel: david.russell@nyu.edu
SURF URL: http://www.survivors-fund.org.uk/

August 16, 2010
Hi David,

I will not be showing anyone else these documents besides potentially my thesis advisor.

The data I extrapolate from them will be used for me thesis which others will have the option to read, but no one will have access to the direct data you gave me (besides my advisor that is).

Are there any precautions you would like me to do with this data?

Can I quote different parts of an individual's testimony within my thesis?

Thank you,

Leah

August 17, 2010
Hi Leah,

It is fine then to use the testimonies in the way that you described in your previous email – so happy for you to quote from individual testimonies in your thesis. I only ask that you do not use the survivors' names in your publication.

Hope this is helpful.

Best – David

March 5, 2011
Hi David,

As agreed, I will change all survivors' names in my work. I want to ask if it is OK to talk about AVEGA, SURF and also use your name as my contact within my methodology explanation in my thesis.

Thank you,
Leah

March 6, 2011
Hi Leah,

Thank you for amending the names, and that is fine to explain the sources of the testimonies within the methodology as well as use my name.

Good luck with it!

Best – D