

Northwest University

Ministry with Trauma Survivors:

The Contextualization of Trauma and Resilience Through a Qualitative Case Study of Burundian

Widows

Portions of this paper were written for other courses in the MAICD program: GLST 5962, GLST

5673, GLST 5923, GLST 6593, GLST 6423, GLST 5153, GLST 5503, GLST 5313

Rachelle R. Harding-Schaar

GLST 5962 Thesis Practicum II

Dr. Inslee

11 May 2018

Table of Contents

Acknowledgements.....	4
Introduction	5
Minneapolis	5
Mweya.....	5
Topic Overview	7
Scope.....	9
Part One: Defining Trauma	10
Trauma in the United States	10
Western Psychology and Globalization.	11
My Story.....	13
Trauma in Burundi	15
Genocide.	15
THARS.....	16
ALARM.....	17
Yolanda’s Story.....	18
African Trauma Healing.	20
Why Trauma Exists.....	26
Christian Theology: A Good Design, Broken by Sin.	26
Psychology: A Framework for Understanding.	27
Part Two: Phenomenological Case Study of Burundian Widows	28
Frameworks for Understanding Trauma	28
Poverty and Trauma	31
How Poverty Mars Identity.....	34
Healing Identity.....	34
Conflict, Violence, and Trauma.....	37

Power Distance and Cultural Indices.	40
Part Three: Responding to Trauma.....	42
Contextualization Across Cultures.....	42
Resilience	42
A Christian Response	46
Reconciliation.....	46
Speaking the Unspeakable.....	47
Exporting Trauma Healing.	49
Appreciative Inquiry.....	54
Asset Based Community Development.	55
Conclusion.....	55
Bujumbura	55
Lessons from the Field.	56
Appendix 1: What is trauma?	58
Appendix 2: What is resilience?	59
Appendix 3: Burundian Values.....	60
Works Cited.....	61

Acknowledgements

Before I begin the journey addressing the psychological, physiological, and theological ramifications of trauma and resilience, I need to take a minute to acknowledge those who have helped me achieve this work. First, to my husband, Samuel Schaar, for your constant support, your countless hours cooking dinners, tucking our children in bed, and providing me the time to study and write these past twenty months. I could not have done it without your love and encouragement. Thank you. To my children Cade and Elsie, for being patient when mommy had to study. For your joyful study interruptions and reminding me what is most important in life, thank you.

To Craig Reese and Buconyori Joy, who allowed me to partner with Sister Connection, providing access to the testimonies and lives of Burundian women, thank you. And to my dear Burundian friends and sisters, thank you for opening your lives up to me and teaching me about your culture. You have touched my heart and I will never be the same. Thank you.

To Dr. Inslee, thank you for encouraging me to share my story and make this research personal. I have learned so much through the coursework and feel equipped to serve in international community development upon completing this program. Thank you. To my editors: Trish Beagle, Anna Ruble, and Manisha Moore. Thank you for investing in the quality of my writing and for your insight and direction.

Finally, thank you Jesus for leading me on the path of healing and restoration. Thank you for making it possible to live a whole and fulfilling life, despite the trauma and tragedy of our world.

Introduction

“I am not free if another woman is unfree, even if her chains are very different from my own”

(Lorde).

Minneapolis

I grew up in south Minneapolis, Minnesota, in a tiny yellow house that smelled of Bud Light, dog hair, and dust. The youngest of three kids, I never knew when my dad was going to explode into a fit of rage. My siblings and I were always hypervigilant, fearing we would set dad off by asking too many questions, being too noisy, or being in the wrong place at the wrong time. At night I would hear the sounds of him screaming at my mom and her muffled cries. I remember one evening he was yelling at her because she had not done his laundry and he had no more clean socks. The noise that followed is one I wish I could erase from my mind. I heard a deadening thud followed by a strange cry from my mom. I hurried over to see what happened and was told to get back to my room. I ran. Later that night, I saw my mom's ankle. It was black and blue and swollen twice its normal size. I went immediately to my older brother and sister and told them what I had seen and heard. We had a “kid meeting,” one of many, to determine if we should call the police. My sister and I wanted to, but my brother did not. He thought he could get my dad to promise never to do it again. I wish we had called.

Mweya

In the small African country of Burundi, hundreds of widows gather for a two-day retreat in the mountains. The lush green hills are covered in banana trees and crops of tea and coffee. It is stunning to see and quite the contrast to the flat farming plots of Stanwood, WA, where I lived at the time of my visit. Here, the Burundians work with the flow of the land. Thus, their farming is either stepped or follows the slope of the hills. I love the busyness of the

roadway. People are walking along the sides, crossing without warning, carrying oversized loads of tea leaves, firewood, water, or some other resource on top of their heads. Babies are slung on their mother's or older sibling's back. Some wear flip flops, others have no shoes. A few have sneakers. It is a stark contrast to the comfortable life I am used to living in the United States. Yet, I do not feel pity. I see such immense beauty and even freedom in the simplicity. This is not to minimize the struggles of poverty and war; I see that too. Yet, the hospitality here is unlike anything I know in the United States. If you ask a stranger where to find the nearest bathroom, they will take you to their own home. At the retreat, the women, all widows who are despised by their culture, spend time learning from teachers on faith, family, and health. They sing songs of worship, and spend time encouraging one another while sewing, knitting, or walking along the red dusty roads. Their children laugh and play soccer using a ball of plastic bags bound with string.

I have come more than 9,000 miles from my home in the United States, to learn about trauma in another culture and to understand what makes these women resilient despite living in extreme poverty, experiencing the death of their spouse, and numerous other tragedies during Burundi's three prior civil wars. To say these women have been traumatized is an understatement. Yet, their trauma looks different from my own as do their responses to it. While I identify some aspects of similarity, they are primarily in our physiological responses to our traumatic experiences. It is these similarities and differences that I am interested in discovering. How does our culture shape our understanding and experience of trauma? What impact does culture have on our healing? These are the questions I consider each night as I lay in bed at the Ta Motel, under the protection of my mosquito net.

Topic Overview

According to the Sidran Institute of Traumatic Stress Education & Advocacy, seventy percent of adults in the United States have experienced a traumatic event in their lifetime (Sidran). Twenty percent of these individuals “go on to develop post-traumatic stress disorder” (Sidran). Another study done by the World Mental Health Survey Consortium echoed these results on a global scale, revealing that out of 125,718 respondents from 24 countries, seventy percent had experienced a traumatic event in their lifetime (Benjet). The data demonstrates trauma is a common human experience. Even those who have not experienced a major trauma likely know someone who has and are impacted indirectly. For example, research shows that children of women who struggle with depression are more likely to grow up anxious and insecure (Van Der Kolk 1). Therefore, development workers and clergy must consider the impact of trauma on the lives of those we serve and how it affects communities for generations if left untreated.

In part one of this essay, trauma is defined in two contexts: The United States and Burundi. After conducting a qualitative study on trauma in Burundian widows, I compare my experiences as a trauma survivor in the United States with the cultural differences in understanding Burundian widows’ trauma. From here, trauma therapy in the United States is compared to two Burundian organizations: African Leaders and Reconciliation Ministries (ALARM) and Trauma Healing and Reconciliation Services (THARS). Part one ends with a look at the theological and relational causes of trauma: sin and brokenness. Finally, the psychological foundations for this paper are described for the influence they have on my perspective on trauma healing.

Part two explores how trauma in Burundi is intimately interconnected with poverty, historical conflicts, and violence. These three components of trauma in Burundian culture shape the experience of survivors and their process towards healing. Maslow's Hierarchy is used as a way to understand how trauma differs for the nonpoor versus the impoverished. For the purpose of this paper, "the poor" or "extreme poor" refers to those who make *less than* two dollars per day, per capita. Thus, what might be seen as low income in the United States, is not the extreme poverty being described. Using the examples of the Burundian widows and myself, I discuss how poverty mars identity, and how individuals and communities can move towards wholeness and healing. From here, the history of Burundi's genocides, colonization, and cultural norms of high-power distance will be described as contributing factors in Burundi's traumatic context.

Part three explores different responses to trauma and describes how trauma, resilience, and reconciliation must be understood contextually. In the same way that trauma is experienced and defined differently by location and culture, resilience looks different in The United States and Burundi. Trauma healing in Burundi must be specific to Burundian women, their daily lives, their country's history, and values in the same way that my context shapes my experience of trauma and resilience. This contextualized resilience carries over into reconciliation efforts in their various contexts. Moreover, the strengths of the Burundian culture are integral to building resilience in Burundian widows. When understood contextually, survivors can better overcome their traumatic experiences and move forward with resilience. Continuing from here, Appreciative Inquiry (AI) and Asset Based Community Development (ABCD) are described for the ways help humanitarians work from the strengths of the culture towards creative, contextualized, and resilient communities. As individuals and organizations

seek to help and offer services to aid healing in trauma survivors, it is imperative that trauma and resilience be understood in each context as unique and nuanced.

In the concluding remarks, I share how my experience of learning from the Burundian widows has shaped my understanding of trauma healing. I no longer view trauma in a narrow way, specific to my cultural understanding. Finally, it will be noted that *healing from trauma requires contextualization of what trauma is, how it is experienced, and what factors build resilience*. Contextualization takes humility in order to mend what has been broken and tend to the work of healing and wholeness.

Scope

This thesis is limited in scope and does not provide an in-depth psychological assessment nor evaluation of trauma in the United States and Burundi. Further studies could reveal deeper insight into Burundian's experience of trauma and resilience through interviewing a larger sample of women, including those not associated with a humanitarian organization. During my fieldwork, all Burundian women interviewed were participants in the nonprofit Christian humanitarian organization, Sister Connection, which pairs a Burundian widow, or "sister," with a sponsor who provides monthly financial assistance, vocational training, home-building initiatives, and micro-finance loans. A comparison of Burundian widows who are unaffiliated with a relief or support organization, may provide a point of reference and reveal the impact which these organizations have on their participants. Burundian experts were interviewed for this project, including two leaders of trauma healing organizations, four social workers, and three pastors. Other indigenous leaders within the Sister Connection organization were also interviewed for input and cultural perspective. The primary nature of this study is qualitative and offers a Christian perspective on trauma and healing from trauma. I offer a

unique perspective on the topic as a trauma survivor, though I am not professionally trained in psychology. A social worker, licensed counselor, and pastor from the United States were also consulted for review of content and quality. As there is little research done on trauma healing in Burundi, the opportunities for deeper insight are great. Further, since there is a vast amount of research on trauma recovery in the United States, I chose not to interview more women from the United States. Instead, I highlight my personal experiences, Western psychology, and compare it to what I learned from the Burundian widows and other available academic research on trauma in Africa.

Part One: Defining Trauma

Trauma in the United States

As someone who has been in and out of therapy for the past decade, I am familiar with the word “trauma.” My understanding of the term is centered around my experience of child abuse and the psychological, mental, and physical effects it has left upon me. Yet, I was surprised in my research to find that trauma is less often thought of as a psychological condition, and frequently refers to a physical injury of the body (“Trauma”). The word trauma comes from the Greek word, “wound” (“Trauma”). The ancient Greeks primarily used it to refer to physical bodily wounds, as was evident in my preliminary academic research. However, in modern history, it has increasingly become associated with emotional and mental wounds resulting from a traumatic event (“Trauma”). Trauma researchers have begun to discover correlations with the psychology of trauma to neuroscience, the study of the brain; developmental psychopathology, the study of how psychological and behavioral dysfunction develops in those with mental illness; and interpersonal neurobiology, the study of how people and relationships affect bodily responses, or physiology (Van Der Kolk 2). These disciplines point

towards visible and measurable bodily changes in a person as a result of a traumatic event and the psychological distress that results, creating a connection between mind and body wounds (Van Der Kolk 2-3). Yet, while these discoveries have been praised by Western researchers, not all cultures share the same understanding of psychological trauma.

Western Psychology and Globalization. It is important to note that the study of psychology has been dominated by Western thinking and theory, especially from Western Europe and the United States. Three prominent psychologists of the 1900s are Sigmund Freud, B. F. Skinner, and Erik Erikson. Sigmund Freud was a pioneer in psychology from Austria during the early 1900s (D. Myers 426). Freud had a degree in neurology but realized that his patients had symptoms that did not make sense neurologically (426). Thus, Freud began to explore patterns of thinking and the concepts of the conscious and unconscious mind leading to his development of the “theory and associated techniques [of] psychoanalysis” (426). Freud’s theory is based on psychosexual tension between the personality structures of id, ego, and superego (427). Freud believed that everyone passes through psychosexual stages, yet people could “get stuck” in certain stages, employ defense mechanisms, repress uncomfortable memories or feelings, regress, or project their difficulties on to others (429). While Freud’s theories have been challenged and critiqued throughout history, his enduring legacies are the concepts of the conscious and unconscious mind, psychosexual tensions, and the benefits of talk therapy as each relates to our social well-being (435).

B. F. Skinner was a prominent theorist in the field of psychology during the early to late 1900’s in the United States. Skinner studied behavior and how reinforcement could shape or change one’s behavior (238-239). Skinner believed that positive reinforcement would shape behavior towards an outcome (increasing the behavior), while punishment would shape

behavior away from an outcome (decreasing the behavior) (242). Thus, psychological disorders could be fixed by reconditioning a person toward a desirable outcome. Skinner acknowledged the presence of inner thoughts and biology, yet he asserted that external reinforcement and punishment were the primary shapers of personality (244).

