Child Survivors of the 1994 Rwandan Genocide and Trauma-Related Affect

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This article reports findings from an interview study of orphans who were street children in Rwanda after the genocide in 1994. During two study visits in Rwanda in 2003 and 2004, in-depth videotaped interviews, follow-up interviews, and observations were carried out. Specifically, this article addresses how 10 teenage boys dealt with their memories and affects. The affect regulation of these Rwandan child survivors is elaborated and explained in a theoretical model referred to as the “affect propeller”. This model emerged in previous studies of life histories of Holocaust child survivors, using grounded theory, and has been further developed based on the findings from these follow-up studies of Rwandan teenagers. One key finding that is described is the theme of retraumatization and revenge fantasies, which are obstacles in efforts toward resilience, as well as counterforces that facilitate a positive development in the aftermath of the genocide.

During the 1994 genocide, Rwandan children were exposed to extreme levels of violence, often witnessing the murder of close family members. Children’s reactions were associated with loss, violence exposure, and, most importantly, persistent feelings that their lives were in danger (Dyregrov, Gupta, Gjestad, & Mukanoheli, 2000; Schaal & Elbert, 2006). A Human Rights Watch (2003) report estimated that 400,000 children—more than 10% of all Rwandan children at the time—were orphaned as a result of the genocide and of HIV/AIDS in the aftermath of genocide-related rapes. Attempts to trace possibly surviving family members were met with almost insurmountable obstacles. Street children in Rwanda were predominantly adolescent boys, almost half of whom were homeless (42%), and

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a high proportion of whom were orphaned or had lost at least one parent (Veale & Doná, 2003). In 1997, the authorities decided to regularly sweep the city and clear the streets and public spaces of persons they regarded as undesirable, such as street children, who were sent to reception centers far from the capital. Since 2003, Rwandan government policy has favored reducing the number of centers assisting unaccompanied children and increasing the placement of children with foster families. In some cases, children continue to live on the streets because they prefer life there (Human Rights Watch, 2006). Organized foster programs have proven to be an effective means of providing care for separated children in Rwanda (Doná, 2011).

This article examines how 10 child survivors who were teenage boys during interviews conducted in 2003 (Interview 1) and 2004 (Interview 2) dealt with their affect. These boys had lived in the streets for several years following the genocide. A few of them had stayed for shorter periods of time with a single surviving relative, but then returned to the streets because of the lone relative’s poverty and insufficient care-giving. From 2002, they received help in a foster home, with a medical doctor as caregiver. This arrangement provided a unique opportunity to interview the boys in a safe context and within a relatively short time following the genocide.

**Genocidal Trauma, Affect Regulation, and Attachment**

Genocide often evolves from persistent conflict between groups (Melvern, 2000; Staub, 2011, 2013). The central aim of the 1994 Rwandan genocide was the extermination of an entire people, the Tutsis. Measures to this end had been planned for years in advance. The Hutu extremists in Rwanda began spreading their propaganda of ethnic hatred mainly through the radio (Mamdani, 2001). Among the Hutus, an ideology of “Hutu Power” developed and was propagated by elements of the government and media, intensifying fear and devaluation of Tutsis. A number of degrading and dehumanizing labels paved the way for the persecution. For example, Tutsi children were described in the media as “small rats” (Doná, 2011). The perpetrators also used expressions such as “pulling out the roots of the bad weeds” to refer to the killing of women and children (Gourevitch, 1998). Any possibility of a new generation of Tutsis was to be eliminated. From April to July 1994, Hutu extremists killed approximately 700,000 people, mostly Tutsis, as well as approximately 50,000 politically moderate Hutus.

Human beings exposed to extremely severe traumas feel first and fore-most completely terror-stricken. The concept of trauma has its roots in the Greek term for “wound,” and mental trauma symbolizes bodily injuries and is defined as an event that overwhelms the individual’s coping resources. For example, the concept of *perforating* (Kaplan, 2006) describes a puncture in the psychic shield.
The psychic membrane has figuratively and literally become “full of holes,” for example, by an invading frightening voice, a tearing away (from family members, important objects, and routines), and “body markings” (both actual and symbolic, e.g. having “T” for Tutsi imprinted on an identity card and being the object of fabricated racial differences) (Kaplan, 2006, 2008). The individual feels an intense, urgent need to regain control over life but lacks the capacity to cope with the intensity of feelings. The traumatic events are registered as a panicky feeling—a fear—in the body. These bodily registered memories may be activated and recur during the course of the afflicted person’s life, as the so-called flashbulb memories (Schore, 2003). During interviews with traumatized individuals, the concept of time and the time-related memory function can be seen as damaged. It is as if the trauma did not happen a long time ago, but instead is happening again and again every day (Laub & Auerhahn, 1993). A split in the self appears as a result of the difficulties in dealing with the fear and anxiety. This dissociation refers to a compartmentalization of experience, which is stored in memory as isolated fragments, sensory perceptions, affective states, or behavioral re-enactments (van der Kolk & Fisler, 1994).

