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University of San Francisco

# Indigenization of Genocide Healing: A Grounded Action of Culturally and Contextually Relevant Educational and Psychosocial Strategies to Reduce Impacts of Societal Toxic Stress in Rwanda Post-Genocide

A Thesis Proposal Presented to

The Faculty of the School of Education

International and Multicultural Education Department

In Partial Fulfillment

Of the Requirements for the Degree

Master of Arts in International and Multicultural Education

By

Jean Pierre Ndagijimana

May 2019

# Indigenization of Genocide Healing: A Grounded Action of Culturally and Contextually Relevant Educational and Psychosocial Strategies to Reduce Impacts of Societal Toxic Stress in Rwanda Post-Genocide

In Partial Fulfillment of the Requirements for the Degree

MASTER OF ARTS

in

INTERNATIONAL AND MULTICULTURAL EDUCATION

by

Jean Pierre Ndagijimana

May 16

UNIVERSITY OF SAN FRANCISCO

Under the guidance and approval of the committee, and approval by all the members, this field project (or thesis) has been accepted in partial fulfillment of the requirements for the degree.

Approved:

| | |
|---|---|
| Colette Cann, Ph.D | June 14, 2019 |
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| Committee Member* | Date |

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## ABSTRACT

Sixty percent of the current Rwandan population were born after the 1994 genocide against the Tutsi and those born since or who were young at the time of the genocide have remained among those affected most. Although Western trauma theorists and interventionists have played the role of experts in the genocide healing, the exclusion of the indigenous population's experiences, knowledge, and wisdom has limited them from meeting local needs. The post-genocide situation raises various issues, genocide ideology, and increasing family homicides; however, locals do not want to seek counseling services, or run the risk of being labeled as mentally ill. The goal of this Grounded Action research with 23 high school students (18-24 years of age ), was to create an opportunity for indigenous people to develop and implement strategies to take ownership of genocide healing rooted in their realities. Results showed that while prolonged and accumulated adversities may strengthen resilience for some, for many, tragic events that come and stay, locally known as *inzira y'umusaraba*, can lead to *guheranwa n'amateka* (feeling stuck in history). When framing resources to buffer *guheranwa* (feeling stuck) and *imitima* (stress), participants decided *kwishakamo ibisubizo* (finding solutions from within themselves) through building a family-like community, *kongera kwiyubaka* (building themselves again), and *kwigira* (communal economic self-reliance). The findings provide community grounded theoretical guidance for trauma healing, peace-building, reconciliation, conflict management, and self-reliance efforts in Rwanda by providing research, educational, and psychosocial strategies rooted in indigenous needs and culture.


**Key Terms:** Genocide, Grounded Theory, Grounded Action, Guheranwa, Kongera Kwiyubaka, trauma, and Stress.

# CHAPTER I:

# INTRODUCTION

## Historical Background

Seventy percent (70%) of the current Rwandan population are under thirty (30) years old and sixty percent (60%) of its population were born after the 1994 genocide against the Tutsi. Regardless of how young they are, they are unable to avoid seeing, smelling, hearing, and touching the intensity of the genocidal tragedies. The young Rwandan whose family member(s) committed the genocide, witness the tragedies through the ongoing survivors' experiences. Living next door could be a widowed woman, in a situation created by their own parents' hands whose face and neck is full of unimaginable scars, who lives alone (*"inshike"* in the local language) in a donated house and who does not have a child to fetch water or firewood. Despite many internal and external conflicts, Rwandans have had to live together (Mugabe, 2014), "murderers, survivors, and others all live cheek by jowl in a small, crowded country" (Donahue, 2014, para. 8). One may not understand the complexities of modern Rwandan society without digging deep into the complicated history that led to what the younger population experiences today.

Before colonial rule, Hutu, Tutsi, and Twa were the three occupational categories in Rwanda. Due to potential occupational mobility, a Rwandan could be a Tutsi one day and a Hutu the next. Since these categories were permeable, an outsider may not understand how and why the genocide against the Tutsi could have happened. It cannot be fully explained without exploring the classification that led to the complete loss of common ground between the Hutu, Tutsi, and Twa which preceded the genocide (Haberstock, 2014). For the genocide to happen,

Rwandans first had to be mentally colonized by the West through the explicit expulsion of their indigenous culture and identity, and its replacement with a new, 'modern' way of Rwandan classification (Petersen-Coleman & Swaroop, 2011). This proved deeply problematic and eventually led to the 1994 genocide against the Tutsi.

Before colonization, the people of Rwanda intermarried, shared a language, and culture. Rwanda was made up of 19 clans. Within these clans Hutu, Tutsi, and Twa could all be present in the same clan. In the 1930s, Belgian colonizers produced, "a number of administrative reforms…[that] started to twist the knife of a new form of identity politics into Rwandan society" (Hintjens, 2001, p. 30). By introducing ethnic identity cards after the nationwide census in 1933, Belgian colonial forces deliberately manipulated the Rwandan use of the word for clan or 'ubwoko,' to mean 'ethnicity.' This created a distinct, permanent classification based upon ethnicity as opposed to a fluid understanding of occupations within the various clans. Any sense of unity that existed among the clans was erased, placing Rwandans into three ethnic categories -- Tutsi, Hutu, and Twa.

Some Western nations such as Germany, Belgium, and France pushed Rwanda to surrender and manipulated the people using resources, ideology, division, and calculated privileges that set the stage for the genocide to occur. After many years distinguishing, polarizing Hutu and Tutsi, and dehumanizing the victim, the final solution to the Tutsi came forty-five years after the Holocaust. As the genocide was occuring, Western nations like the United States and international communities including the United Nations watched and did nothing as Tutsis were massacred in plain sight by Hutu extremists. Hutu extremists murdered 1,074,017 (one out of seven of the Rwandan population) Tutsis and moderate Hutus who opposed the killings

(Umuziga, 2018). On average, 10,740 were killed each day, four hundred and forty eight (448) every hour, and seven (7) every minute in a period of three (3) months (Habineza, 2014). Many lives were taken by their neighbors' own hands mostly with machetes and other farm tools (Mis, 2015). For those who were born and grew up in those conditions, the tragedies became a way of life.

According to Human Rights Watch (2003), the children of Rwanda experienced the worst side of humanity. The children were sexually abused, forced to hide in dead bodies, tortured, starved, and trained to inflict severe pain and kill innocent people (Human Rights Watch, 2003; Umuziga, 2018). From an early age during and after the genocide, many grew up without one or both parents. The 2005 national census showed that one out of four children had lost at least one parent (Umuziga, 2018). There are people dealing with genocide trauma on both sides. There are those who survived at a very young age, those who were born from genocide survivors, and the children who now carry their family's shame of committing the genocide but were not alive during the genocide. Tutsis who were out of the country during the genocide experienced similar but different traumas in their hosting countries. This was in addition to those who were born from rape during the genocide whom are referred to as the children of rape victims (Mukangendo, 2007; Kantengwa, 2014).

After the genocide, a number of 1,951,388 people or twenty nine (29%) of the 1994 Rwandan population was accused of participating in the mass slaughter (Umuziga, 2018). Although not perpetrators, children of the genocidaires are recipients of collective and individual blame and anger. Some of the younger generation saw their parents or relatives being taken from their homes to be jailed for committing the genocide against the Tutsi, one of the worst crimes

the world has ever witnessed. In a culture where extended families act as one family and where ethnic identity is extremely valued, the younger generation might feel ashamed by not only what their close family members did or did not do, but also by the fact that the Hutu extremists committed the genocide under the "Hutu" umbrella. With their parents and/or relatives in jail, the younger generation witnesses the reality of the consequences that resulted from the actions and/or inactions of their elders. The young Rwandans are painfully aware and frustrated by the role of their relatives in causing the suffering. Students observe their orphan classmates who will never have a biological family member visit him/her at school, who receives their school uniforms, notebooks, and tuition fees from governmental and/or non-governmental organizations, and who everyone in the school avoids triggering *ihungabana* (heightened stress) and who are nevertheless expected *guhungabana* (to experience trauma crisis) at least once in a year in April during the genocide commemoration

Some of those who were out of the country as refugees since the initial genocide against the Tutsi in 1959 experienced related dangers. This is especially the case for those who were in the Eastern Congo (i.e. Masisi and Rutshuru zones) including my family that had been refugees in the region for almost thirty-five years prior to the genocide. Similar to Rwanda, some parts of the Eastern Congo were inhabited by Tutsis and Hutus and in the early 1990s, Tutsis in the Eastern Congo started experiencing the ethnic - driven infectious hate from Rwanda. My family and I were in the Eastern Congo when we started to hear heavy bombs from Rwanda. After that, our Hutu neighbors turned against us. We started living in bushes, having to stand still in rainy days and nights, with no food or health care. My mother had to go into labor under a banana plantation's roof. However, the worst had not yet started. In the immediate period after the

genocide against the Tutsi, 2.5 million Rwandans left the country with the Congo being the major destination (Umuziga, 2018). Fear and violence grew as the new refugees included the Hutu extremists who entered into the Eastern Congo with their hate, anger, frustrations, and weapons after the Rwandan Patriotic Front (RPF) liberated the country. In the Eastern Congo, extremist Hutus started by killing our cows and taking our land. They burnt our houses and denied us the opportunity to attend school. My father was repeatedly handcuffed, jailed, and beaten. Some of the people of Tutsi ethnicity were taken from our houses and killed. These stories represent a fraction of the trauma and experiences of the younger generation and the people of Rwanda in general during the genocide.

Moreover, across the country, "bodies of victims are still being found to this day, in pits or on farms" (Lakin, 2015, para. 8). Some younger genocide survivors, or those born from the families who survived the tragedies, have to rely on rare old pictures of their loved ones so they can have a sense of how their deceased families looked. Others experienced some relief if information about their murdered loved ones was disclosed (information such as the location of the mass graves killers used to throw bodies into). This could at least offer them the opportunity to rebury them in the communal memorial sites that are spread across the country.

Due to the death of many adults, a large number of the post-genocide younger generation had to play parental and adult roles at an early age. Others grew up in families experiencing extreme poverty without basic needs necessary for survival (Petersen-Coleman & Swaroop, 2011). This includes some high school students for instance who could not afford paying for their school uniform or lunches at school and with limited social support (Asaba, 2015). The prolonged stress can lead to exhaustion, disruption of social cohesion, and negative health

outcomes (Harris, 2018; National Scientific Council on the Developing Child, 2005). In the midst of the complexities, the question of how to recover from tragedies like genocide in the context of Rwanda and specifically how to create appropriate, effective, and sustainable support resources for/with the younger generation is vital.

## Statement of the Problem

Recovering from the genocide has been a big challenge for the country which has creatively adopted numerous unconventional strategies to meet its people's unique needs in the genocide aftermath. The government has drawn from its history, culture, and social-economic situation to develop different home-grown solutions that were necessary to respond to the country's unprecedented genocidal tragedies. According to the Rwanda Governance Board (RGB), the culturally grounded solutions have ranged from,

> Gacaca, our community courts which have brought restorative justice and reconciliation to a once divided nation; to Ubudehe, which supports rural communities to collectively solve problems related to poverty; to Imihigo, which enables citizens to keep their leaders accountable, to Umuganda and many others. (Kagame, 2015)

Grassroots programs have brought significant changes to many Rwandan lives - such as the Vision 2020 Umurenge Program (VUP), a grassroots government initiative that focuses on the acceleration of poverty eradication, social protection, and development of rural areas. The "Girinka Munyarwanda" (one cow per poor family) program donates cows to improve the well-being of each poor family (Rwanda Governance Board, 2016).

The Rwandan government has partnered with some local and international organizations to implement many other grassroot efforts that were framed to meet the needs of the people that

have been striving to recreate life. Strikingly, when it comes to the areas of psychological healing of the horrors of the genocide, theoretical explanations of the impacts of the genocide and practices have mostly remained Western (Leach, 2015). In 1995, a year after the genocide against the Tutsi, Rwanda had only one (1) psychiatrist, five (5) psychologists, and three (3) psychiatric nurses (Umuziga, 2018). As a result, immediately after the genocidal tragedies, there was a rapid increase in NGOs in the country to offer mental health training to Rwandans (Umuziga, 2018). Knowledge and traditions from Western psychologists, social workers, psychiatrists, and other mental health experts especially on the topics of Post-Traumatic Stress Disorder (PTSD) and depression were centered as the primary approach to trauma healing (Watters, 2011). Locals' lived experiences and cultural wealth such as elders' wisdom and other resourceful traditions that had always been the reliable resources for local people in times of conflicts and tragedies, indigenous epistemologies, metaphors, and proverbs, were all explicitly excluded from offered psychological services and training curriculum (Umuziga, 2018).

Regardless of good intentions, "the disconnection between the Western and Rwandan ideologies to treating severe distress caused problems in the immediate aftermath of the genocide" (Leach, 2015, para.4). Andrew Solomon, an American writer and lecturer on psychology, culture and politics, visited Rwanda and witnessed the issue. From what he observed from the Ameri-Eurocentric philosophies and approaches in healing genocide in the country, he witnessed how, "westerners were optimistically hoping they could heal what had gone wrong" (Leach, 2015, para.4). They did not seem to understand that, "people who hadn't been through the genocide couldn't understand how bad it was and their attempts to reframe everything were somewhere between offensive and ludicrous" (Leach, 2015, para. 4). Speaking to Solomon about

the limitations of the Western psychological services in the local culture, a Rwandan who supports some of the women who were sexually abused during the genocide said,

> Their practice did not involve being outside in the sun where you begin to feel better. There was no music or drumming to get your blood flowing again. There was no sense that everyone had taken the day off so that the entire community could come together to try to lift you up and bring you back to joy. Instead they would take people one at a time into these dingy little rooms and have them sit around for an hour or so and talk about bad things that had happened to them. (Leach, 2015, Para. 4)

After the loss of loved ones and disruption of social ties, many suffered from isolation and an attempt to intentionally isolate the people further as a form of genocide treatment has caused more harm than good (Eramian, & Denov, 2018).

It has proven further disempowering when generous "visitors" to my culture have come with no cultural curiosity, only interested in exporting their approaches to education for our post-genocide trauma recovery. I had multiple opportunities to partner with many of the trainers and therapists. Many of them would listen repeatedly to the narratives describing the horror of the survivors, until their desire to hear our stories seemed like disaster pornography. When reflecting on the power dynamics between Africa and the West, Patrick Loch Otieno Lumumba, a Kenyan professor of law wondered whether, we, Africans are at the dinner table of civilization dining as equal partners with the rest of the world, if we are just waiters and waitresses, or if we still reside in the menu to be consumed by other civilizations (Nacheki, 2018).

Building on the deficits of this western-centered approach are the challenges specific to children. Various studies have demonstrated that emotional and physical abuse, exposure to

violence, and prolonged accumulation of family economic hardships can negatively impact children's brain architecture which may lead to mental and physical health problems across the lifespan (Harris, 2018; National Scientific Council on the Developing Child, 2005; World Health Organization, 2014). With limited resources to cope with the aftermath, the post-genocide younger generation are vulnerable to developing toxic stress responses.