Erik Erikson was a German psychologist during the 1900's who, alongside his wife, Joan Erikson, believed that personality was developed through secure or insecure attachments during early childhood (110). According to Erikson, if a child develops a basic sense of trust, he or she will grow up to believe in a world that is "predictable and reliable" (110). Erikson felt that parenting during the early childhood years was more influential than inborn personality traits or biological predispositions (110). While the contributions of Freud, Skinner, and Erikson have been contested, their work undoubtedly shapes the framework for understanding Western psychology.

As globalization makes the average citizen more aware of international current events, it also effects how we interpret and understand these events. Information is processed through the specific cultural lens of social location. Social location describes the "groups people belong to" and is defined by a person's "gender, race, social class, age, ability, religion, sexual orientation, and geographic location" (Dick). Author, Daniel G. Groody states that "where and how we live affects what we see and how we understand" (32). Thus, social location also effects the ways mental illnesses are viewed from one culture to another. One example can be observed in the influence of the United States on Japan's understanding of psychology. By the mid-1990s, the United States adopted a clinical scientific approach to healing mental illness through medication (Watters 156). Pharmaceutical companies wanted to penetrate the Japanese market but were frustrated by resistance from Japanese psychiatrists (158). It turned

out that Japanese culture viewed mental illness, specifically depression, as extremely severe, “an incurable and inborn [condition] of psychotic proportions” (158-159). Through a series of clever and deceptive marketing campaigns, the Western pharmaceutical companies convinced the Japanese culture that depression was more of a “cold of the soul,” not an incurable condition existing from birth (159). In response, Japan’s stigma for depression was lessened and the sale of SSRI anti-depressants like Paxil brought in over 100 million dollars in the first year (160). The exportation of the American a mental health model proved to be effective and profitable in Japan, and completely changed the way mental illness is viewed (161).

My Story. My understanding of trauma has been shaped by my social location as a Western, white, cis-gendered female, with access to private education, in addition to my experiences of child abuse. As a child, my family was in the lower class of the American economic system, yet I had access to a private college-prep education (kindergarten through 12th grade). My dad worked as a maintenance engineer for the school; thus, tuition was nearly free – the remainder paid by my grandparents. Most of my childhood memories are coupled with deep fear. Before I understood what trauma meant, I knew my experiences at home were not healthy. From the time I was little, I remember my father sexually molesting me and my siblings. My paternal grandfather, also molested us and our cousins. Ironically, this side of my dad was not as scary as his fits of rage. He would be set off by the most minor offenses and send us all into a panic. My mom knew the abuse was happening but seemed to feel powerless to stop it. She too, was crippled by fear of how my dad would react and felt like she could not leave him for both financial and religious reasons. She also expressed anger and shame when the abuse was revealed to child protective services. Her inability to act left me feeling alone and unprotected. There are many stories I could share, but it is enough to say the results of these

experiences left me extremely insecure and afraid. In order to suppress the fear, my soul often felt dead inside.

I attended college several states away from my childhood home and almost immediately started counseling at the university I attended. I had an intuition I needed help but had no idea how long it would take to feel free from my past. I remember my therapist wanting me to be angry about what happened, but mostly I felt nothing or a vague sense of feeling sad. I even felt ambivalent at times and confused if my experiences were actually abusive. I also made no connection between the panic attacks I began having in college and my history of abuse. Shortly after graduation, I got married and moved with my new husband, away from the security of my college friends and church, to an East Coast seminary where he was pursuing a master's degree. This is where I broke. Removed from all familiar supports and friendships, one night after watching a horrible movie including child abuse and murder, I could not suppress my past. Instead of leaving the theater, I sat paralyzed as I put myself in the shoes of the children in the movie. I cried for hours and was overwhelmed with anxiety and a fear of being trapped and alone. My husband could not console me. My mind and body had had enough. The next day, I began a women's trauma therapy program at a nearby hospital. While those first days were scary and confusing, the program was instrumental in pulling me out of my darkness and guiding me on a path towards healing and health. The program was unique for Western medicine in that it included holistic healing, not just medication (Van Der Kolk 36; Watters 156). Alongside a group of women, I did yoga, art therapy, cognitive behavioral therapy, dialectical behavioral therapy, took nutrition classes, practiced mindfulness, cultivated friendships, and received psychiatric assessments including medication. I was diagnosed with post-traumatic stress disorder (PTSD), major depressive disorder (MDD), and panic disorder (PD). While it took

trial and error to find the right medications, I finally felt relief from anxiety and depression, and I am no longer controlled by triggering events.

Trauma in Burundi

Similar to the history of psychology in Japan, Burundians have understood trauma differently from Western theory. Niyonzima David¹, president of Trauma Healing and Reconciliation Services (THARS) in Burundi says,

Victims do not see the need [for healing], so to speak, and there is a level of ignorance for seeking the treatment because they are not dead. Somehow, life goes on. And they have a level of resilience, and so they think they can go on and cope with life.

(Niyonzima)

Psychology is a new field in Burundi. Prior to 2002, there was no word in Kirundi, the official language of Burundi, for “trauma” (Niyonzima). And, while there are few services available, the need is great (Niyonzima).

Genocide. In 1972, 1988, and 1993 to 2005, Burundi experienced horrific civil wars. These wars left thousands of women as widows and many more children as orphans. Defined by their social identity, in Burundi if a child has no father, he or she is considered an orphan even if their mother is still living. These conflicts, like in Burundi’s neighboring country, Rwanda, were between the Hutu and Tutsi tribes. Neighbors murdered, butchered, and raped one another because of tribal differences and animosity between the two groups. While it has been more than ten years, the nation is still struggling to heal from the grotesque violence and the loss of over 300,000 lives in a country of approximately one million people. Due to the immense poverty of the nation, the majority of Burundians have received little to no help in healing from

¹ In Burundi, last names, or family names, are written first, followed by the individual’s given name.

their traumatic experiences. Moreover, old wounds are reopened each time the nation experiences political tension and when individuals experience new violence like rape or the death of a loved one. The result of this is generations of Burundians who struggle to move past their traumatic experiences.

THARS. Trauma Healing and Reconciliation Services, or THARS, is one of two indigenous Burundian trauma organizations. The website for THARS describes the organization as “a group of psychosocial practitioners and peacemakers,” whose headquarters is in Burundi’s capital city, Bujumbura (“Welcome to THARS”). The organization was formed in 2000, in response to the civil wars, refugees, and “genocide episodes” experienced by Burundi and surrounding countries in Africa’s Great Lakes Area (“Welcome to THARS”). The organization provides a variety of services including listening rooms, where survivors can tell their stories in a safe environment to trained professionals, rehabilitation for child soldiers, counseling and shelter for rape and abuse survivors, and training for practitioners (“Welcome to THARS”).

THARS implements the practice of “active, compassionate listening” during its counseling sessions and in the listening rooms (Niyonzima). During these listening sessions, Niyonzima David noted the way trauma survivors struggled to breathe normally and were unable to speak. The sound he heard repeatedly, was the sound of labored breathing, or heavy sighing: “hah... hah... hah...” (Niyonzima). From this observation, David coined the Kirundi word for trauma, *ihahamuka*, or literally, an inability to breathe properly (Niyonzima). The word is an onomatopoeia, or a word which sounds like its meaning, the sound of breath. *Ihahamuka’s* “chief symptom is shortness of breath” (Taylor par. 55). *Ihahamuka* is distinguished from “regular” fear, which is translated as *ubwoba* in Kirundi (Ndayisaba Aug. 2017). *Ihahamuka* is fear that is so severe, it “blocks your breath and your words” (par. 55). When David Niyonzima

told me about the tendency for trauma survivors to have trouble breathing or a loss of breath, it resonated with my own experience. I used to sigh a lot, though I did not realize it was my body's way of releasing the pent up emotional distress. In this moment, I realized that even though there are differences in understanding trauma in culturally specific ways, there are also similarities in the ways trauma affects the body.

ALARM. ALARM stands for African Leaders and Reconciliation Ministry. The organization works in eight African countries and seeks to “develop servant leaders who reconcile relationships and transform communities” (“Who is ALARM?”). In March of 2017, I interviewed one of the former leaders of ALARM, Burundi's Free Methodist Bishop, Nshimiyimana Deogratias. Deo, as many call him, was in the United States, visiting other Free Methodist leaders, so I was able to interview him at my local church. Deo told me he witnessed his family being “butchered” by a neighbor during this first civil war in Burundi (Nshimiyimana). He conveyed this information in a very calm manner, with no visible emotions. I was not sure if his lack of expression was cultural modesty, or the result of his own healing journey and practice of sharing his story. As he spoke, he did not make eye contact, but either looked down or off to the side. Deo said ALARM was created in response to the thousands of Burundians, a French speaking country, who fled to Kenya, an English-speaking country, during the Hutu-Tutsi genocide (Nshimiyimana). As someone who is old enough to have lived through the first civil war, Deo stated that Burundian trauma began after the 1972 conflict, where people were terrorized, mourning, and weeping over the atrocities committed (Nshimiyimana). This sense of terror was thus internalized and magnified during the following conflicts (Nshimiyimana). As a result, Deo said he does not believe Burundians have achieved any level of trauma healing

because it has not been fully dealt with, and ongoing political instability and community violence over the years have continued to reopen old wounds (Nshimiyimana).

Yolanda's Story. On March 22, 2017, I had the privilege to attend a service at the Ngozi Free Methodist Church in Ngozi, Burundi. Our party included Manirambona Leocadie, one of our social workers; Chevalier Seth, our interpreter; Craig Reese, the president of Sister Connection; Ndayisaba Remy, one of Burundi's Free Methodist superintendents, a pastor, and microfinance teacher; and myself. The church was surrounded by banana trees, dirt roads, and other red brick structures. Unlike the other more modest churches I visited, it had a beautiful design of three crosses on the front of the building, created by using light colored brick which contrasted with the typical red brick exterior. Inside the building was a group of Sister Connection widows as well as one curious widow not affiliated with the organization.

When we arrived in our 1980's Toyota van, we were greeted by Reverend Dukore Raoul. From outside of the church, we heard the sound of a drum and women's voices singing in Kirundi, offering a jubilant song of welcome. As we walked inside the building, we had to carefully choose our steps because the floor was made with large uneven rocks which could easily cause a person to trip or injure one's feet. At this point, I noticed several women had no shoes on and others wore simple sandals. After our introductions, pastor Remy, stood up and greeted everyone in Kirundi. Through Seth's translation, I was told that Remy observed the church building was unfinished and that they must have trouble getting concrete for the floors, a problem Remy's church also experiences due to limited financial resources and inaccessible materials. After Remy's greeting, it was time for two widows to give their testimonies. While all the widows were enrolled in Sister Connection and had a home (except for the one curious widow), none were receiving financial sponsorship. Ciza Yolanda was the first widow to give her

testimony. She was the same widow who was leading worship and wore a yellow and purple wrap dress. I remembered thinking how joyful she looked singing and what a beautiful voice she had. I took notes as Yolanda spoke. She said,

I thank God for this time and for our guests. I live around Mumba Ngozi. I received Jesus as my Savior in 2007, before that, I had many problems. My husband died in 2005 [the final year of the Hutu/Tutsi war] and left me with three kids. I didn't have a house but I had land. I am from the Batwa tribe and people do not associate with us. [The Batwa people are pygmies and considered the most marginalized group in Burundi, even more than "regular" widows, who are despised by their community. They live in completely thatched, dome-shaped homes, out in the most rural areas of Burundi.] The pastors at the church taught me how to pray and ask God for what I need. I joined Sister Connection and they built me a house. I was really happy to receive the house. Even if we do not have something to eat, my kids are safe and can sleep peacefully. My biggest challenge is to pay school fees. I have spiritual help through the pastors, but I do not have enough to feed my children or take them to hospital. (Ciza)

After her testimony, Yolanda covered her face and wiped away tears. She sat in her chair with her head down. I could see that despite her joy in worship, she carried a lot of pain from the past and desperation due to her present circumstances. After observing the widows during this service, I saw more clearly the need for holistic healing. Not only do these women need sponsorship to provide their basic needs, but they also carry a lot of emotional and physical pain. The emotional pain takes a back seat to the dire need for food, water, clothing, and education. Once the widows are sponsored and these basic needs are met, they can begin healing the emotional trauma of their past. In a communal society, it is deeply shaming to be a

widow and rejected by the community. Widows are often forced off their property, exploited, and shunned by their neighbors. This often leads widows to begging in order to survive. Sister Connection offers a new kind of community and sense of belonging. Further, their spiritual needs are met through local churches. Yolanda's story, and the encouragement from Burundi trauma practitioners, impressed on me the need for trauma healing to be addressed and the usefulness of developing the topic for my thesis research.

African Trauma Healing. In 2017, I was able to return to Burundi for two weeks of intensive interviews with widows to better understand how they define trauma and resilience. In addition to the five widows I interviewed in my first trip, I interviewed ten more widows and asked a series of questions: When and how did you join Sister Connection? How do you define trauma? What does resilience look like? What advice would you give to another widow struggling with trauma? These questions guided my research and helped me distinguish between my understanding of trauma and the Burundian understanding of trauma from the perspective of widows. Prior to the interviews, I requested that Buconyori Joy, the National Director of Sister Connection, select five widows who struggled greatly with their trauma, and five widows who seemed resilient despite their trauma. In this way, I could look for similarities in responses, hopefully leading to a better understanding of trauma and what factors build resilience. The responses to these questions are coded in Appendix 1: What is trauma? And, Appendix 2: What is resilience?

