



## Genocide against the Tutsi experiences among Priests in Rwanda

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### ABSTRACT

The genocide of 1994 in Rwanda had profound and devastating effects on various sectors of society, including religious institutions. This paper explores the experiences of priests during the genocide against the Tutsi, examining their roles, challenges, and coping mechanisms. Through a literature review of scholarly articles, books, and reports, this paper seeks to shed light on the unique perspective of priests amidst the genocide, their moral dilemmas, and the psychological impact of witnessing and experiencing mass violence. From the analysis, physical experience had a positive correlation with psycho-spiritual wellbeing of the priests in the selected catholic dioceses in Rwanda ( $r=.170, p=0.031$ ). Emotional experience was found to have a negative but significant correlation with emotional wellbeing ( $r=-.248, p=.001$ ). Economic experience had a positive and insignificant correlation with psycho-spiritual wellbeing of the priests in the selected catholic dioceses in Rwanda ( $r=.045, p=.569$ ). By understanding the experiences of priests, we can gain insights into the complexities of religious experiences in times of conflict and genocide, as well as the broader social and psychological implications.

*Key words: genocide against the Tutsi, experiences, priests, religious, psychological, and witnessing.*

### Introduction

The genocide in Rwanda, which occurred in 1994, was a tragic and devastating event that claimed the lives of approximately more than a million of people, predominantly Tutsis but also moderate Hutus. While much attention has been given to the experiences of civilians during this period, less focus has been placed on the experiences of clergy members, particularly priests, who were directly and indirectly impacted by the genocide. This study aims to shed light on the experiences of priests during the genocide against the Tutsi, examining the challenges they faced, the roles they played aftermath, and the psychological toll it had on them.

### Background

Genocide and mass atrocity are the worst human failures, involving crimes like enslavement, persecution, sexual violence, and torture. It has caused immeasurable suffering to millions of people in the 20th and early 21st centuries (Bloxham & Moses, 2010). Genocides have drawn the attention of researchers from a range of disciplines, including epidemiologists, historians, political scientists, psychologists, anthropologists, demographers and others, studies of genocide emerging as a separate set of scholarships. The experiences are physical, emotional/ mental, social, behavioural, and spiritual, and are a significant part of human conflicts and wars (Shrira, *et al.*, 2019).

In his study, Miller (2020) conducted interviews with survivors of the genocides in Rwanda and Armenia and brought up issues related to vicarious trauma. The greatest horrible disaster in recorded history befell the Armenian people. They lost every bit of wealth they had in Turkey, along with all of their lay and religious intellectuals. With horrific savagery, about 1.5 million people were slaughtered (Tcharian, 2020).

In their study on psychological needs in post genocide Cambodia, Miller, *et al.* (2019), emphasized the importance of family therapy services in creating a healthier society free of conflicts. The survey included 112 full-time senior-level undergraduate and graduate students who had previously or are currently engaged in counselling, therapy, or human services work. Most respondents were between 22 and 25 years old, with a range of 18 to 50 years old. The sample was predominantly female, with men comprising 52.7%. The study found that the five most frequently reported individual therapy issues were depression, stress/anxiety, family conflicts, relationship issues, and sexual abuse. Clergy members were not exempted from these individual therapy issues (Miller, *et al.*, 2019).

Study carried out by Lindert *et al.*, (2019) examining the impact of genocides on mental health have examined various outcomes, including depression, anxiety, schizophrenia, suicide, post-traumatic stress as well than post-traumatic growth. Some studies have documented a negative impact, while others have found resilience or no association despite the immense cruelty to which the survivors had been exposed. By memorization, groups value, marginalize

or deactivate acts of memory or forgetfulness. Anthropological research has reported how some genocide survivors or children of survivors challenge the pathologizing construction of the long-term impact of genocides. It may be politically expedient to pathologize the long-term consequences of genocide or, conversely, to deny the long-term effects of genocide as part of an attempt to absolve the perpetrator from responsibility for committing genocide.