In recent years, the Rwandan youth and especially those in high school presented genocide ideology (wishes to commit another genocide) even though most of them were born after the genocide (Kanamugire, 2016; Ugirumukunda, 2014). Moreover, in 2016, the Rwanda National Police reported that seventy percent (70%) of those whom it incarcerated were because of drug abuse. Those who were fourteen to thirty five (14-35) years old were the most vulnerable population, "although drug use among youth is not new in Rwandan families [...] the recent abuse of illicit drugs, particularly cannabis among teenagers and adolescents population has become a major public policy issue and a serious public health problem" (Ngamije & Yamfashije, 2016, p.4591).

In post-genocide Rwanda, issues of family members killing each other, a husband killing her wife, mothers killing their children and vice versa has been a critical issue (Muvunyi, 2012). Naasson Munyandamutsa, the renown father of psychiatry in the country agreed that following the types of killings and torture the murders have used where one does not only kill but also cut body parts of the dead body is similar to what happened in the genocide. He suspected that there might be relationship between genocide and present homicides in families (Muvunyi, 2012). Rwanda's devastating destruction of human life, physical property and social ties during the 1994 Genocide against the Tutsi have had extensive attention from the Western media and

academics. However, little is known about how people and especially the younger generation are 'naturally' adapting to the ongoing pressure for recovery and coping with its associated personal and societal stress. However, these may not necessarily represent the exact concerns or at least the frames for the people that will be interviewed in this particular study.

## Research Issues

According to Auerbach and Silverstein (2003), "when one chooses a research issue about which much is unknown, one cannot assume that current literature can provide an adequate set of questions" (p.16). To engage in a research project that responds to the exact gap for the particular community, a researcher needs to listen to her research participants' voices (Birks, & Mills, 2015). "Therefore, instead of reading the literature looking for a specific question or problem, [GT researchers] look for issues that are open, unclear, perspectives that are left out, and assumptions that need to be challenged" (Auerbach, & Silverstein, 2003, p.15).

I kicked off the study not with my research problem, but by listening to the participants' voices. According to Simmons and Gregory (2005),

> Rather than beginning with a clearly articulated research problem or question, Grounded Action studies begin with only a general topic area […] this general topic provides hunches about where and how to begin data collection but does not lead the research. It is only a jumping off point. (Simmons & Gregory, 2005, p.147).

To initiate the research, I intentionally suggested a vague and general introduction with an imaginary person whose name is John. He was impacted by the genocide against the Tutsi and has struggled in the aftermath. Research participants had to take it from there and lead the flow by sharing other issues, how the circumstances affect individuals, communities and what could

help. After initial conversations with the participants, the identified concerns from the group were mostly around various prolonged effects from the genocide against the Tutsi (stucking in the past), financial stress, and isolation. Those core variable(s) from participants' voices constitute the actual Grounded Theory and Grounded Action problem to work on (Simmons & Gregory, 2005).

## Background and Need for the Study

From slavery, colonialism, and the ongoing cultural and political hegemony, the relationships between the Euro-Americans and Africans, have always ensured that the latter occupies the subaltern position. Some indigenous professionals may have developed the habits of complying and fear of questioning Western political and cultural hegemony that may make them lose the privilege of their affiliation to the Western dominant system. A sad side of such indigenous professionals' subordination follows: Locals start to act as foreigners in their own cultures.

While the academicians' direct exposure to the Western contexts should help understanding the need to dismantle and abolish the Western cultural and political domination, many of them are trapped, programmed, and conditioned to not confront their Western academic and political colonial masters. Whether consciously or unconsciously, the global effects of coloniality will continue haunting the continent until both the African psyche and the Western well-intentioned supporters rethink their way of collaboration. To heal the effects of colonialism and the coloniality of power, grounded theory and action studies are needed to learn how indigenous people with less exposure to the Western influences can be the resources for the regeneration of the African and Rwandan civilization.

## Purpose of the Study

Based on a blended Grounded Theory (GT) and Grounded Action (GA) and research methodology with a group of twenty three students in a high school in Rwanda, this study aimed to engage the community in an effort where they play the role of the expert in defining and implementing what it could take to authentically respond to their needs as they strive to recover from the genocide. The study intended to investigate what the Western psychology might be missing about the Rwandan younger generation and the general population's needs and use a grounded action approach to investigate potential alternative practical approaches youth see as a means to building a stronger society in response to the challenges they face. The long-term goal is to have Rwandans and Sub-Saharan Africa in general, collaborating with other cultures prepared for mutual learning and respect, and a collaboration that explores and uses grounded and culturally relevant resources to resolve the region's societal stress, contributes to the community development, healing, reconciliation, and inspires better education, research frameworks, and interventions that respond to real needs of the people.

## Hypothesis Generating

The Grounded Theory and Grounded Action research methods permit a researcher to begin their research without a hypothesis to test but instead with openness to listen to what her research participants say so she can frame hypotheses generated from the participants' lived experiences. In other words, "the grounded theory method allows the researcher to acknowledge that she may not know enough to formulate meaningful hypotheses" and may "not even know enough to select meaningful independent and dependent variables" (Auerbach & Silverstein, 2003, p.6). Therefore, "because grounded theory does not assume that the researcher knows

enough to formulate specific hypotheses, it moves from research issues to general research concerns (Auerbach & Silverstein, 2003, p. 6).

## General Research Concerns

Research questions are part of the findings the study intended to find out. Grounded Theory and Grounded Action researcher admits that, "he may not know what the right question is until he has finished collecting and analyzing the data" (Auerbach, & Silverstein, 2003, p.15). What mattered most for this study was to find which post-genocide experiences from the post-genocide younger generation who have lived them I wanted to learn from. "Having lived through the phenomenon, they are experts on it" (Auerbach, & Silverstein, 2003, p.15). There were no pre-designed questions, because the questions to ask emerged from the process itself. My general research concerns were to learn from their post-genocide lived experiences and to find out what would be the outcome if they implemented the ideas they came up with as tools to respond to the problems they identified.

## Theoretical Framework

The study aimed to move the center of theorization and practices from the "outside" to the concerned community. Cultural wealth, ensuring that the study responds to the needs that authentically stressed out and disadvantaged people, especially those with complex traumas and hardships, having the people play the role of expert in defining their needs, framing solutions and implementing them all had significant influence in shaping the lens and process of the study.

According to American psychologist Richard Lazarus who developed the Stress Appraisal Theory, stress is, "a transaction between the individual and the environment: anything which taxes or exceeds an individual's resources is said to be stressful" (Aldwin, 2004, p.564).

He believed that what matters most is not the stressor, the event, the hardships but the way people interpret the perceived threat and how they cope with it. What Lazarus did not consider, however, is that while it can be true that people do not respond to their threats in the same way and the perception may have an important influence on their responses to their stressors, in the context of the people who are extremely poor, the issue may not only be how they interpret the problem but its nature and some problems may require solutions to the problems beyond cooling down stress responses.

On the other hand, in 1989, Stevan E. Hobfoll, American psychologist who specializes in the treatment of stress noticed the issues in the existing stress theories which he criticised that they avoid dealing with the real problem (Hobfoll, 2001). He developed the Conservation of Resources (COR) Theory of Stress, a resource-oriented model built on the understanding that, "resources are necessary and stress will occur where resources are threatened" (Hobfoll, 2001, p.340). Contrary to Lazarus's Appraisal Theory that focuses on perception of threat, the COR Theory looks at the objectivity of observable problems. "COR theory points to a need to search for the objective sources of stress, first and foremost" (Hobfoll, 2001, p.362).

In the context of those who are extremely poor, any opportunity to have some fundamental resources may create some gaps of calm in people's distress. While the Lazarus theory seems to blame individuals for their mental weaknesses and suggests that solutions need to come from the individuals' efforts to change their perceptions (Aldwin, 2004, p.564), the COR theory blames harsh environments, and solutions should come not from changing one's perception to threat but from changes in one's social environment. However, it should not be one or the other theory but the integration of both. When it comes to extremely poor people or

anyone living in prolonged and sustained stress, answers to their problems may never be found from fixing their mind in isolation from their physiological needs, and vice versa. Looking at the Stress Appraisal and the COR theories, it appears that the African Communalism and the African Ethic of Ubuntu's focus on community and dignity does not only integrate the theories but also demonstrates the uniqueness of the African perspectives.

The African philosophies understand that for the continent to realize its potential; research, knowledge production, education approaches, development efforts, and other practices have to be community-centered (Ndlovu-Gatsheni, 2015). The philosophies claim to instill decolonial mindsets while avoiding a fall into essentialism. However, different scholars including those from Africa have criticized the dominant African philosophies for attempting to overgeneralize the African way of thinking and knowing and for assuming that only the knowledge produced on the African land should be applied on the continent. For Achille Mbembe, a Cameroonian philosopher and postcolonial theorists, for instance, the African scholars blame colonialism because they are lazy and are unable to understand the benefits from globalisation and may risk african scholars engaging in "intellectual ghetto" (Ndlovu-Gatsheni, 2015).

Mbembe did criticize the African scholars for being radical and chose to embrace the globalization of the American psyche and different authors responded to his ideology (Watters, 2011). According to Paul Tiyambe Zeleza, a Malawian historian, the African philosophies have always been open to the outside systems of thoughts and never ghettoized; Zeleza criticized Mbembe for his lack of critical thinking that does not understand the North American - Eurocentric hegemony and turning his back on the African realities in order to feel the sense of

getting out of the African ghetto (Ndlovu-Gatsheni, 2015). Without underscoring the diversities on the African continent, in the African tradition, the relevance of community and belongingness in the reconstruction of the war-torn zones can never be exaggerated.

According to Philip Higgs (2012), a South African professor of Philosophy in Education, among the major common traits on the African continent is Communalism. In the African tradition, there is an interdependency between individuals and communities. Families are not just the biological linkages but the communities one belongs to and a community member is not just an individual but a "communitarian self" (Higgs, 2012). Solidarity, reciprocity, and moral obligations are what ties communitarians together (Higgs, 2012). Because they depend on each other, in the community-centered cultures common in Africa, what affects a "communitarian self" affects his/her community vice versa.

On the other hand, there is the African ethic of Ubuntu that holds communitarians together and ensures that they all live a dignified life. Ubuntu, also known as the foundation of the African philosophy, means "humanness". The Ubuntu philosophy is primarily about the human's relationship, compassion, interdependence, human needs, wellbeing, and dignity (Higgs (2012). In the African ethic of Ubuntu:

> A fulfilled and flourishing life out to be one in which persons are reasonably well fed, well clothed and housed, in good health, loved, secure, and able to make a conscious effort to treat others with fairness and humanness because they in turn are treated that way. (Higgs, 2012, p.47)

People who embody Ubuntu understand that for a person to live a dignified life, he/she needs to afford basic needs. Community members who are unable to afford the fundamental

needs, the communities they belong to have a moral obligation to support those in need of support. Additionally, in the African communitarian tradition, helping others is not a burden but an investment for the helper's future. In the Rwandan expression, "*ibirenge bijya imbu kujya imbere"* (literally, one's legs alternate stepping to the front). What happens to a person today good or bad can happen to anyone else in the future and people out to treat others as they would like to be treated if they happen to be in the same situation in the future (Higgs, 2012).

Another Rwandan proverb says, *"akebo kajya iwa mugarura"* (a basket goes to where it will be returned or what goes around comes around). Supporting vulnerable community members is investing in one's own future. Unlike the dominant Western culture that tends to perceive its society as individuals who are capable of taking care of themselves, feeding themselves, paying their bills, protecting themselves, taking care of themselves, thriving on their own, autonomous from any cultural relationships and social ties, in the African tradition, there is no sense of self-completeness commonly observed in the Western dominant culture. The knowledge about what it takes to build a community and sustain it is a capital which is silenced when interventionists and researchers do not see its value.

According to Higgs (2012), "people cannot be empowered if they are locked into ways of thinking that work to oppress them" (p. 52). Pulling people away from who they are may make them too ignorant and shy to bring their contribution forward and may stop them from a sense of ownership and confidence. While most of the efforts work with the best intentions to empower vulnerable communities, "people can not be empowered if they do not have access to their indigenous forms of knowledge which provide them with their identity as persons" (Higgs, 2012, p. 52).

In his economic philosophy, Marcus Garvey, the Jamaican nationalist and Pan-Africanist, developed an economic and educational liberation model he believed could help responding to Africans' needs. Reacting to the education system he grew up in, Garvey said that black people were intentionally miseducated and the structural ignorance keeps them in the position of consumers, not producers, or distributors (TheVoiceNewspaper, 2018). For Garvey, the dominant system ensures that the black race depends on other races that control the production of food, shelter, clothing, and other fundamental human needs (TheVoiceNewspaper, 2018). Umar Johnson, an African American psychologist and educator built on Marcus Garvey's philosophy to highlight the necessity of Africans' ability to control what is fundamental in their lives. In Johnson's words:

> Solutions for Africans are not different from solutions from Chinese, or France. It is the same, it is not a secret, it is not hidden and a rock. We have to do what everyone else has done and build ourselves up economically, educationally, politically, socially, and spiritually. We must become a power base. (TheVoiceNewspaper, 2018, 10:13)

What Garvey and Johnson did not clarify however, is that the Americans, Europeans, and some Asian people might be where they are because the needs of their people were the center of their theorization, productions, and distributions. While the end goal can be the same as anywhere else in the world, the process, and resources invested can be different from one culture to another. If the Marcus Garvey's philosophy is to benefit the people especially in the context of Rwanda post-genocide, the people need to embrace their collective culture, and frame social solutions that are rooted to their realities.

# Methodology

## *Acknowledgement of assumptions*

The awareness of the researcher's assumptions that are rooted in their knowledge and beliefs about the topic and community being studied is recommended to help a researcher actively avoid imposing potential influences from preconceived assumptions on their lens when developing a theory (Birks & Mills, 2015). According to Birks and Mills (2015), "by articulating your thoughts, feelings and ideas before you begin [your research], you ensure that your study is transparent from the outset" (p.20). It is in that regard that before, during, and after the data collection, I have acknowledged my connection to the community and the area of research. In brief, I grew up in Rwanda, and had previously studied and worked for the school where the study took place. I am a trained psychologist and practitioner in the country, and having been in the US for the last few years may employ a different lens than the community's.

Moreover, I worked in the areas of trauma treatment with various Western traumatologists in Rwanda and my work with Jody Yeary, a psychologist in San Francisco, had previously engaged me in an in depth exploration of the nature of stress. Prior to the research, my professional, personal, and collective experiences had led me to a sense that one might not succeed in treating psychological problems in isolation from human fundamental needs. Moreover, I understood that to best understand what an individual or a community needs to deal with complex adversities like those from the post-genocide context, one needs to have the people define their needs and for the researcher/interventionist to play the role of (co)facilitator in the conversations. The major driver of the flow of this project was not to culminate into an exceptional "abstract" or academic paper. It was an opportunity for me and the participants to

co-create resources that could potentially make a difference or at least plant the necessary seeds for the community's desired social change to take place. The desire of making a difference and the community's desired social change could influence the process and outcome.

### *Research Method: Grounded Theory and Grounded Action*

The study lasted for eight months and included an exploration of the problem, framing solutions, implementing those solutions, and evaluation. An entrepreneurship teacher at the school helped as a supervisor. The purpose of this study was to develop a theoretical explanation which would be rooted in realities of the participants to help in explaining the post-genocide younger generation's needs as they struggle to recover from the genocide against the Tutsi. The GA approach was used because it allows a researcher to develop grounded theories rather than testing existing theories in addition to including actions beyond data collection. According to Auerbach and Silverstein (2013), professors of psychology at Yeshiva University in New York City, "a theory is a description of a pattern that you find in the data" (p.31).