Little research exists on the experience of trauma in Burundian culture. Therefore, to understand their perspective, I studied research on other east African nations, or in African countries who had experienced genocide and civil war, similar to Burundi's history. I took this research and the personal interviews I conducted with Burundian widows, social workers,

pastors, and leaders of the nonprofit organizations THARS and ALARM, to formulate a basic understanding of trauma specific to Burundians.

While the widows I interviewed shared helpful information about their understanding of trauma, I know more could be uncovered with additional time to develop trust and relationships. Before I conducted the interviews with the widows, I spoke with Burundian Free Methodist Superintendent, Ndayisaba Remy, who revealed to me profound insight into Burundian culture. One morning during breakfast, I asked Remy about trauma in Burundi. He paused and looked down at his plate. I could see his mouth and eyes searching for the right words to express his thoughts on the topic. His hands were in fists and tapping together as he selected his words; “Burundians some... some... sometimes hide” (Ndayisaba Mar. 2017). His cadence and tone of voice revealed the struggle trauma survivors face when trying to put words to their pain. As I watched Remy, I was brought back to the early stages of my own healing in the hospital, where words were difficult to find when expressing my pain. Remy’s statement also gave me insight on the sense of modesty and privacy in expressing emotions in Burundi.

In a communal society like Burundi, storytelling is a way of preserving history and finding meaning within the community (Ng par.5). Due to the small size and population of the country, as well as the number of people involved in the Hutu/Tutsi conflict, it is common for survivors to live within close proximity of their perpetrators. There simply is not enough room in the prisons for the number of perpetrators, nor adequate resources to put them all on trial (Niyonzima). Burundians set up tribunals where the village elders heard both the perpetrator confess and the victim tell their story in front of the whole community. While common in many African societies, in Burundi, the tribunals are called, *Urubanza Rwo Kumugina*, and are named

for the fact that “people would be seated in an open field” (Chevalier Mar. 2017). These tribunals were familial or communal as individual cases were too vast for the resources available (Jenzen 128). The goal of genocide testimonies is “education, advocacy, and justice” with the “hope that the experiences of genocide will become part of the collective knowledge and contribute to society’s acknowledgement of survivors’ suffering and survival” (Ng par. 5). While the testimonies offer some closure and relief, they still engender complex challenges, as traumatic stories are difficult to tell and, as noted earlier, Burundians tend to hide from their pain (Ndayisaba Aug. 2017).

As it relates to psychology and trauma, development initiatives require contextualization before they can be effectively presented, if at all, to members of another culture. Programs which fail to understand the ways Western psychology is specific to the Western norms and values, will inevitably be irrelevant to outside cultures and have the potential to increase negative outcomes. The majority of studies done on Post-Traumatic Stress Disorder have been geared towards “Euro-American populations” (Vinson and Chang 226). Thus, these studies will understand trauma from a more individualistic perspective and fail to understand how social and communal values impact trauma in a collectivist society (Hofstede 94-95). One example can be seen in a study of 124 Burundians who experienced at least one traumatic event as a result of the 1996-2005 civil war between the Hutu and Tutsi tribes (Yeomans 306). Participants were screened before participation in the study by a hybridized version of The Hopkins Symptom Checklist-25 (307). Participants were then assigned “according to stratified randomization (by gender and ethnicity)” to one of two workshops, one containing psychoeducation on trauma, one without psychoeducation, and others were placed on a waitlist (307).

The study reported that those who had received traditional Western trauma psychoeducation reported higher levels of emotional distress upon re-examination of symptoms after the conclusion of the workshop (310). One hypothesis for this outcome questioned if the “new information about traumatization [...] exacerbated or alerted symptoms or suggested a condition of greater vulnerability” (310). Another explanation hypothesized that participants who received the psychoeducational training “felt less reluctant to disclose traumatic stress after the intervention” or, they may have “better comprehended items on the translated questionnaires” (311). This study reveals the need for more research on the effects of psychoeducational training with non-western cultures. While evidence still demonstrates the presence of PTSD symptoms across cultures, practitioners must proceed with extreme caution when considering trauma psychoeducation, so as not to increase symptoms of stress or feelings of vulnerability (311). Another hypothesized explanation for the outcome was a difference in the workshop that did not have psychoeducation training. In this group, an interpersonal exchange activity was conducted where participants shared with a partner about their thoughts on “trust, safety, sense of security, and interethnic relations in the community” (308). It was unclear whether this added exercise accounted for reduced PTSD symptoms post workshop, or if it was merely the absence of the psychoeducational training (311). The study supports interpersonal exchange for collectivist cultures who experience inter-neighbor violence as extremely beneficial and effective and reveals the potential to inadvertently negatively impact others (Yeomans 309).

A similar situation occurred while I was in Burundi during one of the seminars for widows’ children at the Sister Connection retreat. A leader from the United States presented a talk to the older youth and young adults on human trafficking awareness. The room was packed

with at least a 500 in attendance. It was hot and musty in the room, but the youth sat respectfully with rapt attention. I sat on the stage with the other speakers, a place of honor for guests, while I overlooked the room. As the speaker explained the topic of human trafficking, he mentioned one aspect of human trafficking is when someone forces you to do labor for little or no money. He then mentioned in the United States, there is a minimum fair wage which employers are required by law to pay. Rather than agreeing that this was good practice, many youths raised their hands and requested to know what the minimum wage was in the United States. Some said that they did not care if they were paid less than what they deserved because any money is better than no money. The youths revealed that in Burundi there is a significant job shortage. Some of them had degrees in accounting, law, or other respected fields, but could not find employment. The speaker quickly realized his mistake and tried to redirect the conversation to forced labor. While less damaging than the example of utilizing trauma psychoeducation in a cross-cultural context, this example further demonstrates the need for cultural contextualization.

Other studies have explored whether “post-traumatic stress disorder (PTSD) is universal or varies for culturally distinct populations” (Vinson and Chang 226-228). One study was conducted with 3,802 west African refugees who survived the Sierra Leone civil war which lasted from 2001 to 2006. The clinical analysis screened participants to see if they experienced any of the classic 17 symptoms of PTSD, such as “numbing, dysphoria, ... arousal intrusion,” psychological distress, physiological reactivity, avoidance, and sleep difficulty (226). The study acknowledges that while civilian refugees of war experience significant post-traumatic-stress symptoms, they remain an understudied population in trauma research (226). At the time of the articles’ publication in 2012, there was only one other known study on African civil war

refugees, although it was conducted on those who had relocated to the United States (226).

While the research supports PTSD symptom structures for West Africans as “similar to trauma survivors elsewhere” it was noted that this does not “cross-culturally validate PTSD or related measures” (230). Thus, even with similarities in symptoms and responses, trauma and healing must be understood contextually within each culture, as experiences and the understanding of events differ based on social location.

While there are differences in the experience and symptoms of trauma, one area of commonality between trauma healing in the United States and Burundi is the use of talk therapy for those who demonstrate post-traumatic stress or chronic stress symptoms. Burundians can utilize listening rooms and community tribunals to share their stories and process their trauma. These spaces are deemed to be safe from retaliation and are under the guidance of a professional or elder with authority. Americans in the United States often attend individual counseling with a psychologist or psychiatrist. The benefit of talk therapy is revealed in studies on the brain. Research has found that traumatic memories are recorded in a fragmented manner in the brain (Simha-Alpern 295). The failure to organize these memories into meaningful and “symbolic representations” allows the body to re-experience the trauma of the original incident upon recalling the fragmented memories, or when memories are triggered by sight, smell, sound, or touch (295). In situations of extreme stress, neurobiologists have found the brain is incapable of integrating memories into meaningful narratives (295). However, “the process of putting unformulated experience into words becomes, in this manner, central to treatment and healing” as the brain’s neuroplasticity is able to “rewire” the brain, integrating fragmented traumatic memories, to memories of meaning and context (295).

Why Trauma Exists

The foundation of this research is based upon a cross-disciplinary approach including Christian theology and the embodied relational context of trauma informed therapy within the field of psychology. In addition, I draw from my own experiences of child abuse and the therapy which has helped me heal. Trauma affects people mind, body, and spirit or soul, and thus, must be healed in a holistic manner. Healing which only addresses the mind, will not heal the body, and healing that only addresses the body will not heal the soul. It is from this framework that I draw my perspective; however, people of any ideological background can benefit from identifying the symbols and beliefs which shape their understanding of how trauma impacts people and communities in a holistic, embodied, relational context. For the purposes of this paper, I use the Christian Church, as I have experienced it, as a case study for understanding how individuals and societies harm one another. I use the word “sin” to describe the harm that is perpetrated against others and oneself.

Christian Theology: A Good Design, Broken by Sin. According to Christian teachings, when God created the world, as described in Genesis 1 and 2 of the Bible, he paused after each day, admired what he had made and called it “good”. Thus, each creature, each element, each plant, was made with intention and design. However, when sin entered the world through the choice of human beings to disobey God, God’s good creation became tarnished by sin. The ramifications of sin ripple throughout the world to this day. Sin is seen in wars, it is seen in the exploitation of others, it is seen in the lives of individuals and societies who participate in systems of injustice. Moreover, some people bear the ugly repercussions of others’ sins. Murder, theft, adultery, and abuse mar the body, mind, and soul. Victims did not cause it, nor did they choose it, and yet its affect can be seen and felt.

Bryant L. Myers defines poverty as diminished personal and relational well-being, disempowering systems, and lack of freedom to grow (xvii). Poverty can be material, spiritual, or relational in nature. Because the poor are living in a constant state of oppression, they are more aware of their need for healing, restoration, and reconciliation. Injustice is part of the poor's worldview. Thus, as Monika Hellwig states:

The poor and oppressed suffer the consequences of sin and sinfulness in the world in the most obvious and immediately painful way. For this reason, their whole existence disposes them to look for redemption and attunes them to listening for any message of hope. (qtd. in Groody 32)

The desperate need of the poor might predispose them to being highly responsive to embracing religious teachings that promote healing and wholeness. Sin and shame, as experienced by others or oneself, damages our relationships with God and others, creating spiritual poverty (Groody 72). However, some people may not readily respond if spiritual and psychological needs are less urgent than physical needs. Therefore, healing must be holistic. To heal the soul, we must also feed and clothe the body.

Psychology: A Framework for Understanding. Psychology is defined as “the science of behavior and mental processes” (D. Myers 4). My understanding of psychology began when I was in college at Seattle Pacific University. I took a general psychology course and was introduced to the theories of Western psychologists. As noted earlier, some of the most prominent voices are Freud, Skinner, and Erickson. However, my understanding of psychology does not rest upon one theorist. Each of these theorists have shaped the field of psychology from which I received treatment as a resident in the United States. The therapies I received utilized a variety of approaches such as client-centered therapy, active listening, cognitive

behavioral therapy, dialectical behavioral therapy, mindfulness, medication, exercise, and nutrition. My experience has shown me there is no one “cure-all” technique, but rather a holistic approach is needed.

One promising technique for healing trauma is Eye Movement Desensitization and Reprocessing (EMDR). In EMDR, clients speak their traumatic memories while the therapist triggers eye movement by waving their finger in front of the client’s eyes (518). In this way, the client’s brain reroutes the neuropathways used to retrieve the memory in a context that is no longer traumatic (519). One study revealed that more than 84% of clients treated with EMDR saw significant reductions in PTSD symptoms (518). Other variations of the technique have also proved to be effective including tapping a finger while telling the traumatic memory (518). Niyonzima David, a clinical psychologist in Burundi (trained in the United States), also uses a variation of EMDR called the butterfly technique, where clients cross their arms and tap opposite shoulders while telling their traumatic memory (Niyonzima). Niyonzima prefers this approach to eye movement as it stimulates both sides of the brain while providing the calming effect of a hug (arms crossed across chest). Niyonzima has observed Burundians taking this posture naturally while grieving in an open field, perhaps at the site of a mass grave, where they held themselves tightly as they wept. While this technique appears to be successful cross-culturally, it must only be implemented by trained EMDR therapists to be effective.

Part Two: Phenomenological Case Study of Burundian Widows

Frameworks for Understanding Trauma

In 1970, Abraham Maslow described how motivation follows a hierarchy of needs (D. Myers 338). This hierarchy is visualized in a pyramid with the most basic needs at the bottom of the pyramid and the most complex at the top (338). According to Maslow, the needs at the

bottom of the pyramid take precedence over those at higher levels (338). The hierarchy starting at the bottom and moving up is as follows: physiological needs (hunger, thirst, air), safety needs (the world feels organized, predictable, safe, and secure), belonging and love needs (to love and be loved, belonging, acceptance, avoiding loneliness and isolation), esteem needs (self-esteem, achievement, competence, independence, respect), and finally, self-actualization (living up to one's fullest potential) (338). While Maslow's hierarchy has been described as "best practice," it is fundamentally flawed for the culturally specific values it expresses.

Maslow's hierarchy starts with the fundamental needs of the body which are required for life and survival. Past the point of survival, the trajectory of ascent is subjective and dependent upon cultural values, norms, and beliefs. Maslow's hierarchy fails to take into consideration cultural values, especially as they relate to differences in communal and individualistic societies. In the United States, the most individualistic culture, Maslow's hierarchy of needs makes sense because the chief value of achievement in our majority culture (there are subcultures within who do not apply) is finding self-fulfillment (Hofstede et. al. 95) In contrast, communal cultures like Burundi find value within a group identity, not primarily in self-identity. Maslow's hierarchy demonstrates the inability for culturally specific philosophies to apply in a cross-cultural context. The framework for the theory could be adapted if each society had an opportunity to customize the categories according to their cultural values.