In their study by Matheson, *et al.* (2022) on Canada's Colonial Genocide of Indigenous Peoples, observed that the past often serves as a lens to understand the impact of human atrocities and collective historical trauma experienced by generations. While some groups, like the Holocaust, have significant data on the mental and physical health consequences, others, like Japanese American incarceration, have received less attention.

In Northern Iraq, the genocide against the Yazidis by the Islamic State of Iraq and Al-Sham (ISIS) has caused significant psychological long-term impacts on the minority, including individual survivors and the group and society as a whole. A study carried out by Kizilhan *et al.*, (2023) examining 425 participants (ages 15-78) found that psychological stress and suicidality were higher among Yazidis survivors of violence than in other Yazidi participants. The results suggest that psychological disorders after genocide and war in post-conflict populations should be more addressed in mental health care and prevention planning. This is particularly important in camp settings and displaced persons, where posttraumatic stress and other disorders are more prevalent.

In Ethiopia, a phenomenological study conducted by Bihonegn and Mekonen (2022) explored the lived experiences of Amhara survivors of the Maikadra massacre in 2020, focusing on pre-massacre oppression, discrimination, traumatic experiences, emancipation, exacerbating stressors, post-massacre injustice, primary needs, and coping mechanisms. Thematic analysis yielded seven themes, emphasizing the importance of social workers and community workers in providing psychosocial programs and interventions to address the specific needs of massacre survivors as individuals, families, and communities.

During genocide against the Tutsi in 1994, individuals risked their lives to save others. Many people were killed in the churches because they were assembled there thinking that nobody can kill them in the sanctuary of God. However, during genocide against the Tutsi in Rwanda, many Hutu priests and religious sisters saved Tutsi lives, but some others remained silent. However, no studies have systematically analysed the post-conflict consequences of these actions. The rescue was treated as a case of behavioural boundary crossing, or individual defection from expectations of a behavioural script. The research conducted by Brehm, *et al.*, (2023) was based on 45 in-depth interviews with Rwandan Hutu who rescued Tutsi and did not participate in genocidal violence, suggests that rescue may be tied to both positive and negative social and economic consequences, such as gifts, public recognition, stigma, and threats. The positive consequences were often driven by Tutsi, while the negative consequences were driven by Hutu. This aligns with previous research finding that the genocide against the Tutsi produced, reinforced, and augmented social divides in Rwanda.

For instance, a study by Denis (2019) showed that some adhered to the anti-Tutsi hysteria and assisted the killers in an active or passive way. They witnessed the death and the suffering of many of their flock. Places of worship was become the places of slaughtering; they saw how people change their mind and follow the evil rather than the teaching of the gospel. Some churches have been transformed in site of memorial, and in front of others are built memorial sites.

Barnes-Ceeney, *et al.*, (2019), in their study on recovery after genocide, found that genocide against the Tutsi impacted victims, eyewitnesses, perpetrators, and those entering Rwanda post-genocide for nation reconstruction. The aim of this study was to examine the key components of recovery capital, social capital, cultural capital, physical capital, and human capital. The study sampled 302 participants, including men and women incarcerated in the Rwandan correctional system for genocide, and conducted structured interviews with 75 prisoners. The mixed-method design was used to understand how individuals convicted of genocide can adapt to stress, distress, and trauma. The results showed that genocide destroys physical and human capital, as well as social and cultural capital. The perpetrators of genocide experience high levels of posttraumatic stress, depression, anxiety, and failing physical health.

According to Vollhardt (2018), genocide is not just about death. It is a moral rupture in one's worldview, causing psychological trauma and a shift in perspective. In his study, Miller (2020) interviewed survivors of the genocide against the Tutsi in Rwanda and survivors of the Armenian genocides; they raised the questions about vicarious trauma. The Armenian people were subjected to the most appalling tragedy in history. They lost all the riches they had in Turkey, as well as their intellectuals, both lay and religious. More than one and a half million people were killed with unspeakable brutality (Tcharian, 2020).