From work with different populations separated geographically and in time—the Holocaust and Rwanda (Kaplan, 2006, 2008)—I have concluded that extreme traumatization resulting from unexpected, abnormal events is experienced in similar ways, regardless of culture. However, each individual’s personal vulnerability, life history, and culture have a bearing upon how he or she regulates anxiety in connection with the traumatic moment and its aftermath. For example, the likelihood of surviving psychological damage and humiliation increases if there is a capacity for reflective functioning that results from secure attachment during the first years of one’s life (Fonagy, Gergely, Jurist, & Target, 2002). Moreover, it is important that the traumatized individual has a safe psychic space in which to reflect about the fear and destructive fantasies that may follow the traumatic experience (Böhm & Kaplan, 2011). Van der Kolk (1993, p. 222) stresses that “fear needs to be tamed before proper integration of experience can occur (... ) so that people are able to think and be conscious of current needs.”

Recent findings on affect regulation come from neuroscience (Tutté, 2004). The awareness of one’s affects fulfills a regulatory function that benefits the individual (Damasio, 1999). Loss of the ability to regulate the intensity of affect and impulses is possibly the most far-reaching effect of trauma and neglect (van der Kolk & Fisler, 1994). Ultimately, this regulatory function is designed to help us keep our inner psychic balance, and avoid loss of integrity and threat of death. Moreover, while exposure to war trauma may contribute to cognitive impairment (Dyregrov et al., 2000), the ability to self-regulate or modulate emotions is a “key predictor of academic or social success” (Masten & Coatsworth, 1998, p. 208). The aim of this article is to examine how affect regulation impacts the psychological well-being of 10 orphans in the aftermath of the Rwandan genocide in the present.
Theoretical Framework: The “Affect Propeller”

In the following, I present two directions that the psychic process can take for traumatized individuals: trauma linking and generational linking. These concepts have been developed in research with Holocaust survivors (Kaplan, 2002), using the method of grounded theory (see Glaser, 1978), and they are continuously further developed by studying new groups of survivors (Kaplan & Laub, 2009). In the present article, I examine these concepts among a group of Rwandan orphans. The theoretical framework for this analysis is the “affect propeller” model (see Figure 1), which is a theoretical model of affect regulation (Kaplan, 2005a, 2006) based on findings from studies of Holocaust survivors and Rwandan survivors. As we can learn to recognize even subtle emotional reactions in the most extreme affective states, such as in life histories of survivors, the “affect propeller” can also be applied to general emotional reactions.

The shape of a propeller illustrates and emphasizes the various dynamic processes of affect regulation related to trauma within each individual. Each blade represents a main category of such processes, which I refer to as affect invading, affect isolating, affect activating, and affect symbolizing.

Affect invading refers to wordless emotions—such as a body movement or a cry—preceding contents of traumatic memories. Victims repeatedly re-experience the events in their imagination, thereby re-experiencing the trauma (see also Allen, Fonagy, & Bateman, 2008, pp. 217-218). Affect isolating is characterized by a distanced, sometimes contained narrative in a closed part of the self. In a similar vein, Hopper (1991) describes the process of utilizing encapsulation (i.e., hiding oneself unconsciously in a fantasized capsule) as a defense against the fear of annihilation. The dynamic between affect invading and affect isolating corresponds to Herman’s description of the two contradictory responses of intrusion and constriction “established as an oscillating rhythm” in the aftermath of overwhelming trauma, which she calls the “dialectic of trauma” (Herman, 1992, p. 47).

Affect activating refers to the risk of becoming moved and possibly feeling anxiety when talking about traumatic experiences. Conversely, in affect symbolizing, the person may feel freer in relation to the past. The trauma is no longer dissociated and contained in a closed part of the self, but is to a certain degree integrated into the individual’s life and may be expressed in art, writing, lecturing, etc.