Rooted in the Grounded Theory (GT), Grounded Action (GA) is a rigorous and systematic research methodology that gives a space for research participants to discuss their realities in order for them to generate an explanation for what is the most important problem they would want to address, to frame solutions, and to implement them. The GA model uses open-ended questions and observations to collect data that shape the research process. While GT generates theories, GA uses these theories to develop actions. When the theoretical explanation of the problem is fully explored, and the research concerns are fully and cleared defined, research participants use the collected information to develop and implement projects that respond to their identified needs (Simmons & Gregory, 2005).

### *Informed consent forms and human subject protection*

After getting approval from the Institutional Review Board at the University of San Francisco, I distributed the Kinyarwanda (Rwandan language) version of the consent forms to each participant. I read it aloud, explained the purpose of the study and what they could expect over time. After I had provided answers to all the questions the participants asked, everyone agreed to participate and signed the consent forms. To minimize potential psychophysiological responses from the focus group conversations, a participant had to speak only if he/she raised a hand to show his/her interest in speaking and anyone was free to not speak at all if they did not feel comfortable, in addition to scheduled breaks, individuals were allowed to step outside and take a break if they need to, and participants were free to stop participating in the project at anytime with no consequences. They had the option to write their contribution to the discussion rather than speaking if they prefered, and while this was not intentional, I realized that most of the participants were naturally speaking in a third person (he/her/his/them), which is culturally common when speaking about one's emotional vulnerability, family issues or anything else they would not feel free to publicly attribute to themselves. I tried to respect this norm and to not disrupt the culture. It happened that we interrupted conversations with chorus songs of their choice to mitigate stress after a heavy conversation. There was an assistant present who could help in cases of heightened stress.

### *Research setting*

The focus group conversations were conducted in a high school setting in Rwanda, Western province. Participants were sitting in a classroom, half circle, facing the blackboard. A recorder was placed in front of participants to capture their voices. There were two people on each bench, and for privacy reasons, sometimes we would take breaks to allow some participants to take a blank paper outside the meeting space to write a confidential note with some information they did not want to share publicly.

### *Theoretical sampling and theoretical saturation*

Theoretical sampling in GT, "entails choosing research participants who have information related to your research concerns. In this way, your theory, rather than the requirement of randomness, determines which research participants will constitute your sample" (Auerbach & Silverstein, 2003, p.18). There was no cash payment for participation. However, at each session, breakfast was provided and a stipend provided for participants to buy lunch themselves. Transportation funds were also provided for the sessions we had during school break.

The study used convenience and snowball sampling methods. In total twenty-three (23) students, eighteen to twenty-four (18-24) years of age participated in the study. Everyone who was at least eighteen (18) years of age and studying at the school in senior levels four (4), five (5), or six (6), was qualified to participate. Using convenience sampling, a teacher helped select ten (10) students from different classes. Later on, using snowball sampling, the existing participants invited five (5) fellow students to join me in separate focus group conversations and the newer group invited five (5) more students for additional focus group conversations. The idea

was to see if the new participants could add something new or change the theory that was under development. I met with each of the groups at the three (3) first sessions separately when we were identifying the problem and we combined all the groups at the last four (4) sessions. Finally, the participants invited three (3) more participants at different times for their specific skills. For instance, they invited Heritier to join them at the second session because of his leadership skills and Gerome was invited after the initial workshops because his family raises chickens. The group thought he could help them in developing a chicken raising business. As participants joined at different times, I had to compare newly collected data against the data I had collected previously. I had one week interval between one session and the next, and at the next session I brought my preliminary analysis and interpretation to member-check if I had interpreted their words right or if they had something to change or add.

According to Auerbach and Silverstein (2003), when conducting grounded theory research, "you stop increasing your sample when each new group of participants tells you the same story that previous groups have told" (p.19). Thus, I invited participants until I realized that new groups were repeating what the previous groups had said and there were no new ideas to change the theory that had emerged. The achieved phenomena is defined as theoretical saturation (Auerbach & Silverstein, 2003). In my research context, practically, neither myself nor the students knew how many times we would meet. Attaining the theoretical saturation meant the level when the group and I were convinced that the problem was fully understood. Solutions and expectations were collectively and appropriately defined to ensure that anything that could be done would match the community's authentic needs and that the participants did not have anything to add and I did not have more questions to ask.

### *Preferred terminology*

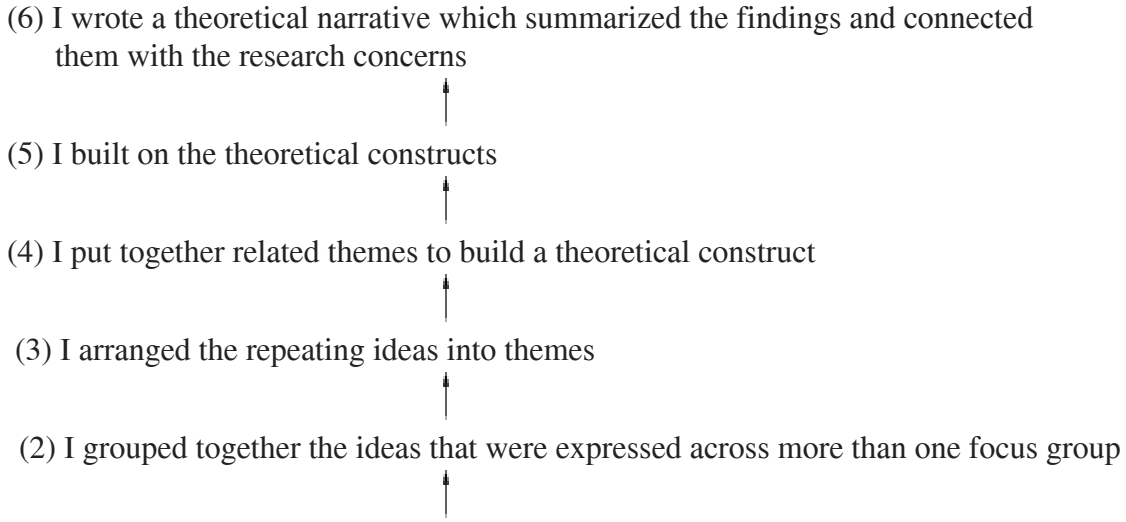
As the participants' voices started to lead the process, I tried to use some of the key terms the locals were naturally using. For instance, the participants were referring to the research as "umushinga" (a project) and adapted to this emerging term. Additionally, while the teacher who supervised the project suggested to the students that they should consider me and refer to me as the "owner" of the project, the students suggested that themselves and I were both "stakeholders" of the project. Thus, the words research participants, students, and stakeholders are used interchangeably throughout this study.

### *Data analysis*

The data analysis followed a coding procedure developed by Auerbach and Silverstein (2003). Explaining the coding process, Auerbach and Silverstein (2003) said that in the bottom-up structure from raw text to research concerns, "you can think of the steps of coding as a staircase, moving you from a lower to a higher (more abstract) level of understanding" (p.35). I read each transcript multiple times with the participants' research concerns in mind. In Grounded Theory, the data that are related to research concerns are called *relevant text* (Auerbach & Silverstein, 2003). The remaining data was discarded and the data considered as relevant texts with similar words, phrases, and messages were grouped as *repeating ideas*. The repeating ideas that emerged across multiple focus groups, or among fifty (50%) percent of the entire group (i.e. in the exercises done in one large group) were grouped into *themes.* In the same way, I grouped the themes which had common messages and were grouped into *theoretical constructs*. To conclude, I arranged the theoretical constructs into a *theoretical narrative* which serves as the

summary of the lessons I have learned from the research concerns. The diagram below shown in figure 1 summarizes how I moved between the steps to code the data. To honor the non-linear approach, it happened that I moved back and forth between the steps.

*Figure1:* Coding procedure




## Limitations of the Study

Given the small sample size, the findings cannot be generalized to the realities of all the country's post-genocide younger generation. However, the purpose of the study was to generate a grounded theoretical understanding about the world of those who were involved in the study and did not intend to show how the findings could statistically represent the Rwandan youth. Additionally, while having a big group seemed to reduce the pressure for the participants to speak, leading a focus group with ten (10) people was difficult because participants did not seem to have equal chance to speak. Those who are shy for instance may not have raised hands to speak as often as those who are extroverts. Additionally, while the participants had the

opportunity to write down any information they were not comfortable sharing in public, opportunities for one on one conversations with me could have potentially helped to deepen shared narratives to individual perspectives. Another limitation of the study is about whether the projects that resulted will grow and are sustainable. Sustaining the project beyond the research timeline has been financially challenging.

## Significance of the Study

By the year 2019, Seventy one (71%) percent of Rwandans were under thirty (30) years old and more than eighty six (86%) percent of those who were under eighteen (18) years old lived in rural areas. While the numbers are not much different from some other parts of the African continent, the country has some unique situations that need to be taken into consideration. For instance, sixty (60%) percent of the Rwandan population were born after the 1994 genocide against the Tutsi. While youth played the most important role in killing people during the genocide, the current generation is perceived as the hope for the country. As the country continues to create sustainable resources for its recovery, the younger generation are the forces ready to build or destroy depending on where they are pulled towards.

They are carriers of collective frustrations, painful memories, and resilience. On the other side, the trauma crisis, and the genocide ideologies among high school students (wanting to do 'another' genocide) is problematic at the time when Medias from outside the country continue to spread the message of hate and fuel the spirit of ethnic violence. The pulling and pushing factors can leave the younger generation in confusion and create dilemmas that may make them vulnerable to exploitation and to follow misleading calls. Many of the average population who committed the genocide claimed that they did it because someone told them to do so and the

Rwandan genocide planners acquired the divisive ideology from their colonial masters. If the current generation is to make a difference and contribute to the healing and growth of the country, they need to learn from the mistakes their elders made and act differently. The younger generation needs to get a space to think for themselves, to differentiate between misleading ideologies and realities and to create the world they would want to live in that is not based on ideologies but on realities of their lives.

Research, interventions, and the education system that led to the tragedies need to change and operate in a renewed collective consciousness. The GA project serves as an alternative that can inspire more humanizing and dignifying research, healing, and education in non-Western cultures. By instilling a sense of responsibility, accountability, and ownership of the leading system of thought in the country, the younger generation and the general population would potentially learn how to resist the call to kill their neighbors and to learn how to de-escalate the heightened stress and the evil enthusiasm that mostly precede mass violence. The study was an opportunity to open up more curiosity that may inspire new frames of healing, peace-building, education, research, and community development that may respond more effectively to the unique issues in Sub-Saharan Africa.

## Definition of Terms

**Grounded Theory (GT):** Grounded in the realities of the people involved in research, the GT is an inductive, rigorous, and systematic research that culminates into a theoretical explanation emerged from the actual collected data (Simmons & Gregory, 2005).

**Grounded Action (GA):** While the end goal of a GT research is to generate a theory that explains a problem, GA extends the former, designs, and implements actions that are systematically rooted in the data collected from a GT (Simmons & Gregory, 2005).

**Guheranwa n'amateka (stucking in history):** The word emerged after the genocide and people use it interchangeably with the word guheranwa n'agahinda (literally, stucking in depression). While the word can be used in any other context, it is mostly used when people want to say that one experienced tragic events related to the genocide and his/her grievance is still fresh after an extended amount of time (Itangishatse, 2018).

**Gusasa Inzobe:** "Gusasa" means laying something down and 'Inzobe' is a wild animal. Etymologically, during the period of the kingdom in Rwanda, when people were in aggressive and endless conflicts, people had to take those in conflicts to the king. Those in conflicts had to lie down on the hide of *Inzobe*. When laid down on the hide, speaking lies was unacceptable (Mahirwe, personal communication, May 1, 2019).

**Kongera kwiyubaka (building oneself again):** The word emerged in the post-genocide Rwanda and people use it to say that while someone's loved ones were killed during the genocide, properties looted or destroyed, tortured, impoverished, experienced refugee situations due to the chaos, or impacted in some other ways, he/she has overcome the problems, and has started living again, living a normal life) (Itangishatse, 2018).

**Stress:** Psychophysiological responses to internal and external demands (Aldwin, 2004)

# CHAPTER II:

# REVIEW OF THE LITERATURE

## Introduction

The African continent and especially the Sub-Saharan African nations have experienced cycles of wars, genocides, ethnic tensions, poverty, disease outbreaks, to name a few of the disastrous tragic events. Many would agree that all the experiences are stressful and have the ability to affect the brain and body (Yeary, personal communication, March 16, 2016). When dealing with healing and restoration of harmony, most of the Western-minded psychological interventions dominant in the region have worked under the assumptions that only the Western way of thinking, knowing, and doing could heal the problems (Watters, 2011). This Grounded Theory and Action research aimed to engage the younger generation of post-genocide Rwandans in an effort where they play the role of the expert in theorizing about their struggles, resilience, and needs. The intention of this project was for the Rwandan people to play a central role in deciding what they believed could help and to put into practice so we could evaluate its effectiveness. In this chapter, I will critically review the literature related to dominant psychosocial and educational interventions in the context of the Sub-Saharan Africa and Rwanda post-genocide in particular. The chapter is divided into the following sections: Hegemonic trauma education, decolonization of trauma intervention, mending the divides between the

education system, trauma healing and community development, and a critical review on the National Mental Health Survey (NMHS).

## Hegemonic Trauma Education

Before the genocide against the Tutsi, Rwanda had a population of approximately seven (7) million. According to government reports, 1,074,017 were killed during the genocide, 2.5 million exiled right after the genocide, one million returned from exile, and 1,951,388 people were accused of participating in the genocide (Umuziga, 2018). The country was a mess and dealing with traumas and many other aspects of its reconstructions required resources the country could not afford on its own (Umuziga, 2018). For instance, in 1995, a year after the genocide against the Tutsi, Rwanda had only one (1) psychiatrist, five (5) psychologists, and three (3) psychiatric nurses (Umuziga, 2018). As a result, immediately after the genocidal tragedies, there was a rapid increase in Western NGOs in the country to offer mental health training to Rwandans (Umuziga, 2018).

The international NGOs came in with the dominant Western philosophy about mental health and believed that these concerns were the same everywhere and that resources to treat them were universal (Watters, 2011). Knowledge and traditions from Western psychologists, social workers, psychiatrists, researchers, educators, and other mental health experts, especially on the topics of Post-Traumatic Stress Disorders (PTSD) and depression, were centered as the primary approach to trauma healing (Watters, 2011). The Western mental health experts seemed to believe that because Rwandans did not have a formal psychology education program, they

knew nothing about mental stress and strategies to help those who were affected (Petersen-Coleman & Swaroop, 2011; Watters, 2011). After the genocide, for instance, one Western NGO in Rwanda distributed seventy-five thousand copies of a booklet that outlined symptoms of PTSD (Watters, 2011). Western trauma counselors gave interviews to local media about psychological trauma and enormous campaigns were spread across the country to warn the Rwandan population about the "new" disease. Within two years after the genocide, more than six thousand non-professional trauma counselors received training that mostly lasted for a few weeks and were granted certificates that permitted them to be lay counselors in their communities (Watters, 2011).