In Rwanda, Christians killed fellow Christians, with tribal identification being the only barrier between victims and perpetrators. There were more people killed in churches than any other location because Tutsis often fled to their local church when the killing started, thinking they would be safe (Uwineza, 2022). Churches were the most frequent location for killings, as Tutsis fled to safety. The Catholic Church was also a victim of the genocide against the Tutsi. The Vatican says that more than two hundred priests and nuns died in the slaughter (Fertitta, 2020).

Schliesser (2018) found that genocide against the Tutsi was the fastest in history, costing around one million lives in 100 days. The victims were mostly Tutsi minority members, while the perpetrators were Hutu majority. Churches, once sanctuaries, became death traps, with many killed. Hutu priests and religious sisters saved Tutsi lives, but some remained silent or aided the killers. Some churches have been transformed into memorial sites, and the genocide destroyed material goods and lives, making post-genocide life difficult.

The involvement of some priests in genocide violence raises ethical concerns, as understanding moral dilemmas and potential complicity is crucial for assessing ethical challenges in religious leadership. Moral injury, psychological distress experienced after transgressing an individual's moral or ethical

code, can contribute to PTSD and other mental health problems. Post-traumatic growth and resiliency may be associated with cognitive ability, as seen in a study by Elam and Taku (2022), which found that posttraumatic growth manifests in self-perception, interpersonal relationships, and life philosophy.

In Rwanda, a study conducted by Munyandamutsa, *et al.* (2012) found an estimated 26.1% prevalence of post-traumatic stress disorder (PTSD) among 1,000 adults, primarily females, aged 25-34. Factors associated with PTSD included extreme poverty, close relative murder, widowhood, and loss of parents. The study highlights the importance of age bracket in influencing mental challenges experienced by genocide survivors. A recent study found that 79.41% of Rwandans experienced traumatic events, highlighting the persistent PTSD among genocide survivors.

Otake and Tamming (2021) identified four common concepts of distress in participants' narratives: *ibikomere* (wounded feelings), *ihungabana* (mental disturbances), *ihahamuka* (trauma), and *kurwara mu mutwe* (head illness). Most participants reported experiences of *ibikomere*, which are negative feelings resulting from tragic events. Symptoms of *ibikomere* include sadness, *intimba* (deep sorrow), *agahinda* (depression), *kwiheba* (hopelessness/despair), *guhanyika* (anxiety/worry), *ubwoba* (fear), and *kwishisha* (mistrust). *Ihungabana* refers to behavioral problems resulting from *ibikomere*, such as social withdrawal, crying continuously, violent behavior, and inappropriate responses in conversation. Both *ihungabana* and *ihahamuka* are perceived as behavioral manifestations of *ibikomere*, with symptoms mutually characterizing social maladaptation, impaired communication, and deviant behaviors. *Ihahamuka* is explained as a worsened condition of *ihungabana* with more explicit symptoms. Participants believed that *ihungabana* can be healed by family and community care, while *ihahamuka* needed bio-psychological treatments. The experience of *ibikomere* grows when sufferers remember and think too much about their lost family members and their own life. Another concept of *ihungabana* expresses an internal conflict, with *guhungabana* meaning there is no calm inside the container. This concept adds to the conception of trauma in Rwanda, highlighting the atmosphere of jostling and personal limits of those who have lived through difficult events.

The literature on priests' experiences during the Tutsi genocide in Rwanda is complex, highlighting moral dilemmas, acts of heroism, and profound trauma. Priests faced pressure to collaborate with perpetrators, protect vulnerable congregants, and personal safety concerns. Psychological studies show long-term effects of trauma, including PTSD, depression, and survivor guilt. The literature also explores the role of religious faith in fostering reconciliation and healing post-genocide.