The affect propeller model poses that the regulation of trauma-related affect occurs as an oscillation between these four categories. In other words, the blades of the propeller pivot around the central point, affect regulating. While individuals oscillate between these blades at any given time, people differ individually in regard to how much they gravitate toward one blade or the other. Additionally, each blade includes three different levels of the so-called linking processes: two forms of trauma linking, and generational linking. Linking refers to the associative connections between affective states and major narrative elements of the
Fig. 1. The “Affect Propeller” (first published in Suzanne Kaplan (2010): Wenn Kinder den Völkermord überleben. Giessen (Psychosozial-Verlag), p. 258, © Psychosozial-Verlag, Giessen (Germany 2012).

individual’s account. Trauma linking means that traumatic experiences are easily evoked associatively in the interview as well as by events in everyday life. One form of trauma linking is affect experiencing (relating to the trauma), the other is a more destructive process called affect evacuating (rejecting the trauma, as
in revenge). Generational linking is a constructive process and indicates that the interviewees have their attention directed towards significant people and objects in the past and in the present. This facilitates the feeling of living in a safe societal context with less anxiety.

The blades rotate around the pivot and may overlap or lie separately, similar to the way in which emotions fluctuate. An interview with a survivor may start at any level or blade. The affect propeller model has proven to be a useful analytic tool for conceptualizing the interplay between affective states, both related to trauma and in general (e.g., Kaplan & Laub, 2009).

The Present Study

Context

The child survivors were interviewed during two research visits to Rwanda within a safe context, in order to reduce the risk of re-traumatization. Specifically, boys were interviewed who lived in a private orphanage established in 2002 by a doctor—referred to as Dr. Y to maintain anonymity—for orphaned and begging street children. At the time, he cared for seven boys. He provided for them and helped them with their schooling. By 2009, the operation had grown to include 55 boys. This context for conducting a study with the child survivors was optimal. The doctor was in a position to observe delayed reactions to the interviews and to follow up on these in a supportive way after the interview process had been completed.

Sample

In-depth, videotaped interviews were carried out with seven boys in 2003 and with the same boys and three additional boys in 2004. The boys were between 14 and 19 years old at the time of the interviews. One boy was only 8 years old, born after the genocide. Three of the boys were born in Kigali, and the others in rural areas. The boys had almost all experienced the unbearably painful loss of having their parents and most of their siblings murdered during the genocide (only one boy’s parents had died of AIDS before the genocide, and the youngest had a surviving mother who died of malaria), after which they lived in the streets.

Interview Method and Analysis

The boys decided to be interviewed individually, in order not to be influenced by the thoughts of the others and most likely not to reveal very personal and vulnerable feelings to each other. The interviews lasted 30–45 minutes and usually
began by asking, “You do fun things like dancing, but there are also problems you deal with. *What kind of thoughts return to you when you are by yourself?*” The interviews were conducted in French, English, and Kinyarwanda, the national language, with the help of a local interpreter. The interviews were videotaped and later translated in detail into English by a Rwandan research assistant. All names of the participants have been changed, in order to protect their identities.

The interviews were analyzed thematically. Affect categories were derived from the affect propeller model and enriched by this new data. Both verbal and nonverbal expressions of affect among the 10 Rwandan orphans were taken into account. In addition, I remained open to new, emerging themes.

### Key Findings

The interviews revealed pronounced affect invading (i.e., re-traumatization) in both categories of trauma-linking, affect experiencing and affect evacuating (Figure 1). The boys also showed generational linking, by talking in detail about good memories from early childhood. In the following, examples from the boys’ narratives within each affect category are presented.

#### Affect Invading/Affect Experiencing

**Violence and humiliation.** All of the boys had been victims of extremely cruel violence and abuse. For example, Phil (Interview 1) described one such experience: “They had a fire nearby and were roasting meat on small metal sticks. They brought these hot metal sticks and burnt my forehead.” We are reminded that genocide is about situations that we cannot imagine experiencing ourselves, “unique in the collective descent into an unimaginable primitivity of affect,” in the words of Grubrich-Simitis (1981, p. 415).

The role and significance of humiliation in human-caused traumatic experiences, long overlooked (Lindner, 2001), need to be emphasized here. Phil asked before the interview: “How do you Europeans see us? As some kind of crazy animals?” People who have been forced to endure extreme traumatization often express feelings of shame. Wurmser (1981) speaks of the shame experience as a spectrum of emotions, from the mildest twinge of embarrassment to the searing pain of mortification.

