SURVIVING WAR
THE CONGOLESE REFUGEE EXPERIENCE
Doctor of Education 2012
Dawn A. Penner
Department of Adult Education and Counselling Psychology
University of Toronto

Abstract

A qualitative approach was taken to explore Canadian Congolese refugees’ experience of war trauma recovery. Six volunteers (three men and three women), who self-identified as traumatized by their experience of war in Congo and had lived in Canada for less than ten years, participated in in-depth interviews. Using a constructivist grounded theory approach to analysis, a core construct of Surviving War was identified. A hierarchical model of surviving war was developed that subsumed all other categories. By extrapolating principles from this model, a theory of Surviving War was developed which identifies factors that contribute to surviving war. Limitations of the current research are presented along with suggestions for further research. Recommendations for professionals working with a refugee population are also presented.
Acknowledgements

Dr. Jeanne Watson, your brilliant research on emotion processing first inspired me to pursue doctoral studies at the University of Toronto. Thank you for guiding me through this research project. Together with Dr. Niva Piran and Dr. Roy Moodley, you contributed more than academic expertise; each of you generously offered guidance shaped by life experience. Thank you.

Dr. Ada Sinacore, although you were unable to be present at my final oral exam, your written comments were significant and timely, resulting in a better finished project. Thank you.

I also want to thank Dr. Lana Stermac and Dr. Blair Mascall for ensuring that the final oral exam proceeded smoothly.

And finally, my highest gratitude goes to my husband Ross for his unwavering support throughout the last six years. Thank you!
# Table of Contents

Abstract ii
Acknowledgements iii
List of Figures x
List of Appendices xi
Dedication xii

## Chapter One: Literature Review 1

The Traumatic Impact of War 3

**Impact of war on civilians** 3

Torture 4

Rape 5

Forced migration 7

The dose-effect assumption 12

Culture-specific research on the traumatic impact of war 15

Congo as the research context 21

Trauma recovery 24

War trauma and recovery in the context of Africa 28

Selecting a Research Methodology 35

**Qualitative research methodology** 36

Grounded theory approach 37

Constructivist grounded theory 38

Conclusion 39
Research Question

Chapter Two: Methodology

Developing Competence as a Culture-Centred Researcher

Articulating my worldview

Articulating my research assumptions

Approach to diversity

Seeking out opportunities to grow in multi-culture competence

Constructivist Grounded Theory

Approach to extant literature

Sampling methods

Criterion sampling

Theoretical sampling

Sample size

Role of researcher in constructivist grounded theory research

Inquiry process

Enhancing credibility through prolonged engagement

Enhancing credibility through triangulation with multiple sources

Using interpreters

Triangulation through debriefing

Analyzing the data

Collecting the data

Initial coding

Focused coding
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifying clusters</td>
<td>68</td>
</tr>
<tr>
<td>Hierarchical structure</td>
<td>69</td>
</tr>
<tr>
<td>Rigour in Constructivist Grounded Theory Research</td>
<td>70</td>
</tr>
<tr>
<td>Credibility</td>
<td>71</td>
</tr>
<tr>
<td>Transferability</td>
<td>71</td>
</tr>
<tr>
<td>Dependability</td>
<td>71</td>
</tr>
<tr>
<td>Confirmability</td>
<td>72</td>
</tr>
<tr>
<td>Audit trail</td>
<td>72</td>
</tr>
<tr>
<td>Chapter Three: Results</td>
<td>74</td>
</tr>
<tr>
<td>Prelude</td>
<td>75</td>
</tr>
<tr>
<td>Home and family life</td>
<td>76</td>
</tr>
<tr>
<td>Roles defined by gender</td>
<td>78</td>
</tr>
<tr>
<td>Living in a country at war</td>
<td>80</td>
</tr>
<tr>
<td>Lives Shattered by War</td>
<td>83</td>
</tr>
<tr>
<td>Lives destroyed in an instant</td>
<td>83</td>
</tr>
<tr>
<td>Experiencing the horror</td>
<td>84</td>
</tr>
<tr>
<td>Running for their lives</td>
<td>87</td>
</tr>
<tr>
<td>Struggling to Survive</td>
<td>88</td>
</tr>
<tr>
<td>Abruptly uprooted and living in transit</td>
<td>89</td>
</tr>
<tr>
<td>Becoming more agentic</td>
<td>97</td>
</tr>
<tr>
<td>Living by personal values</td>
<td>101</td>
</tr>
<tr>
<td>The struggle for sanity</td>
<td>104</td>
</tr>
<tr>
<td>The Psychological Toll of War</td>
<td>106</td>
</tr>
<tr>
<td>Chapter</td>
<td>Title</td>
</tr>
<tr>
<td>---------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Struggling with the emotional impact</td>
</tr>
<tr>
<td></td>
<td>Fighting the cognitive impact</td>
</tr>
<tr>
<td></td>
<td>Experiencing the physical impact</td>
</tr>
<tr>
<td></td>
<td>Kintsugi: Rebuilding</td>
</tr>
<tr>
<td></td>
<td>Journey to a new home</td>
</tr>
<tr>
<td></td>
<td>Living with the burden of pain</td>
</tr>
<tr>
<td></td>
<td>Process of healing</td>
</tr>
<tr>
<td></td>
<td>Moving on</td>
</tr>
<tr>
<td></td>
<td>Appreciating for their new life</td>
</tr>
<tr>
<td></td>
<td>Conclusion</td>
</tr>
<tr>
<td>Chapter</td>
<td>Discussion</td>
</tr>
<tr>
<td></td>
<td>Theorizing on Surviving War</td>
</tr>
<tr>
<td></td>
<td>Surviving War requires ongoing consideration of multiple coping</td>
</tr>
<tr>
<td></td>
<td>strategies</td>
</tr>
<tr>
<td></td>
<td>Considering resilience</td>
</tr>
<tr>
<td></td>
<td>Surviving War occurred as a result of serendipitous events interacting</td>
</tr>
<tr>
<td></td>
<td>with personal agency</td>
</tr>
<tr>
<td></td>
<td>Discussing the Factors Contributing to Surviving War in the Context of</td>
</tr>
<tr>
<td></td>
<td>Existing Literature</td>
</tr>
<tr>
<td></td>
<td>Prelude: Trying to stay safe at home while preparing for the</td>
</tr>
<tr>
<td></td>
<td>possibility of fleeing</td>
</tr>
<tr>
<td></td>
<td>Shattering Event: The tipping point in the decision to flee</td>
</tr>
<tr>
<td></td>
<td>The struggle to survive</td>
</tr>
</tbody>
</table>
The Psychological Toll of War: Emotional pain, feeling forgotten and madness 149

Emotional Modulation Strategies: Compartmentalizing the horror 151

Dissociation 152

Are dissociation and avoidance adaptive coping mechanisms? 153

Social control 155

Coping through activity and meaningful engagement 156

Personal values provide meaning and moral guidance 156

Creative resourcefulness in the struggle for survival 158

Creating new networks of social support 160

Social support in coping with loss 161

Good Samaritans 163

Altruism 164

Moving on in the spirit of Ubuntu 165

Forgiveness 165

Gratitude 169

Post-trauma growth 172

Conclusion 174

Impact of Study on the Researcher 175

Limitations of Current Study 178

Suggestions for Future Research 180
List of Figures

Figure 1: Figure illustrating the relationship of five higher-level categories subsumed under core category 75

Figure 2: Categories subsumed under Prelude 76

Figure 3: Lives shattered by war 85

Figure 4: Struggling to survive 88

Figure 5: Psychological toll of war 107

Figure 6: Kintsugi: Rebuilding 115

Figure 7: Factors contributing to surviving war 141

Figure 8: Interaction between personal agency, serendipitous events, and surviving war 144
List of Appendices

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Recruitment Poster</td>
<td>203</td>
</tr>
<tr>
<td>B</td>
<td>Participant Information &amp; Consent Form</td>
<td>204</td>
</tr>
<tr>
<td>C</td>
<td>Interview Protocol</td>
<td>207</td>
</tr>
<tr>
<td>D</td>
<td>Sample Memo</td>
<td>209</td>
</tr>
<tr>
<td>E</td>
<td>Sample Journal Entry</td>
<td>212</td>
</tr>
<tr>
<td>F</td>
<td>Examples of Data Analysis</td>
<td>213</td>
</tr>
<tr>
<td>G</td>
<td>Participant Descriptions</td>
<td>218</td>
</tr>
<tr>
<td>H</td>
<td>History of Conflict in Congo</td>
<td>225</td>
</tr>
<tr>
<td>I</td>
<td>Surviving War Categories</td>
<td>227</td>
</tr>
</tbody>
</table>
DEDICATION

To my participants:

May I do justice to the hope and trust you have placed in me.

To Ross, my life partner and best friend:

So grateful.

To Jotham and Matthew:

Being your mother is my deepest joy.
Chapter One: Literature Review

Ach, what’s normal? ... If I were really normal, I’d be crazy. Do you understand? It would be normal to be crazy. A normal mind with human feelings can’t deal with what went on in the death camps. In order to, you must have a sick mind.

~Lisa Birnie

This research began with the question: How do people recover from the cumulative impact of war trauma? The question arose out of my experiences as a counsellor trainer in the post-war Democratic Republic of Congo (Congo). Despite many years of trauma counselling practice, I was unprepared for the magnitude of death and atrocity in Congo. I wondered how it is possible for someone to encounter such inhumane treatment and emerge to live, laugh and love again.