Despite the significant role played by priests during the Rwandan genocide, there is a paucity of research focusing specifically on their experiences. Understanding the challenges faced by priests, including moral dilemmas, threats to personal safety, and the psychological aftermath of witnessing and experiencing violence, is crucial for comprehending the full extent of the genocide's impact on Rwandan society and the Catholic Church.

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## Methodology:

The study investigates the experiences of priests in Rwanda during the genocide against the Tutsi using an embedded research design that integrates quantitative and qualitative methodologies. The research focuses on priests' roles, exposure to violence, coping mechanisms, and psychological outcomes like PTSD symptoms. A structured survey questionnaire and interview guide were developed, with a representative sample of 179 priests selected for quantitative data and 15 priests for the interview guide. Data collection was conducted through paper-and-pencil methods, and statistical techniques were used to analyze the quantitative data, and narrative techniques to analyze qualitative data. The study was then triangulated by comparing and contrasting findings from the quantitative survey and qualitative interviews to enhance the validity and explore discrepancies between data sources.

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## Results:

The study aimed to identify genocide experiences among priests in selected Catholic dioceses in Rwanda. The findings revealed that many priests witnessed acts of violence, including killings, destruction of houses and looting of property. It was horrible to find oneself among corpses and in ruins. They also experienced profound loss, including the loss of family members, friends, parishioners, and fellow clergy members. Priests faced threats to their personal safety, including being targeted, forced to flee, or hiding to avoid capture and execution. Despite the danger, many priests remained committed to their pastoral duties, providing spiritual guidance, administering sacraments, and offering refuge to Tutsi individuals.

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### Physical Experiences

	Statement	SD	D	SWA	A	SA	M	Std.
a.	Through the genocide, a lot of my relatives and family members lost their lives.	5.6%	13.6%	15.4%	25.3%	40.1%	3.81	1.25
b.	The genocide contributed to the changes in our family structure	2.5%	10.5%	12.3%	35.2%	39.5%	3.98	1.08
c.	The genocide contributes to the prevalence of disability and disease within the community and family.	4.9%	12.3%	9.3%	30.9%	42.6%	3.93	1.20

d.	The genocide experience led to my family being relocated from our land to a new place.	15.4%	30.2%	10.5%	21.0%	22.8%	3.05	1.43
e.	The genocide contributes to the prevalence of disease within the community and family.	6.2%	10.5%	18.5%	30.2%	34.6%	3.76	1.20
<b>Average</b>							<b>3.71</b>	<b>1.23</b>

Key: SD- Strongly Disagree, SWA - Somewhat Agreed, A- Agree, A- Strongly Agree, M- Mean, Std.- Standard Deviation

Regarding the physical experience, the statements on the physical experiences of genocide against the Tutsi had an average mean score of 3.71 and standard deviation of 1.20. This is whereby 65.4% were positive that through the genocide, a lot of their relatives and family members lost their lives, and 74.7% agreed that genocide contributed to the changes in their family structure. Additionally, 42.6% strongly agreed, 30.9% agreed that the genocide contributed to the prevalence of disability and disease within the community and family. Whereas 45.7% disagreed and strongly disagreed that the genocide experience led to their family being relocated from their land to a new place, 43.8% agreed and strongly agreed respectively. The statement had a mean score of 3.05 and standard deviation of 1.43 implying that whereas a good population of the priests that participated in the study felt that they were displaced as a result of the genocide, a good population of them also had not been relocated due to the genocide.