In my initial writing on this topic, I failed to see how contextually specific Maslow's hierarchy of needs is in the things it values, and I argued in support of it. I had two trauma informed professionals from the United States read my draft and approve it as "best practice" for social work and trauma counseling. I don't blame these professionals for their culturally specific worldviews, they are difficult to identify without the input of those from different

cultures. The challenge to identify cultural biases, impresses upon professionals the necessity for local experts, such as Burundian social workers or leaders, to provide the criteria for measuring health as it relates to the specific values of their culture. Despite the good intentions of many professionals, cultural bias can still be overlooked when working internationally. Thus, it is imperative for international development workers to regularly examine their assumptions.

To gain a better understanding of the cultural values of Burundian society, I wrote to Chevalier Seth and pastor Ndayisaba Remy. In response, Seth stated, "I think it is very important to be accepted in the society as someone of integrity and [someone who is] respectable. So, the factors determining it are mostly, having a family and wealth." Intrigued by his response, I asked why family lent to respectability and how integrity was connected to family and wealth. Seth clarified "family" as a man's wife and children. He said, "this is usually important, for the man, to be able to have kids, especially boys, so that his [family] name can live forever" (Chevalier 8 May 2018). Seth then defined integrity as "the wealth and power and on personal behavior." When I asked Remy to describe his perspective on Burundian values, he referenced a course he took on Burundian citizenry and patriotism. According to Remy, the most important values in Burundian culture are as follows: safeguarding social values, non-violent action, civility, civic duty, tax liability, and solidarity. These values reveal the stark differences when compared to values held in the United States such as wealth, freedom, self-determination, self-efficacy, and the pursuit of happiness.

Remy offered further descriptive nuance for each of his country's deeply held values. In regards to safeguarding social values, Remy states, "these are the qualities sought in society and demanded even in the allocation of responsibilities to people on behalf of society" (9 May 2018). Some of the qualities Remy referenced include: truth, love, peace, right action, integrity,

royalty, nonviolence, honesty, dedication, solidarity and mutual aid, politeness, fairness, welcoming foreigners, sharing, and caring for others (9 May, 2018). Remy's response reveals the values of a communal society which places high value on maintaining the good of the community as a whole and demonstrating interdependence to maintain peace and protection for all members of society. For a more in-depth description of these values, see Appendix 3: Burundian Values.

Poverty and Trauma. In my qualitative study proposal, I planned to interview five women who demonstrated resilience to trauma and five who struggled greatly. I wanted to learn how Burundian widows view trauma and what resilience looks like in their culture. Some of what I discovered was expected and some unexpected. Many of the responses to the question, "What is trauma?" described obsessive thinking about problems and physical symptoms such as headaches, fast heart-beat, and difficulty sleeping (See Appendix 1). In addition to these physical manifestations of trauma, I also expected to hear many stories about the brutal civil wars which Burundi endured in 1972, 1988, and 1993. A few women recounted horrific trauma from the war such as "being placed alive in a mass grave with my children" and "watching my husband be burned alive" (Ngamubano). However, what I did not expect, was the way in which nearly every woman connected trauma with poverty. Whether it was the inability to provide for her children, being homeless, having no food, or experiencing a poor or stolen harvest, all the women expressed trauma over their economic situation. Bryant L. Myers states, poverty, especially extreme poverty, is a type of chronic trauma (xvii). Moreover, in addition to their experiences of violence and loss, Burundian widows are despised by their communities because the social worth of a woman is found in her relationship to her husband. These widows have no rights to property and often have male relatives drive them out of their homes and off

their land after their husband has died, compounding their grief, and making them destitute. The widows experience the loss of their valued social identity within the community resulting in shame and isolation.

In answer to the question, “What is trauma?” one widow, Ndemeye Liberate, began by explaining where she lived during the war after her husband died. Through my translator, Francine Dushimr, I learned, “where they lived, they used to come, animals like hippo, buffalo, so they had to move. They left their land and it was hard to live. That is what traumatized her” (Ndemeye). After fleeing her home and land, Liberate had to live with her children down by the river, Ruvubu, which was filled with hippos, known to be very dangerous and territorial (Ndemeye). Liberate was “not sleeping at night” and she had “no food, no land; life was very hard” (Ndemeye). Thus, for Liberate, trauma was the result of being displaced, living in fear, and not being able to provide for the needs of herself and her children. Liberate is one of Sister Connections’ “Home Project” widows. This means she joined the program and has had a home built for her; however, she does not have monthly financial sponsorship from a donor like many of the other widows in Sister Connection.

Like Liberate, Nizigama Virginie, who had been a widow for four years at the time of our interview, said trauma is “thinking about what solution [there is to one’s problems] but none are available.” She also added that trauma is “poverty” and “unmet needs” (Nizigama). When asked if she felt her level of trauma was minimal or great, Virginie said it was a “heavy burden because she does not have the answer to her problems” (Nizigama). Virginie is also a “Home Project” widow and is waiting to be connected with a donor for financial sponsorship.

Poverty is experienced differently based on the resources available to members of various societies. In the United States, there is a government “social safety net” which provides

social services to those who are below a predetermined economic threshold, or who have circumstances or limitations which qualify them for these government social welfare programs. In Burundi, the poorest individuals rely on the solidarity of their culture's communal values for survival. Yet, the country's low gross national index (GNI) per capita, at \$280 per person, per year, demonstrates the limited ability for citizens to provide for one another ("Burundi"). In contrast, the United States has a GNI per capita of \$56,850 per year in addition to government programs to assist the poor ("United States"). This distinction is important because current trauma research often assumes the presence of community resources and social service programs to aid individuals in their healing. For example, in an article by David Okech et. al., social workers are employed and exhorted as primary actors in building up strengths-based resilience in clients experiencing poverty. Yet, while some nonprofit organizations like THARS and ALARM employ indigenous social workers to assist clients in Burundi, the number of trained professionals is not sufficient to meet the enormous need for assistance. The resources available to Burundian widows are extremely limited and demand creative and culturally relevant methods of building resilience. This does not make the article useless, however, as it reveals that Western methods of resilience-building in the extremely poor, cannot be directly applied by international development workers because the social safety nets in the United States, such as the Department of Human Services, do not exist in some very poor countries like Burundi. What does appear to be universal across cultures is the way poverty connects to one's social identity (Hudson 112). This is true in Burundi as well in the United States, although the components contributing to these social identities differ greatly. For example, widows in the United States are not shunned, cannot be driven off of their property, and have legal rights. Yet, shame, social rejection, blame, uncleanliness, among other stigmatizing distinctions all plague

those who experience poverty (121). This psychological impact must be addressed in helping others overcome the trauma of extreme poverty.

How Poverty Mars Identity. Poverty is not something exclusively experienced by those in the majority world, or what is traditionally known as “third-world countries”. Poverty can be experienced on a variety of levels, the most obvious being material poverty, yet also including social and spiritual poverty. Bryant L. Myers describes the various ways the poor are marred by their experience of poverty. He states, “first, the poor are systematically excluded as actors” in the global socioeconomic system (127). Secondly, Bryant L. Myers says “a lifetime of suffering, deception, and exclusion is internalized” resulting in a sense of worthlessness and humiliation (127). Ravi Jayakaran states, “poverty is a lack of freedom to grow” mentally, spiritually, socially, and physically (qtd. in B. Myers 131). When the nonpoor participate in systems of injustice and oppression, their identity becomes marred as well. However, many nonpoor people view the poor as responsible for their poverty and are blinded to their participation in unjust systems. When the nonpoor realize they are *contributors* to poverty, they can begin to understand humanity’s universal need for restoration. Ideologies like modernity and capitalism, which encourage unbridled consumption, have seeped into the culture of the nonpoor, creating the assumption that these influences are universal across cultures and that they do not have moral implications.

Healing Identity. Of the ten Burundian widows interviewed in August, two expressed significant levels of healing. Consolate was one of these widows. She had been part of Sister Connection since 2005, when the organization was created following the civil war from 1993 to 2005 (Ndirahisha). When asked about her trauma, Consolate described losing her four children and husband to illness and experiencing a miscarriage. She also believed she experienced

trauma from a witch doctor as the result of neighbors who did not like her. Consolate described *ihahamukah* as “losing your mind” because “the past is always with you”. It was difficult to feed and clothe her six remaining children and “poverty caused her to have a bad life”. To cope with her trauma, Consolate tried to sell anything she could find to make money including edible insects. When her children got older, they made and sold bricks in order to buy food. This meant the children had to drop out of school to help the family survive. Consolate found out about Sister Connection when she got a job as a cleaner on Mt. Hope where the organization’s main buildings are located. A church leader told Sister Connection about Consolate and she began receiving monthly financial assistance, a new home, and help from the social workers and pastors. Two major components of her healing were when her children were able to go back to school and she was able to have enough food to feed them all. Happy with her current life, Consolate said, “Sister Connection has brought me from far”. Her advice to other widows who are struggling with trauma is for them to approach her so she can tell them her story, give them comfort and advice. Consolate advised those struggling with trauma to not think about their problems too much, not to beg, to work hard using their own hands, and to not wait and become discouraged. Where Consolate once felt powerless to change her circumstances, she now expresses great hope for the future, a high level of self-efficacy, and a restored place in society (Ndirahisha).

Similar to Consolate, Nzeyimana Marguerite has experienced significant healing through the help of Sister Connection. Marguerite lost her husband in 2005 to a car accident (Nzeyimana). After he died, her life became very difficult. She was driven off her property by his relatives and “lived in the bush”. She was vulnerable, alone with her six children, and lived in fear of rape and robbery. After some time, her husband’s family invited her and her children to

live in one room of their house, but it was hard to fit everyone in the small space. She had no land to cultivate and eventually her house was destroyed in a storm. However, Marguerite stated, “God remembered me and [I] joined Sister Connection that year” (Nzeyimana). She began receiving monthly financial assistance, had a home built, and received prayer from the Sister Connection staff. When the staff prayed for her, Marguerite said the fear went away. Her life went on and her children were able to return to school. Marguerite was able to take out a microfinance loan from Sister Connection and began a small business making *mendazi*, which are sweet, dense bread rolls. Her business began thriving and she expressed plans to learn new skills including raising chickens to sell their eggs or hatching the chicks to sell at the market. Marguerite described her trauma level as “very low” when she compares the “old time” to what she has now: shelter, school, a home, loans, and a business. She expressed that Sister Connection has helped her forget the pain of her past. Her advice to other women still struggling with high levels of trauma is “to be patient, approach her and she will listen to their problems” (Nzeyimana). Marguerite said that she made three friends who helped her greatly by giving her advice and she is now ready to advise others (Nzeyimana).

Both Consolate and Marguerite have come a long way in the journey from trauma to the resilience they have achieved today. Where they once felt fearful and powerless, they now feel hopeful and in control of their lives. Like Consolate and Marguerite, the ability to help others who have experienced trauma has given me a sense of meaning for my history of abuse. It does not mean what happened to me was acceptable, but it gives me a sense of purpose to use my story and the ways I found healing to help others along the same journey.

In the same way that the poor’s identity is healed through meeting their needs in a holistic manner, the nonpoor must also experience multifaceted healing. The nonpoor suffer

less from material want, but they suffer as perpetrators of systemic violence, and marred relationships. At times, the nonpoor may experience powerlessness to change the systemic evil in which they participate. However, through education and support, the nonpoor can learn new ways of living and envision a future that does not rely on the exploitation of others to meet their perceived needs. When I first became aware of my complicity with structural evil and injustice, I felt helpless to change it. The problem is enormous and I did not know what impact I could make. However, through books like *Resisting Structural Evil* by Cynthia Moe-Lobeda, lectures by Dr. Brenda Salter-McNeil, and other resources, I have realized I *do* have the capacity to make a change. As I recognize areas of my life that are complicit in systems of injustice, I can repent to God, repent to others if possible, and then advocate for change. This means I have a responsibility to first change my own actions, re-vision a life that does not participate in normative structural evil and encourage others to do the same. I believe I am at the beginning of my journey towards healing my marred identity, but through my faith and awareness of my participation in the problem of systemic violence, I am moving towards healing.

Conflict, Violence, and Trauma

As I interviewed Burundians, I learned that cultural norms of violence in conflict situations perpetuate generational trauma. Yet, often research on trauma assumes that PTSD diagnoses are based upon an experience in the past (Stevens 76). However, many people groups find themselves living in long-term traumatic situations such as ongoing wars, famines, or “endemic levels of community, criminal, domestic, and sexual violence” (76). While the former understanding of PTSD views the bodily responses as “false triggers” of a remembered past event, those living in war zones or extreme poverty are facing new and real threats continuously over a long period of time (76). Those who experience the dynamics of

“continuous traumatic stress” in the under-studied “Global South” where ongoing conflicts are common need a nuanced approach to coping with their trauma symptoms (77). Ironically, those in the Global North, who are least likely to experience violent on-going traumatic experiences, are the primary voices on trauma research and PTSD, revealing the need for “more contextually relevant knowledge” (77). The Global North’s monopoly on trauma research has also individualized the experience and implications of trauma, ironically displacing it from the most relevant contexts which are predominantly communal cultures (78).