Similarly, in 1998, Rwanda started the first clinical psychology program at the National University of Rwanda (NUR) with a mission to train local professionals to respond to post-genocide trauma in Rwanda and wars in the Great Lakes region of Africa (Ministry of Health Rwanda, 2011). The Western-trained African academicians and the local University institutions both with African face but with Ameri-European hearts and minds, have seemed to play the intermediary role of oppressing their own traditions in order for them to appear "modern" and "scientific" (Levers, 2006; Petersen-Coleman & Swaroop, 2011). In the words of Freire (1968), "[the racially oppressed people] call themselves ignorant and say the 'professor' is the one who has knowledge and to whom they should listen. The criteria of knowledge imposed upon them are the conventional ones" (p. 63). The learners are considered as "undernourished," "not in the literal sense in which many of them really are, but because they lack the bread of the spirit" (Cushman, 2001, p. 617).

In Freire's (1968) banking model concept, the Westerners' own mental health knowledge has to be transferred and deposited in the Rwandans "empty" minds. Learners have to repeat what they are taught and the locally trained have to accurately spread the word, each stage requiring the same rote learning without critical thinking. Locals' lived experiences and cultural wealth such as elders' wisdom and other resourceful traditions that had always been the reliable resources for local people in times of conflicts and tragedies, indigenous epistemologies, metaphors, and proverbs, are explicitly excluded from the formal psychological services and trauma training curriculum (Petersen-Coleman & Swaroop, 2011; Umuziga, 2018).

In Rwanda after the genocide, for instance, how was the incredible metaphorical native Kinyarwanda language utilized and incorporated into healing efforts? (Petersen-Coleman & Swaroop, 2011). The Ameri-Eurocentric epistemologies have turned what was indigenously familiar into strange concepts especially to the average population who never had access to higher education which limited their exposure to Western culture and concepts around psychosocial support. Building on Freire's question, who is better prepared than the trauma sufferer to understand the terrible significance of genocidal trauma? (Freire, 1972). According to Dabelstein as cited in Petersen-Coleman & Swaroop (2011), "missed opportunities in exploring indigenous concepts of mental health and methods of healing conceivably stem from initial lack of understanding of Rwandan society, psyche and culture, and the absence of adequate language skills, so vital to confidential communication" (p.5).

Consequently, the field of counseling died prematurely. After a few years in the early aftermath of the genocide, some of the international NGOs that were expected to hire locally trained psychologists could not see the future of their work and had already started to disengage

(Umuziga, 2018). Thirteen years after the inauguration of the psychology program at the National University of Rwanda (NUR), the "NUR psychology graduates cried foul" as the then Minister of Health attempted to phase out the program arguing that there was no need for the field in Rwanda (2013, para.1). Quoting Ali Mazrui, a Kenyan academic professor and political writer on African politics and culture, "Africa is the only continent on earth that consumes that which it does not produce and produces that which it does not consume" (Nacheki, 2018, 3:31).

## Decolonization of Trauma Interventions

Trauma healing aid has seemed to replace hunger as the first thing that comes to some dominant Western traumatologists' mind when they hear through the dominant news that there is war, genocide, natural disasters, or any other emergencies in developing nations (Watters, 2011). In his book, *Crazy Like Us: The Globalization of the American Psyche,* Ethan Watters (2011), stated that, "the [dominant Western] assumptions about how the mind becomes broken and how it is best healed after emergencies lead many of the mental health service efforts" (p.4). However, the 'Outside--In' approach has seemed to remain the norm even when survivors of chaos are no longer in 'emergency' situations. In the case of Sri Lanka after the tsunami, the Western psychology and mental health experts repeatedly reported that because the country did not have enough trained trauma counselors, locally there were no psychological resources to help residents cope with the tragedy (Watters, 2011). Basically, the Western traumatologists had to start from scratch. This, "seemed to simply ignore or discount the cultural traditions, beliefs, and rituals that Sri Lankans had so long relied upon" (Watters, 2011, p.89). The same understanding has been applied to the post-genocide Rwanda (Petersen-Coleman & Swaroop, 2011).

After the genocide against the Tutsi which was co-authored by divisive Western ideology and resources (Wallis, 2014), psychological interventions to treat its consequences have heavily depended on the dominant Western psychotherapeutic principles (Uwanyirigira, 2019). The most important mistake the dominant Western mental health ideology and actions made in post-genocide trauma treatment in Rwanda was the homogenization of mental health issues (Watters, 2011). In Rwanda, besides severe mental health illnesses like schizophrenia which were believed to invade one's head and which could be removed with appropriate resources, other psychophysiological responses to life experiences were traditionally seen as something that could be resolved by improving one's environment (Solomon, 2014). With the genocidal mass violence, "the trauma was experienced as a group, therefore, adequate trauma interventions needed to be collectivistic in nature and embrace the uniqueness of this small African country" (Petersen-Coleman & Swaroop, 2011, p.4). While the dominant Western psychological approach encourages individualistic ways of dealing with distress through self-awareness, self-care, self-healing, self-determination, or self-introspection, in the communitarian culture of Rwanda there is no "me" (Watters, 2011). In response to a community member experiencing distress for instance, Rwandans could naturally provide *ubudehe* (free labor to a community member in need), (2) *ugutabarana* (reaching out to people in difficult situations and stay with them for consolation, like when one's family member dies), (3) *gutwererana* (providing material resources to a community member in need of support, i.e. holding a wedding, building a house) (Kabagunga, 2006). "Favoring Western diagnostic conceptualizations rather than honoring indigenous understandings of trauma further propels the forces of structural oppression, thus silencing African views in deference to Western models" (Petersen-Coleman, & Swaroop,

2011,.p.3). Watters (2011) warned the world that if we choose to ignore the cultural wisdom of people, "we erase this diversity to our own peril" (p.7).

Moreover, the healing approach has worked under the assumption that it is always mentally healthier for a trauma victim to speak about what they experienced during the genocide than it is to be silent (Eramian & Denov, 2018). For instance, the women raped during the genocide against the Tutsi and infected with HIV and the youth born of genocidal sexual violence against the Tutsi women are expected to openly share their stories if they are to recover from trauma (Eramian & Denov, 2018). The dominant psychotherapeutic approach ignores that in some cultures like Rwanda's, people are generally more culturally stoic and do not want to speak about their traumatic experiences to the people who are not their closest friends.

In the same way, the dominant Western media, with the reciprocal blessings of dominant Western psychology, has worked under the umbrella of contributing to the talking cure and endless "raising awareness" about the mental health issues (Torgovnik, 2019). Many journalists from Europe and America have taken stories of genocide related vulnerability without any limits. The stories of the survivors of the genocide that have been revealed in the media range from rape to medical conditions like HIV that resulted from the genocidal rape, in addition to photos that have to meet the photographer's desire (Seymour, 2019). These are sensitive experiences locals usually keep confidential (Petersen-Coleman & Swaroop, 2011). Whether this is observed through the psychology, research, or media platforms, the most important questions to ask are probably, who benefits from hearing the horrible stories of genocide from survivors repeatedly? Is it in the best interests of the genocide survivors and perpetrators or is this potentially inspired by the dominant Western media's interest in selling a story? Is it because the people of Rwanda

are psychologically ready to share the information they had never been able to share before? Are they surrendering to the Western media for some types of incentives rather than the "healing" opportunity from the Western lens?

Jemma Hogwood, a British Clinical Psychology practitioner in Rwanda agreed that the people of Rwanda are more open to share painful stories with them (Western professionals) than local psychology professionals because they (Rwandans) do not trust indigenous professionals (Leach, 2015). However, besides the pressure to speak that can be driven by the interviewee's expectations from the Western interviewers, "an emphasis on healing the individual away from the group, particularly in one-on-one counseling with strangers, is problematic" (Watters, p.93). Despite having been serving genocide survivors for many years, Hogwood did not seem to understand the complexities behind the lack of "trust" and Levers, Kamanzi, Mukamana, Pells, and Bhusumane, (2006) shed some light to the problem:

> Local people often reject indigenous knowledge and understandings in favour of Western scientific knowledge/methods. This is partly an artifact of colonial history, as well as a result of the more recent continual influx of consultants/NGOs with attitudes of superiority, leading many locals to discredit their own understandings, especially in order to secure donor funding; this could emerge as a sensitive issue. (p.268)

The power dynamic is problematic and can have negative effects on the healing process. While it is important that internationals join locals in facilitating in the healing process, excluding local professionals can undermine the intended outcome. For instance, according to Petersen-Coleman & Swaroop (2011), during the genocide, Tutsis were hunted down in specific areas that are memorable to the survivors of the genocide and in a liberatory psychology framework,

"psychologists can comprehensively treat an individual's traumatic experiences while simultaneously making links with the individual's historical and environmental conditions" (p.14). The complexities involved in the history of the genocide can be strange to someone who is not informed about the situations and the region. "This is important because the current Western biomedical model for treating trauma falls short of considering the Rwandan trauma in light of their historical and environmental experiences" (Petersen-Coleman & Swaroop, 2011, p.14). Additionally, it can be true that some local people may not trust local professionals especially when the sufferer associates his/her therapist with the people who caused the suffering. However, the solution to the problem should not be replacing local professionals with internationals (Petersen-Coleman & Swaroop, 2011).

Another important aspect that Hogwood did not consider is that many of the people who are most affected by the genocide against the Tutsi are financially vulnerable and they can be tempted to share their innermost trauma secrets to Western therapists and journalists against their (Rwandans) will (Levers et al, 2006; Torgovnik, 2019). For some, especially women who are sexually abused during the genocide, sharing the stories when they did not want to has caused more damage than good (Eramian & Denov, 2018). While the complexities associated with power dynamics resulting from cultural differences and financial situations between funders and indigenous people is rarely discussed in humanitarian work on trauma healing, these two elements can have a conscious or unconscious influence on trauma healing practices in developing nations. When reflecting on the situation in post-genocide Rwanda, Levers et al, (2006) agreed that sources of funds have seemed to dictate whose cultural healing philosophy is to be taken as effective enough to heal trauma and locals have to be cautious to not risk cutting

ties with donors. This is especially problematic because some funders, despite their best intentions, may seem to not be aware of how their cultural influence which indigenous people are not safe to challenge can negatively impact the success of the projects they sponsor (Levers et al, 2006). This is not an isolated case because, "we often see interventions globally that are based on good intentions, but have the effect of perpetuating the very problems the interventions originally were aimed at resolving" (Levers et al, 2006, p.270).

Locals' financial dependency may make them vulnerable to surrender and not bother bringing forward their perspectives. According to Levers et al, (2006), present hardships may exacerbate trauma and make people less resilient to past trauma. Levers et al., (2006) shared an example in the post genocide situations,

> One girl—head of a household of eight siblings and other relatives—said that she had "got used to" the fact that her parents had died during the genocide, but she could not cope with the constant uncertainty of not knowing how to provide for her family. (Levers et al, 2006, p.268)

Levers et al., (2006), suggested that interventionists should not come to the areas of the trauma treatment field with prior assumptions about what the people's struggles are because the interventionists or funders may not have the same perspectives as the people they are meant to serve.

Perhaps the most complex and difficult issues when the services provided do not match people's needs is the tension caused by the competing duality of gratitude and frustration. The failure to consider cultural curiosity, financial stress, and other fundamental needs seem to have turned some well-intended initiatives into situations of domination and oppression. Therefore,

the people and organizations who provide trauma treatment in communities that struggle to meet their basic needs have to understand the bigger picture of the daily lives of those they are trying to help (Petersen-Coleman & Swaroop, 2011). Basically, "we need to consider how resilience can be enhanced through the promotion of protective factors ... in turn, this requires a systemic approach, building partnerships between the healthcare sector and other public-sector bodies, as well as with NGOs" (Levers et al, 2006, p.268).

**Mending the Divides Between Education, Trauma Healing, and Community**

Just as complex as their problems are, healing the trauma of the people who are also poor requires multifaceted resources. Some of the challenges of healing genocidal trauma include the divisions among culture, education, healing, and communal entrepreneurship. In 2012, Philbert Nsengimana who served as the Rwandan Minister of Youth and ICT launched the, "*Agaciro Kanjye"* (loosely translated as my dignity) program. The Agaciro Program created some initiatives that are rooted in the Rwandan culture like *Kwiharika* and *Kuremera* (National Youth Council, 2012). The dehumanizing genocide chaos of genocide caused many people lose *agaciro* (dignity) as humans, and any opportunities to engage in cultural efforts or other resources that can help restore a sense of worth can be therapeutic (Petersen-Coleman & Swaroop, 2011).

In the past, Rwandan children, teenagers, and adolescents were expected to participate in *"kwiharika"* (an income generating initiative for economic self-reliance). In recent years, youth have been encouraged to re-introduce the culture as a solution for youth unemployment and to speed development (Niyonkuru, 2014). With their own income, children or adolescents canlearn the skills at an early age and can buy materials like clothes without relying on their parents or guardians. In *Kwiharika*, especially in the rural areas, children and adolescents can participate in

agriculture, raise domestic animals, and sell products, just to name a few examples (Mubiru, 2013). In my colleague's words, what affects the brain, affects the body and vice versa (J.Yeary, personal communication, 2017, May 4). If people are to work on mental health among financially vulnerable populations, they need to include opportunities for financial self-reliance.

The Rwandan government has re-invented *Kwigira* (Self-Reliance) as a program that can potentially be a catalyst for youth employment and economic growth (National Youth Council, 2012). However, despite its promises, many factors have hindered its success. For instance, some youth said they do not have enough exposure to the Information and Technology (IT) which could inspire or support their small business initiatives (Niyonkuru, 2014). According to the National Youth Council (2012), in addition to the challenges specific to the girls' low engagement in the programs, generally, some of the youth had difficulties accessing the services because they live far from the training centers. Another limitation in the *Kwiharika* (adolescents/children-led business) idea is that it is supposed to be an individual assignment.

The individual-based *Kwiharika* used to work in the past when parents had enough lands or domestic animals to offer to their children. Today, the natural resources are rare and people are investing through creative ideas which may require communal efforts. The collective work may not only help with self-reliance aspects but it is also an opportunity to regulate stress, increase social support, fuel social cohesion and unity, which can be some of the most important components of the genocide healing process. Moreover, most of the children and adolescents are in schools. If applied in the school system through learners' academic assignments and supervision from their teachers, the idea could probably be more successful. Developing

*Kwiharika* (children/adolescents-driven small business) efforts outside the school system may have been a missed opportunity.

Moreover, the concept of *Kuremera,* "giving a hand to someone in need in order to help/assist a person to become socio-economically empowered," is another local effort that seems to be therapeutic even though it is not known for that (National Youth Council, 2012, p.12). In the communitarian tradition of Rwanda especially in rural areas, people usually have more information about their neighbours' and friends' circumstances compared to individual-centered societies. It is common for neighbours, friends, and extended family members to have updates about how much a community member was able to harvest, if they have enough to eat, whether a neighbour's baby has milk, the condition about one's house, and many more details that could be perceived as private information in some other cultures and contexts. Traditionally, some family and friends use this awareness to offer some free services and materials to support the most vulnerable population so they can "start a life".