There are many examples of humiliating experiences during genocide that involve the loss of one’s values, such as to be betrayed by those believed to be one’s friends, to be characterized as racially inferior or as an animal, and to be ordered to perform demeaning tasks. Jean (Interview 1) spoke intensely about this: “What hurt me most, was that the man who killed (my sister) used to be our neighbour, roasting meat near our home.” Fred (Interview 1) showed me the palm of his hand:
One of them told us to show our hands because they could tell from the palm of our hands. He said that Hutu do not have the middle line in the hands, while Tutsi have the middle line straight... They threw me in burning coffee husks and I got burned everywhere while they were just laughing... I cried loudly and one of them said, “Why don’t we finish that fool and stop having him make trouble for us?”

Phil (Interview 1) said, “One of these men got hold of my brother and told him to put his tongue in his nose or in his eyes.” This order to perform an impossible task can be regarded as humiliating.

Witnessing killing. All of the boys had witnessed someone being killed or wounded, which is representative of children’s experiences in Rwanda during the genocide (Human Rights Watch, 2003). Paul (Interview 1) reported that “... the Interahamwe (i.e., the Hutu militia, ‘those who work/attack together’) then started kicking and stepping on the chest of the man... one of the Interahamwe started killing small babies.” Fred (Interview 1) said, “The smell of the dead bodies became too much.” The boys also witnessed fear among the perpetrators as a precursor to killing. Paul (Interview 1) recounted,

One of the Interahamwe asked, “what should we do if we are overpowered by the Tutsi?” The leader got very angry and quickly threw this man in the burning tires. As he tried to get out with all his clothes burning, the leader pulled out a machete and stabbed him to death.

Fear. The boys reported a constant fear of dying during the genocide. Paul (Interview 1) said,

I wanted to shout for help but my elder brother covered my mouth with his hands... my heart started then pumping a lot because I thought we would be killed in the same way... We moved slowly from our hiding place and I went crying all the way to the well... When I saw how they killed them, I took a very deep breath and made some noise. One of the Interahamwe said, “Eh!!! Who has made that noise?”

Phil (Interview 1) described his experience as follows:

It became obvious that they were killing people... We became very scared and escaped to Nyarushishi... I stood up and started running for my life... One of these men immediately jumped and stepped on my brother’s chest. He made a lot of noise which scared me and I also fell down. When I could not hear the noise any more, I woke up to find him already dead.

For the boys recounting their traumatic experiences and fears, these invasions of sounds during the persecutions seemed to be happening in the present. This is in line with research showing that traumatized people do not habituate, because their central nervous system does not block out stimuli as nonthreatening (van der Kolk, 1993). This means that fear prevails among traumatized people.

The threat of loss. The boys described many instances of loss of close others, and the struggle to hold on to someone. Paul (Interview 1) cried and
imitated his mother’s voice while putting his head between his knees. ‘After mama discovered that her child was dead, she started crying ‘Oh dear Lord God, my child is dead’ . . . As we went out of the house . . . we found also our mother lying dead.” Fred (Interview 1) said, “I started debating with myself whether I should leave my mother or stay and die with her . . . I decided to go with the baby on my back and prayed that my mother should be allowed to survive.” Phil (Int. 1) told us, “The Inkotanyi (Tutsi rebels) took us away to a lorry, but I refused to go in and instead stayed behind with my dead mother.”

The intensely painful loss of siblings was also described in many interviews. Jean (Interview 1) said, “What keeps coming back to my mind is the way my sister died.” Fred (Interview 1) described how he tried to keep his baby brother alive: “I would uproot cassava tubes and eat them raw. As for the baby, I would chew the tube and spit in his little mouth so as to keep him alive.” There is a strain on child survivors to become responsible adults prematurely (Kaplan, 2008).

Trauma triggers in everyday life. Like other Rwandan genocide survivors, the boys reacted with anxiety when they heard sounds that reminded them of the whistling that perpetrators used to communicate with each other in the darkness. The boys also expressed a constant fear that the perpetrators would show up; they were seeing killers everywhere. When one of the boys came for his first visit to the group, everybody ran and hid, because they thought he looked like a perpetrator. Fred (Interview 2) explained and showed with his body movements what triggered his traumatic memories. “I fear when I see someone lying down, being beaten and punched. And that reminds me how we were being killed. They were laid down and cut with machetes, or any weapons they came across.”