One of my translators, Tuyishime Veronese told me about her experience as a child during the most recent civil war that echoes the findings described above. As we walked along the orange dusty road from the widow’s seminar to the guest house for a break, Veronese told me she was five years old in 1993 when fighting broke out in Rwanda and Burundi between the Hutu and Tutsi tribes (Tuyishime). She and her family fled to Congo as refugees but saw fighting and violence there too, so they continued on to Kenya. When the war was over in 2005, they returned to Burundi. Her family started to rebuild their lives in Burundi, but when political tension and violence increased during the presidential election of 2015, she said she was so scared thinking they might have to flee again. She experienced rapid heartbeats and panic. However, when the political conflict resolved, her feelings of trauma and fear diminished and now she feels better (Tuyishime). This resurgence of violence and political upheaval keeps Burundians living in a state of trauma as each new experience exacerbates the previous traumas and prevents full healing.

In situations of ongoing violence, a different approach is needed from traditional trauma healing methods. Moreover, these situations mandate the need for development workers to understand the causes of the ongoing trauma. The article titled, “The Anthropology of

Violence” by John M. Janzen, offers best practices within the field of “the anthropology of violence” in central and southern Africa (122). The study examines the socio-political and psychological costs of perpetual violence and asks how the violence can be healed and addressed within these African cultures (122). Through ethnographies, Janzen highlights a diversity of experiences and insights on individual and communal responses to violence and how cycles of violence can be overcome (130). Many internal conflicts result from resources that are not equally allocated, often based on social class or ethnic tribes (122). Other conflicts arise between political groups trying to gain control over territories and institutions (122). Citizens and experts in Central and Southern Africa have begun to assess the cost of such conflicts and are searching for “ways to lessen the toll [and to] resist a return to violence” (123). Testimonies are sought from both perpetrators and victims in order to contextualize the source of the violence (123). Yet, this process reveals the complicated nature of war, as many people are both perpetrators and victims. Victims who cannot find healing and meaning for their experiences are vulnerable to become perpetrators. As Richard Rohr states, “Pain that is not *transformed* is *transferred* whether against self or others” (qtd. in Yoder 432, emphasis added). Also revealed through the narratives are acts of heroism of individuals rescuing others from the violence (Janzen 123). Together, these stories create a collective narrative which is analyzed to determine solutions (123). This collective narrative “descends into the everyday” as seen in the shrines and memorials Burundians and Rwandans have built in response to the Hutu – Tutsi ethnic violence (126). Rwandans processed the horror of their genocide by collecting and reburying the bodies of those who died, thus, enabling rituals of meaning to bring closure (126). In some places, Rwandans left destroyed buildings and mass graves erect with signs describing the violence that had taken place (126). These memorials show respect to the dead and “avert

possession by vengeful spirits ... so that the living will not act out the vengeance that such spirits demand of the victim's descendants upon the perpetrator's descendants" (126). As described earlier, genocide testimonies were given in front of the community elders as a way to hear both the side of the victim and the perpetrator. In the absence of mediation, many Burundian and Rwandan victims approached their perpetrators with "pre-emptive forgiveness" as a way to heal, as well as a "survival strategy" to demonstrate no intentions to commit a revenge attack (128). Various neighboring political leaders also used pressure to encourage negotiations between groups and promote peace (128). African countries ravaged by war use all of these approaches to deal with past or ongoing violence (130).

Power Distance and Cultural Indices. Every culture has varying levels of power distance. Low-power distance cultures, like the United States, do not place authority as a high value to be respected without question. In the United States it is permissible to question leaders and voice dissent. However, in high-power distance cultures like Burundi, authority cannot be questioned without consequences. People are not free to express political dissatisfaction. This high-power distance trickles down to employee-employer relations as well as familial hierarchy and respect of elders. In a high-power distance culture, dialogue and open communication are not common. Due to social communal identity of Burundian culture, authority figures expect compliance regardless if people agree. Thus, when someone resists authority, the first solution is violence or some form of forced compliance, as this is seen as supporting the greater good of the community over the preferences of individuals (Ndayisaba 9 May 2018). Evidence can be seen in political disagreements, interpersonal relationships, spousal abuse, and child abuse.

One conversation with my translator, Seth Chevalier, revealed insight on the difficulty Burundians have in acknowledging weakness. Seth told me how Burundians do not say excuse

me when they bump into people, or, they might for me, a white person, but not for him. He then went on to talk about how they do not say sorry either. Burundians have a hard time saying they are sorry because they feel it demonstrates weakness to apologize. I asked if they tend to hold grudges and he said yes, nodding his head, “they have a hard time letting it go” (Chevalier Aug. 2017). If they do feel sorry, they won’t say it but might find a way of going around it by offering a gift or something like that (Chevalier Aug. 2017). While this may be true across many cultures, it proves to be a barrier for Burundian relationships in everyday life. This said, Burundi’s high-power distance culture enables them to utilize reconciliation techniques such as communal elder courts of justice. Thus, even though Burundians may hide from their pain and generally avoid direct confrontation, when given permission from a village elder, it becomes socially acceptable to address their grievances.

For development workers and clergy hoping to work in a cross-cultural context, understanding differences in power-distance, among other cultural distinctives, will help avoid embarrassing others and show respect in a culturally normative way. This does not mean conflict is not addressed, but it may need to be approached in private, through a community elder, or through general teachings on the topic. Other cultural indices which are important to explore include: Masculinity vs. Femininity, Uncertainty Avoidance, and Collectivism vs. Individualism. These dimensions of culture are important for cross-cultural work as people are inclined to view and interpret the world through their own cultural lens, and the norms affirmed or rejected by their particular contexts. What is important to note about cultural indices, is that they are not good nor bad. Individuals and communities may have preference for one approach over another, but each one has its strengths and weaknesses. Thus, practitioners must not try to force their practices upon another culture. Development workers

will be more effective if they work with the strengths of each cultural context. For more in-depth information on these cultural differences, refer to the book, *Cultures and Organizations: Software of the Mind*, by Geert Hofstede et. al.

Part Three: Responding to Trauma

Contextualization Across Cultures

The importance of contextualization regarding trauma and healing methodologies in cross-cultural contexts has been demonstrated through the examples of psychoeducational training, interviews, and the research highlighted thus far. Yet, another aspect of contextualization in the conversation of trauma healing is resilience. Resilience is what enables people to face and overcome the many difficulties in life. Individuals and communities must be able to process their good and bad experiences in meaningful ways. Some people may look to religion, others family, art, or community work. There is no time-table for developing resilience. Some people have been taught or develop the skills to cope before or soon after a traumatic experience, while others may take years or decades. Resilience is one of the most important qualities for coping with trauma, grief, and loss; yet, the timeline for developing resilience will be different for each person.

Resilience

While traumatic experiences often result in psychological consequences, there is also the potential for people to “generate unique strengths, coping mechanisms, and sources of resilience” (Goodman et. al, 310). Resilience can be defined as the “ordinary process and basic human adaptation to circumstances that occur in one’s life” (310). Revitalization is the ultimate goal of resilience in preparing for and responding to disaster risks, whether by the violence of a family member or the violence of a nation. Revitalization encompasses more than regaining

what was lost, it is moving beyond the original state by learning and growing from the experience of a disaster. Judith Rodin states, “revitalization is the process of bringing new life and vigor to an individual, an organization, or a community after it has been through a disruption, a crisis, a disaster” (loc. 4047, par. 1). Communities, natural systems, and infrastructure are strengthened and energized with new vision and hope for a better future (Rodin loc. 4047, par. 2).

Why do people need resilience? And, why is it important? Every community faces hazards and disruptions. Hazards are “potential threats to a community, system, or organization” (Latham 22). Some of these hazards can be anticipated, while others may come suddenly and unexpectedly. Examples include earthquakes, storms, war, drought, political unrest, famine, and mass migration. The quantity and intensity of hazards faced by a community determines its degree of fragility. In 2015, a World Fragility Index was compiled, which identified various hazards for nearly every nation-state in the world and then ranked nations for the highest to lowest levels of fragility (“Fragile States Index” *Vivid Maps*). Similarly, INFORM 2016 is an index which identifies the hazards and overall vulnerabilities of every country for which data is available (“INFORM 2016”). These indices can be used by humanitarians, policy makers, and aid organizations to determine areas of need and which issues are most commonly faced by each community. When the problems are understood, people can better prepare for and respond to hazards without being crippled by their impact. People are not helpless to hazards. With thoughtful preparation, individuals and communities can respond quickly and effectively.

Through my fieldwork in August, I learned that trauma and resilience will be defined and dealt with differently based on cultural context, socio-economic status, and where value is

found within each society. After coding my interviews with Burundian widows, social workers, pastors, and trauma professionals, I learned the most common factor (n = 9 widows) cited in overcoming trauma is receiving a home by Sister Connection. Sister Connection is thoughtful about how they provide homes. Rather than building a home and presenting it to the widow, the money is given directly to the widow who hires local construction workers, and then gets to work with the contractor to design her house and make it personal. This approach not only provides for her need of shelter, but it helps the widow regain a sense of social dignity within her community. The widow is empowered to contribute to the local economy and respect for her increases. The second and third most common responses reported on how to become resilient were prayer (n = 8 widows/10 all participants) and belief in God (n = 6 widows/8 all participants). Receiving financial assistance was the fourth most common reason cited for developing resilience (n = 6 widows/7 all participants). (Appendix 2).

A person's expectations for experiencing pain and loss in life determine how well he or she will cope when disasters or tragedies occur. In her book, *Suffering and the Heart of God*, psychologist Diane Langberg states, "when someone's pre-trauma beliefs and meaning are resilient and have the capacity to include trauma, suffering, and injustice, the ability to weather the trauma without destruction of meaning and purpose is much higher" (81). Having grown up in the United States, my worldview told me that trauma should not be part of a happy life. Most Americans in the United States, want to avoid pain, sadness, and death at all costs. Rather than embracing these difficulties as a natural part of life, people in the United States often do everything in their power to prevent them, and their wealth often enables them to do so. However, when tragedy becomes unavoidable many people do not have the skills to cope, and their worldviews and sense of meaning are shattered (81). Other methods used to cope with

trauma in the United States include medication, individual or group counseling, addictions, self-harm, risk-taking, recreation, and religion. In contrast, despite years of war and violence, some of the Burundian widows expressed healing and contentment once their most basic needs of food, water, and shelter were attained. This may suggest that the widows' pre-trauma beliefs included pain and suffering as normal experiences in life. Further research could explore the Burundian expectation of pain and trauma versus the expectations of those in The United States, as well as how these preconceived beliefs shape the ability to be resilient.

The data used to assess vulnerabilities can differ according to the measures used. For example, according to the 2015 Fragile States Index, Burundi ranked the 18th most fragile state in the world ("*Fragile States*" *Vivid Maps*). The 2016 Fragile States Report elevated Burundi's fragility to 17th most fragile in the world, revealing deteriorating resilience and increased threats ("*Fragile States*" *Fund for Peace*). Yet, while it is not listed as one of the world's ten deadliest countries, it has endured three civil wars in the past fifty years, the most recent ending in 2005 (Alfred). The differences in data selected to measure fragility will impact the country's rank, suggesting the need to utilize diverse indicators in order to obtain a more accurate assessment of risk and fragility.

Burundi has seen organizations like Sister Connection assist hundreds of widows in regaining dignity and hope in their communities, many of which have become self-sufficient and no longer need assistance. In fact, some women who were sponsored by the organization are now working as its employees and are supporting other widows financially. This is evidence of the resilience dividend, where the resilience of people in response to a disaster strengthens them beyond what was previously experienced (Rodin loc. 4590-4605). As individuals, communities, and international organizations work together to build resilience, we will see

revitalization increase and disaster risk reduced. The task is daunting, but the path forward is clear: holistic resilience will lead toward revitalized, whole, and healed communities.

A Christian Response

Reconciliation. The need for reconciliation between perpetrators and victims is extremely important in Burundi. Due to the small size and population of the country, as well as the number of people involved in the Hutu/Tutsi conflict, it is not uncommon for survivors to live within close proximity to their perpetrators. There simply was not enough room in the prisons for the number of perpetrators, nor was there resources to put them all on trial (Niyonzima). Thus, in order to address the injustice, Burundians set up tribunals where the village elders heard both the perpetrator confess and the victim tell their story in front of the whole community. While common in many African societies, in Burundi, the tribunals are called, *Urubanza Rwo Kumugina*, and are named for the fact that “people would be seated in an open field” (Chevalier Aug. 2017).

Through my research, I have learned how spirituality has played an important role in the lives of Burundian trauma survivors. Faith or spirituality can help people find meaning for their life experiences, as well as provide guidance for those healing from trauma’s wounds. In his book, *Exclusion and Embrace*, Miroslav Volf offers profound insight on becoming agents of social justice and peace. Representing a Christian perspective, Volf looks to the example of Jesus and describes the importance of solidarity in social justice work (Volf 22). Yet, this solidarity is not just in sharing the sufferings of the oppressed, it is also “supplemented by atonement for the perpetrators” (23). Thus, the perpetrators are not excluded from the justice and mercy of God nor others. Jesus demonstrates this solidarity with the oppressed when he dies as a scapegoat, as well as solidarity with the perpetrators when he asks God to forgive

them (23). Solidarity is found only through relational love which empties oneself, to make space for the other (25). To this, Volf states, “A genuinely Christian reflection on social issues must be rooted in the self-giving love of the divine Trinity as manifested on the cross of Christ [Jesus]” (25). People representing other religions and ideologies can participate as well, by applying the concept of solidarity with victims *and* perpetrators as part of their reconciliation processes.