*Kuremera* can be offering a cow or a goat, coming together to help build a vulnerable person's house, digging land, offering some food or money, providing tools to start a business, or any other support that may seem to be fundamental in helping the economically vulnerable person or family move forward with life (Kwibuka, 2013). In spite of the indigenous efforts, "in Rwanda, it is unclear what aspects of indigenous healing practices the community experiences as most healing" (Petersen-Coleman & Swaroop, 2011, p.3). Therefore, there is a need to explore the indigenous efforts and evaluate their effectiveness.

## A Critical Review on the National Mental Health Survey

A review of the 2018 National Mental Health Survey (NMHS) in Rwanda may help in creating a summary of the gaps in the genocide healing and evaluation that are administered (Muneza, 2019). Following the NMHS 2018, the prevalence of mental health disorders such as depression and PTSD are increasing both for the genocide survivors and for the rest of the Rwandan population and the rise was believed to be due to mainly effects of the 1994 genocide against the Tutsi (Nkurunziza, 2019). The NMHS revealed that twenty five to thirty seven (25-37%) percent of the Rwandan population has at least one mental disorder (Muneza, 2019). The survey showed that 35.6% of the genocide survivors met the diagnostic criteria for severe depression and the prevalence was at 11.9% for the general population (Muneza, 2019).

The increase in mental health issues were said to result from the lack of effective responses to the problems (Muneza, 2019). According to Vincent Sezibera, a professor of clinical psychology at the University of Rwanda who served as the principal investigator for the nationwide survey, “these are not mere statistics but lives of people. Something needs to be done. We need to do research on causes to understand more than we know now” (Muneza, 2019, para.11). What the researcher did not seem to consider, however, is that more investigation may not only be needed to identify causes, but also to identify effective ways to deal with the problems. For instance, the survey revealed that while 61.7% of the Rwandan population were aware of where they could get mental health service from, only five point three (5.3%) percent of the Rwandan population had used the services (Muneza, 2019).

The NMHS was the most comprehensive nationwide survey in the sense of being inclusive of various mental health pathologies since the year 2019, and one of the most important limitations of the NMHS is its frame of reference (Muneza, 2019). Administering NMHS

through the lens of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM) in the post-genocide Rwanda context was a missed opportunity. The NMHS researchers seemed to ignore that the diagnostic constructs in the DSM were developed and classified based on research done on the Western population and should not be used in the unique context of the post-genocide Rwanda situations (Petersen-Coleman, & Swaroop, 2011). Framing responses from the genocide against the Tutsi as merely 'disorders' can be an insult for some survivors or anyone else affected by the genocidal tragedies (Petersen-Coleman, & Swaroop, 2011). This is especially important because mental health is intimate to people's culture, living conditions, land, and political environment (Petersen-Coleman and Swaroop, 2011; Watters, 2011).

According to Petersen-Coleman and Swaroop (2011), trauma interventions that are supporting people impacted by the genocide against the Tutsi need to shift their focus from the DSM to local frameworks that center on providing services that fit with the unique suffering they have endured and their culture. Indigenous' frames and interpretations about mental health problems, expressions, idioms, metaphors, the understanding of what led to the problem, how it occurs, and how it can be cured or managed can vary greatly from one culture to another (Leach, 2015). The use of the native concepts and frames in the local language would have been comforting to Rwandan ears and could have easily been incorporated into practices and could have improved local and international services in Rwanda (Petersen-Coleman, & Swaroop, 2011). The incompatibility of the Rwandan perspectives to the dominant Western psychological frameworks which local and international psychologists are using in Rwanda might be the reason why Rwandans are not reaching out for counseling services for fear they could be labeled as

mentally ill (Petersen-Coleman & Swaroop, 2011; Uwanyirigira, 2019). As Watters (2011) argued, “without a deep understanding of the illness, it would be impossible to treat it” (p. 90).

According to Jeannette Kagame, the First Lady of the Republic of Rwanda, Founder and Chairperson for the Imbuto Foundation, the genocide against the Tutsi was perpetrated in a unique way, and she agreed that interventionists and researchers need to reinvent strategies to meet the particularities of the people of Rwanda (Ishimwe, 2019). The First Lady gave a challenge to psychologists in the country, to create services the people of Rwanda would find more welcoming (Ishimwe, 2019). Similarly, Petersen-Coleman & Swaroop (2011) suggested that “appropriate trauma interventions must be grounded in the country’s complex history as well as incorporate Rwandan constructs of healing” (p.3).

The NMHS showed that mental health problems were most prevalent in rural areas and especially among the least educated population (Muneza, 2019). This may imply that the poorest people are the most affected, a situation which seems to challenge the dominant psychotherapeutic model that frames solutions through “talking” or other strategies that mostly target thoughts, beliefs, feelings, habits, and behaviors. For a poor person in a rural area, mental health issues can be exacerbated by living conditions and vice versa (Petersen-Coleman & Swaroop, 2011). The context challenges the dominant Western frame that seems to over emphasize the role that is played by what is in one's “unconsciousness” and less with the realities they are facing in their daily lives.

For instance, in the context of post-genocide Rwanda, the most disturbing triggers to the memories of those who are poor can be associated with lacking the fundamental needs which those who were killed during the genocide could be providing in the present moment if they were

still alive or if one's assets were not looted or destroyed. According to Agnes Binagwaho (2019), former Minister of Health and currently the Vice-Chancellor for the University of Global Health Equity in Rwanda, "everything that is done in Rwanda is in the framework of poverty reduction and economic development (p.3)." Therefore mental health professionals serving poor people in the rural areas and cities of the country need to redefine their mental health concepts, approaches, and services to reflect the local context.

The local and international psychology professionals trained in the dominant Western psychology concept believe they are in the best position to prescribe mental health solutions for the least educated population and they would resist any attempt to take the power away from their hands (Petersen-Coleman & Swaroop, 2011). However, "the best experts to bridge the gap between international and local experience are those who might not have a health or psychology background, but have deep knowledge about cultural differences" (Leach, 2015, para. 15). This is especially because the people are less academically biased and would frame solutions merely based on their realities rather than ideologies from the Western context. The indigenous people are the closest to the problems and hence the closet to solutions.

## Summary

The above section critically reviewed resources that the dominant Western psychology theorists and interventionists have mobilised in post-genocide Rwanda. The reviewed literature shows that when the dominant Western trauma interventionists or theorists play the role of the expert in the genocide healing process, they may risk imposing cultural ideologies that are unhelpful, even sometimes insulting, to post-genocide indigenous peoples' perspectives. In this section, I particularly investigated the imperialistic DSM-based trauma education and its

limitations, particularly in Rwanda after the genocide. The literature review showed that psychological healing education proves problematic when local professionals emulate the Western dominant model because this model is not completely compatible with Rwandan culture, history, and social-economic situations. Additionally, the literature review showed that the biggest portion of people suffering from mental illnesses are those who have the least education and come from rural areas (the poorest communities); it therefore follows that therapeutic approach limited to emotions, beliefs, and behaviors, can not appeal to poor people whose most pressing concerns involve daily financial survival.

The literature showed that the existing genocide healing services and education may not meet local needs until they mend the rifts between the schooling system, trauma healing, and community development. To conclude, I critically reviewed the 2018 National Mental Health Survey (NMHS), the most comprehensive mental health survey since the year 2009, and found that by using the Western mental health checklists in the survey rather than grounding their survey in the realities of the post-genocide context, researchers missed an opportunity to learn something new. The literature showed that the NMHS used the wrong tools for the population surveyed and thus identified a need to create evaluation tools which are, instead, grounded in local contexts.

# CHAPTER III:

# RESULTS

## Introduction

My study intended to work with the Rwandan community, especially the post-genocide younger generation, so that members of this community play the central role in theorizing the realities of their own struggles; the study then built on the realities named by participants to develop and implement initiatives that grew out of an inclusive process. The findings are from data collected during the initial workshops, interim data collection, and an evaluation I did seven months after the implementation of the project. In the findings section, I kept some of the most important words and idioms in the original language (Kinyarwanda).

***Table 1: Repeating Ideas, Themes, and Theoretical Constructs for the Grounded Action Genocide Healing***

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I. Building the Foundation for the Multifaceted Community Development Family Project
- *A. Addressing conflicts as the point of departure*
  1. Because of prior unresolved conflicts, a group member may turn my idea down
  2. We need to avoid divisive behaviours or creating divisive alliances
  3. We need to avoid *kurenzaho* (pretending there is no conflict or problem when it is there)
  4. We need *gusasa inzobe* (sharing the truth as it is in our hearts)
- *B. Community problem co-ownership and gukorera hamwe (synergy)*
  5. If my mother dies, it is as if the mother for all of us here dies
  6. If the student I am paired with has any problem, I will be expected to detect it and provide support
  7. We need to *gushyirahamwe* (coalesce) and avoid pursuing personal interests

II. A Community Grounded Description of the Problem
- *A. Guheranwa n'agahinda (literally, getting stuck in depression)*
  8. I am in my own world far from other people, what I do is bad, nothing will please others
  9. I am aggressive to whoever mentions my past. When this happens, I burst into tears
  10. I have a severe headache
  11. If you keep the rotten potato with others, it will make the rest rot
- *B. Family and financial stress (kubura hepfo na ruguru)*
  12. My heart always feels heavy as if there are a hundred kilograms pressed on it
  13. When I am starving, everything you tell me can be zero
  14. What I study will only lead to unemployment

15. Some girls approach men and have sex with them to afford tuition fees

*C. The distinction between counseling and ubufashamyumvire (facilitation)*

16. Counseling is for someone who has a mental health problem; none of us have such problems
17. We are just sharing ideas, you are helping us 'train one another' (*guhugurana*)
18. I do have stress but I do not have a mental health issue which would require counseling
19. ...but counseling is imbedded in this training because we are 'pouring out'(*kwividura)*

III. Kwishakamo ibisubizo (Finding Solutions From Within)

A. *Kongera kwiyubaka (building ourselves again) and kwigira (self-reliance)*

20. The support I provide to the student I am paired with is what one's caring mother does
21. If the student I am paired with were sick, I would bring him/her water and food.
22. If I am paired with someone from a lower level class, I will take some time to help them with classes
23. The chicken project is the bridge to bring us together
24. *Aho kwica gitera wakwica ikibimutera* (literally, instead of killing the problem, kill the cause of the problem)

*C. Gusasa inzobe (to share the truth about one's vulnerabilities)*

24. I do not have any friends at school, and I am always isolated
25. I can not help you if I do not know you have problems
26. We need to open up and share our problems so we can know how to help each other

IV. Outcomes: The Complexities of Academic and Community Bridges, Social Ties, Hope Creation, and Power Dynamics

*A. Building trust and supportive community through gusasa inzobe*

27. I start by sharing my struggles with the person I would want to help
28. With time, the person starts trusting me to share real life experiences from home, not just superficial ones
29. I sometimes realize the problem is hunger, and I make sure the person I'm helping gets food
30. I used to isolate myself, with no one to speak with and today I have 23 close friends
31. You bought me a cup of tea and some bread. I was hungry, *nguhaye inka* (I offer you a cow/ a cultural expression of deep gratitude)

*B. Bridging classroom and community needs*

32. I facilitated conversations when we were signing contracts with the people we employed
33. At home, we had some underused houses and I started using them to raise chickens
34. When you go home, do not spend all of your time on television, use your backyard

*C. Uncertainty, frustrations, and hopelessness around project ownership*

35. We have a bank account book but the head of the school wants to be the one to keep it
36. I am starting to feel concerned because it does not seem like the project is ours
37. We received some soccer balls, the head of the school kept them in his office

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Table 2 shows the repeated ideas, emerged views, and theoretical constructs that resulted from the themes.

## Theoretical Constructs

The purpose of this Grounded Theory and Action study was to work with a post-genocide younger generation in Rwanda engaging them in a locally grounded theoretical explanation of their post-genocide struggles and resilience, for them to develop and implement strategies resulting from this community-grounded theory. The study included an evaluation of the outcomes after a seven (7) month period. In this section, I will describe the theoretical constructs and briefly describe the themes that constitute them. Four (4) theoretical constructs emerged from the bottom-up coding process.

The first theoretical construct is building the foundation for the Multifaceted Community Development Family Project. The theoretical construct consists of two themes ***which address conflicts as the point of departure*** because participants believed they needed to resolve both prior and emerging conflicts. They agreed that they needed to be honest with each other, and avoid pretending no actual problem or conflict existed because that attitude has proven so dangerous that it has lead to homicides. For the participants, mostly because of *kurenzaho* (hiding conflicts and pains), failure to address conflicts early leads to murder especially among spouses in their communities. The theoretical construct consists of cultural rituals like *gusangira* (sharing) beverages while one is *gufata ijambo* (to formally speak in a gathering) -- a tradition which consists of sharing wisdom; speaking the truth as it is on their heart (gusasa inzobe); and ensuring there is no *kurenzaho* (not pretending there is no conflict or problem while it is there). The second theme was ***community problem co-ownership and gutahiriza umugozi umwe (synergy).*** Here, participants agreed that no one should suffer alone, and that they had to

combine their efforts and support the group members as if what happens to an individual happens to everyone in the community.

The second theoretical construct was **a community grounded description of the problem.** This theoretical construct encompasses the community-led description of the struggles especially in the younger generation's post-genocide era. It consists of three (3) themes. The first is ***guheranwa n'agahinda (literally, getting stuck in depression).*** The words *guheranwa n'agahinda* (feeling stuck in depression) and *guheranwa n'amateka* (getting stuck in history) denote that there are people who experienced horrifying events like genocide, wars, serious illnesses, *kubura epho naruguru* (literally, losing the north and the south or the state of extreme poverty and helplessness), drug abuse, and many more, and they have never been able to recover. Because of the socially undesirable attitudes the sufferers exhibit, the participants compared those who feel 'stuck' to 'rotten potatoes' which can rot the rest if not appropriately managed. A second theme that informs this theoretical construct is ***family and financial stress (kubura hepfo na ruguru).*** While the participants agreed that there are endless sources of *guhangayika or imitima* (stress), the most deleterious sources of stress for them were family issues, the inability to satisfy their fundamental needs, and isolation. The participants intentionally distinguished *guheranwa* (feeling stuck) and 'stress' because they said the former is a deeper level of the latter. For the participants, while stress results from *imihangayiko* (stressors), *guheranwa* (to feel stuck) results from *inzira y'umusaraba* (the way of the cross). However, they agreed that prolonged and sustained stress with no supportive community to buffer the stress can lead to *guheranwa* (feeling stuck). The third theme in this theoretical construct was ***the distinction between counseling and ubufashamyumvire (facilitation).*** When the participants discussed

their coping mechanisms they made it clear that what we were doing at the workshops was not 'counseling' but *guhugurana* (training one another) and that I was an *umufashamyumvire* (a facilitator) in the 'training' not a 'counselor'. They agreed that counseling is for those who are mentally ill and none of them was suffering from this problem. However, they said that with the opportunity they had through the training to *kwividura* (pouring out), it appeared that counseling was imbedded in the *ubufashamyumvire* (facilitation) though they would not feel comfortable calling it "counseling."