Affect Invading/Affect Evacuating

Rage and revenge. Feelings of rage and murderous revenge fantasies are normal reactions to abuse (Herman, 1992), and fury and violence may become a response to shame-induced experiences (Schore, 2003). Thoughts about revenge can arise out of fear after having been put in an inferior position, that is, a traumatic event consisting of external violations and internal vulnerability (Böhm & Kaplan, 2011). While revenge acts were not reported in the interviews, two of the boys presented examples of pronounced revenge fantasies. Jean’s face twisted in rage and he held his finger tips on his forehead as he said,

Whenever I thought about that man who had killed my sister . . . I felt like . . . I could hunt him down and kill him. I felt that, even if they found me out there and killed me, I would have been able to take revenge for my sister and that was what mattered.

However, at the end of the interview, he suddenly looked considerably more relaxed and said,
I no longer think the way I used to because those who are dead can’t come back to this life that we’re living in. I just hope for a better future with a wife and children. I’ll tell them about everything I have gone through.

This example shows a rapid fluctuation of emotions—from affect-evacuating trauma linking to constructive generational linking.

In contrast, Fred (Interview 2) expressed an unsuccessful attempt to overcome his affect-evacuating trauma linking:

The days I feel happy is when I’m with “Daddy” [Dr. Y], happily together. When a month goes by without him getting angry with me, I get so happy. But when he gets annoyed with me, my heart becomes like that of an animal. I feel like killing someone. My life depends on him, and making your own daddy annoyed is not very nice. Especially when he is responsible for you.

**Affect Isolating/Affect Experiencing**

*Denial of affect.* In some instances of trauma linking, the boys created a distanced narration that denied the impact of their life histories. For example, Alain (Interview 2) said, “For me, it is OK. I go to school, I live a normal life, I do not have any problems.” This is in line with previous research showing that traumatized children have difficulty knowing how to express feelings (van der Kolk, 1998). Herman (1992) stresses that human beings always experience a conflict between the desire to deny loathsome events and the desire to speak openly about them. However, it is often the former urge that takes the upper hand.

**Affect Isolating/Affect Evacuating**

*Denial of affect by action.* In affect isolating, there is a risk of indirect actions of revenge—avoidance of trauma by flight into exile or suicide attempts (Kubai, personal communication, 2011). Stephane (Interview 2) said, “My dream is to go abroad, and this would help me to forget all that I have gone through.” Patrick (Interview 1) said simply, “I dance to forget.” Dance had become a distraction from trauma-related memories and affects.

**Affect Activating/Affect Experiencing**

*Feeling abandoned.* The interviews revealed that the boys’ sense of safety was very fragile. Feeling abandoned was the most painful condition. Phil (Interview 1) explained,

That is why whenever someone hurts me or abuses me, I start thinking of my family . . . and now that I am left all alone, it makes me very sad . . . I see no future for myself unless I study . . . and graduate and become able to work and look after myself.
Similarly, Fred (Interview 2) said, “I never remember anything except when someone shouts, abuses or talks to me in a harsh way. That is when I remember that I actually have no parents or relatives.”

The relationship with Dr. Y was a lifeline for the boys. Stephan (Interview 1) told us, “I feel so happy that if he ever sent me away I would commit suicide.” Paul (Interview 1) also said, “Where would I go when I know nobody on this earth?” The threat of loss can be described as an attachment trauma. Developmental traumatology describes the effects of profound stress and social isolation or defeat on the central nervous system (Koehler, 2010).

Affect Activating/Affect Evacuating

Reparation fantasy. Within affect activating, there are “small revenge acts,” such as not greeting a perpetrator. Alain (Interview 1) said, “In my heart [with a gesture to his chest], the sadness and rage will always be there. I will not be able to reconcile, but to accept.” The emphasis shifted from doing destructive acts to regaining a sense of dignity. Alain (Interview 2) said, “I would like to go and study outside my country . . . and then I will come back here and then I am beyond them, my mind is beyond them . . . You become an important person when you come back to Rwanda.” He tried to assume a superior position rather than enacting destructive revenge. Alain showed a mixture of triumph over others and constructive goals. He wanted to repair his self-image which had been hurt by the genocide, by coming back “beyond them” —a constructive reparation fantasy. He also expressed an interest in learning English.