Speaking the Unspeakable. The experience of a traumatic event is disorienting and has the potential to mar one’s identity. When a traumatic event occurs, one’s image of self is disrupted, violated, and called into question. The violation may be in a person’s worldview, sense of security, or it may be more personal such as one’s sense of worth, dignity, or competence. Trauma, in its many forms, creates a disruption in a person’s worldview and sense of stability and safety (Langberg 227). Often, those who experience trauma are unable to articulate their experience because the pain of speaking it is too disturbing, and the body wants to retreat or dissociate from the painful reality (Rambo 237). Shelly Rambo states that “trauma severs connections between mind and body, past and present” (235). In this way, the traumatized person is unable to move past their traumatic experience as it is relived again and again in the present. A trauma survivor often demonstrates hypervigilance, flashbacks, depression, and anxiety, often without realizing the connection between the present and the past (Langberg 275-276). The effects of trauma are felt mind, body, and soul, affecting relationships with others, God, and self (276). Diane Langberg says, “To experience an atrocity is to live the unspeakable. To heal from an atrocity, one must learn to speak the unspeakable. Our task becomes that of helping the person find a way to both speak and bear the unbearable” (227). This concept is echoed in the Kirundi word for trauma mentioned earlier, *ihahamuka*, or loss of breath. Burundian organizations THARS and ALARM encourage survivors

to speak their experiences through one-on-one counseling and in listening rooms throughout the country. Likewise, in the United States, therapists, doctors, and clergy often fill this role in guiding a traumatized person towards healing.

In addition to addressing the psychological and physiological damages of trauma, it is equally important to address the soul and spirit of a person. Shelly Rambo states that “the spiritual dimensions of loss are more difficult to approach and, therefore, are often not addressed effectively” (Rambo 238). Many people look to faith or religion to find meaning during times of crises, yet many “find these systems insufficient to account for their experience” (238). Perhaps, this is because many religious leaders encourage forgiveness too quickly and are unable to sit with a person in their anger, grief, and brokenness.

Spirituality encompasses the human need to create meaning in life (Wilson and Moran 168). Trauma survivors who once had a basic trust in a generally “good world” must confront the reality of their trauma and integrate the former life with the present realities (172-174). Trauma has the potential to disorient the spiritual foundations of a person’s life and thus, attention to spiritual healing is needed (172). This said, there seems to be an element of privilege in calling one’s foundational beliefs into question in the midst of a traumatic event. When I interviewed the Burundian widows, not one of them blamed God for their suffering nor asked the question, “why?” Based on my experiences, I wonder if this is in part due to the fact that the Burundian widows who expressed faith beliefs do not have the luxury to question their faith in God – one of the only constants in their lives. To question God would be to question the only source of hope and provision for many of these women who live in abject poverty. I remember a time in my life where this was true for me as well. Sometimes, when a person is living through trauma, they do not have the luxury of questioning their foundational beliefs. As

Nietzsche once said, “he who has a *why* to live can bear with almost any *how*” (“Nietzsche Quotes,” emphasis added). Thus, to take away the *why*, would compromise the *how* to live – even if that *how* involves surviving immense trauma. Additional research could reveal what factors contribute to consistent belief systems and those which change drastically as a result of traumatic experiences.

Exporting Trauma Healing. Nonprofit development practitioners in the West have a history of exporting the values, philosophies, and programs specific to their social locations. Unthoughtful, yet well intentioned trips have proved unhelpful at best and damaging at worst to poor communities (Jeffery 5). One example is when people spend thousands of dollars to travel to another part of the world, only to complete a task that the poor are capable of doing themselves. Instead of painting a building to “help” a community, it would be more beneficial to paint it with the community members or hire a local to do the job. In this way, the focus is on relationships, volunteers are not taking paid jobs from local workers, and those helping do not set out to be the hero or savior of the poor (Perez). As one author states, “As part of their experience, volunteers must wrestle with the questions of today's poor” (Jeffery 5). Development practitioners can equip volunteers with the necessary tools “to process and interpret their firsthand encounters with economic and racial disparities” in order to benefit all parties involved (5).

Likewise, international development workers and psychologists often feel the desire to help when a natural disaster, like a tsunami, strikes. However, research shows that “psychological debriefing” is actually more traumatizing than without any assistance, and it has been demonstrated to inhibit natural resilience and recovery weeks later (Bell). The latest research favors a “wait and see” approach where people are given time to experience the

natural emotions associated with the trauma, approximately 70% of which will recover on their own (Bell). For the remaining 30%, psychological intervention will be needed, but waiting to administer debriefing techniques can aid the healing of the majority of people (Bell). Despite the research, many psychologists cannot resist “helping” by traveling to the location of a natural disaster to provide a one-time counseling session to trauma survivors (Bell). While the desire to help is good, practitioners must have the humility to recognize if their assistance will benefit those being served, or if it will make things worse.

History must also inform international development work. Eurocentrism, which “refers to the assumption that European or Western ideas are the only ideas ... that are important,” has been extremely damaging to indigenous cultures (Willis 18). Eurocentric development attempts are not self-reflective and do not demonstrate awareness of cultures which operate under a different set of norms and values. Colonialism and post-colonialism are historical realities that must be considered (20). Many ramifications from these past abuses of power have continued to bleed into the present, as seen in wars, politics, foreign aid, and pervasive racism in modern culture. Recent cultural emphasis has highlighted “white privilege” as an important concept that helps people of Caucasian descent or appearance, better understand how society privileges them over and against darker skinned people. In Burundi and many other African countries, I am a *mzungu*, or person of wealth, privilege, status, and power, all because of the color of my pale skin. To divorce this reality from my work in Burundi would be to overlook a significant roadblock in my efforts. International collaboration is possible. Practitioners can ask: What does this community want? What are their goals? How do they want to accomplish these goals? How can we participate alongside communities to help achieve their goals? In the end, Katie Willis poignantly states, “Development discourse

promotes and justifies very real interventions with real consequences” (32). These real consequences should be considered at all stages of development work.

Likewise, ethnocentrism is a concept which describes the way in which people see and interpret the world through their culture’s belief’s, values, and worldview. The ethnocentric person will mistakenly interpret the behavior of other cultures through the lens of their own worldview. A simple definition of “ethnocentric” in the dictionary states, “having, or based on, the idea that your own group or culture is better or more important than others” (“Ethnocentric”). This definition suggests a negative connotation and assumes that the ethnocentric person *knows* that they are elevating their cultural ideals over other perspectives. However, ethnocentrism is more nuanced than this simple dictionary definition. Various ethnographers describe ethnocentrism on a scale, some forms being more deliberate and discriminating, while other forms are simply naive or demonstrate more in-group preference. While ethnocentrism may create a sense of community and solidarity with one’s own culture, it can be problematic when dealing with people from other cultures, whether in school, the workplace, or daily life. Therefore, in order to be successful in an increasingly globalized world, ethnocentrism must be identified by individuals and groups, and then challenged to analyze, understand, and accept cultures that are different.

Another related concept is that of spatial gaze, which describes as a person’s worldview (Chiseri-Strater and Stone Sunstein 166). A person’s memories and observations are dependent on his or her assumptions, past experiences, and state in life (165). I know my experience of trauma is not the same as the Burundian widows I am hoping to help and understand in Burundi. I also know as a white American woman, I see trauma and the world from a different perspective than my East African friends. When I can recognize my point of view, I can better

step outside of it to understand Burundian's point of view. I will never be able to do this completely, but I am realizing the more I understand myself, the better I will understand others.

Closely connected to my spatial gaze is the concept of "colonized spaces" (Chiseri-Strater and Stone Sunstein 197). In my trips to Burundi, I have seen evidence of Belgian colonial influences even though Burundi gained independence in 1962. Schools utilize the European teaching model of lectures with little student interaction. Western proselytizers of years past have left Burundi with a very conservative, rule driven form of Christianity. Drinking, tattoos, smoking, and revealing clothes are all thought of as incompatible with Christian doctrine.

What strikes me in considering the effects of colonization is my own ethnocentrism about abuse. Corporal punishment seems to be socially acceptable in Burundi between parents and children and even between husbands and wives. As a white, American woman, I have been taught abuse violates my personal right to safety and health. Yet, what if Burundians do not feel traumatized by the same experiences that were so damaging to me? Some American families spank their children, who grow up to be healthy and well-adjusted adults, who come to believe that spanking was a helpful teaching tool for them as a child. However, for me, it was destructive and I have chosen not to spank my own children. Perhaps it is more about *how* a child is spanked and the other family dynamics which accompany the corporal punishment. Several of my Hispanic friends joke about their moms threatening to smack them with their sandal, or *sandalia*, when they were behaving inappropriately as children. In this way, trauma is felt or experienced in contextually specific ways based on one's expectations and worldview. This is not to say beating a child is *ever* okay, but it illuminates the effects of our "pre-trauma worldview" on our ability to face hardships with resilience (Langberg 81). While I believe that corporal punishment of spouses and children is *morally* wrong, other cultures perceive this

topic differently and *may not experience traumatic stress* as a result of their experiences with corporal punishment. For this reason, practitioners cannot assume that all cultures have the same views on abuse, punishment, and their ramifications.

As noted earlier, trauma research has been dominated by Eurocentric philosophies and practices. Thus, some of the poorest and most needy communities in the world are not represented and their unique contexts have not been addressed in assessment and therapeutic techniques. When Western development workers ignore cultural context, the result is philosophies and methodologies which do not make sense and do not provide sustainable positive outcomes. Practitioners must embrace outreach programs defined by humility, cultural sensitivity, and relationships with those being served. Moreover, paternalistic systems of dependency will further mar the identity of the poor and reaffirm their voiceless place in society.

Good intentions are not good enough when it comes to the work of tending and mending peoples' souls, minds, and bodies. Solutions must be grounded in the context of each community utilizing the strengths and resources available. International learning and the sharing of ideas should be encouraged as the reality of our globalized world, yet it must be done with the humility to listen and learn from one another. Ray Aldred is a Christian pastor and speaker. He uses his experience as an Indigenous Person living in Canada to describe how Christians can connect cross-culturally. Aldred suggests the way to work effectively in cross-cultural missions is to "speak the language of the heart" (00:08:01). Aldred calls leaders to speak from the universal language of human pain and suffering (00:13:00). Vulnerability helps people find common ground and provides the opportunity to receive insight from another culture.

Appreciative Inquiry. Appreciative inquiry (AI) is a process for organizational change which focuses on “what works” in an existing system, appreciating it, and building upon it (Hammond 5). AI’s philosophical framework is built upon the idea that “the language we use creates our reality” (19). AI has eight assumptions that define the theory behind the practice. Some of these assumptions describe how reality is shaped and perceived, and values differences among the group members and their cultural backgrounds (14). AI assumes change will be most effective and sustainable when it is grounded in past lived experiences which provide tangible models for building on positive changes in the future (15). Provocative vision statements are then formed based on the examples of past success (33-35). Structurally, AI follows a cyclical model where participants move through five stages: *Define, Discover, Dream, Design, and Deliver/Destiny* (26).

One of the assumptions of AI states, “In every society, organization, or group, something works” (14). Thus, AI could benefit communities and development workers as they address trauma healing. When practitioners start with a community’s strengths, the foundation for development work will be much stronger than if outside models are imposed without consideration for each unique context. During my time in Burundi, I asked my interpreter, Dushimr Francine, what strengths Burundian people and culture possess. She expressed the country’s small size, communal culture, and that everyone speaks the same language as the primary strengths of her country (Dushimr). Francine told me many African countries have hundreds of dialects, which prevent different groups from communicating with one another. Burundi’s small size means you can visit relatives in any part of the country in a day’s travel by jeep (Dushimr). There is a strong sense of support to offer and share resources, as well as to comfort and provide emotional support if that is all you have to offer (Dushimr). This creates a

close sense of unity and familiarity with other Burundians and is unique to their culture (Dushimr). Understanding these strengths, development workers learn the importance of speaking Kirundi and structuring programs to benefit and support the communal values and practices of the culture.

Asset Based Community Development. The differences between needs analysis and social analysis are significant in community development. When practitioners primarily focus on the needs of a community, it shines light on that communities' failures, thus further marring their identity. However, Asset Based Community Development (ABCD), focuses on the assets and strengths of the community, empowering them to build upon their strengths. In the same way that ABCD shines light on the assets of the community, social analysis, in contrast to needs based analysis, empowers the community members to determine their needs and hopes for the future (B. Myers 248-249). Thus, people regain their voice in the community and begin actualizing their self-efficacy. This means those who want to empower the poor to find their voices, must not assume their role as the practitioner is to assess the community on behalf of its members. Bryant L. Myers asserts, "Too often [practitioners] do this analysis and thinking for [the poor], assuming that this kind of work is too sophisticated for 'uneducated' people. Such a decision is paternalistic and disempowering" (249). Therefore, the role of a development worker will be as a facilitator, guiding and walking with the poor as both discover the path to wholeness side-by-side.