The third theoretical construct was ***kwishakamo ibisubizo*** (finding solutions from within)***.*** These are solutions to the issues participants had discussed in earlier sessions. The participants agreed that the best way to find the right answers was to find them from within themselves and to reach out to me for what they could not financially afford. They suggested that they meet without me. Basically, at this stage, the only resources the participants requested from me as an "outsider" from the community was funds. They decided to financially contribute, but they could not independently fund their initiatives.

The theoretical construct that emerged from the community-led solution framework included two themes. The first theme was ***kongera kwiyubaka (building ourselves again) and kwigira (self-reliance).*** The the term 'building ourselves again' emerged in the post-genocide pressure for recovery and it stems from the understanding that the genocide 'destroyed' people's personhood and social ties and people need to build their lives 'again.' To build themselves again, the participants initiated Friend-Week (a school-based family program) and created their school families with elected "father", "mother", and "children" and with responsibilities to take care of each other as ideal families would do. However, they agreed that due to their financial

situations, without the ability to buy a meal, or bring milk to a 'family member' who is sick or to buy a pen for one who is stressed out because he/she could not afford it, they agreed that the newly created families could not independently help them *kwiyubaka (to build themselves),* and they decided to include an income-generating project (raising chickens and rabbits) for their *kwigira* (communal economic self-reliance). The second theme in the third theoretical construct was ***gusasa inzobe (speaking the truth) and avoiding kurenzaho (pretending there is no conflict or problem when there [really] is).*** The participants agreed that to build the foundation necessary for the success of the focus groups, it was crucial for them to be open to each other and share their vulnerabilities.

The fourth theoretical construct that resulted from the coding process involved the outcomes of the project: **The Complexities of Academic and Community Bridges, Social Ties, Hope Creation, and Power Dynamics.** This theoretical construct emerged particularly from the research participants' project implementation process and the perception they had for the future of their initiatives. It further emerged from three themes. The first theme was ***building trust and supportive community through gusasa inzobe (to share the truth about one's vulnerability).*** This consisted of the celebration of the safe space the group offered for individuals to share their vulnerabilities beyond superficial issues. The participants agreed that the opportunity to be who they are and avoid *"kurenzaho"* (pretending that there is nothing wrong when there is a problem) helped the participants know how best they could support each other based on individuals' realities. The second theme in the theoretical construct was ***bridging classroom and community needs.*** Here, participants said that through the project, they were able to fill the gaps that existed between the classes they took, especially in the areas of

entrepreneurship, and the realities in their communities. Some agreed that the knowledge and inspiration they acquired helped them initiate similar projects like raising chickens back at their homes. The third theme is the participants' ***uncertainty, frustrations, and hopelessness around project ownership.*** This theme emerged from the participants' growing confusion that resulted from the school administration wanting to control most of the decisions of the project. Basically, being a community-'grounded' initiative, the students knew the project was theirs, and it was for them to decide about its leadership; on the other side, though, the school administration wanted to take leadership roles.

***Figure 2.*** **Summary of the Process of the Grounded Action Genocide Healing**

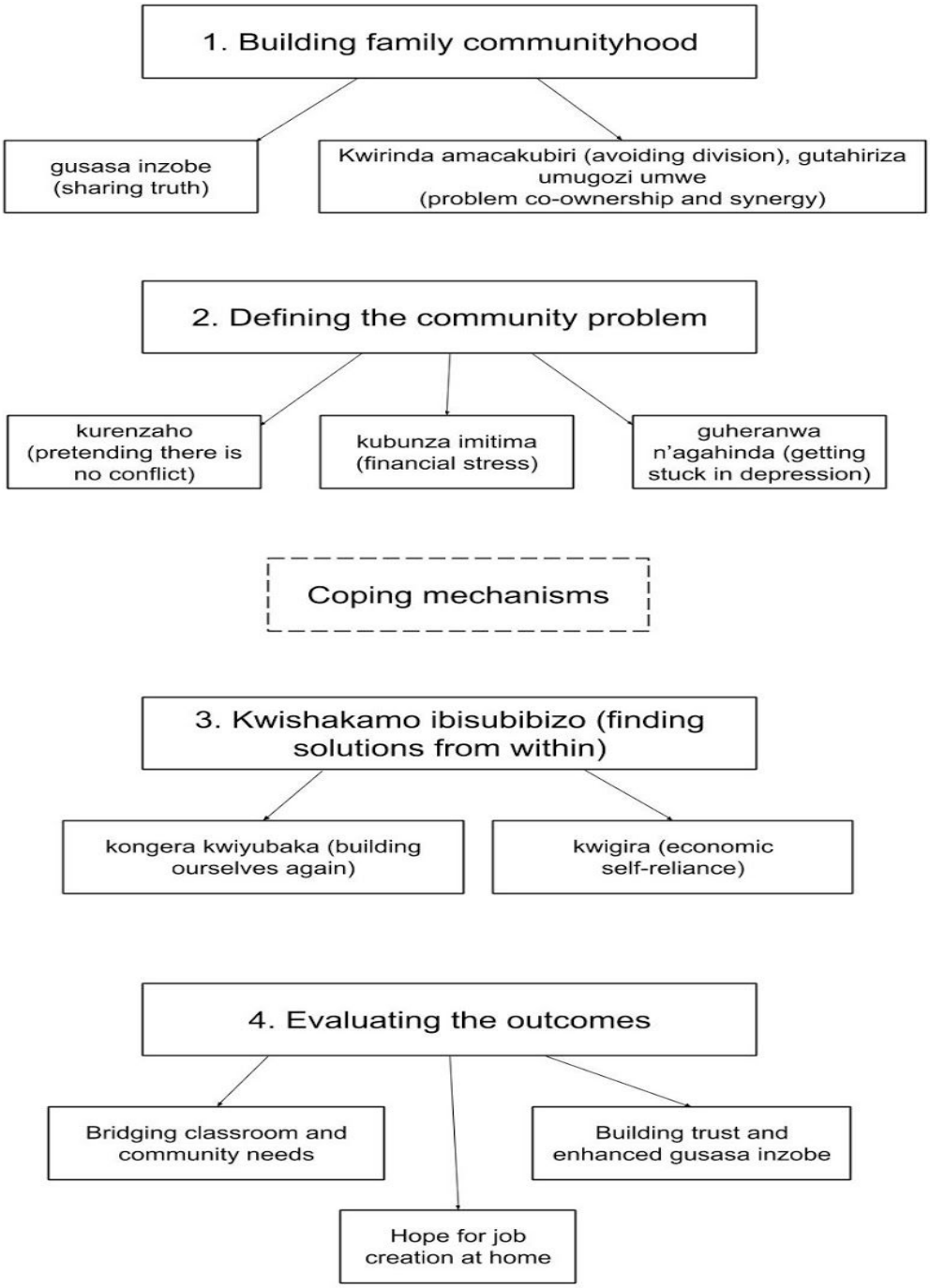


Figure 2 indicates a summary of the Grounded Action process for the genocide healing project in a high school community in Rwanda. While the figure shows major sequences from stage one (1) to four (4), ranging from building community, identifying the problem, and framing solutions, in practice the analysis process was back and forth involving some revisions.

## Theoretical Narrative

The Grounded Action study intended that the post-genocide younger population play the expert role in framing their struggles, solutions, and for them to implement their ideas. My general research concerns were to learn from their post-genocide lived experiences and to find out what the outcomes would be if they implemented the ideas they came up with as tools to respond to the problems they identified. In the theoretical narrative section, I will share the participants' subjective experiences. To retell the stories, I will quote the repeated ideas and use the third person, "they or their" to represent the plurality of the participants who shared these views, and for me to remain in the position of someone retelling others' story. By convention, within the texts, I will put in parentheses the associated theoretical constructs in capital letters and themes in italics and bold font. With an intention to ensure the story is expressed in the participants' own words, I will use as many participants' quotes and original words as possible.

### ***Building the Foundation for the Multifaceted Community Development Family Project***

In the initial workshops, the participants agreed that, "there were some fundamental factors that had to be considered seriously for our focus group activities to be successful" (BUILDING THE FOUNDATION FOR THE MULTIFACETED COMMUNITY DEVELOPMENT FAMILY PROJECT). This was especially because, "one may reject a group member's opinion not because the shared idea is not valid but because he/she intentionally wants to turn down his/her opponent's idea" ***(addressing conflicts is the point of departure)***. They used some local proverbs like, *ahari abantu hanuka uruntu runtu* (where there are people, there are conflicts) and *ntazibana zidakomanya amahembe* (no cows live together without rubbing horns)." However, they concluded that, "*ahari abantu ntihapfa abandi"* (where there are humans, other

people should not die) to show that although there might be some underlying conflicts, the group members were ready to handle the problems. For them, not addressing new and prior conflicts would undermine the focus groups because, "the opponents have friends within the group and they could create allies and group members can easily become two groups that hate each other" (Justine, Personal Communication, 2018, May 14). They warned that, "when two people in serious conflict are invited to a group like this and what keeps them together in the group is only the benefits they expect, one may kill the other" (Beckhy, Personal Communication, 2018, May 14). For example, the participants said,

> Your family did bad things to my family, and everytime I see you I get reminded about what your family did to me. To resolve the problem, I can kill you so that I cannot continue seeing you and get constantly reminded about what your family did to me. (Justine, Personal Communication, 2018 December, 17)

They all agreed that they needed to develop unity, avoid divisive behaviours within the group. For instance, "they said that if a group members' mother dies it is as if the mother for all of them dies. It is as if all of them are experiencing the same problem and that they had to respond accordingly" **(*community problem co-ownership and gukorera hamwe 'synergy')*** (Justine, Personal Communication, 2018, June 14)

However, the participants agreed that there is a group of people they would not know how to take care of because these people are like rotten potatoes (A COMMUNITY GROUNDED DESCRIPTION OF THE PROBLEM). They agreed that *"If you keep a rotten potato with the others, it will make the rest rot"* ***(Inzira y'umusaraba 'the way of the cross' and guheranwa n'agahinda (literally, getting stuck in depression).*** The participants agreed that a

potato rots because it was damaged, or was packaged wet. They stated that usually, a rotten potato is isolated from the rest so it does not make the others rot. They said they did not have any other way to deal with the person who is *guheranwa* (feeling stuck) beside isolating them as they would do for the potato. The most common causes of *guheranwa* (feeling stuck) they mentioned are genocide, wars, accidents, poverty, various adversities during childhood, not having friends, losing parents at an early age, the divorce of one's parents, death of someone whom one depended on for living, illnesses, and/or imprisonment, to name a few. They reported that those who are "feeling stuck in the past" feel like they have lost everything.

The participants said that a potato rots because it was damaged before it was put in with others or because it was kept outside in the rain and it was packaged before it was dry. They explained that the, "rotting potato" was a metaphor for a group member who could be a problem to the rest of the group mostly because of his/her undesirable behaviors or attitudes. They said that they would have to isolate that person like they would isolate a rotten potato. They agreed that to prevent the harmed potato from rotting, they would need to provide it with some special care and know where it is and how it is to make sure it does not deteriorate and affect the rest. The participants clarified that 'rotting' was a metaphor and for people who were *guheranwa* (stuck). If they were to stay with the person who was *guheranwa* (feeling stuck), they said that they would need to *gusasa inzobe* (tell the truth about one's vulnerability), *gutega amatwi* (listen), and *gufashanya* (helping one another).

Moreover, the participants said that those who are *guheranwa n'agahinda* (feeling stuck in depression) *ntibagira abo bwira* (they feel like they don't have anyone to tell), they fear asking for support and they usually undermine advice from anyone who did not go through what they have

experienced. They may insult or attack anyone who may mention or ask them about their past. One person said, “They can be ill-disciplined, wicked, experience too many thoughts, and can be suicidal. They use *inshyuro* (intriguing proverbs and expressions that are rooted in resentments) to communicate their message” (Set, Personal Communication, 2018, June 17). Participants added that the people, “hate themselves, others, and especially their relatives and they think the hate is reciprocal.” They agreed that “people who are *guheranwa* (stuck in depression) have too many thoughts, use alcohol, drugs, and are not scared of anything because they believe they have already experienced the worst situations on the earth” (Set, Personal Communication, 2018, June 17). They said that the victims of *guheranwa* (feeling stuck) are likely to “lose the south and the north” (become extremely poor and helpless), suffer from chronic headaches, and other major health problems” (Set, Personal Communication, 2018, June 17). “They believe that whether they do good or bad, none of their actions will please others” (Jane, Personal Communication, 2018, June 17). They said that widowed women, orphans, and poor people are most vulnerable to *guheranwa* (feeling stuck).

According to the participants, *guheranwa n’amateka* (feeling stuck in history) results from *inzira y’umusaraba* (the way of the cross). They explained the word *“inzira y’umusaraba”* as the tragic experiences which are continuous, that come and stay or those whose consequences persist.

> In some families for instance, you may see a family of eight people and only one person survived the genocide and let’s say that I lost my parents during the genocide and today I am unable to afford body lotion or I am unable to afford tuition fees, and I do not have access to any basic needs because I lost my parents. Those are problems I face that are

> rooted in the fact that I lost my parents are my *inzira y'umusaraba* (the way of the cross). (***family and financial stress).*** (Beckhy, Personal Communication, 2018, December 17)

However, despite everything they had shared, they all agreed, "they did not need counseling because they were not mentally ill." They all agreed that "counseling is for someone who has a mental health problem and none of them has the problem." Warning me, the participants said that,

> If you come to the gate and say that you are coming to the school to do counseling with us, people will assume that there is something unusual happening to us. People can think that we have a mental problem ... You should not even be surprised if someone rushes to call an ambulance and people in the neighbourhood of the school may follow you to see what is actually going on with those students you are counseling. (Eric, Personal Communication, 2018, June 14)

For the participants, "the workshops were not about counseling them, but just sharing ideas." In the activity to name what we were doing during the workshops, they all agreed it was *'ubufashamyumvire'* (facilitation). To define the career, the participants said that *umufashamyumvire* is one who helps and trains others to develop a different way of understanding) (***the distinction between counseling and ubufashamyumvire 'facilitation').*** The participants stated, "counseling is for someone who has a mental health problem and none of them had the problem; they were just sharing ideas."Furthermore, "they said that they do have stress, but they do not have mental health issues which would require counseling" (Set, Personal Communication, 2018, December 19). Moreover, "they said that what they needed is *ubufashamyumvire* and that what they liked from the word is that anyone who hears about the

activity would understand that you are helping us *guhugurana* (to train one another). However, on the other hand, they said that, "counseling is part of *ubufashamyumvire* (facilitation). "Counseling is imbedded in this training because the conversations are helping them *kuvidura* or pouring out." IN conclusion, counseling is a tool for *ubufashamyumvire"* (facilitation).