### Emotional Experiences

Statement	SD	D	SWA	A	SA	M	Std.
a. I am always afraid that it can happen again.	8.6%	29.0%	23.5%	23.5	15.4%	3.08	1.22
b. When I think about the situation, I feel anxious	14.8%	32.1%	19.2%	21.6	12.3%	2.84	1.26
c. Many people in my community were depressed as a result of the genocide experience.	8.6%	16.0%	23.5%	34.0	17.9%	3.36	1.20
d. I hate my painful memories when I remember the attack to my people	4.3%	16.7%	22.8%	34.6%	21.6%	3.52	1.13
<b>Average</b>						<b>3.20</b>	<b>1.20</b>

Key: SD- Strongly Disagree, SWA - Somewhat Agreed, A- Agree, A- Strongly Agree, M- Mean, Std.- Standard Deviation

The statements on the emotional experiences of genocide against the Tutsi had an average mean score of 3.20 and standard deviation of 1.20. This means that most of the priests who participated in the study somewhat agreed that emotionally, the genocide experience had contributed to the feelings of anxiety, painful memories, and depression. Notably, some of the emotional experiences as observed included being afraid (38.9%), anxiety (33.9%), depression (77.2%), and painful memories about the attack (79%).

### Socio Economic Experiences

Statement	SD	D	SWA	A	SA	M	Std.
a. Genocide left many people within my community and close to me very poor.	6.2%	11.1%	33.3%	28.4%	21.0%	3.46	1.13
b. Genocide contributed to the lack of infrastructure in my community.	.6%	3.7%	19.1%	27.8%	48.8%	4.20	.920
c. Many people that were close to me, lost their properties.	1.2%	5.6%	18.5%	27.2%	47.5%	4.14	.989
d. Genocide destroyed our homes and left us homeless	0	1.9%	21.0%	25.9%	51.2%	4.26	.854
e. Genocide made most of us unemployed	0	9.3%	19.8%	38.9%	32.0%	3.93	.943
<b>Average</b>						<b>4.00</b>	<b>0.967</b>

Key: SD- Strongly Disagree, SWA - Somewhat Agreed, A- Agree, A- Strongly Agree, M- Mean, Std.- Standard Deviation

statements on the economic experience and challenges of the genocide against Tutsi had an average mean score of 4.00 and standard deviation of .967. This means the economic challenges of genocide experience that were felt by the priests and the communities in Rwanda include poverty, homelessness, unemployment, and loss of properties respectively. Notably, the statement that genocide left many people within the community very poor had a mean score of 3.46 and standard deviation of 1.13 implying that majority moderately agreed with the statement. In terms of infrastructure, 76.6% were positive that genocide contributed to the lack of infrastructure in the community.

Regarding loss of property, 74.7% of the priests agreed that many people close to them had lost their properties. When asked to indicate whether genocide destroyed homes and left people homeless, 77.1% positively agreed. Majority (70.9%) were positive by agreeing and strongly agreeing that genocide made most of them unemployed.

## Spiritual Experiences

Qualitative data showed that during the genocide against the Tutsi in Rwanda, priests' spiritual experiences varied greatly, influenced by personal beliefs, ethical convictions, and moral dilemmas. Respondent R01 expressed himself in these words:

My experience of the genocide did indeed affect my psycho-spiritual well-being. The genocide was carried out by people belonging to a specific group. I wondered why a human being could kill another, his fellow human being. People I knew died in the genocide, relatives, neighbours, and friends. There was the destruction of their infrastructure, the looting of their properties and the destruction of the country in general. My philosophy of relationships and family was shaken. The crime was accused of the entire group and the globalization of crime paralyzes me; we find ourselves in it without having participated (Respondent R011, 10<sup>th</sup> March 2024).

Another respondent shared his experience as follow:

I didn't want to show my feeling of fear and disappointment so that I could at least help those in need. My life was in danger every day, but I grew stronger; this took a toll on me emotionally and psychologically. I hid my feelings and felt hurt and like one carrying a heavy burden. I no longer considered myself or thought about myself but about others. I didn't take care of myself, I forgot myself. At some point I wondered if I did what I should do: I was able to help people and warn others of danger during the attacks, I feel some guilt that I didn't do my best not by mistake/ill will but because I was limited, I could not pay ransoms or transport for evacuation. However, some people thought that I was able to save their lives because I was at the parish with them (Respondent R002, 3<sup>rd</sup> March 2024)

Another respondent reviled *"I was disappointed, I felt alone. I had lost my family, some died, others took refuge. Living had no meaning for me. I began to live like someone who had nothing to lose. I saw death everywhere and I didn't trust people. The only shelter for me was in God"* (Respondent 9, 6<sup>th</sup> March 2024).