Conclusion

Bujumbura. My hair blew in the breeze as we pulled up to the airport in Bujumbura, Burundi's capital city. Seth, Remy, Leocadie, Craig, and our driver, Samuel, rode in the van to accompany me for my departure. After we passed through the first check point, which screens

all cars and passengers before entering the main terminal lot, we pulled up to our parking spot and the men gathered my bags from the back of the vehicle. We stood in a circle and took turns hugging and saying goodbye. I had only spent a few weeks in Burundi, but it was long enough for each person to feel like a cherished friend. I was excited to start the journey to see my family back in the United States, but my heart ached to leave my new friends and their beautiful country. Seth walked me up to the main entrance and placed my bag on a conveyer belt to be screened a second time. I gave him one last hug and waved to the others. After the anxiety of passing through security, I found a seat in the sole restaurant. I ordered my usual, croque monsieur and crème de tomate. I looked out the large windows which vented the steamy air and let in a light breeze. As I sat there, eating my soup and sandwich, I thought about the ways my experience in Burundi had forever changed me. My narrow worldview had burst wide open, especially my understanding of trauma and resilience. For a country which had experienced so much loss and upheaval, it was amazing to witness the resilience and strength of the widows and other Burundians I met. We have different experiences of trauma and resilience yet found connection through our stories. As I prepare to head home, my journey of learning is only just beginning. The relationships I have developed will continue to inform my work with trauma survivors both at home and abroad.

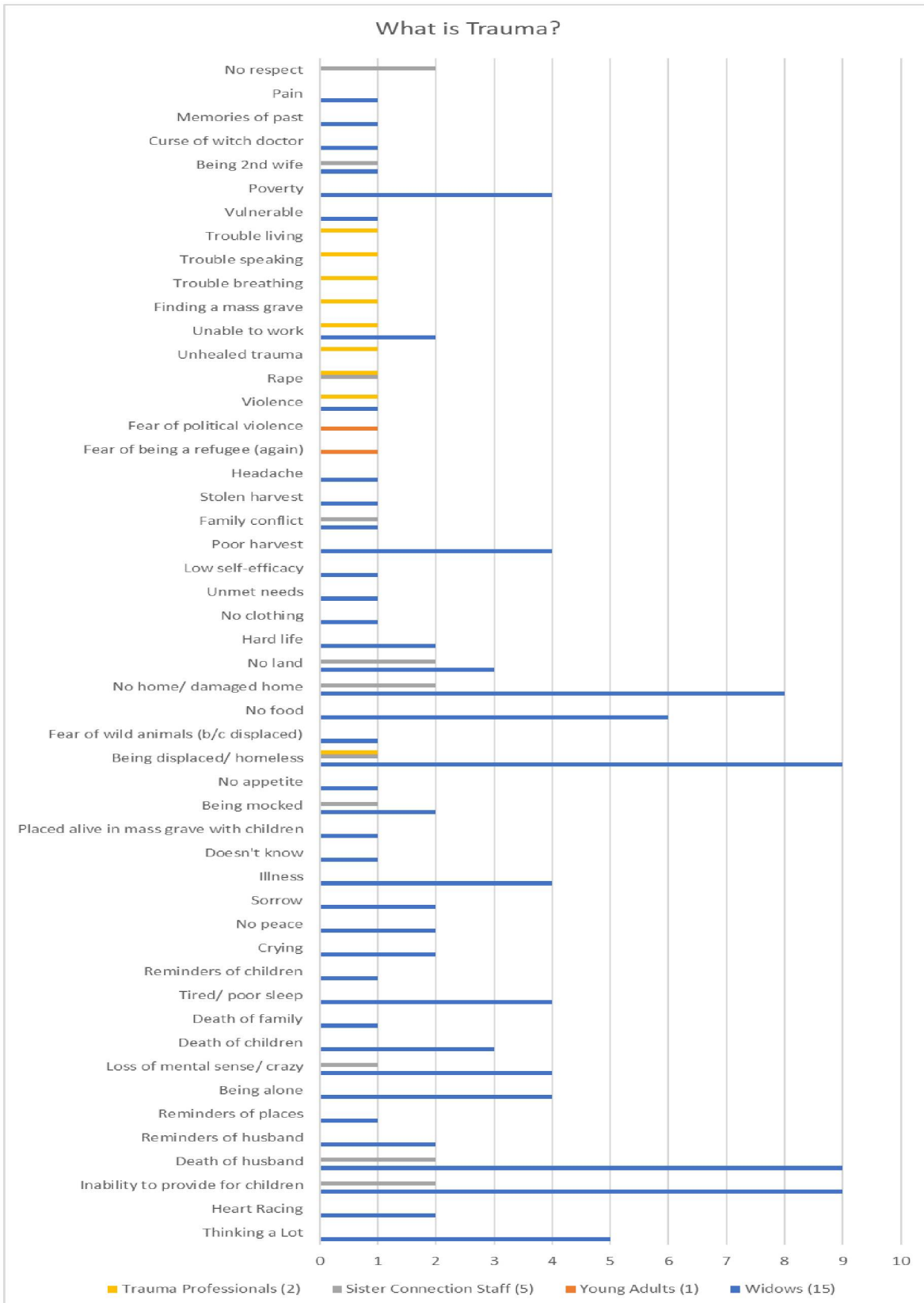
Lessons from the Field. In light of the diverse stories woven together in this study, two of the most important lessons development practitioners can embrace are cultivating humility and elevating the voices of the poor. Extreme poverty does not disable resilience, rather it forces it to the deepest places of human ability to overcome tragedy and suffering, as seen in the example of Burundian widows. As a trauma survivor, I am able to relate to the effects of trauma in others' lives yet must not make assumptions that all experiences of trauma are the

same. There is an enormous need for holistic and contextually relevant trauma healing services for the millions of people who suffer violence, chronic stress, and experience the brokenness of human relationships that do not work.

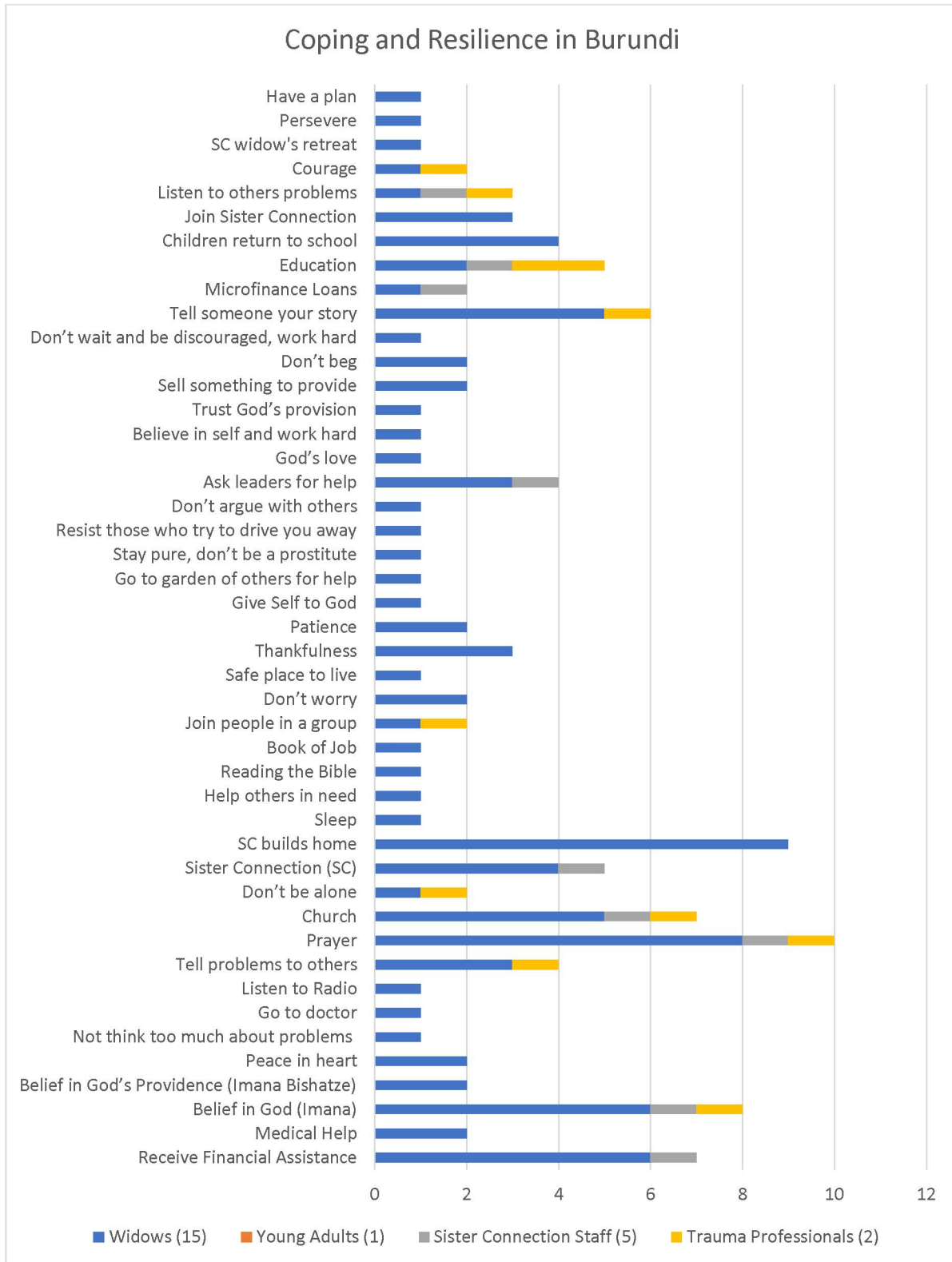
The pervasiveness of trauma and the complexity of a survivor's path towards healing mandates integration of theory, context, and mission. The theories of Western psychology do not necessarily need to be thrown out, but rather questioned and contextualized for each community being served to determine their relevance. Cultural brokers, or indigenous individuals who can guide and interpret culture, are imperative for the development worker, as they serve as a bridge to better understand cultural nuances and practices. International collaboration is valuable and can best benefit others when used to train indigenous leaders to care for their own people and communities. In my work with Burundian women, I gleaned great insight from my cultural brokers, who were bilingual in Kirundi and my native language, English. One of my interpreters was indigenous to Burundi, yet had also spent 10 years living in London, acclimating him to Western norms and practices. This enabled him to uniquely bridge the gap in my knowledge to help me better connect with the Burundian women.

Maslow's hierarchy of needs is useful for understanding the needs of individualistic western cultures, yet it does not represent the trajectory of all cultures' values and needs. What it does help western practitioners remember is that a person's basic needs for survival must be met if higher-level values are to be addressed. Healing must be holistic. Development work done in any cross-cultural context needs to be rooted in the values, systems of belief, and cultural norms of each community. As practitioners encourage resilience near and far, they must remember, *healing from trauma requires contextualization of what trauma is, how it is experienced, and what factors build resilience.*

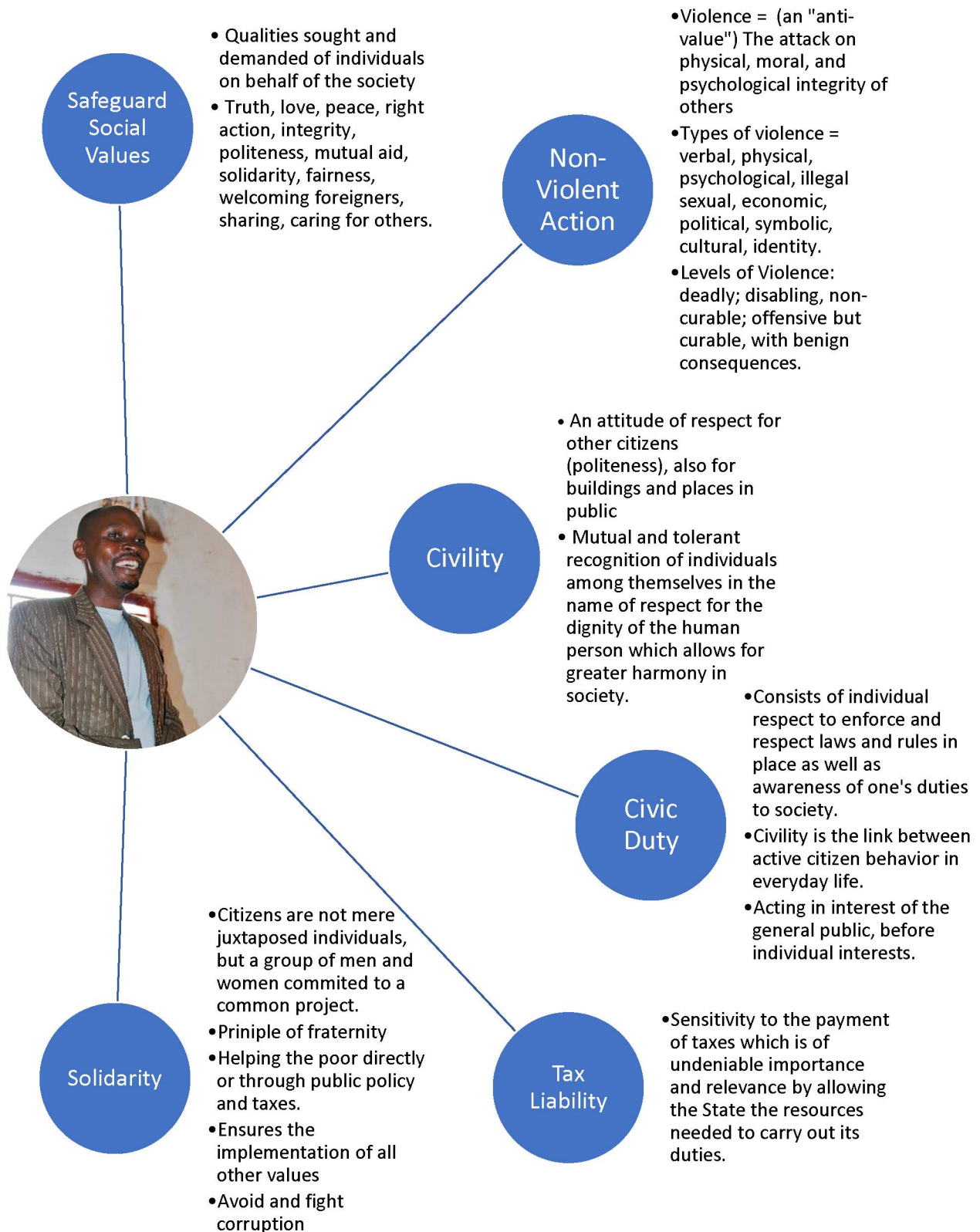
Appendix 1: What is trauma?