If any country qualifies for a study on recovery from war trauma, it’s Congo. For more than a decade, the Congolese people have been ravaged by armed conflict involving eight other countries and twenty-one armed Congolese groups (Mission of the United Nations Organization in the Democratic Republic of Congo [MONUC], 2010). The United Nations has called the systematic and widespread human right violations carried out against Congolese civilians one of the worst crises in the world (United Nations High Commissioner for Refugees [UNHCR], 2010). Documented human rights violations in Congo include arbitrary execution; rape; arbitrary arrests and detention; torture; cruel, inhumane, or degrading treatment; and pillage (MONUC, 2010). These and other atrocities have produced a country where “almost every single individual has an experience to narrate of suffering and loss” (UNHCR, 2010, p. 1).
In my quest to understand how people recover from such extreme suffering, I was surprised by the paucity of research on the topic of war trauma recovery. I found that studies examining war trauma recovery are rare, and only a few studies have focused on the war in Congo (Beneduce, Jourdan, Raeymaekers, & Vlassenroot, 2006; Nzita-Di-Makwala, 2007). Instead of literature on recovery, I discovered a strong emphasis on determining the symptoms and diagnostic criteria of traumatic stress (Hollander, Ekblad, Mukhamadiev & Muminova, 2007; Johnson & Thompson, 2008; Porter & Haslam, 2005). Where I expected to find reports on the process of recovery, I found a large body of research comparing the efficacy of various treatment approaches (Hembree et al., 2003; Hettiarachchi, 2007). The extant literature did not address my question of how people recover from cumulative war trauma.

As I continued to review the literature, I became aware of a persistent thread of voices calling for more research from the perspective of the trauma survivor (Musisi, 2004; Rasmussen, Smith, & Keller, 2007). I realized that the perspective of the war survivor had to be the foundation of any theoretical understanding of war-trauma recovery. I also recognized that my perspective as the researcher would influence the analysis of the data. Because constructivist grounded theory methodology acknowledges the influence of participants and researcher in theory development, I developed the current study using the qualitative methodology of constructive grounded inquiry (Charmaz, 2006).

Constructivist grounded theorists advocate for the judicious and critical use of extant literature to set the stage for the research to come (Charmaz, 2006). In the following literature review, I argue that war trauma is a significant and debilitating global
issue. Despite the magnitude of the problem, I found that very little research on war trauma and recovery exists. I argue that what literature does exist, does not answer the question of how people recover from war trauma. Building on the calls for more research from the perspective of the survivor, I present a case for why I chose Congolese refugees to Canada as my participant group and the qualitative approach of constructivist grounded theory to guide my inquiry.

**The Traumatic Impact of War**

The impact of war trauma is a significant global issue (Pedersen, 2002). The immediate and direct impact of war is well-established in the literature and includes battle deaths, ethnic cleansing, gender-based violence, torture and displacement (Pedersen, 2002; Summerfield & Toser, 1991). Researchers estimate that over 231 million people died in wars and conflict in the twentieth century (Leitenberg, 2006).

**Impact of war on civilians.** War-related death is not limited to direct combat. Since World War II, civilian deaths have far exceeded combat-related deaths (Pedersen, 2002; Leitenberg, 2006) yet most war trauma research has focused on trauma symptoms arising from direct combat (Bliese, Wright, Adler, Castro, & Hoge, 2008; Boscarino 1996; Eisenbruch, de Jong, & van de Put, 2004; Wang, Wilson, & Mason, 1996).

Pedersen (2002) has argued that civilian deaths have increased as a result of wars of terror that target the local populations, politicize civilians to garner their loyalty, and destroy those who don’t support the rebels’ cause. In Congo, for example, rebel groups have used methods such as torture, atrocities, mass executions, disappearances, and rape,
with devastating effectiveness to terrorize and control the population (MONUC, 2010; Pedersen, 2002; Summerfield & Toser, 1991). When one considers the burden of suffering carried by families and communities impacted by these losses and atrocities, I suggest that the traumatic impact of war on the civilian population is incalculable. As a result, limiting research of war trauma recovery to direct combat severely curtails our understanding of the phenomenon.

Coping with death and atrocities is just one of the traumatic impacts of war. In addition, families and communities are impacted through displacement, separation of family members, disruption of local economies, and dislocation of food production systems (Eisenbruch, 1991). The risk of disease transmission and death is heightened as health and social services break down (Murray, King, Lopez, Tomijima, & Krug, 2002).

In fact, during war, the death rate from indirect causes can exceed combat-related deaths (MONUC, 2010). In Congo, for example, most of the 5.4 million lives lost as a result of the war were from indirect causes such as malnutrition and disease (MONUC, 2010). I agree with Eisenbruch (1988, 1991) and Murray et al. (2002) that both indirect and direct impacts must be considered and explicated when studying war trauma.

While many experiences in war can be traumatic, I found that three phenomena were most commonly discussed in the war trauma research literature. They were torture, rape, and forced migration. I will address each of these in turn in the following sections.

**Torture.** Torture is the “deliberate, systematic, or wanton infliction of physical or mental suffering by one or more persons acting alone or on the orders of any authority, to force another person to yield information, to make a confession, or for any other reason” (World Medical Association [WMA], 2006). Torture is designed to psychologically and
physically break the victim, and as a result the burden torture places on the victim, on their family, and on society is immense (Campbell, 2007). Trauma from torture is considered particularly insidious because of the intractability of the symptoms (Campbell, 2007; Carlsson, Mortensen, & Kastrup, 2005; Kastrup, Aadamsoo, Subilia, Gluzman, & Wenzel, 1997). Psychological symptoms following torture include high levels of post-traumatic stress disorder (PTSD), depression, insomnia, sexual dysfunction, personality change, and anxiety (Campbell, 2007). Typically psychological symptoms and physical pain continue long after the torture has ended (Basoglu, 2001; Basoglu & Parker, 1995; Campbell, 2007; de Williams & Amiris, 2007).

**Rape.** In addition to being subjected to the threat of torture during times of war, local populations are terrorized by rape (Pedersen, 2002; Summerfield & Tosser, 1991). In many countries, these sexual assaults frequently occur when a woman is away from her home or village and without protection; for example, when collecting firewood, fetching water, or working in the fields (Jewkes, 2007). As women and girls flee their villages and cities for safety, they may be forced to have sex in return for protection, food, or shelter (Jewkes, 2007; Shanks & Schull, 2000). Even refugee camps do not provide protection from rape (Jewkes, 2007). Ironically, the very camps civilians flee to for safety become prisons in which they are easy targets for rape (Jewkes, 2007; Shanks & Schull, 2000).

There is no question that rape exacts a huge toll on the victim. Most rape victims experience psychological symptoms immediately after an assault that may persist for years (Jaycox, Zoellner, & Foa, 2002). Some rape victims experience physical pain even after the wounds from the initial assault have healed (Bracken, Giller, & Summerfield, 1995). In many cases, rape results in rejection, wrenching the victim from the stability of
family and community life (McGillicuddy & Maze, 1993). The blame and alienation following rape can result in “an overwhelming sense of psychic death and terror” (McGillicuddy & Maze, 1993, p. 222).

Just as the impact of torture extends beyond the physical victim, so the impact of rape extends far beyond the individual who is raped. Men who view themselves as protectors of women are humiliated and demoralized when unable to protect female family members (Shanks & Schull, 2000). Families and communities have a difficult time accepting children conceived by rape (Shanks & Schull, 2000; Sideris, 2003). For example, researchers found that children conceived by rape in Rwanda were called lixo (rubbish) or enfants mauvais souvenir (children of bad memories) (Sideris, 2003; Shanks & Schull, 2000).

As difficult as the individual episodes of rape are, they can be differentiated from the systematic use of rape by regimes to achieve military goals (Shanks & Schull, 2000). For example, in Yugoslavia and Rwanda rape was used as an act of genocide and “to spread terror and fear among the population” (Shanks & Schull, 2000, p. 1153). Similarly, in Mozambique rape was a weapon used to instill “terror and intimidation” (Sideris, 2003, p. 715). Ethnic groups have been known to use rape to impregnate women of another group in order to destroy the integrity of the opposing group (Mariner, 2004). Children born from rape may be viewed as “ethnically cleansed” by the blood of the rapist (Shanks & Schull, 2000). Reports of widespread civilian rape have been documented in many countries (Shanks & Schull, 2000). No country, however, has been ravaged by the brutal and systematic rape of entire villages like eastern Congo (MONUC, 2010).
Historically, rape in combat hasn’t been recognized as an act of war (Shanks & Schull, 2000). It was first deemed a war crime by the International War Crimes Tribunal in 1993 and 1994 following successful convictions in the former Yugoslavia and Rwanda (Scheffer, 1999). There is now solid case law holding that rape and sexual violence are a form of genocide, a crime against humanity, and a violation of the laws and customs of war (Scheffer, 1999). Now, systematic rape is recognized as a form of warfare and the gravity and harm it causes is being acknowledged.

**Forced migration.** When civilians are subjected to the threat of violence, they are often forced to flee for their lives (Porter & Haslam, 2005). Coping with the threat of encroaching violence and having to effect a swift departure for safety can be profoundly destabilizing (Porter & Haslam, 2005). Of those who flee, some relocate within their own country while others find refuge in a new country; these are known as internally displaced persons (IDPs) and refugees respectively (UNHCR, 2007). In 2010, there were an estimated 10.5 million refugees globally (Citizenship & Immigration Canada, 2011). These refugees were represented equally by male and female gender and almost half were children (Eisenbruch et al., 2004; UNCHR, 2005).