Some priests used their faith as a source of strength and guidance, justifying their actions in protecting Tutsi individuals. They found solace in prayer, meditation, and spiritual reflection, seeking divine guidance.

During this time, I asked myself a lot of questions about the presence of God and his power and I had too much doubt about his intervention and his power. I tried to connect this experience with the cross of Christ and I could not; I couldn't find a meaning, and this troubled me more. My prayer was like bargaining with God, I stared doubting his power and I was somehow angry with God. I would say that the respect I had for men especially authorities has diminished. I should respect and obey the one who is reasonable, who has a sense of value, love, and justice. However, despite the crisis, I did not stop preaching the word of God, especially the love of God, his commandments, his respect, and obedience (Respondent R001, 3<sup>rd</sup> March 2024).

Respondent R013 states

Spiritually with the genocide I became discouraged, I wondered how the God to whom I pray could sacrifice a category of people. I concluded that men are also animals full of imperfection, even capable of committing the unthinkable and the unforgivable. In short, what happened during the genocide shocked me and disturbed me mentally and spiritually (Respondent R013, 10<sup>th</sup> March 2024).

Another respondent revealed: *"I needed it, but I didn't have the time. I became weak, my heart was broken. My way of praying was only supplication, lamentation and even negotiation"* (Respondent R013, 10<sup>th</sup> March 2024)

Conversely, others faced profound spiritual crises, questioning the existence of God and the efficacy of prayer in the face of senseless violence.

All these events raised many questions in me. At first, I didn't understand anything, it was later that I knew that I was angry with God. In prayer I was able to recognize that I had a problem. This anger where I asked God "who am I for you to have accepted that we were killed?" I saw myself as the unknowable. In short, I felt despair, disappointment and I was waiting for death, for the killers to finish killing those who were outside the church to come to us. We waited for death until it didn't come. We said that God still has a plan for our life, and we searched for how to save ourselves. I saw thousands of dead people piled up like cubic meters of wood, the last decision was to flee (Respondent R007, 4<sup>th</sup> March 2024)

Another respondent agreed with this by saying.

Spiritually I was there. I have lost many family members, friends, neighbours, parishioners, and other known people. Our homes were destroyed, and my family members were forced to move and flee; we had lost everything. We were left in ruins, rebuilding and bringing the family together took time. I was discouraged, disappointed and unmotivated. Even though I believed and hoped for a just and merciful God, I was overwhelmed. God the Father and the Mother Church were going to lose their meaning for me. Spiritually I was in darkness, not connected to God (Respondent R003, 3<sup>rd</sup> March, 2024).

Respondent R012 states

Spiritually I wondered if God exists why He didn't convert their hearts, I asked myself a lot of questions about man - what is a man? I was upset and I told myself that at the end of the day, God will revenge them (Respondent R012, 6<sup>th</sup> March 2024).

Key informants highlighted some experiences that they had during the genocide against Tutsi. Emotionally, some of the experiences included suppression of feelings, living with fear, memory weakness, aggressiveness, and lack of sleep, loss of appetite, trauma, loneliness, and loss of concentration, loss of friendships, sadness, and discouragement among others. Regarding the physical effects, some of priests indicated that there was hunger, poverty, and lack of monetary circulation among others.

The findings of this study revealed the multifaceted experiences of priests during the genocide against the Tutsi. These may include accounts of providing refuge to vulnerable individuals, grappling with moral and ethical dilemmas, navigating complex political dynamics, and coping with trauma and loss. Additionally, the study may shed light on the post-genocide reconciliation efforts within the Catholic Church and its broader implications for Rwandan society.