Affect Symbolizing/Affect Experiencing

For short moments, the interviewees seemed to feel freer in relation to the past. One could say that for those moments, the trauma no longer existed only as something contained in a closed part of the self, but to a certain degree had been integrated into a broader time perspective on the course of their lives. For example, Phil (Interview 1) said, “I started acrobatics at the age of 8 . . . I was happy and started practicing more and it made my whole body feel good.” Moreover, Phil imagined a normal future life with a real home: “I would like to live a normal life, have a permanent place that I would call my own with an address.”

In Interview 2, Phil talked with pain about surviving in Lake Kivu while a boat sank during the genocide. He attempted, by his choice of words, to symbolize this horrible event:

I was swimming for three hours [biting his lip repeatedly], I came out crying, also happy that I survived . . . I was afraid and part of me was dead, like half of my body was numb, then I started to get normal again . . . I always think about this. There is a meaning that I did not die. I think that God has something for me.
Phil seemed to be able to express in words and metaphors how he felt. He shared his burden of pain in a constructive way.

**Generational Linking**

In the interviews there were also some, but considerably fewer, examples of the more adaptive generational linking that may function as counterforces to the traumatic experiences. These experiences tended to disappear in the boys’ narratives of traumatic events. It also seemed very painful for them to remember their losses and lives before the genocide. However, most of the boys described some experiences that suggested a secure base during their first years of life. For example, Paul (Interview 1) said,

> I was my mother’s favorite child, and was put in a kindergarten. Whenever I came home from school, she would lift me, hug me and kiss me and take me to the house. She was always waiting for me from school.

Similarly, Stephane (Interview 1) reported, “My father would buy me very nice clothes, and he bought me a bicycle one time.” Leo (Interview 1) was only seven years old when his parents and sisters were killed. He and his four small brothers were protected by a neighbor Hutu family who pretended that the children were their own. The boys were later separated, but eventually managed to find each other. Thus, there are positive examples in which generational linking dominates over trauma linking. Likewise, the boys managed to maintain their reflective functioning and continuity in their contact with their caregiver, Dr. Y, and with me as a researcher who came to interview them twice.

**Caring for the future.** Several boys also expressed the desire to overcome the consequences of trauma and to provide for a better future, both for themselves and for the country in general. Phil (Interview 2), who was successful at school, stressed, “I also deeply think of what I can do so this will not happen again. What I think and wish is to study so hard outside Rwanda so that I can get a solution for this problem.” Jean (Interview 2) expressed a similar idea: “If I am lucky enough and pass my exams, then I will get a job and try to build my country.” These examples also show efforts toward affect symbolizing and generational linking.

**Follow-Up Interviews after 1 Year**

The purpose of the follow-up interviews was to investigate how living in the foster home would contribute to healing the experiences of extreme trauma. The focus of the interviews was the boys’ development after 1 year. Most boys managed well, but there was one case of continuous problems concerning the experience of social exclusion and maladaptation.
After 1 year of staying with Dr. Y, Fred had to move to another foster family. During the second interview, his continued suffering was apparent and intensified by the social exclusion he had experienced—first when the group living with the doctor expanded, and then when his behavior and regular conflicts with the doctor and the other boys, caused by his stealing from them, forced him to move from the house. However, he came back to the house for the interview—remarkably moved and concerned. Giving examples from his current situation when he felt tempted to steal, Fred explained:

For me, I do such things because I like to do things that children like to do that need a little money. This is not a character that I was born with. I have no problems with food, nor accommodation or schooling. But when I see other children riding bicycles, I want to ride a bicycle as well. So if I find money, maybe on the table, then I get tempted to take it . . . But I think it is wrong to steal, but I do it because I’m afraid to ask daddy. Because he meets all my needs, then I fear to ask him for such small things.

Fred’s capacity for affect tolerance seemed to have been destroyed as a result of having been exposed to horrific traumatic cruelties. He acted instead of talking about his feelings, but during the follow-up interviews he was able to reflect on the situation. Fred was the first boy to get help from Dr. Y, and Dr. Y talked about their very first meeting. This was a moment of generational linking—a mutual reconciliation.

Retraumatization through Commemoration of the Genocide

Aside from the development that had occurred over the past year, another crucial influence on the second interview was an important event that occurred at the time of the interviewing. Specifically, the second interview with the boys was conducted on April 7, 2004, the 10th commemoration of the genocide.