Refugees flee their communities looking for safety and security, but researchers have found that achieving refugee status does not necessarily lead to a reduction in stress (Eisenbruch et al., 2004). Generally researchers have attributed refugees’ ongoing stress levels to previous exposure to traumatic events (Lindencrona, Ekblad, & Hauff, 2008; Schweitzer, Melville, Steel, & Lacherez, 2006; Silove, 1999). However, some researchers have found that resettlement stressors may compound the effects of traumatic stress for refugees (Porter & Haslam, 2005; Silove, Steel, & Watters, 2000).
Returning to one’s home after the area has been stabilized can contribute to stress (Porter & Haslam, 2005). Resettled civilians who return to destroyed homes and villages may miss the support services provided in the camps (Porter & Haslam, 2005). They may have to flee home again if there are further guerrilla attacks (Porter & Haslam, 2005).

Returning home can also involve other challenges. For example, formerly abducted children who were returned home in northern Uganda struggled with the ongoing armed conflict and the attitudes of their families and communities (Corbin, 2008). In many cases, families and communities were reluctant to accept the children, especially if they had either been child soldiers or had borne children to soldiers (Corbin, 2008). It is evident that while fleeing home is difficult, returning home has challenges as well.

Resettlement in a new country also creates stress (Comas-Diaz & Padilla, 1990; Subilia & Loutan, 1997). Lindencrona et al. (2008) identified four dimensions of resettlement stress among refugees in Sweden: social and economic strain, alienation, discrimination and status loss, and threats of violence. The stress of adjusting to a new country, combined with the problems of the past, can be overwhelming (Comas-Diaz & Padilla, 1990; Subilia & Loutan, 1997). Concern for family and friends who remained in the country of origin can further add to their stress (Comas-Diaz & Padilla, 1990). Comas-Diaz and Padilla (1990) found that “political refugees who still perceive their country of origin as being unsafe… even though they now live in ‘safe’ environments have extreme difficulties with the process of adjustment and reintegration into society” (p. 133).
The cumulative stress of all these impacts can lead to physical and psychological problems (Subilia & Loutan, 1997). For example, in a study of refugees arriving in Europe Subilia and Loutan (1997) noted that:

The sequelae of violence and the difficulties of exile added to the problems of immigration are often the cause of severe somatic and psychological disorders in the population of refugees arriving in Europe. In an atmosphere of general mistrust surrounding asylum seekers, many refugees may feel totally overburdened by this collusion of problems. (p. 138)

Researchers have found that refugees have a higher prevalence of mental distress than non-refugees (Porter & Haslam, 2005). Some researchers have tried to identify risk factors of psychological disorders among refugees. For example, de Jong (2002) identified the following risk factors as contributing to the development of mental disorders in refugees and refugee families cutting across lines of social class and cultural identity:

- Traumatic events related to armed conflict after the age of 12
- Torture
- Female gender
- Socioeconomic hardship, poverty, unemployment, low education and lack of professional skills fitting the new environment
- Problems of marginalization, discrimination, acculturation, language and communication.
- Poor physical health due to poor sanitation and poor health care
- Poor nutrition
- Crowding and poor physical conditions including head trauma and other physical injuries
- Collapse of social networks resulting in anomie, alienation, and poor social support
- Traumatic events such as death, loss, or fear of such events (de Jong, p. 6)

Other researchers have identified living in institutional accommodations, restricted economic opportunity, internal displacement, repatriation to the country they had originally fled from, older age, higher education, female gender, higher predisplacement
socio-economic status, and rural residence as risk factors associated with mental health (Porter & Haslam, 2005).

Some research studies examined these mental health risk factors in more depth. For example, Lindencrona et al. (2008) challenged the idea that resettlement stress contributes to increased mental health problems. They found that while post-settlement stress was not a significant contributor to post-trauma symptoms, the refugee’s ability to handle stress was (Lindencrona et al., 2008). These researchers also found that stressors related to loss and humiliation were associated with higher risk for common mental disorder (Lindencrona et al., 2008).

Other researchers have looked more closely at the relationship between socio-economic status and mental health of refugees. In particular, Remennick (2002) investigated the relationship between changes in socio-economic status and post-migration adjustment. He studied refugees from Chernobyl who moved to Israel. He found that educated and professional refugees experienced greater dissatisfaction, increased chronic distress, and more social maladjustment. Remennick (2002) speculated that the risk to mental health among refugees could be due to the degree of their loss of status following migration rather than pre-migration socio-economic status.

Still other researchers have tried, with mixed results, to ascertain whether the legal status of refugees impacts psychological stress levels (Lindencrona et al., 2008; Nicholl & Thompson, 2004; Rousseau & Drapeau, 2004; Ryan, Benson & Dooley, 2008). A study in Ireland found that those with an uncertain legal status in the country experienced significantly more psychological distress than those who had been legally recognized and accepted as refugees or immigrants (Ryan et al., 2008). In contrast, a
Canadian study (Rousseau & Drapeau, 2004) found that emotional distress did not vary significantly across categories of immigration status at landing. Further, the emotional distress of immigrants was related to pre-migration exposure to political violence and to the cultural group the immigrant belonged to prior to immigrating (Rousseau & Drapeau, 2004). The variations in outcome between Rousseau and Drapeau (2004) and Ryan et al. (2008) may be moderated by the timing of the investigation. In Ryan et al.’s (2008) study, participants were already living in Ireland whereas Rousseau and Drapeau (2004) measured emotional distress at the point of landing.

In addition to the possibility that immigration status may impact refugees’ mental health (Ryan et al, 2008), other researchers (Burton, 1983; Dachyshyn, 2008; Eisenbruch et al., 2004) have found a relationship between the rate of assimilation to the host country and mental health risk. Research has found that refugees do best if they retain their cultural identity as well as acculturate to their new community (Dachyshyn, 2008; Eisenbruch et al., 2004; Schweitzer et al., 2006). When refugees are assimilated too quickly into the host community, they become alienated from their cultural identity and psychosocial problems frequently result (Burton, 1983; Eisenbruch, 1988). These researchers (Burton, 1983; Eisenbruch, 1988) have concluded that refugees must be provided with the means and time to restore the fabric of their own community life while gradually assimilating into the new culture. Burton (1983) and Eisenbruch (1988) point out that the risk is not only for the refugee family but for the host country as well. If psychosocial problems emerge, they eventually impact the host country and become part of its constitution (Burton, 1983; Eisenbruch, 1988).
The mental health of refugees is an important topic for Canadian society. Of the one hundred thousand refugees who are resettled annually worldwide, approximately ten thousand are hosted by Canada (Citizenship & Immigration Canada, 2011). Yet very little research has been conducted regarding the impact and recovery from war trauma among immigrants, including refugees to Canada. I found only four published articles on the adjustment of immigrants (including refugees) in Canada and none of them specifically addressed the issue of war trauma recovery (Dachyshyn, 2008; Simich, Mawani, Wu, & Noor, 2004; Simich, Beiser, Stewart, & Mwakarimba, 2005; Stermac, Brazeau, & Kelly, 2008). Based on the scant research currently available on war-zone immigrants to Canada, I argue that an increased understanding of war trauma recovery is needed from a Canadian perspective.

In summary, the traumatic impact of war is a significant global issue. Very little research has been done on the traumatic impact of war or on how people recover. As local populations are targeted more often by armed groups, it becomes increasingly important to address the traumatic impact of war and understand the process of recovery. Canada hosts 10,000 new refugees annually. As a result, I suggest that the Canadian settlement sector would benefit from more research that explores the relationship between pre-migration violence, migration stress, and mental health.

The dose-effect assumption. One of my assumptions going into this research project was that there would be a dose effect between magnitude and frequency of exposure to traumatic events and symptoms. This question about dose effect was both personal and clinical. Personally and clinically, I accompanied many people on their journey to recovery from post-traumatic symptoms. However, when I was faced with the
magnitude of atrocities in Congo, I experienced a crisis of faith in humankind’s ability to heal. I assumed that the magnitude and duration of trauma would be related to the psychological impact on the victim. Most dose-effect trauma studies use the diagnostic criteria of post-traumatic stress disorder (PTSD) to measure the psychological impact of trauma (Johnson & Thompson, 2008). Building on a medical perspective, Johnson and Thompson (2008) offer the following definition for dose effect related to trauma: “A dose-effect relationship exists when the magnitude of a stressor is directly proportionate to the subsequent risk of developing PTSD” (p. 40). Dose effect is considered to strengthen the case for determining a causal relationship between stressors and criteria, but the absence of dose effect does not equivocally exclude the possibility of such a relationship (Rosen & Lilienfeld, 2008).

Although the majority of individuals who experience a traumatic event do not develop PTSD, the dose-response model may have some utility for noting patterns (Rosen & Lilienfeld, 2008). For example, PTSD occurs more frequently after a trauma event than it does after events that fail to meet the main diagnostic criteria for PTSD (Kilpatrick, Ruggiero, Acierno, Saunders, & Resnick, 2003), although some have challenged this finding (Gold, Marx, Soler-Baillo, & Sloan, 2005). In addition, direct experiences of trauma lead to higher rates of PTSD than do vicariously experienced events (Rosen & Lilienfeld, 2008). However, research has not supported a “monotonic relationship between stressor magnitude and clinical status, nor the assumption that exposure to traumatic events are the ‘uniformly most potent’ contributor to outcome” (Brewin, Andrews, & Valentine, 2000; Rosen & Lilienfeld, 2008, p. 841).
Vinck, Pham, Stover & Weinstein (2007) studied dose effect in a cross-sectional study of 2,389 Ugandan war survivors. They found that 74.3 percent met PTSD criteria and 44.5 percent met depression symptom criteria (Vinck et al., 2007). To assess dose effect, respondents were divided into four levels of exposure. Level one represented low exposure, level two represented witnesses to war-related violence, level three included those physically injured and/or threatened with death, and level four included those who were abducted. Total traumatic exposures significantly increased with group membership. Significant dose-related effect was found for both PTSD and depression. Participants in groups three and four were six times more likely to report symptoms related to PTSD and four times more likely to report symptoms related to depression than participants in group one (Vinck et al., 2007). Vinck et al.’s (2007) study demonstrates that dose effect may have some validity in the context of Ugandan war survivors. As such, it provides some support for the current study on the impact and recovery of cumulative war trauma.