The participants suggested to meet on their own to frame solutions to the identified problems their communities were facing. They said that they needed to meet alone (without me) so they could find solutions from within themselves ***(KWISHAKAMO IBISUBIZO* OR FINDING SOLUTIONS FROM WITHIN).** The participants agreed that in order for them to *kwiyubaka* (to build themselves), they had to create a 'Friend-Week' (school family program) where they formed families with parents and children within the group. During Friend-Week, they created a channel of social support where each individual had someone to support. They had to support each other in all areas of their lives as any other "good" family does. "If the group member they randomly picked to support during the specific week is sick, for instance, they were supposed to brith them water, food, and wash their clothes." Additionally, "If those in upper classes randomly picked students from lower level class, they would be expected to take some time to support them if they are struggling with classes" ***(kongera kwiyubaka 'building ourselves again' and kwigira (self-reliance).***

The participants agreed that what many of them perceived as the most harmful source of stress was *ubukene* (poverty) and for them, *kwiyubaka* (to build themselves) would require *kwigira* (communal economic self-reliance). They decided to create an income-generating project raising chickens and rabbits so they could support those who are most economically in need. For the participants, "the chicken business would help respond to some club members'

hardships ranging from the inability to buy enough notebooks for each course or a cup of milk to a classmate when he/she is hospitalized." For the participants, "having the business was a tool beyond, 'just advice' to the people in need of support." In addition, "they said that the group should not pretend to be a club that deals with stress, peace building, or counseling and yet when a club member who is poor gets sick, they are not able to bring her/him a plate of food or buy a pen to a group member who are financially unable to afford it." Furthermore, "they said that the chicken project is the bridge to connect them and to bring them together. It is the reason for them to meet. It is a platform for them to work together towards a common goal. It is a way to care and support one another." However, they agreed that for the projects to grow sustainably, they had to create unity and be open to share their vulnerabilities with each other so they support one another ***(gusasa inzobe 'to share the truth about one's vulnerabilities').***

Seven months after the initial project, I met with the research participants to evaluate the outcomes from the project's implementation (ACADEMIC AND COMMUNITY BRIDGES, SOCIAL TIES, HOPE WITH RESERVATION, AND POWER DYNAMICS). One aspect the participants celebrated most from the projects was, " the ability to share about their life experiences including issues in their lives, and not just the superficial information, but also struggles in their families" ***(building trust and supportive community through gusasa inzobe 'sharing the truth about one's vulnerability').*** Many said they used to isolate themselves, and did not have anyone to speak with, and at the day of the evaluation they all had become close friends."Likewise, they said, "there are people we thought we could never speak with. Today we love them. We understand their struggles and we try to support them. We advise them and they advise us. In other words, they are like our siblings." Reflecting on the initial story of wanting to

isolate the "rotten potatoes," after the seven months of project implementation, the participants said that they were honored to have the exposure to each one's vulnerabilities and that isolating those they thought were like rotten potatoes could have resulted in missing the opportunity to become best friends and come to understand people they thought they could not stay together in the same group.

Explaining what made the openness happen, they said that, "the way they interacted during Friend-week, they started by sharing their own struggles with those they would want to help and *mubwira ibyanjye* (they had to be open and share their vulnerabilities). "*Bamenya uko niriwe nkamenya uko biriwe (*they know each one's daily life)". "As we open up to them, they started trusting us and slowly *atangira kugufungukira* (they started to open up to us)." "They started *kwisanzuranaho* (feeling free and comfortable about approaching one another and broke *kwigunga* (isolation)." Today they are like a family and no longer a club because they know each other better and support one another. They are able to detect when there are some changes in fellow group members' lives, and they are quick to come and support." For instance, "they could not feel comfortable eating when a club member was not eating. The food could not reach the stomach. It was impossible."

The participants agreed that the project has helped them understand how to deal with the right problem. They said that, *"Aho kwica gitera wakwica ikibimutera"* (literally, "instead of killing the problem they would rather kill the cause of the problem." "When they perceive someone has stress,what they do is not to just look at the individual's sadness, they do not just look at how the person's hands are stuck on his/her jaws [a cultural facial expression of extreme sadness], they instead look at the underlying issue.") They ask themselves some questions,

"What is causing this reaction? Is this usual? When they go in deep and understand *umuzi w'ikibazo* (the root of the problem), they sometimes realize the problem is hunger." Thus, "the solution of hunger is to eat. They do their best to make sure the person gets some food to eat." Additionally, "if the problem is about family issues, they try to advise the person."

They said that, "when it comes to advising each other [social support], they are always equipped to help, but have difficulties affording financial resources to those in need." "The situation encouraged them to explore more how they can do better with the business so they can support those who are most financially vulnerable." They said that the business project helped them see the use of the theories they had studied in classes. "In their regular classes, they were studying entrepreneurship in theory, and they were always curious about how people develop projects." They followed every single step of their rabbits project, facilitated conversations when they were signing contracts with the people they employed, and were confident about starting their own projects at home." Some said that, "when they returned home, they realized their families had some houses that were underused and used the acquired experiences to do similar projects" ***(bridging classroom and community needs).*** A government official who was present at the session advised them, "when you return home, do not spend all your time on television, use your homes' backyard and the experiences you have learned from this initiative to develop a project." The official said that given the needs of rebuilding social ties and friendships in the post-genocide situation, the students should expand their projects to other schools and other communities and he offered support to them.

The participants had the goal, "when students finish school, they will offer a rabbit to each alumnus so they could start their own rabbit business at home and collaborate with the local

government to find out which are most economically vulnerable populations from the school neighbourhood who could get free rabbits and training on how to do the business." However, some participants revealed that they had started to feel hopeless about their project. "This was because sometimes they thought that the project was theirs and on another day someone comes and says they do not have any rights to the things and this had discouraged them" ***(uncertainty, frustrations, and hopelessness around project ownership).*** For instance, "They have the bank account card but the head of the school wants to keep it, they have a computer, soccer balls and volleyballs -- but the head of the school has kept everything in his office. They only access them when he wants, and he insists on being the one to make decisions on the project leadership."

# CHAPTER IV:

# DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

My research concerns were to see what would happen if the post-genocide younger generation in Rwanda were centered in the imquiry about their own struggles and to evaluate outcomes from the implementations of initiatives they themselves designed based on their realities. I experienced wars, genocide-related tragedies, poverty, refugee situations in camps and in the bush. I had the chance to get support from various international and national institutions. As I wrote this paper, on the one hand, I felt like I was betraying both my past and my future. First, the 'privilege' to write this paper, stems from the opportunity I have had that brought me to this stage. Sometimes, it feels as if I am critical of things I have observed — as if the journey diminishes the level of gratitude I have from whatever brought me 'here.' Yet again, the experiences have taught me that for economically vulnerable communities to improve their situations, they need to comply with some rules, for a time, and swallow potential frustrations which stem from the systems that feed them. I have observed how this dynamic between the developed and developing nations, between local and international nonprofit organizations, between indigenous and international professionals has ruined the success of the efforts they were meant to develop.

Prior to this community-grounded action study, I had observed it when local professionals, including myself, had to play the role of merely interpreters and recruiters of participants for the western psychosocial experts in their efforts to promote the healing of genocidal trauma in Rwanda. In the post-genocide economic hardships, I observed it when some of the most economically vulnerable communities were told that breathing in and out, massage,

and clay therapy for instance, could heal their 'past.' I have experienced situations where some indigenous professionals have to intentionally ignore realities of their own people and frame projects and services that mirror the western culture and ideology to impress western funders and the locals who have been socialized to believe that for anything to be 'valid,' it has to come from the West. I have seen it, when local professionals had to alter research findings to reflect western dominant narratives because what they found could not be justified through the lens of the existing dominant knowledge. In order words, it has appeared that for an indigenous professional to sustain his/her membership in the western 'club', they need to ignore their realities or they lose the "membership" privileges, and the fear of critique is real. However, a few reasons have pushed me to choose the path of critical and liberatory psychology.

First, it has appeared that the least educated including someone like my mother and many others in Sub-Saharan Africa who do not know how to read, with limited exposure to the western culture, are unknowingly the most affected by the power dynamics. This is especially because everyone else claims to serve this community and yet the top down hierarchies of power do not permit them to influence the services that are meant to support them. Second, there are individuals and organizations who are well-intentioned and who, due to ignorance about their realities, the communities they serve, and the influence of the power that is tied to their culture and sponsor status, risk investing their resources in efforts that are sometimes meaningless to the communities being supported. Third, indigenous/local Sub-Saharan education, research, and theorization have been suffocated by these power dynamics and it is necessary for the indigenous professionals to advocate for the historically marginalized knowledge.

From slavery, colonialism, to the present coloniality of power, the people of Africa have been socialized to hate what is indigenous and to praise what is western even when the latter does not work for them. Therefore, if the African and the Sub-Saharan culture region in particular are to adequately respond to the chronic chaos they have experienced, they need to draw from those experiences to develop strategies that are tailored to their realities. Additionally, Africa is the continent with the biggest population of young people and yet vulnerable to different threats. This generation needs to be engaged in farming strategies that are rooted in their realities and dreams. For instance, sixty percent (60 %) of the current Rwandan population was born after the 1994 genocide against the Tutsi (Nsengimana, 2017). While the younger generation has remained among the most affected population, they do not want to look for counseling services (Eramian & Denov, 2018). Different investigations have shown that stigma and fear around being labeled as mentally ill is the leading reason why the people of Rwanda do not seek counseling (Muneza, 2019). One would ask a fundamental question: Why wouldn't Rwandans, and the youth in particular, tailor/design/create healing services they feel comfortable with? The goal for this community grounded theory and action study was to create an opportunity for the younger generation to theorize about their realities, to frame, and implement services that match their daily living conditions, culture and that they feel comfortable asking for. The theories that emerged can be applied to different areas of the development of the region.

In the areas of psychophysiological healing for instance, while the literature review showed that Rwandans are stoic and would not want to speak about their experiences, the study showed that it does instead depend on the frame of language and the level of trust and willingness of reciprocity. The study showed the pertinence of the concepts that emerged as

Rwandans forced themselves to find the words that could describe the inconceivable stories and their consequences. For instance, the research participants referred to the genocidal experiences as "*inzira y'umusaraba"* (the way of the cross) and the "diagnosis or the totality of responses to the "way of the cross" as "*guheranwa n'agahinda"* (feeling stuck in depression) with some rare cases of those who have emerged from the tragic experiences with *umutima ukomeye* (heroic resilience or what in the west people would call traumatic growth). On the other hand, the participants said that stress is the lower level of *guheranwa.*

The study showed that language and framework matters. For instance, what can be understood as 'talking therapy' in the western dominant psychology language, the study showed that in the Rwandan tradition it could be called *"gusasa inzobe"* (the space where people feel comfortable to share the truth about their vulnerabilities). However, what was unique about this indigenous concept and practice is that unlike the western dominant culture where there is a 'therapist' or a 'client', a "speaker" or a "listener", "*gusasa inzobe"* is about openness on both sides. It is about acknowledging that in a country like the post-genocide Rwanda where almost everyone has suffered at least differently, there is no clear line about who is the trauma healer and who is the "traumatised" person who needs more attention than the "listener." It does not matter whether one is a trained counselor and the other is not. The bottom line is, we know from our hearts that we all have suffered in different ways if we can at least be honest with each other. What we struggle with most is to find who opens that "space" of pains, shares his/her story and for others to mirror the courage.

Unlike the dominant counseling approach that require the "client" to be the one to share his/her story to his/her therapist who rarely or ideally never reveal his own struggles to his/her

client, the community grounded study showed that in this particular culture of Rwanda, both the counselor and the clients are encouraged to engage in interactive conversations about their stories of suffering and resilience. The more open, authentic and intentional the "counselor" is the more the "client" trusts his/her counselor and eventually the more open the "client" will be to share his/her own story and circumstances. Thus, traditionally, the quality of the therapist would not just be "listening" but also openness to share his/her own vulnerability and to remain patient as the "client" progressively evaluates his/her genuineness before he/she pours out his/her secrets of suffering. The study showed that the initial stages serve as the trial of the 'genuineness' of the helper, and when trust has grown, the dialogue is much smoother and more interactional with everyone building on the other's story in turn.

Another important aspect of the concept of "*gusasa inzobe"* especially when it is combined with its 'antidote' *"kurenzaho"* is its potential to resolve conflicts and potentially help in the reconciliation process and preventing homicides. *Gusasa inzobe* in the context of conflicts, is associated with disclosing a conflict without hiding anything. It is also when someone intends to share an opinion that could potentially cause his/her listeners to feel discomfort or could fuel anger. In the workshops, before anyone does "*gusasa inzobe",* he/she asked for permission to do so and this was by default. The listeners had to verbally or at least nonverbally approve their willingness to swallow their anger, to manage their reactions to whatever the speaker intended to share. The participants also said that the best setting for them to participate in "*gusasa inzobe",* especially in the context of conflicts, is for one or both people who are in conflict to invite their shared friends and sit together with them engage in *gusasa*

*inzobe* while they are "*gusangira"* (sharing a meal/beverages). The grounded strategies offer resources to buffer potential stress that is likely to escalate from discussing sensitive topics.

Moreover, the concept of *"kurenzaho"* (hiding pain and conflict) deserves croser attention especially in the context of post-genocide Rwanda. For instance, the research participants said that people in conflicts may "*kurenzaho"* until they kill each other. Thus, organizations and services that work in the areas of unity and reconciliation, gender-based violence and conflict prevention, need to explore the association of the "kurenzaho" attitude with crimes and resistance to the idea of post-genocide unity and reconciliation. Finally, as Levers et al, (2006) said, "while we wish to emphasize the resiliency of Rwandans, and that Rwandans are best placed to help one another, it is also true that outsiders may serve as useful and important facilitators" (p. 268). This study does not show that it is exclusively indigenous people or the West who would serve in the post-genocide healing process, but for each side to play the role they are best at, and if either of the two has to play the central or the expert role, it is best for indigenous people particularly those who have not been exposed to western education and culture to occupy the center and for the rest to welcome the idea to occupy the peripheral positions at least until they are fully aware of the realities of the people they are serving.

## Conclusions

Different conclusions can be drawn from the findings of this study. First, due to unpreceded experiences which Rwandans experienced during the genocide against the Tutsi and the pressure for recovery in the aftermath, some indigenous concepts have emerged that speak to the suffering, resilience, healing, healthy, and unhealthy coping strategies which consider the sensitivity in the post-genocide. These indigenous concepts and frames hold the language and

tools that can help in the genocide recovery process. Second, Rwanda is a community-centered culture and the study showed that community-based entrepreneurship blended with intentional friendship efforts are the natural frames for post-genocide healing, conflict prevention, poverty reduction, unity, and reconciliation in Rwanda. Third, the study revealed gaps in the high school academic curriculum, and suggested that the country include income-generating, community-based vocational projects in its high school academic curricula.

## Recommendations

1) Ministry of Education: Integrating the high school academic and vocational curricula can be a platform to create the foundational skills necessary to inspire the younger generation to bring their cultural wealth and the "genocide-grounded frames" into their classrooms, and can create the spirit and inspiration for entrepreneurship and job creation necessary for the need to find employment for the growing youth population. The Friend-Week program needs to grow in other schools to strengthen social ties among the younger generation
2) The Ministry of Education in partnership with the National Commission for the Fight against Genocide (CNLG), Ibuka (the umbrella organisation that connects the groups that aid survivors of the 1994 genocide against the Tutsi), Never Again Rwanda, and many other potential partners need to consider leading nationwide research to help identify local frames and concepts that have emerged in the post-genocide period as locals with lived experiences continue to be obliged to find or create the meaning and interpretations

to the genocide and recovery situations that are beyond the narratives that existed prior to the tragedies. The findings can help renew curricula in social science education.