The memory of the genocide is kept alive in Rwanda through memorials and annual commemorations. However, there may be a contradiction between unity and commemoration (Doná, 2010). A Rwandan psychologist explained:

We are confronted during the genocide commemoration week with a kind of collective crisis of trauma, where about 100 people fall down at the same time during a two-hour ceremony of commemoration [at The National Stadium]. Some survivors were falling down, they were crying, trying to escape, they were reporting that they are seeing killers everywhere in the stadium . . . and we ourselves felt at this moment strong emotions like fear . . . It is as if the population is called by the government to focus during the whole year on the obligation of cohabitation, unity and reconciliation and rebuilding the country. During commemorations, things are reversed; to express their emotions is still difficult even if years have gone. In this particular space, the society allows them to say what they have to say, but there are no words to express the lived experience . . . The rest of the year, they have to do a sort of repression of emotions. The work on unity, reconciliation, reconstruction of the country takes precedence over the rest of the year. (Gishoma, personal communication, 2010)

When the second interview was conducted in the boys’ home, the television in the room next to ours broadcasted from the Kigali Stadium. All the boys were very
affected and somewhat restless during the interview, and their accounts became even more fragmented. Jean (Interview 2) said, “A lot comes into my mind. I remember when they cut people into pieces with machetes, sometimes shot at them, threw them into pit-latrines alive or buried them alive. All this I witnessed with my own eyes.” Similarly, Patrick (Interview 2) also said, “I remember how the Interahamwe murdered people. I saw it with my own eyes” (rubbing his eyes). Stephane (Interview 1) had told me, “I only remember them [my family] when there is a national mourning . . . The songs which are sung remind me that out of us 12 in the family, it is only me who is still alive and that makes me very sad.”

The commemoration day re-traumatized the boys and actualized their wishes to “be taken away from Rwanda.” Flight and efforts to forget were of major concern to them on this special day. Phil (Interview 2) told me, “I can’t stay there by the TV . . . I leave the room to keep from thinking too much . . . I decided not to watch because it makes me remember.” Patrick (Interview 2) said, “I feel sad when I think of my family and miss them immensely. I don’t even want to watch television. I remember that someone ran after me.” And Stephane (Interview 2) said, “This day is a terrible day and nobody will forget it, it can remind you what you might have forgotten. If possible, the government should abolish this commemoration day . . . it reminds me of all my close relatives who died [coughs] . . .” Fred (Interview 1) commented, “When one tries to forget the genocide, they start announcing on the radio that they are going to officially mourn . . . that cannot allow me to forget.” These statements confirm the concerns of the Rwandan therapist.

Jean was initially calm and serious. He did not talk about revenge, as he did during the first interview. He had a friendly smile and looked the interviewer in the eyes when he spoke. He said that ever since he had the chance to live at Dr. Y’s, “things have developed in a good way.” What he thought about most was school. “In this world there’s a lot to do in the future.” His dream was to work at a hospital. “I hope to become a doctor . . . And I want to work for my country,” he added. Jean’s ability to accept Dr. Y’s help made things look bright and hopeful for him. Even though his dreams about the future were to some extent a defense strategy, there seemed to be hope for Jean for a constructive development—a generational linking, which in the long term would dominate over trauma linking. He was able to accept help, he completed his school work, and he adequately regulated the affects that were evoked when he saw pictures and heard sounds on TV that reminded him of the past. The oscillation between trauma linking and generational linking may actually be part of the healing process.

Discussion

The interviews show that affect matters a lot in the aftermath of extreme trauma, and the affect propeller allows us to systematize and understand some
of these affective reactions. Both destructive and constructive dynamics become apparent in the interviews. The hope is that trauma-linking processes, with their accompanying temptations to take revenge, will gradually be covered over by generational linking processes—the latter then becoming the dominating links. At that stage, the individual feels a greater wholeness of being, has achieved restoration, has regained his or her dignity, and therefore does not have the urgency to take revenge.

**Destructive Aspects**

In some interviews, revenge fantasies came up and showed how thin the membrane is between perpetrators and victims, especially if the strain is too hard due to insufficient caregiving and lack of an empathetic listener for the victim’s rage and destructive thoughts. If a person cannot mourn, as a result of being overwhelmed by the inconceivable losses of genocide, and cannot wipe out the horrifying memories, the rage may trigger an urge to kill, as in the cases of Jean and Fred. Probably the boys’ fears that the killing would start again resulted in an attitude of “attack is the best defense.” It seems that revenge fantasies have the purpose of restoring the inner psychic balance (Böhm & Kaplan, 2011).