In other studies, gender has been observed to influence dose effect (Rosner, Powell & Butollo, 2003). In a study of Sarajevo war survivors, Rosner et al. (2003) found a correlation of 0.32 between war trauma symptomatology and events, and the relationship was much stronger for men than for women.

Considering the mixed results in the studies they reviewed, Rosen and Lilienfeld (2008) concluded, “Research provides at best inconsistent support for a dose-response relationship between clinical outcome and event/injury severity” (p. 842). In my opinion, the mixed results from dose-effect studies indicate that more grounded research, like this
study, is needed to enhance our understanding about the impact of war and inform research into possible dose effect.

**Culture-specific research on the traumatic impact of war.** To date, the majority of research on the traumatic impact of war has been from a medical perspective developed in North America and Europe (Boscarino, 1996; Bracken et al., 1995; Bliese et al., 2008). Medical perspective research on war trauma has primarily focused on establishing diagnostic criteria for diseases such as post-traumatic stress disorder (Bliese et al., 2008; Bracken et al, 1995). However, a medical approach is just one lens with which to examine the traumatic impact of war. The complex interactions between the individual and his or her social, cultural, and political contexts are left unaddressed by a classic medical approach (Sideris, 2003).

Slowly, researchers have begun addressing the impact of war with an acknowledgement of social, cultural, and political contexts (Eisenbruch, 1991; Nicholl & Thompson, 2004; Pedersen, 2002). Some of this research remains grounded in the medical perspective but with allowance for cultural variance. For example, researchers increasingly point out that diagnostic tools developed for use in one culture may not have utility in another context (Eisenbruch, 1991; Hollander et al., 2007; Kienzler, 2008; Pedersen, 2002). Allowing that the traumatic impact of war may be experienced and/or expressed differently in different cultures has opened the door to re-examining our assumptions about the traumatic impact of war (Eisenbruch, 1991). Researching a topic from the context of a specific culture is called culture-specific or within-culture research in this paper.
Re-examining our assumptions about the traumatic impact of war has allowed for context-specific descriptions of phenomena which are experienced as traumatic. For example, a group of Cambodian mass-violence survivors identified the following list of personal traumatic experiences:

Torture, rape, knifing or axing, beatings to the head, beatings to other parts of the body, near drowning, near suffocation with a plastic bag, murder of a family member or friend, combat situation, forced evacuation under dangerous conditions, shelling or grenade attacks, imprisonment, brainwashing, being lost or kidnapped, forced labour, forced marriage, extortion or robbery by armed bandits, lack of food or water, lack of shelter, and ill-health without access to medical care. (Mollica, McInnis, Poole, & Tor, 1998, p. 482)

In addition, they said that the following items were traumatic to witness: “Murder of a stranger, torture, rape, knifing or axing, beatings to any part of the body, suicide attempt, near drowning, and near suffocation with a plastic bag” (Mollica et al., 1998, p. 482).

In other contexts, these lists of traumatic impact differ. For example, Leitenberg (2006) lists deliberate starvation, witnessing mass murder, seeing people buried alive, razed villages, and the destruction of food, crops, and humanitarian aid supplies as phenomena that can result in trauma. It is evident that the civilian experience of war cannot adequately be described as a single phenomenon; rather, it has a variety of expressions.

Not only are there variations in the type of situations that contribute to trauma, but the expression or symptoms of trauma may also be influenced by the context of culture (Eisenbruch, 1991; Vink et al., 2007). Not understanding the expressions of trauma from within a culture can result in pathologizing someone’s symptoms when they may in fact be an expression of culturally-appropriate suffering and have culturally-appropriate resolutions (Eisenbruch, 1991).
Eisenbruch (1991) has illustrated this difficulty with the case of an Ethiopian woman who lost a child while fleeing her country. After arriving in America, she struggled and was variously diagnosed with bronchial asthma and later psychosis. Two years later, all her symptoms resolved when she received a correct diagnosis of unresolved bereavement. In her flight for safety, she had not been able to undergo traditional purification rituals following the death of her child. When the unresolved bereavement process was identified and the purification rituals were performed, her symptoms disappeared (Eisenbruch, 1991; Schreiber, 1995). Using the example of the Ethiopian woman, Eisenbruch (1991) has argued passionately for researchers to shift away from medical model categories and base their research on culturally derived categories. Examples such as the Ethiopian woman highlight the risk of inadequately understanding the cultural and/or linguistic factors involved in a case and point to the need to understand cultural traditions and beliefs within trauma work in order to develop appropriate responses (Nicholl & Thompson, 2004).

Sometimes culture-specific descriptors of war trauma appear to be similar to the diagnostic criteria used in the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV) by the American Psychiatric Association (APA) (APA, 1994). For example, Sideris (2003) conducted research with Mozambican female war survivors on the impact of war, resulting in culture-specific descriptors. One of the Mozambican descriptors of the impact of war was “injury to the spirit” (Sideris, 2003, p. 716). “Injury to the spirit” was characterized as a “preoccupation with individual violation and social destruction, grief, physical deterioration, bodily distress, loss of vitality, loss of efficacy to sustain life, loss of a sense of continuity of self, feeling lost, and suicidal ideation”
(Sideris, 2003, p. 716). At first glance, “injury to the spirit” appears to have some similarities to the DSM-IV definition of depression (APA, 1994). Both the DSM-IV and the Mozambican women referred to loss of energy (loss of vitality), recurrent thoughts of death (suicidal ideation), and depressed mood (sadness and grief) (APA, 1994; Sideris, 2003). Upon more careful examination, it becomes evident that “injury to the spirit” also contains descriptors not included in a diagnosis of depression such as physical deterioration, bodily distress, loss of a sense of continuity of self, and feeling lost (APA, 1994; Sideris, 2003). These unique descriptors would be lost if the DSM-IV diagnostic categories were applied.

Similarly, when describing their experience in captivity, kidnapped Ugandan school girls used words that appear to overlap with APA diagnostic criteria:

The men beat the Aboke Girls with one hundred strokes across their backs, buttocks, and legs while Lisa watched. But the truth was that, after the first five or so strokes, it no longer hurt much to be whipped. And the girls were well practiced at going into that quiet place in their heads while being abused. (Cook, 2007, p. 140)

The phrase, “going into that quiet place in their heads while being abused,” is reminiscent but not identical to dissociation as described in the DSM-IV diagnostic category of PTSD (APA, 1994). I argue that substituting generic labels, such as dissociation for the girls’ actual words, robs the survivors of the power to define their experience and demonstrate that their coping mechanism was a matter of choice and power. Although the kidnappers could beat them, they could not control what the girls did to cope internally. Conducting grounded theory research is one way to ensure that generated categories remain grounded in the culture and experience of participants (APA, 1994; Charmaz, 2006).
Other descriptors that emerged from Sideris’ (2003) study are less prominently represented in other-culture diagnostic tools such as the DSM-IV (APA, 1994). For example, Sideris (2003) has argued that the most devastating outcome the Mozambican women in her study experienced was the “loss of social belonging and identity” (p. 716). Mozambican participants described a pre-war society where identity and social belonging were strongly linked (Sideris, 2003). The war disrupted these roles as “sons killed fathers [and] children raped mothers” (Sideris, 2003, p. 715). Participants described how their social and emotional lives went into turmoil as a result of these atrocities (Sideris, 2003). Understanding the impact of these experiences on the identity and social belonging of Mozambican women is important for understanding the impact of war on them. Because “loss of social belonging and identity” (Sideris, 2003, p. 716) is not a universal descriptor for post-war trauma, the significance of its impact could be missed by someone with an other-culture mindset.

Consideration should be given not only to the unique features of within-culture descriptors but also to how those descriptors interact. For example, the third category emerging from Sideris’ (2003) study with Mozambican women was “somatic afflictions.” Sideris (2003) found that the “somatic afflictions” category was linked with the previous two categories of “injury to the spirit” and “loss of social belonging and identity.” Sideris (2003) explained that as the women’s social worlds were disrupted, and as survivors experienced a loss of belonging, their spirits were injured, resulting in physical disorders. For the Mozambican women, physical problems communicated social suffering following vicious and dehumanizing violation (Sideris, 2003). Sideris (2003)
cited Julia as an example of this interrelationship between loss of social belonging, injury to the spirit, and somatic affliction:

I can say I am sick. How can I describe my sickness I don’t know? Because where am I now? I’m just in the middle of nowhere. There is nothing that can ever help me. I think a lot. That is why I can’t say I have this or that. Everywhere all over my body is sore. I don’t feel as if I am a person. (Julia) (p. 717)

The inclusion of physical complaints when describing the impact of war is not unique to Mozambique. War trauma researchers in Uganda found that women were seeking treatment for physical rather than emotional distress (Bracken et al., 1995). Bracken et al. (1995) found, “It was generally agreed that all forms of sickness were more common since the war including cases of madness (eddalu), foolishness (obusiru) and disturbed behaviour (acalogojjo) but they did not recognize a particular post-traumatic syndrome” (p. 1079). Bracken et al. (1995) observed, “These somatic complaints were not just ‘epiphenomena’” (p. 1078). In other words, somatic complaints were not secondary symptoms but rather “the way these women actually experienced their distress” (Bracken et al., 1995, p. 1078). Since physical distress was how the impact of war was experienced in Ugandan culture, Bracken et al. (1995) suggested that interventions should be structured to focus on physical treatment. In this case, culture-specific research was used to influence policy and practice.