Appendix 2: What is resilience?



Appendix 3: Burundian Values



*All content credit to Ndayisaba Remy (2018), organized into the graphic by Harding-Schaar.

Works Cited

- ALARM. Web. <http://alarm-inc.org/>, Accessed 8 Oct. 2017.
- Aldred, Ray. "Cross-Cultural Conversion." Vimeo. Intervarsity, 2003. Web. <https://vimeo.com/47112766>. Accessed 31 Mar. 2018.
- Alfred, Charlotte. "These 10 Countries Have the World's Highest Murder Rates." The World Post. The Huffington Post and Berggruen Institute, 15 Apr. 2014. Web. http://www.huffingtonpost.com/2014/04/10/worlds-highest-murder-rates_n_5125188.html, Accessed 22 Oct. 2017.
- Bell, Vaughan. "Minds Traumatized by Disaster Heal Themselves without Therapy." *The Guardian*, 11 May 2013. Web. <https://www.theguardian.com/science/2013/may/12/natural-disasters-healing-psychology-worse>, Accessed 31 Mar. 2018.
- Benjet, C., et al. "The Epidemiology of Traumatic Event Exposure Worldwide: Results from the World Mental Health Survey Consortium." *Psychological Medicine*, vol. 46, no. 2, 2016, pp. 327-343. ProQuest, <http://nu.idm.oclc.org/login?url=https://search-proquest-com.nu.idm.oclc.org/docview/1757265974?accountid=28772>, doi:<http://dx.doi.org.nu.idm.oclc.org/10.1017/S0033291715001981>. Accessed 16 Apr. 2018.
- "Burundi." The World Bank. Web. <https://data.worldbank.org/country/burundi>. 2018. Accessed 9 May 2018.
- Chevalier, Seth. Burundi. Personal interview. Mar. 2017.
- . Burundi. Personal interview. Aug. 2017.
- . *WhatsApp*. Personal interview. 8 Mar. 2018.

Chiseri-Strater, Elizabeth and Bonnie Stone Sunstein. *Field Working: Reading and Writing Research*. 4th edition, Bedford/St. Martin's, 2012. Print.

Ciza, Yolanda trans. by Seth Chevalier. Ngozi, Burundi. Personal interview. 22 Mar. 2017.

Dick, Sheila et. al. edited by Geri Rowlatt. "Glossary: Social Location." Cultural Safety: Module 2, Peoples' experiences of oppression. Web.

<https://web2.uvcs.uvic.ca/courses/csafety/mod2/glossary.htm>, Accessed 29 Jan. 2018.

Dushimr, Francine. Personal interview. Bujumbura, Burundi. 1 Sept. 2017.

"Ethnocentric." *Merriam-Webster.com*. Merriam-Webster, n.d. Web. <https://www.merriam-webster.com/dictionary/ethnocentric>, Accessed, 29 Jan. 2018.

"Fragile States Index 2015." *Fragile States Index*. The Fund for Peace, n.d. Web.

<http://fsi.fundforpeace.org/>

"Fragile States Index (2015)." *Vivid Maps*. Vivid Maps, n.d. Web.

<http://www.vividmaps.com/2015/10/fragile-states-index-2015.html>

Goodman, et. al., "Trauma and Resilience Among Refugee and Undocumented Immigrant Women." *Journal of Counseling and Development*, vol. 95, no. 3, American Counseling Association, July 2017. pp. 309-321. Academic Search Premier, doi: 10.1002/jcad.12145. Accessed 16 Apr. 2018.

Groody, Daniel G. *Globalization, Spirituality, and Justice*. Orbis Books, 2007. Print.

Hammond, Sue. *The Thin Book of Appreciative Inquiry*. 3rd ed. Bend, OR: Thin Book Publishing, 2013. Print.

Harper Collins Study Bible, The: New Revised Standard Version with

Apocryphal/Deuterocanonical Books. Annotated ed., Edited by Wayne A. Meeks et. al., Harper Collins Publishers, 1993. Print.

Hofstede, Geert et. al. *Cultures and Organizations: Software of the Mind*. 3rd ed., McGraw Hill, 2010. Print.

Hudson, Nancie. "The Trauma of Poverty as Social Identity." *Journal of Loss and Trauma*, vol. 21, no. 2, Mar. 2016, pp. 111-123. EBSCOhost, doi:10.1080/15325024.2014.965979. Electronic.

"INFORM 2016." INDEX FOR RISK MANAGEMENT (2016): n. pag. <<http://www.inform-index.org>> Inter-Agency Standing Committee Task Team for Preparedness and Resilience and the European Commission. Web. 30 July 2016.

Janzen, John M. "The anthropology of violence: Context, consequences, conflict resolution, healing, and peace-building in Central and Southern Africa." *Journal of Public Health Policy*, vol. 37, Si, S122-S132. Macmillan Publishers Ltd., 2016. Electronic.

Jeffrey, Paul. "Short-Term Mission Trips." *The Christian Century*, vol. 118, no. 34, 2001, pp. 5-7. Religion and Philosophy Collection. 12 Dec. 2001. Proquest, NU Library. Accessed 16 Apr. 2018.

Langberg, Diane. *Suffering and the Heart of God: How Trauma Destroys and Christ Restores*. New Growth Press, 2015. Print.

Latham, Stephen J. "8. Operations Manual (Module 10). Resilient Practices. World Vision International, Latin America and Caribbean Regional Office (2012)."

[Www.resilientpractices.org](http://www.resilientpractices.org). World Vision Intl., n.d. Web. 29 Mar.

2016. <https://www.dropbox.com/sh/6tjkqe3h07a0962/AAAueEtJc5UHgHScX5I1Sam9a/Resilient%20Practices%20Operations%20Manual.pdf?dl=0>, Accessed 9 Sept. 2017.

- Lorde, Audre. "The Uses of Anger: Women Responding to Racism." National Women's Studies Association Conference. Connecticut, 1981. Web. <http://www.blackpast.org/1981-audre-lorde-uses-anger-women-responding-racism>. Accessed 11 Feb. 2018.
- Moe-Lobeda, Cynthia D. *Resisting Structural Evil: Love as Ecological-Economic Vocation*. Fortress Press, 2013. Kindle.
- Myers, Bryant L. *Walking with the Poor: Principles and Practices of Transformational Development*. 4th edition, Orbis Books, 2015. Print.
- Myers, David G. *Exploring Psychology*. 5th edition, Worth Publishers. 2002. Print.
- Ndayisaba, Remy. Burundi. Personal interviews. Mar. 2017.
- . Burundi. Personal interview. Aug. 2017.
- . *WhatsApp*. Personal interview. 9 May 2018.
- Ndemeye, Liberate trans. by Francine Dushimr. Mweya, Burundi. Personal interview. 26 Aug. 2017.
- Ndirahisha, Consolate trans. by Francine Dushimr. Mweya, Burundi. Personal interview. 29 Aug. 2017.
- Ngamubano, Jeanine trans. by Francine Dushimr. Mweya, Burundi. Personal interview. 26 Aug. 2017.
- "Nietzsche Quotes." *Goodreads*, Goodreads Inc. 2018. Web. <https://www.goodreads.com/quotes/137-he-who-has-a-why-to-live-for-can-bear>, Accessed 14 Apr. 2018.
- Niyonzima, David. Bujumbura, Burundi. Personal interview. 24 Mar. 2017.
- Nizigama, Virginie trans. by Francine Dushimr. Mweya, Burundi. Personal interview. 26 Aug. 2017.

Nshimiyimana, Deogratias. Stanwood, WA. Personal interview. 4 May 2017.

Nzeyimana, Marguerite trans. by Francine Dushimr. Mweya, Burundi. Personal interview. 29 Aug. 2017.

Okech, David. "The Effects of Economic Pressure on the Resilience and Strengths of Individuals Living in Extreme Poverty." *Journal of Poverty*. Taylor and Francis Group, LLC., vol. 16, 2012. pp. 429-446. doi: 10.1080/10875549.720659. Electronic.

Perez, Michelle Acker. "Things No One Tells You About Going on Short-Term Mission Trips." *Relevant Magazine*, 9 May 2016. Web. <http://www.relevantmagazine.com/reject-apathy/things-no-one-tells-you-about-going-short-term-mission-trips>, Accessed 9 Dec. 2016.

Rambo, Shelly. "Trauma and Faith: Reading the Narrative of the Hemorrhaging Woman." *International Journal of Practical Theology*, vol. 13, no. 2, Oct. 2009, pp. 233-257. EBSCOhost, doi:10.1515/IJPT.2009.15. Accessed 31 Mar. 2018.

Rodin, Judith. *The Resilience Dividend: Being Strong in a World Where Things Go Wrong*. Public Affairs, 2014. *Kindle*.

Salter McNeil, Brenda. Igniting a Reconciliation Movement. Dr. Brenda Salter McNeil, n.d. Web. <http://www.Saltermcneil.com/>. Accessed 24 May 2017.

Sidran Institute. "Post Traumatic Stress Disorder Fact Sheet." Web. <https://www.sidran.org/resources/for-survivors-and-loved-ones/post-traumatic-stress-disorder-fact-sheet/> Accessed 30 Nov. 2017.

Simha-Alpern, Amira. "'I finally have words!' Integrating a Psychodynamic Psychotherapeutic Approach with Principals of Emotional Intelligence Training in Treating Trauma Survivors." *Journal of Psychotherapy Integration*, vol. 17, no. 4, Dec. 2007. pp. 293-313.

Educational Publishing Foundation and American Psychological Association, 2007. ISSN: 1573-3696 (Electronic).

Stevens, Garth, et al. "Continuous Traumatic Stress: Conceptual Conversations in Contexts of Global Conflict, Violence and Trauma." *Peace & Conflict*, May 2013, pp. 75-84. EBSCOhost, doi:10.1037/a0032484. Electronic.

Sunstein, Bonnie Stone and Elizabeth Chiseri-Strater. *FieldWorking: Reading and Writing Research*. Boston: Bedford/St. Martin's, 2011. ISBN-10: 0312622759 ISBN-13: 978-0312622756 ASIN: B00HQO03QY. Print.

Taylor, Christopher C. "Ihahamuka: An Indigenous Medical Condition among Rwandan Genocide Survivors." *Oxford Handbook Online*, Nov 2015. Web. www.oxfordhandbooks.com/view/10.1093, Accessed 31 Mar. 2017.

"Trauma." *Merriam-Webster.com*. Merriam-Webster, n.d. Web. <https://www.merriam-webster.com/dictionary/trauma>, Accessed, 29 Jan. 2018.

Tuyishime, Veronese. Mweya, Burundi. Personal interview. 25 Aug. 2017.

Vinson, Gregory and Zoua Chang. "PTSD Symptom Structure Among West African War Trauma Survivors." *Journal of Traumatic Stress*, International Society for Traumatic Stress Studies, vol. 25, no. 2, Apr.2012, pp. 226-231. EBSCOhost, doi:10.1002/jts.21681. Accessed 16 Apr. 2018.

Watters, Ethan. "Crazy Like Us: The Globalization of the American Psyche." *The Globalization Reader, 5th edition*, edited by Frank J. Lechner and John Boli, Wiley Blackwell, 2007, pp 156-162. Print.

"Welcome to THARS." *THARS: Healing from the heart of Africa*, Web. <http://www.thars.org/> Accessed, 29 Jan. 2018.

“Who is ALARM?” African Leadership and Reconciliation Ministries, Inc., Web. [http://alarm-inc.org/who we are](http://alarm-inc.org/who_we_are), Accessed 11 Feb. 2018.

Willis, Katie. *Theories and Practices of Development*. 2nd ed., Routledge, 2005. Print.

Wilson, John P and Thomas A. Moran. "Psychological Trauma: Posttraumatic Stress Disorder and Spirituality." *Journal of Psychology & Theology*, vol. 26, no. 2, Sum, pp. 168-178.

EBSCOhost,

library.northwestu.edu/scripts/proxy.php?link=http://search.ebscohost.com.nu.idm.oclc.org/login.aspx?direct=true&db=rh&AN=ATLA0001007359&site=ehost-

live&scope=site. Accessed 16 Apr. 2018.

Yeomans, Peter D. et. al. “A Randomized Trial of a Reconciliation Workshop with and without PTSD Psychoeducation in Burundian Sample.” *Journal of Traumatic Stress*, vol. 23, no. 3, June 2010, pp. 305-312. EBSCOhost, doi: 10.1002/jts.20531. Accessed 16 Apr. 2018.

Yoder, Carolyn. *Little Book of Trauma Healing: When Violence Striked and Community Security is Threatened*. The Little Books of Justice and Peacebuilding & Good Books, 2005. *Kindle*.

Volf, Miroslav. *Exclusion & Embrace: A Theological Exploration of Identity, Otherness, and Reconciliation*. Abingdon Press. 1996. Print.