The key informants were further asked to explain the extent to which they were affected by the genocide Behavioural experience considering the concepts of *ihungabana* and *ihahamuka* their comments revealed that most of them pretended to feel good because they wanted not to show their emotion. Their concern was to encourage and strengthen the flock. Respondent R002 shared his experience as follow

If I remember what happened during the genocide against the Tutsi, I find that I was disturbed even if I continued to pretend that I am strong (*Kwihagararaho*). If I meet one of the people who attacked us, though I cannot tell them openly about what they did, I feel traumatized “*numva mpungabanye*”. I wonder if he repented and converted or if he confessed his crimes. I did the apostolate in a prison when I met them, I felt traumatized even if my strategy remained to stand firm (*kwihagararaho*).

Most priests shared that they have been affected by the genocide and psychologically traumatized in a sense of *guhungabana*. However, they did not show their emotions and feelings in order to stand firm and strengthen those around them; this is what they mean by *kwihagararaho*. This goes with our culture in Rwanda which doesn't allow a man to cry and shed tears in a public place. It's expressed in these words “*Amarira y'umugabo atemba ajya mu nda*” which means man's tear flow down to his stomach. It explains how priests seem always to be strong but sometimes in their living they can burst and appear in their behaviour.

Another made it clear that he was not traumatized but disturbed when he saw the people he knew who actively participated in the attacks during the genocide.

Personally, I have not experienced the *ihahamuka* because I had to show that I am strong, but *guhungabana* was common in discussions to the point of crying whereas in our culture as you know a man does not cry. From a behavioural point of view, it was difficult to tolerate someone who wanted to contradict me, I became angry easily. It was difficult to hold myself back. I had even decided not to go to my former parish for the apostolate to avoid bad memories and meet the people who attacked me to kill me and chased me from their parish. However, two years after the genocide, I accepted the appointment to go to this parish and I made a healing journey with the Christians, and I believed in the conversion (R001, 3<sup>rd</sup> March, 2024).

Some priests changed their behaviour and find their consolation in alcohol.

My behaviour had changed, I had taken refuge in alcohol, I felt useless, and I saw no future ahead of me; I wondered why live. I was aggressive towards anyone and unable to control my emotions and feelings. However, over time and because of heavy family responsibilities of taking care of the family's orphans, I began to make efforts to pull myself together. I would say that my behaviour changed as I had some means to provide for their needs and I started to feel useful (Respondent R004, 3<sup>rd</sup> March 2024).

Respondent R011 confirmed it by saying: “*Hearing the news of those who died and those who killed them affected me mentally. I couldn't concentrate, I lost my appetite and could only drink wine. I couldn't bear to eat the meat or smell its smell*”.

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## Discussion

The study focused on the physical experiences of priests in Rwanda following the genocide against the Tutsi, with an average mean score of 3.71 and standard deviation of 1.20. Most priests agreed that the genocide experience had affected their family structures, contributed to loss of lives, prevalence of disability and diseases, and relocation of families. The physical experiences of priests in Rwanda highlight the impact of violence and deprivation on their bodies (Gaid, 2024), including direct physical trauma, injuries, torture, assault, or forced labor leading to long-term physical disabilities or chronic health conditions.

Direct physical experiences for priests included threats, attacks, and death, with many being killed. Indirect physical experiences included witnessing atrocities, fear of being targeted, and providing support to vulnerable individuals and communities. Many priests faced impossible choices, either fleeing their parishes or hiding to escape persecution, or remaining behind to minister to those in need, often at great personal risk.