The Mozambican and Ugandan studies reviewed above demonstrate the importance of gaining culture-specific understandings of the impact of war prior to developing policy or interventions. Imagine a post-war response in these countries based solely on a DSM-IV diagnosis of PTSD (APA, 1994). Potentially, the people with the most debilitating symptoms could be missed simply because PTSD does not place a strong emphasis on criteria like “loss of social belonging and identity” or “physical
complaints.” I suggest that prior to developing policy or practices designed to mitigate post-war trauma, a culture-specific understanding of the impact is imperative.

In summary, I have reviewed studies demonstrating that different cultures experience and express the impact of war in different ways. Further, I have argued that to neglect a within-culture understanding of the impact of war can lead to misdiagnosis and mistreatment. If accurate interventions are to be developed, I suggest it is essential to examine the traumatic impact of war from within the cultural context of the conflict. By building on culture-specific understandings of wars and their impact, researchers and practitioners can reduce the likelihood of imposing other-culture bias.

**Congo as the research context.** The conflict in Congo is an appropriate context for the study of war trauma. As was previously mentioned, the Congolese people were ravaged by armed conflict involving eight other countries and twenty-one armed Congolese groups for more than a decade (MONUC, 2010). The conflict resulted in over 5.4 million deaths and two million people were displaced (International Rescue Committee, 2008; MONUC, 2010). Although the war officially ended in 2003, fighting and atrocities continue (MONUC, 2010). According to a recent report, government military and police “continue to be responsible for serious human rights violations, including summary executions, rape, torture and cruel, inhuman or degrading treatment” (MONUC, 2010, p. 7). Hundreds of thousands of women have allegedly been subjected to “recurrent, widespread and systematic” sexual violence by all combatant groups (UNHCR, 2010, p. 15). In 2009 alone, there were eight thousand cases of reported rape (MONUC, 2010). As a result, Congo has gained the reputation of being “the worst place in the world to be a woman” (V-day, 2009). I suggest that the magnitude of atrocities that
have taken place during the war in Congo provide an appropriate context for a study on the impact and recovery of cumulative war trauma. Such research has the potential to influence policy and structure interventions for a large population of suffering people.

Second, research on the conflict in Congo by a Canadian researcher is appropriate because there are a significant number of Congolese refugees in Canada. I anticipate that this research on recovery from war trauma will be useful to those responsible for the policy development and settlement services impacting the Congolese refugee population in Canada.

Third, research on war trauma impact and recovery is just beginning with survivors of the conflict in Congo. The most significant study to date is the Report of the Mapping Exercise documenting the most serious violations of human rights and international humanitarian law committed within the territory of the Democratic Republic of Congo between March 1993 and June 2003 by the UNHCR (2010). This document clearly describes the specific atrocities the Congolese people have endured and demonstrates the magnitude of the problem.

In the largest quantitative study to date, Nzita-Di-Makwala (2007) explored resilience among child-survivors of the war for his doctoral dissertation. Nzita-Di-Makwala (2007) surveyed 497 Congolese children ages eight to seventeen. Nzita-Di-Makwala’s (2007) interest was in identifying “protective factors which foster the development of positive behavioral outcomes and healthy personality characteristics among children exposed to malevolent life circumstances” (p. 14). Nzita-Di-Makwala (2007) wanted to investigate “the capacity of these children to positively cope with the severe challenges of life in a war torn country” (p. 8). The study found that a positive
approach to reality, increased age, and intelligence were protective factors for trauma. Gender differences did not contribute to resiliency, but they did contribute to increased trauma for girls. Religious fervour and fewer social activities increased the risk for trauma among girls (Nzita-Di-Makwala, 2007). Nzita-Di-Makwala’s (2007) study had several limitations. Due to ongoing violence in rural areas, Nzita-Di-Makwala’s (2007) sample was based on urban populations and not representative of the entire population. In addition, some of the research tools used had not been normed for African populations (Nzita-Di-Makwala, 2007). Despite these limitations, the study has established a foundation for further research on resilience and the traumatic impact of war in Congo.

While the studies above examined the magnitude and traumatic impact of the war in Congo, Chawwine and Mubagwa (2001) approached the topic from a service delivery perspective. They wanted to understand what services were available to Congolese citizens who develop mental health problems (Chawwine & Mubagwa, 2001). Because war trauma carries a risk for mental health issues, the current state of mental health treatment is one of many factors relevant to surviving war in Congo. Chawwine and Mubagwa (2001) found that the high prevalence of mental health issues in Congo represented a high burden on Congolese society. In addition, mental health facilities were overtaxed because people were accessing them for non-mental health problems (Chawwine & Mubagwa, 2001). Chawwine and Mubagwa (2001) encouraged the integration of mental health clinics with regular health care facilities in order to ensure appropriate access of services.

Since only three studies on war trauma in Congo were found, it is evident that there is a dearth of Congo-specific research on war trauma. While many countries
experience war, as already noted, Congo is unique in the magnitude of human rights offences committed. Considering that the violence in Congo has largely focused on terrorizing the civilian population, I argue that consequent interventions with civilians be directed at needs arising from the cultural context and grounded in practices meaningful and effective within Congolese culture.

**Trauma recovery.**

*One can’t forget everything, however great one’s wish to do so: the plague was bound to leave traces, anyhow, in people’s hearts.*

~Camus’ *The Plague*

Culture-specific research can inform not just our understanding of the culture-specific expressions on the impact of war; it can also inform the structure of therapeutic interventions. From the outset, it is worth noting that recovery from war trauma is not an isolated event (Summerfield, 2002). Pedersen (2002) has argued that since social and cultural issues of life become embedded in the individual experience and psyche, it would follow that social and cultural issues would also impact the outcome of trauma. Summerfield (2002) concurs, firmly situating the issue of recovery in the context of people lives. He writes,

“Recovery” is not a discrete process: it happens in people’s lives rather than in their psychologies. It is practical and unspectacular, and it is grounded in the resumption of the ordinary rhythms of everyday life—the familial, sociocultural, religious, and economic activities that make the world intelligible. (p. 1107)

Thus, to avoid a myopic perspective, trauma recovery must be examined through the culture and experience of those impacted (Pedersen, 2002; Summerfield, 2002; Zur, 1996).
Problems may arise when interventions are planned without taking culture into consideration. For example, the use of counselling to address trauma may not be appropriate in all cultures (Summerfield, 2005). Summerfield (2005) has cited examples of encountering trauma survivors in Palestinian territories who were being deluged with counselling programs they did not ask for. Counselling was not a culturally familiar activity and resources were needed for survival (Summerfield, 2005). As a result of experiences such as these, Summerfield (2005) has argued for a view of psychology that is rooted in the social context. Summerfield has stated,

If there is such a thing as a core fact about human response to disasters and violent upheavals, it is that survivors do well (or not) in relation to their capacity to re-establish social networks and a viable way of life. (Summerfield, 2005, p. 76)

Building on Summerfield, it would seem that a culture-specific understanding of war trauma is insufficient unless it also informs how interventions are structured.

While culture-specific research will help us understand the particulars of trauma recovery in a given culture, we can also learn about trauma and recovery by examining the broader body of trauma literature. For example, it is important to note that while epidemiological studies indicate that exposure to traumatic events is likely to happen to the majority of people in their lifetime, only one-third is likely to develop ongoing psychological symptoms (Renck, 2006; Solomon & Davidson, 1997). In fact, the majority of victims recover within the first three months (Solomon & Davidson, 1997). Even in the context of war, with its high rates of post-trauma symptoms and PTSD, most individuals exposed to war trauma return to psychological health (Breslau, 2002). In addition to ongoing psychological symptoms, researchers have identified several other possible outcomes to traumatic experiences, including resilience, recovery, and post-
trauma growth (Bonanno, 2004; Powell, Rosner, Butollo, Tedeschi, & Calhoun, 2003; Stermac, Brazeau & Kelly, 2008).

According to Bonanno (2004), the ability to quickly recover from potentially traumatic events is called resilience. Bonanno (2004) has defined resilience as

the ability of adults in otherwise normal circumstances who are exposed to an isolated and potentially highly disruptive event, such as the death of a close relation or a violent or life-threatening situation, to maintain relatively stable, healthy levels of psychological and physical function. A further distinction is that resilience is more than the simple absence of psychopathology. (p. 21)

It is important to note that Bonanno’s (2004) definition of resilience is based on an isolated event within the context of “otherwise normal circumstances” (p. 21), which is quite different from the context of war. Despite this limitation, Bonanno’s (2004) research still has utility as a starting point for a discussion on resilience.

Based on his quantitative research, Bonanno (2004) found that resilience and recovery were not the same things. While recovering individuals may have begun with much higher symptom levels, these declined over time. On the other hand, according to Bonanno (2004) resilient individuals only experienced slightly higher stress responses than normal following the potentially disruptive event, but generally remained fairly stable. According to Bonanno, (2004) following a single trauma event, delayed trauma reactions, recovery, and resilience were distinguishable patterns informed by different coping habits. Bonanno (2004) has provided support for this current study by calling for further research “across the life span and in different cultures” (p. 26). This current study will be looking at traumatic events in the context of a long, drawn out war. I wonder if resilience will emerge in the context of the current study and whether or not it will have the same characteristics as single-event resilience.
The other possible outcome to war trauma, mentioned above, is post-trauma growth (Powell et al., 2003). Although a relatively new area of research, post-trauma growth among survivors of war has received more attention in the literature than resilience (Powell et al., 2003). Several factors have been identified that may be related to post-trauma growth among survivors of war. For example, Powell et al. (2003) found that post-trauma growth may be related to individuals’ coping styles, the extent to which they value life, the extent to which they value personal relationships, and age (Powell et al., 2003). Mindset may be a significant factor in determining what is a traumatic experience, what is expected, and what is an opportunity for growth (Bracken et al., 1995). For example, tortured political activists have been found to have lower rates of PTSD than tortured non-activists (Campbell, 2007). Campbell (2007) has speculated that the lower PTSD rates among political activists may be due to psychological preparedness of mindset. Similarly, Bracken et al. (1995) found that a mindset based on religious belief functioned as a protective factor while coping with the impact of interrogation and torture.