**Constructive Aspects**

The boys who were able to meet the demands of Dr. Y most likely had a good emotional start in life. However, the role of fear after traumatic events cannot be underestimated. One may assume that the boys’ strong emotional expressions—both verbal and physical—reflected the fact that they were young. They were vulnerable teenagers who still needed caring adults as they reflected on their futures. Moreover, they were once again neighbors of the perpetrators and were expected to be part of a united people—“Rwandans”—at the same time as daily events triggered memories of the genocide. Supportive help within a safe context, above all a social network, is invaluable. But helpers cannot have unrealistic expectations and underestimate the boys’ ongoing experience of trauma as they return to “normal life.” This process takes time, perhaps generations. They need to be able to talk about the trauma, in order to mourn their losses, while also trying to build new lives in a unified country. The boys’ ambitions to further their educations and their willingness to share their experiences in the two interviews can be seen as counterforces to further re-traumatization and also as indications of resilience.

**Practical Implications for Interventions**

In 1980, the characteristic syndrome of psychological trauma became a formal diagnosis, an important recognition (Herman, 1992). The relevance of the
PTSD (post-traumatic stress disorder) diagnosis has, however, been increasingly questioned as a static label. Children affected by war must not be stigmatized as permanently damaged (Summerfield, 1998). The affect propeller’s focus on affect regulation may open up possibilities to highlight the ongoing, dynamic process within each individual. Awareness of trauma linking and generational linking phenomena may be helpful in orienting therapeutic work with traumatized individuals. Either linking phenomenon may be dominant among these individuals. By picking up on themes associated with generational linking phenomena, and highlighting them—even when their presence is subtle and not obvious—the helper can support the individual’s predilection for creativity and resilience (Kaplan, 2008).

All of the 10 boys, to different degrees, showed evidence of having a reflective capacity (Fonagy & Target, 1997)—reflecting their self-images—as illustrated in Paul’s comment (Interview 2) about being humiliated: “It is a double conflict, because I don’t want to be angry either” or Fred’s comment (Interview 2) about stealing: “This is not a character that I was born with.” These kinds of comments give hope. An opportunity to talk about emotions in a safe context may result in a calmer state and lessen the risk of spreading panic. Sharing with others may help in the process of becoming liberated from feelings of shame. The process of mentalizing, that is, reflecting about one’s experiences, may change one’s self-image and attitudes and diminish anxiety-driven behavior (Kaplan, 2006).

This has implications for educational settings in the aftermath of violent conflict. Schools can be structured such that they provide significant positive contact across group lines, and students may also develop critical consciousness and moral courage in these settings (Staub, 2013). The socialization of children for inclusive caring is highly important (Staub, 2011, 2013). Research and practice in the United States have demonstrated the importance of building trauma-sensitive schools, which can help children who have suffered trauma to develop the social skills that help them build positive identities and relationships (Cole, O’Brien, Gadd, Ristuccia, Wallace, & Gregory, 2005). This psychological work could be done in Rwandan schools and in community-based interventions (see also Pearlman, 2013; Wessells & Monteiro, 2004), where the lessons learned about the fear of both victims and perpetrators can be applied to reparative work. Moreover, Western approaches to trauma may learn from healing rituals, as we might need more supportive structures of symbolizing in order to achieve what is not always possible to verbalize after major traumas (Kaplan, 2005b). African researchers stress the importance of going from describing the problems to finding solutions (Donald, Dawes & Louw, 2000).

Let us return to the Rwandan situation. How should the Rwandan people cope with the contradiction presented by the Day of Commemoration recalling a collective crisis of trauma, and the need during the rest of the year to emphasize unity and reconciliation? Perhaps if the contrast between talking and not talking about the genocide is not emphasized, if there is more openness to talk about
the past in organized group discussions during the year, the commemoration may become less of an exceptional state. It is worth reminding ourselves that forgiveness is usually a one-way process, whereas reconciliation is reciprocal, meaning that both the perpetrator and the victim are involved. Certain actions are unforgivable and they require acknowledgement in order to make reconciliation possible (Böhm & Kaplan, 2011). Maybe acceptance of history is a better concept. As Phil (Interview 2) said, “When I realized that I didn’t have anybody, I had to accept this life.”

References


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