3) Research: When doing research in a region to explore the experiences of 'traumatised', displaced, or depressed people, especially among those who are economically vulnerable in the region, researchers need to not separate research and interventions in extremely poor communities. If a researcher is not intending to do something about the data collected, they should write their papers based on the existing literature rather than interviewing people who will feel frustrated if nothing is done about the problems they share.
4) Unity and Reconciliation Commission and CNLG: Initiating reconciliation efforts through Gusasa Inzobe programs
5) Psychological interventions: To integrate concepts and frames that have emerged from the genocide experiences and to be mindful about the concepts they use in their work as some may stigmatise and push away the people they intend to serve. For instance, psychologists may consider turning the "counseling" into "*ubufashamyumvire"* (facilitation) and "*gusasa inzobe"* for psychotherapy. For psychology to be effective especially for those who are economically unstable, healing efforts for the poor need to be tailored around incoming-generating framework.

## REFERENCES

Aldwin, C. M. (2004). Culture, coping and resilience to stress.

Asaba, S. (2015, September 2). Schools warned over lunch fees. *The New Times.* Retrieved from https://www.newtimes.co.rw/section/read/192125

Auerbach, C., & Silverstein, L. B. (2003). *Qualitative data: An introduction to coding and analysis*. New York, NY: NYU press.

Baskerville, R., & Pries-Heje, J. (1999). Grounded Action research: A method for understanding IT in practice. *Accounting, Management and Information Technologies*, *9*(1), 1-23.

Biedermann, Z. (2015). Rwanda: Developmental success story in a unique setting. Caring for children born of rape in Rwanda. Born of war: Protecting children of sexual violence survivors in conflict zones, 40-52.

Binagwaho, A. (2019, May 6). Research: Strong health system key to growth in post-genocide Rwanda. *Partners In Health.* Retrieved from https://www.pih.org/article/research-strong-health-system-key-growth-post-genocide-rwanda?fbclid=IwAR3uAZXrJgQRm_3W54Pepn5TfWn994UToQmKZQQ4t-MdtB_s5fyNEBhXFQs

Birks, M., & Mills, J. (2015). *Grounded theory: A practical guide*. London, England: Sage.

Brookfield, S. (2005). *The power of critical theory for adult learning and teaching* (pp. 365-368). Maidenhead: Open University Press.

Butterfield, J. (2009). Using grounded theory and action research to raise attainment in, and enjoyment of reading. *Educational Psychology in Practice*, *25*(4), 315-326.

Cain, T. (2013). Decolonizing Methodologies: Research and Indigenous Peoples, 2nd Edition by

Campano, G., Ghiso, M. P., & Welch, B. J. (2016). *Partnering with immigrant communities: Action through literacy*. Teachers College Press.

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. London, England: Sage.

Dick, B. (2003, May). AR and grounded theory. In *Pap Prep Res Symp Aust New Zeal ALARPM/SCIAR Conf [Internet]* (pp. 4-5).

Donahue, W.C. (2014, April 09). Never Forget? What the Holocaust Doesn't Tell Us About Rwanda. Retrieved from https://www.haaretz.com/opinion/.premium-what-the-holocaust-doesn-t-tell-us-about-rwanda-1.5244173

Eramian, L., & Denov, M. (2018). Is it always good to talk? The paradoxes of truth-telling by Rwandan youth born of rape committed during the genocide. *Journal of Genocide Research*, *20*(3), 372-391.

Gasore, B. (2013, April 15). How to overcome stress. *The New Times.* Retrieved from https://www.newtimes.co.rw/section/read/106872

Freire, P. (1968). Pedagogy of the Oppressed. New York: Seabury Press.

Folkman, S., Lazarus, R. S., Dunkel-Schetter, C., DeLongis, A., & Gruen, R. J. (1986). Dynamics of a stressful encounter: cognitive appraisal, coping, and encounter outcomes. *Journal of personality and social psychology*, *50*(5), 992.

Haberstock, L. (2014). An Analysis of the effectiveness of the Gacaca Court System in post-genocide Rwanda. *Global Tides*, *8*(1), 4.

Harris, N. B. (2018). *The deepest well: Healing the long-term effects of childhood adversity*. Boston, MA: Houghton Mifflin Harcourt.

Higgs, P. (2012). African philosophy and the decolonisation of education in Africa: Some critical reflections. *Educational Philosophy and Theory*, *44*(sup2), 37-55.

Hintjens, H. M. (2001). When identity becomes a knife: Reflecting on the genocide in Rwanda. *Ethnicities, 1*(1), 25-55.

Kagame: Homegrown solutions are Rwanda's driving force. (2015, September, 2018). *The New Times.* Retrieved from https://www.newtimes.co.rw/section/read/192967.

Hobfoll, S. E. (2001). The influence of culture, community, and the nested‐self in the stress process: Advancing conservation of resources theory. *Applied psychology*, *50*(3), 337-421.

Human Rights Watch. (2003). Lasting wounds. Consequences of genocide and war on Rwanda's children. Human Rights Watch Report, 15(6 (a).

Horkheimer, M. (2002). *Critical theory: Selected essays* (Vol. 1). A&C Black.

Ishimwe, I. (2019, May 9). Jeannette Kagame yasabye uruhare rw'abikorera mu guhangana n'ingaruka z'ihungabana rikomoka kuri Jenoside. *Igihe.* Retrieved from https://mobile.igihe.com/amakuru/u-rwanda/article/jeannette-kagame-yasabye-uruhare-rw-abikorera-mu-guhangana-n-ingaruka-z?fbclid=IwAR2nsVYW7ULdSzohp5dPm5QPSJ_dmdT24B1JmXnnBIqIhiqk0vzZ67qBEhM

Itangishatse. T. (2018, July 12). Rusizi: Ababyeyi bagizwe inshike na jenoside barashima leta yabafashije kongera kwiyubaka. *Bwiza.* Retrieved from https://bwiza.com/2018/07/12/rusizi-ababyeyi-bagizwe-incike-na-jenoside-barashima-leta-yabafashije-kongera-kwiyubaka/

Kabagunga, M. (2006). *France's agenda in Rwanda and Africa is a dangerous virus towards development.* In the New Times National Newspaper (Thursday November 30th 2006), (Page 10). Kigali. *The New Times Press.*

Kanamugire, E. (2016). Abadepite batewe inkeke n'ingengabitekerezo ya Jenoside basanze mu bigo by'amashuri. *Igihe.* Retrieved from https://igihe.com/amakuru/u-rwanda/article/abadepite-batewe-inkeke-n-ingengabitekerezo-ya-jenoside-basanze-mu-bigo-by

Kantengwa, O. (2014). How motherhood triumphs over trauma among mothers with children from genocidal rape in Rwanda. *Journal of Social and Political Psychology*, *2*(1), 417-434.

Kuremera should be premised on a sustainable approach. (2013, April 26). *The New Times.* Retrieved from https://www.newtimes.co.rw/section/read/65254

Kwibuka, E. (2013). Govt to streamline job creation programme. *The New Times.* Retrieved from https://www.newtimes.co.rw/section/read/65228

Kwibuka, E. (2017, November 8). Rwanda: RGB to Set Up Centre of Excellence on Home-Grown Solutions. Retried from https://allafrica.com/stories/201711030067.html. *allAfrica.*

Ladson-Billings, Gloria (1995). The case for culturally relevant pedagogy. *Theory into Practice, 34*(3), 159-165.

Levers, L. L., Kamanzi, D., Mukamana, D., Pells, K., & Bhusumane, D. B. (2006). Addressing urgent community mental health needs in Rwanda: Culturally sensitive training interventions. *Journal of Psychology in Africa*, *16*(2), 261-272.

Lewis-Beck, M., Bryman, A. E., & Liao, T. F. (2003). *The Sage encyclopedia of social science research methods*. London, England: Sage Publications.

Mafeza, F. (2013). The role of Education in combating genocide ideology in post-genocide Rwanda. *International Journal of Education and Research*, *1*(10), 1-10.

Ministry of Health Rwanda. (2011). Human Resources for Health Strategic Plan, 2011-2016. Retrieved from https://medicine.yale.edu/intmed/globalhealthscholars/sites/HRH%20Strategic%20Plan%20March%202011_158432_284_5061_v1.pdf

Mis, M. (2015, July 17). Our children should not forgive us': Rwanda women killers recall genocide. *Reuters*. Retrieved from https://www.reuters.com/article/us-rwanda-genocide-film/our-children-should-not-forgive-us-rwanda-women-killers-recall-genocide-idUSKCN0PR1QI20150717

Mubiru, S. (2013, May 1). YouthConnekt Month to kick off in Rwanda. *24tannzania.* Retrieved from https://24tanzania.com/youthconnekt-month-to-kick-off-in-rwanda/

Mugabe, B. (2014, April 09). 1994 Genocide against Tutsi worse than Holocaust – Grant. *The New Times.* Retrieved from https://www.newtimes.co.rw/section/read/74479.

Muneza, B. (2019, February 17). Give mental healthcare a chance. *Kigali Today.* http://rwandatoday.africa/news/Give-mental-healthcare-a-chance/4383214-4986434-oo4opx/index.html

Muvunyi, F. (2012). Ubwicanyi mu muryango nyarwanda ni ingaruka za Jenoside – Dr Munyandamutsa. *Fredmuvunyi.* Retrieved from https://fredmuvunyi.com/2012/05/09/ubwicanyi-mu-muryango-nyarwanda-ni-ingaruka-za-jenoside-dr-munyandamutsa/

National Commission for the Fight against Genocide. (2017). Signs of genocide ideology should be taught in schools in order to help youth not to fall into the trap other youth fell into during the 1994 genocide against Tutsi. Retrieved from http://cnlg.gov.rw/news-details/?tx_ttnews%5Btt_news%5D=1615&tx_ttnews%5Bpointer%5D=192&cHash=c40ce578fb3a553418caca3834ac21e5

National Scientific Council on the Developing Child. (2005). Excessive Stress Disrupts the Architecture of the Developing Brain: Working Paper 3. Updated Edition. Retrieved from: http://www.developingchild.harvard.edu

Ndlovu‐Gatsheni, S. J. (2015). Decoloniality as the Future of Africa. *History Compass, 13(10), 485-496.*

Ngamije, J., & Yadufashije, C. (2017). Drugs use among the youth In Rwanda: A public health concern and family' challenge. *International Journal of Emerging Trends in Science and Technology,* 03(09), 4591-4603, doi: http://dx.doi.org/10.18535/ijetst/v3i09.07

Niyonkuru, M. (2014, January 31). Nsengimana Philbert arasaba urubyiruko gusubira ku muco wo kwiharika. Umuseke. Retrieved from

http://ar.umuseke.rw/nsengimana-philbert-arasaba-urubyiruko-gusubira-ku-muco-wo-kwiharika.hmtl?nocache=1

Nkurunziza, M. (2019, March 3). 35% of Genocide survivors have mental health problems – RBC. Retrieved from https://www.newtimes.co.rw/news/genocide-survivors-mental-health

Nsengimana, E. (2019, April 14). U Budage: Urubyiruko rwahawe umukoro wo gusigasira amateka ya Jenoside yakorewe Abatutsi. *Igihe.* Retrieved from https://igihe.com/diaspora/article/misiri-kaminuza-yatanze-buruse-ku-banyarwanda-nyuma-yo-kumva-ubukana-bwa

Ntirenganya, E. (2016, April 7). Tackling Genocide ideology in schools. *The New Times.* http://www.newtimes.co.rw/section/read/198748

NUR psychology graduates cry foul. (2013, February 14). The New Times. Retrieved from https://www.newtimes.co.rw/section/read/62894

Paxton, W. (2012). The Rwandan education and skills system. IPAR Observatory Report. Kigali: IPAR-Rwanda.

Petersen-Coleman, M. N., & Swaroop, S. (2011). Complex trauma: A critical analysis of the Rwandan fight for liberation. *The Journal of Pan African Studies, 4(3), 1-19.*

Republic of Rwanda. Ministry of Education. (2016). 2016 Education statistical yearbook. Retrieved from http://mineduc.gov.rw/fileadmin/user_upload/pdf_files/2016_Education_Statistical_Yearbook.pdf

Republic of Rwanda. National Youth Council. (2012). *National Youth Council Annual Report: Financial Year 2012-2013.* Retrieved from https://nyc.gov.rw/fileadmin/templates/template_new/documents/NYC_ANNUAL_REPORT_2012-2013.pdf

Rwanda Development Board (2016). Home-Grown Solutions: Cornerstone of Rwanda's Transformation in a PowerPoint presentation [PowerPoint slides]. Retrieved from http://umushyikirano.gov.rw/wp-content/uploads/2016/12/Prof-Shyaka-Umushyikirano-.pdf

Schaal, S., & Elbert, T. (2006). Ten years after the genocide: Trauma confrontation and posttraumatic stress in Rwandan adolescents. *Journal of Traumatic Stress, 19*(1), 95-105. doi:10.1002/jts.20104

Simmons, O. E., & Gregory, T. A. (2005). Grounded Action: Achieving optimal and sustainable change. *Historical Social Research/Historische Sozialforschung*, 140-156.

Seymour, T. (2019). Intended Consequences: The Rwandan children of genocide. BJP Magazine. Retrieved from https://www.bjp-online.com/2019/05/intended-consequences-jonathan-torgovnik/

Solomon, A, (2014, February 24). Naked, covered in ram's blood, drinking a Coke, and feeling pretty good. Retrieved from https://www.esquire.com/news-politics/news/a27628/notes-on-an-exorcism/

Spivak, G. C. (1988). Can the subaltern speak?. *Can the subaltern speak? Reflections on the history of an idea*, 21-78.

TheVoiceNewspaper. (2018, November 3). *Dr Umar Johnson on UK tour, US/UK similarities, What black men should be focused on* [Video File]. Retrieved from https://www.youtube.com/watch?v=tmbJX3_lN8Q

Toor, A. (2013, April 19). Controversial update to 'bible' of psychiatry fuels debate over foundations of mental health. *The Verge.* Retrieved from https://www.theverge.com/2013/4/19/4243060/dsm-5-bible-of-psychiatry-mental-health-revisions-spark-boycott

Ugirumukunda, H. (2014). U Rwanda ruhanganye n'abaroga ingengabitekerezo ya Jenoside abakiri bato. *Igihe.* Retrieved from http://www.igihe.com/amakuru/u-rwanda/article/u-rwanda-ruhanganye-n-abaroga-60052

Umuziga, P. (2018). *Multicultural Trauma Training.* PowerPoint Presentation at the University of Rwanda, College of Medicines and Health Sciences. Kigali, Rwanda

Uwanyirigira, J. (2019, May 8). Guhangana n'ihungabana birasaba kumva neza umwihariko w'amateka yacu – J.Kagame. *Umuseke.* Retrieved from https://umuseke.rw/guhangana-nihungabana-birasaba-kumva-neza-umwihariko-wamateka-yacu-j-kagame.html

Wallis, A. (2014). *Silent accomplice: the untold story of France's role in the Rwandan genocide*. IB Tauris.

Watters, E. (2011). *Crazy like us: The globalization of the American psyche*. New York: Free Press.

World Health Organization. (2014, June 13). Violence and Injury Prevention: Adverse Childhood Experiences International Questionnaire (ACE-IQ). Retrieved from

http://www.who.int/violence_injury_prevention/violence/activities/adverse_childhood_experiences/en/