Mindset in the form of expectations may contribute to post-trauma growth during the settlement process for refugees (Simich et al., 2004). In a study of Sudanese refugees to Canada, Simich et al. (2004) found that newcomer expectations of support and ways of coping in Canada were often tempered by past experiences. As one female participant observed,

When someone you love dies or is killed, when your property and wealth are looted, or your home is destroyed, you will not experience greater stresses than these… When you see dead bodies of people you love, small things, such as being lonely… cold weather against which you can find warm shelter—you will not see these as problems if you are a normal person… You will be patient with all these things. You will persevere… You have to compare what you experienced in the
past and what you are experiencing now [Somali (Central) Female #05]. (Simich et al., 2004, p. 43)

Similarly, Stermac et al. (2008) found that recent war-zone immigrants to Toronto had a mindset that was characterized by a “strong determination to function and continue with some life normalcy [sic] within the parameters of the war” (p. 11). In spite of enduring a severe and long-term war, most participants in the Stermac et al. (2008) study reported post-trauma growth. Participants in their study displayed “few symptoms of traumatic stress or general psychological distress post-migration. Ratings of post-migration overall health were positive… mental health outcomes improved over time and outside the war-zone area” (Stermac et al., 2008, pp. 14, 15).

The fledgling area of post-war trauma growth research is expanding the lens with which we view war trauma recovery (Stermac et al., 2008). A common factor in all three studies with war-zone refugee populations indicating post-trauma growth was that the participants had resettled in another country (Stermac et al., 2008; Powel et al., 2003). While these few studies show promising results, more research is needed with war trauma survivors in different contexts to build a robust theory of post-war trauma growth (Stermac et al., 2008). From my perspective, these early post-war trauma growth research findings represent an important shift from an illness model toward one that includes consideration of personal strengths and resources.

**War trauma and recovery in the context of Africa.** Our review of the war trauma and recovery literature turns next to research in the context of Africa. At the outset, a comment on the use of the label “African” in a study arguing for a culture-specific approach is warranted. Africa is a continent with fifty-four countries and three thousand distinctive ethnic groups (Zijlma, 2011). When discussing culture in the context
of Africa, one could argue for an African culture, for a country specific culture such as Congo, or for one of the three thousand specific ethnic group cultures (Gyekye, 1996). As this particular study is based on the country of Congo, I will be using the term culture-specific to refer to characteristics of the culture in the country of Congo, which admittedly contains many smaller cultural groups. In the ensuing literature review, every attempt is made to identify the particular country described in the research being reviewed.

Consideration will also be given to researchers who argue that the countries that make up the continent of Africa have similarities in addition to geographical location and who defend the use of “African” as a cultural group. For example, in her book *African Cultural Values*, Gyekye (1996) argued that “there are sufficient commonalities in many areas of the culture to make interminable disputes of the use of the term ‘African’ unnecessary and unrewarding” (p. xiii). This view is supported by other researchers in areas such as African religion and psychiatry (Magesa, 1997; Musisi, 2004). Since very little trauma-related research has been published on war trauma in Congo, I will build on African research in an attempt to move in the direction of Congo-specific research.

Similarly, Gains has defined the use of the term “Western” to represent the “Northern European Germanic Protestant conception of self and person and its ethnopsychology that are vividly, albeit implicitly, embodied in the U.S. psychiatric voice” (as cited in Bracken et al., 1995, p. 1073). When the term “Western” is used by a researcher, I will use their terminology unless it is clear that they are referring to a specific country.
The continent of Africa has a high incidence of war trauma (White, 2010). In the twentieth century, over two hundred million people have died as a direct result of war and oppression worldwide and over half were in Africa (White, 2010). Although the incidence of war trauma is high, Musisi (2004) has stated that little is known about war trauma recovery in the African context. Musisi (2004) noted that “in Africa, there seems to be a general lack of public awareness or knowledge about the mental health consequences of either mass trauma or its impact on the public health of communities” (p. 81). In order to structure interventions and create strategies for prevention that are effective in an African context, Musisi (2004) has called for Africa-specific research that is “practical, appropriate, affordable, and achievable” (p. 81). According to Musisi (2004), such an approach would be decentralized and integrated into the primary health care system. He has recommended that treatment approaches be provided through the training of primary mental health counsellors in cultural, gender, and age sensitive psychotherapeutic approaches (Musisi, 2004). This would be supplemented with social support and affordable medications where indicated (Musisi, 2004).

Musisi (2004) has gone beyond the sphere of psychology and suggested that the impact of war on the community be redressed “through the construction of infrastructure, roads, clean water, power, health centres, housing, schools and viable small economic projects and vocational skills training” (Musisi, 2004, p. 81). Finally, Musisi (2004) has called for integrated strategies to support caregivers who “often suffer burn out and exhaustion when dealing with the massively traumatized” (p. 81). Musisi (2004) has stressed the need to recognize the resilience of individuals and communities and to take advantage of inherent coping skills and resources as “best practice” in the response to
trauma. Moreover, Musisi argued (2004), “universal literacy, human rights education and... transparent electoral democratic governance at all levels of public life” (p. 81) are needed to achieve mental health stability. Musisi’s (2004) recommendations present a strong case for understanding and creating solutions for war trauma from within the context of the African countries.

While Musisi’s (2004) solutions for war trauma are pragmatic, others have proposed philosophical solutions. Ubuntu is an African worldview that Mattera (1998) has argued could be the solution to war and trauma in Africa. Ubuntu is generally regarded as the foundation of sound human relations in African societies and is a form of African humanism (Mattera, 1998). According to Sebidi (as cited in Mattera, 1998), Ubuntu is both anti-individualism and pro-communalism. Mattera (1998) has used African proverbs to illustrate the nuanced meanings for Ubuntu. He has illustrated the pro-communalism of Ubuntu with the Nguni proverb *Umuntu ngumuntu ngabantu*, or “A person is a person through other persons,” and the Shangaan proverb *Rihtiho rinwe a rini nusi hove*, or “One finger cannot pick up a grain” (Mattera, 1998). Ubuntu is decidedly against individualism. Mattera (1998) explains,

> Ubuntu is fundamentally at variance with individualism where the latter is understood to mean that self-interest is the proper goal of all human actions, consequently that the individual has the irrefutable right to attain the highest degree of self-fulfillment and material welfare. (p. 8)

Sebidi has argued that Ubuntu is a form of “African humanism” (as cited in Mattera, 1998, p. 7). Mattera (1998) argues that while “the fundamental anti-individualism and religiosity in the Ubuntu-type of humanism are elements that can never be separated from Ubuntu” (p. 8), it does not endorse collectivism at the expense of the individual. The key is balance. Mattera (1998) holds out great hope for the
transformational power within the concept of Ubuntu when he writes, “Ubuntu, that human quality of human behaviour, given a fair chance, could yet turn this country’s racial hatred, disunity and painful social dislocation into a country of Abantu, that is PEOPLE—not blacks, Indians, coloureds [sic] or whites” (Mattera, 1998, p. 8, emphasis in original). It will be interesting to note if the concept of Ubuntu also emerges in the context of this study.

Ubuntu places a high value on community, or communalism. Other researchers have noted that social support is a significant protective factor against traumatic distress (Bracken et al., 1995; de Zulueta, 2007). Some researchers have started to re-examine traumatic stress as an attachment disorder (de Zulueta, 2007). In cultures that value social support, approaches to recovery and healing from trauma have focused on restoring health and well-being by addressing the disruption in the social and spiritual domains of life caused by the atrocities of war (Corbin, 2008).

Further, family separation has been found to predict distress among female refugees (Ryan et al., 2008). A study based in Uganda confirms the importance of restoring social relations in the process of healing,

The mending of social relations was the most important aspect of the healing process for the women in Luwero. The response, once they felt it legitimate to talk about rape was to organize themselves into meeting groups that focused on development projects and not specifically on their experience of rape or post-traumatic symptoms. (Bracken, et al., 1995, p. 1079)

In North America, the response to traumatic distress generally focuses on verbal processing of traumatic experiences (Bracken et al., 1995). However, in some cultures, talking about traumatic experiences may not be culturally acceptable and may result in rejection or ostracism (Corbin, 2008). De Zulueta (2007) has commented that in “most
African societies shame plays a hugely important role in the individual’s emotional and social development and the formation of his or her sense of identity” (p. 223). Also, “shaming by rejection is an extremely powerful method of making people ‘toe the line’ and it is used both at home and in the community” (de Zulueta, 2007, p. 223).

In Corbin’s (2008) study of Ugandan formerly abducted children (FAC), she found that participants were reluctant to talk about their traumatic experiences because of social pressure. In deciding whether or not to talk, the participants needed to balance their desire to talk about their experience with their need for social acceptance (Corbin, 2008). In spite of their initial reluctance, Corbin (2008) found that during the interviews participants spoke about “experiences during abduction, in captivity and during escape despite these experiences not being a focus of the interview and despite admonishment from others not to reflect on the past” (p. 328). Participants would mention things that reminded them of captivity, revealing how much the actual trauma was on their minds.