The psychosomatic effects of genocide can manifest in physical symptoms such as headaches, gastrointestinal problems, and chronic pain. The DSM-5 (2013) provides a framework for understanding the psychosomatic effects of genocide, specifically posttraumatic stress disorder (PTSD) and Somatic Symptom Disorder (SSD). These disorders can exacerbate existing stress and burnout for priests, who may be tasked with providing pastoral care and support to traumatized communities while grappling with their own trauma. Studies (Schnurr, 2022) have shown a strong association between psychological trauma and physical health outcomes, emphasizing the need for comprehensive support services for survivors, including clergy.

Priests' emotional experiences during the genocide were varied and complex, influenced by personal beliefs, moral convictions, and the traumatic nature of the events. Many priests faced psychological distress, feeling helplessness, guilt, and profound sorrow as they struggled to protect their communities

(Johnson, 2019). Some priests were targeted for their perceived support of the Tutsi population or for their efforts to shelter and assist Tutsi individuals, leading to fear for their safety and that of their colleagues. Similarly, Lindert *et al.*, (2019) also added that the impact of genocides on mental health included outcomes such as depression, anxiety, schizophrenia, suicide, post-traumatic stress as well than post-traumatic growth.

The genocide also placed immense strain on the spiritual and moral foundations of the priesthood, with some priests experiencing a crisis of faith and others finding strength and solace in their faith. The genocide in Rwanda led to a profound spiritual crisis among priests, who grappled with existential questions about evil, suffering, and God's presence amidst such atrocities. According to Pargament (1997) this crisis of faith was characterized by feelings of doubt, anger, and despair as priests confront the seeming absence or silence of in the face of immense human suffering. Despite the turmoil, many priests embarked on a quest for meaning and redemption, seeking to make sense of the suffering and atrocities they witnessed. This journey often involved integrating their experiences into their religious beliefs and values, finding meaning in acts of compassion, forgiveness, and reconciliation (Hull,et al., 2016).

Post-genocide priests in Rwanda face complex emotional experiences due to the traumatic events they witnessed. Cognitive theory for post-traumatic stress disorder (PTSD) provides insights into their psychological responses, with intrusive memories, negative beliefs, and coping strategies like avoidance and emotional numbing contributing to distress (Ehlers & Wild, 2015). Hyperarousal and hypervigilance symptoms may also occur. By acknowledging and validating their experiences, offering trauma-informed care, and promoting resilience-building strategies, Rwandan communities can foster healing and hope in the aftermath of the genocide.

Gasibirege et al. (2022) stated that the genocide in Rwanda has led to significant economic losses for Catholic priests, including loss of farmland, property, and income sources. Factors like stigma, discrimination, and lack of access to resources hinder their economic recovery efforts. Additionally, they may face barriers to employment outside the Church, particularly if they lack formal education or vocational skills. Economic marginalization and exclusion can perpetuate cycles of poverty and vulnerability, posing long-term challenges to their well-being and social integration.

The genocide against the Tutsi in Rwanda has led to a profound spiritual crisis among priests, grappling with existential questions about evil, suffering, and God's presence amidst such atrocities. Fang et al. (2020) defined spirituality as the experiences in which trauma survivors can find courage, regain hope, and become whole again. Healing from trauma is fundamentally a spiritual process or a quest for spirituality involving a deep need for meaning and value (Egunjobi, 2024). Through spiritual practices like prayer, meditation, and communal worship, priests cultivated a sense of connection to a higher purpose and transcendent meaning beyond the genocide.

In conclusion, the study highlights the complex relationship between physical experiences, psychosomatic effects, and spiritual effects among priests in Rwanda. It emphasizes the importance of comprehensive support services for survivors and the need for comprehensive support services to help them navigate the aftermath of the genocide.

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## Limitations

The study acknowledged the following limitations. First, the language of the study was English, but interviews and questionnaire were translated in French and Kinyarwanda which necessitated in return a translation for the data. Second, some respondents failed to correctly fill the questionnaire. Third, Genocide is a sensitive topic in Rwanda that people talk about with reservation.

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