The lack of food, shelter or other basic needs reminded them of being in captivity; harassing comments reminded them of someone they killed; meeting others who were in captivity reminded them of their relationship with that person while in captivity. These experiences were embedded in the stories of the daily challenges for FAC upon return to their communities. Their experiences of captivity are not relegated to the past, but are lived in the present. Therefore, the advice to FAC not to talk about the past may need to be balanced with a need to voice these experiences and have these experiences validated by others in a culturally and communally responsive manner. (Corbin, p. 328)

Corbin (2008) concluded that although participants managed their abduction experiences by not talking about it, this did not mean that the past was forgotten or denied. Instead, the children had decided it was more important to engage in productive activities and reconnect to family and community (Corbin, 2008). This sentiment is expressed in the following quote:
…he’s just resumed a normal life he used to live before… In the morning he just goes to the field, after farming comes back, stays with his colleagues, chats with them so that he tends to forget all that has happened. One thing he has always kept in mind is that nothing happened under his own will. He should forget… So that is how he lives, he just lives a normal life just like any other person trying to avoid all the mentality [thoughts] of what happened. (Corbin, 2008, p. 327)

Corbin (2008) notes,

Avoidance of talking about trauma experiences by FAC and the community seems a key contributor to psychological healing. This approach, however, is contrary to western practices in dealing with trauma, which encourage individuals to remember and talk about the traumas experienced. (p. 328)

In addition to increasing social support (Cook, 2007; Corbin, 2008), avoidance of the trauma story can conserve energy for the urgent task of rebuilding (Summerfield, 2002, p. 1106), or in the case of ongoing stress avoidance can function as a protective factor (Punamäki, Mohammed & Abdulrahman, 2004). However, researchers have found that “silence does not mean that the events are forgotten” (Summerfield, 2002, p. 1106), and silence can also take its toll on the survivor (Cook, 2007; Corbin, 2008).

Some parents of abducted children in Cook’s (2008) study described the help they received from a non-government organization to deal with stress. According to Cook (2008), the parent’s request for help indicated how much the stress was bothering them.

Now sitting around in a room in Lira, a counsellor told the parents to stand up and clap. They clapped. “Now jump!” he said. Alfred jumped. Consy jumped. Angelina jumped. They all jumped, but their minds rebelled. They made mocking faces at one another. The counsellor said he wanted the parents to let it go. To forget for a while. They played, acted, and shared their feelings. After four days Alfred realized that for the first time in three years [since his daughter was abducted] he actually felt relaxed. The counsellor tried to convince them to let the emotions go, to accept that it had happened, and to know that they weren’t alone. And after the counselling was done, Isabella did realize that she wasn’t alone in her suffering. If she needed to talk, there were others who wanted to talk too. (Cook, 2007, p. 125)
This example from Cook (2007) does not explicate whether the counsellor was Ugandan or from another country. What is apparent from the account, however, is that participants found the process helpful in knowing that they were not all alone and that there were people with whom they could talk (Cook, 2007). It seems that while social support was important in this context, silence was not the only option for receiving support. In the right context, being able to talk about emotions and experiences was also beneficial (Cook, 2007).

This section has described existing literature on war trauma recovery in the context of countries on the African continent. This current study was designed to contribute to this small body of extant war trauma recovery research by expanding the inquiry into the country of Congo.

**Selecting a Research Methodology**

As stated earlier, war trauma is a serious global issue. Previously I have argued that since war trauma is expressed in culture-specific ways, war trauma research is best conducted from within cultures. If we accept that argument, the next question is which research methodology will most effectively support such an inquiry?

To answer this question, I first considered the broad categories of qualitative versus quantitative research methodologies. Quantitative research methods are designed to approach the subject matter with preconceived categories and hypotheses (Charmaz, 2006). Since I wanted to explore the traumatic impact and recovery of war from a Congolese perspective, it was important to use Congolese-generated categories and
descriptors. In this way, I tried to minimize the risk of other-culture bias (see Charmaz, 2006). Since the small body of literature on the impact of war in Congo has not generated Congo-specific categories, I ruled out a quantitative approach.

**Qualitative research methodology.** Qualitative research builds on categories which emerge directly from participant data (Charmaz, 2006). Qualitative researchers assume that “reality is socially constructed, complex and ever changing” (Glesne & Peshkin, 1992, p. 6). As a result, meaningful categories must evolve from the context being studied. In qualitative research, the researcher’s role is not to test pre-formed hypothesis but to “understand and interpret how the various participants in a social setting construct the world around them” (Glesne & Peshkin, 1992, p. 6). This approach to qualitative research matched my objective for this current study. I wanted to understand how my Congolese participants experienced the traumatic impact of war and how they recovered. As a result, I decided to adopt a qualitative approach for this study.

After selecting a qualitative approach for this study, I had to choose a particular method from the many options available. I wanted to select a method that would most effectively generate categories for study directly from the data gathered from participants. I also wanted to represent the complexity of participants’ lives. In other words, the emerging theory needed to be grounded in the reality of the participants’ experience. This led me to consider grounded theory. The ultimate aim of grounded theory methodology is to “produce innovative theory that is ‘grounded’ in data collected from participants on the basis of the complexities of their lived experiences in a social context” (Fassinger, 2005, p. 157). Grounded theory methodology met both my
objectives of generating categories grounded in participant data and preserving the complexity of participants’ experience.

**Grounded theory approach.** Grounded theory research was first developed by Glaser and Strauss in 1967. It was built on the foundation of the sociological approach of symbolic interactionism (Charmaz, 2000; Fassinger, 2005). Glaser and Strauss’ grounded theory approach to research was a diversion from previous positivistic, quantitative research styles (Charmaz, 2000). The positivistic approach to research had dominated the field since the mid-century and had resulted in a scientific method which stressed “objectivity, generality, replication of research, and falsification of competing hypotheses and theories” (Charmaz, 2000, p. 8). Glaser and Strauss took exception to the idea that human experience could be reduced to quantifiable variables and developed their grounded research method to remain close to the data (Charmaz, 2000).

In the early 1990s, Glaser and Strauss parted ways and each developed different streams of grounded theory methodology (Charmaz, 2006). Glaser claimed to retain “classic” (or traditional) grounded theory, which was more closely aligned with the positivistic worldview and the search for truth (Charmaz, 2006; Mills, Bonner & Francis, 2006). Strauss, together with Corbin, took exception to the traditional grounded theorists’ understanding of “truth” and argued that “theories are embedded ‘in history’—historical epochs, eras and moments are to be taken into account in the creations, judgment, revision and reformulation of theories” (Strauss & Corbin, 1994, p. 280). Further, Strauss and Corbin’s approach placed more emphasis on developing pragmatic stages for the process of data analysis and theory development (Mills et al., 2006).
More recently, all three of these researchers, Glaser, and Strauss and Corbin have been criticized for remaining too close to the positivistic approach of quantitative research (Charmaz, 2006). While the grounded theory approach meets my objective to develop theory which is grounded in the data gathered from the participant, I disagree with traditional grounded theory’s premise that the researcher is an objective analyst of the data (Charmaz, 2006). I believe that researchers do influence data analysis and I wanted to use a methodology that would acknowledge that participants’ data and researchers’ perspectives co-construct the resulting theory. My belief that reality, or theory, is co-constructed led me to select constructivist grounded theory methodology for this research (Charmaz, 2006).

**Constructivist grounded theory.** Charmaz (2000) has differentiated constructivist grounded theory from the more positivistic approach of her former teachers, Glaser and Strauss (1967). Charmaz (2000) does this by situating constructivist grounded theory in ontological relativism and epistemological subjectivism. While Glaser and Strauss (1967) claimed that reality could be “discovered,” Charmaz (2000) has argued that “‘discovered’ reality arises from the interactive process and its temporal, cultural, and structural contexts” (p. 524).

Constructivists maintain there is no single reality; rather, reality is constructed (Charmaz 2000, 2006; Mills et al., 2006). According to constructivists, “realities are social constructions of the mind, and… there exist as many such constructions as there are individuals (although clearly many constructions will be shared)” (Guba & Lincoln, 1989, p. 43). It follows then that not only is reality constructed from participant data, but it’s also influenced by the researcher (Charmaz, 2006). Constructivist researchers argue
that the participant and researcher co-construct experience and meaning (Charmaz, 2006). Thus while traditional grounded theory methodology met my first two objectives of developing categories that are grounded in participants’ experience and preserving the complexity of participants’ lives, it did not meet my objective of acknowledging the co-construction of reality. By selecting the constructivist grounded theory methodology (Charmaz 2000, 2006), I was able to meet all three of my objectives.

**Conclusion**

It is clear that the impact of war is a significant global issue. The fact that exposure to war can result in significant trauma is well-documented (Porter & Haslam, 2005; Stermann et al., 2008). However, I found very little research conducted into how survivors recover. It is apparent that war trauma recovery is an area in need of further research.

This literature review has created the platform for exploring aspects of a complex reality easily overlooked by quantitative methods with medical perspectives (Porter & Haslam, 2005). Increasingly, there is recognition that the lens of culture has been neglected in trauma and recovery research (Musisi, 2004; Rasmussen, Smith, & Keller, 2007). As a result, there is a call for more research from a within-culture perspective (Porter & Haslam, 2005).

In the literature review above, I argued that constructivist grounded theory methodology would be the best way to address war trauma and recovery. The constructivist grounded theory methodology I selected allows the research to be grounded in the perspective of participants rather than risk imposing other-culture
categories (Charmaz, 2006). In addition, I was interested in how the settlement process might impact a refugee’s recovery process. I found that researchers are calling for more research addressing coping strategies of resettled refugees (Stermac et al., 2008). In addition, more refugee research is needed from a Canadian perspective. Only four projects were uncovered in the literature search conducted for this review (Dachyshyn, 2008; Simich, et al., 2004; Simich et al., 2005; Stermac et al., 2008).

No studies were found addressing the issue of war trauma recovery among Congolese refugees to Canada. As a result, it was difficult to assess if Congolese refugees to Canada receive support that is effective for their context and culture. This current investigation represents the first qualitative study to address the issue of war trauma recovery among Congolese refugees to Canada.

**Research Question**

1. What is the experience of trauma recovery for Congolese refugees?
Chapter Two: Methodology

This current research is situated in the theoretical and methodological approach of constructivist grounded theory (Charmaz, 2006). My research objective was to understand war trauma recovery from the perspective of the participant. Moreover, I wanted to analyze categories that were grounded in the data collected from participants and not use preconceived categories or test a preconceived hypothesis. I selected grounded theory because its ultimate aim is to “produce innovative theory that is ‘grounded’ in data collected from participants on the basis of the complexities of their lived experiences in a social context” (Fassinger, 2005, p. 157).

Data collection for this project took place over a six-month period. Six Congolese refugees to Canada, three male and three female, participated in a total of nine in-depth interviews. I was the sole interviewer. Three participants chose to use an interpreter. Two participants were assisted by a Swahili interpreter and one participant was assisted by a French interpreter.

Developing Competence as a Culture-Centred Researcher

Intercultural awareness and sensitivity is an elusive but important competency requisite in culture-centred research (Pedersen, 2001; Stuart, 2004). While I had things in common with the participants in this current study, culture was not one of them. I was aware that without intercultural knowledge, different understandings of similar events could provide a myriad of opportunities for empathic and dynamic communication bumps, ethno-
cultural disorientation (Comas-Diaz & Jacobsen, 1991), or misunderstanding (Hall, 1982).

During my first trip to Congo in 2006, I had a fascinating experience of ethno-cultural disorientation that has remained etched in my mind. I was there on the invitation of a Congolese grassroots nongovernmental organization to conduct a seminar on Recovery from War Trauma and Rape. An older man stood up during the session and stated emphatically that if women had the spirit in them, they would not be raped and that they were being raped because they did not have the spirit. The rest of the participants quickly silenced him. I don’t know if they silenced him to shame him for breaking rules of hospitality by contradicting the guest speaker, to hide certain beliefs from my potentially judgmental attitude, to communicate their disagreement with him, or some other reason. What I do know is I had no context for his comment or the flurry of shushing and shaming that followed. This experience reinforced my belief that I had much to learn in the area of cross-cultural work.

Pedersen (2001) has argued that “all behaviour is learned and displayed in a culture context. Therefore accurate assessment, meaningful understanding, and appropriate interventions require that we attend to that cultural context” (p. 165). Cultural experts have encouraged the cross-cultural researcher to guard against the imposition of personal biases by articulating and evaluating their own worldview and committing to understanding each person’s unique cultural outlook (Pedersen, 2001; Stuart, 2004). I attempted to address cross-cultural bias by being aware of and describing my worldview, articulating my approach to diversity, and seeking out specific opportunities to learn from multiple cultures and contexts.
Articulating my worldview. My worldview is in flux. Born into a fundamentalist, patriarchal Christian home, I was raised to believe that there was one God, that people were sinners who needed to be saved by grace, and that Jesus was the human expression of God. I believed people were lost or saved and that my duty as a Christian was to convert as many nonbelievers as possible. This was the primary lens of my childhood worldview.

My fundamentalist beliefs started to shift in my teen years. I resented the perceived second-class citizenship afforded to women in a patriarchal home, church, and community. I was mystified by the contradictions in a church governance system which didn’t allow women to speak in “brotherhood” or business meetings. When men expressed something that others thought reflected a woman’s perspective, men were shamed with comments like “We know who wears the pants in that family” and women were accused of being manipulative and “wanting to be men.” From my perspective, these comments were designed to maintain the status quo of patriarchy.

Post-high school, I attended a small private school to study the Bible. Here leaders whom I respected began to suggest alternative ways of understanding male/female relations and the idea of equality was first introduced. Still, I hung onto my traditional beliefs. Later, attending university as an undergraduate student created a seismic shift in my fundamentalist foundation. Personally pained by my experience of women being lesser than men, I was hungry for salvation. It came in the form of feminist ideology. Here was an ideology that said I had worth as a person—whether male or female. I embraced feminism as if it were a lifeline. I finally came to terms with my
identity as both human and female. Personal worth and identity now became the primary lens of my worldview and I wasn’t sure what to do about my faith.

As questions of worth became less pressing, I was gradually able to re-examine my faith. This examination had several lenses. Having discovered my inherent worth, my compassion for other marginalized groups increased. Now my faith or worldview needed to acknowledge the worth of all people. Second, I had trouble reconciling my understanding of a God who claimed to be love with a God who would punish people with eternal suffering if they didn’t accept him. It just didn’t make sense. Once again, my worldview shifted to allow love instead of judgment to be the lens with which I understood faith. Now I had a faith and worldview that in time gave rise to the humanitarian work I’m involved in today—a worldview that recognizes that any person’s religion can be helpful, providing a framework for morality, spirituality, grounding rituals, and humanitarian service.

**Articulating my research topic assumptions.** I identified the following assumptions at the onset of this research project:

a) War trauma recovery is a significant issue.

b) War trauma has culture-specific expressions.

c) Congo is an appropriate context for this study.

d) The magnitude and duration of trauma results in increased risk for ongoing emotional and psychological distress (dose effect).
Next, I reviewed literature to see if prior research provided support for these assumptions. As illustrated in the previous chapter, each of these assumptions found considerable support in the literature, with the exception of dose effect. The mixed results from dose-effect studies suggest that before dose effect can be determined, more grounded research is needed.

**Approach to diversity.** As my awareness of cultural issues grew, so did my questions. As a white researcher who was a farm girl from the Canadian prairies, I wondered how I could hope to understand and articulate the stories and experiences of Congolese refugees without a racist or colonialist bias. Some would argue that my skin colour, in combination with my Canadian identity, exclude me from this discussion. They would say that just by being part of the privileged and oppressive group, I am engaging in patriarchal hegemony by conducting a cross-cultural investigation (Brenner, 2003).

Bonnett (1999) has argued, and I agree, that identifying people by their skin colour is problematic and reinforces the notion of “racial difference” where whiteness is considered normative and the baseline against which blackness is compared. As Bonnett has expressed,

> The problem with [essentialist approaches] is not merely their lack of sensitivity to the plurality of whiteness but, more fundamentally, their faith in whiteness as a common-sense, obvious and distinct entity at the heart of “racial” history. Whiteness is thus employed as both the conceptual center and the “other” of anti-racism; the defining, normative term of anti-racist praxis and theory. (p. 207)

And so I present this study not as a white, Canadian prairie farm girl but as a person whose skin colour is a shade of white, and whose ethnicity and religiosity are curiously mixed in the Anabaptist heritage of the followers of Menno Simons, now called
Mennonites. I grew up on a farm but I do not speak for all Canadian prairie farm girls. I am white but I do not speak for all white people. I speak for myself and that self has been shaped by these and other diverse experiences.

**Seeking out opportunities to grow in multi-culture competency.** As a part of my quest to enhance my cultural competency, I sought out opportunities to learn from cultures other than my own. Upon my return from Congo in 2006, I engaged in training opportunities by taking a graduate course in diversity issues in counselling at the University of Toronto and participating in a counselling internship with the multi-cultural clientele of the Counselling and Psychoeducational Clinic, a program of the Ontario Institute for Studies in Education of the University of Toronto (OISE/UT). Later, I underwent a seven-week international counselling internship with two hospitals in Ghana. In these ways, I engaged in understanding cultures other than my own as well as the specific culture I was studying.

I learned much from these experiences that has increased my cultural sensitivity. I learned from Congolese seminar participants that counselling as a profession is not part of their culture. According to participants, when the Congolese encounter emotional or relational difficulties, they seek advice from chiefs or elders, religious leaders, or women’s group leaders. One of the characteristics of the seminars is an extended discussion period following each session. In my experience, participants have been eager to dialogue about the material and how it intersects with their lives and practice. Through these discussions, I have learned firsthand which concepts resonate with participants, which seem ill-fitting, and which are welcome ideas. For example, participants are generally much more animated and engaged with topics focusing on problem thinking.
and less engaged in dialogues about emotion. However, this differentiation changes when working with smaller, more advanced groups.

Understanding African religion has been essential for increasing my cultural sensitivity. I wanted to avoid imposing my personal beliefs on the data that was being analyzed. This was made more complicated by the fact that five of the six participants identified as Christian. It was important for me to understand what meaning they attributed to the religious terms they used. For example, I struggled with one participant’s emphasis on the role of religion. Because I recognized the importance of religion in my own life, I was very concerned about not imposing my religious assumptions on the data. Dr. Jeanne Watson, my thesis advisor, challenged my attitude toward this content and encouraged me to take this participant’s data at face value. As a result, I was able to see that my personal agenda of remaining religiously neutral was being threatened by the participant’s emphasis on the role of religious practice and beliefs in the healing process. Through this debriefing process, I was able to differentiate between my personal goals as a researcher and the data provided by this participant.

From my contacts in Congo and Ghana, as well as from my reading (Magesa, 1995; Moodley & West, 2005; Sarpong, 2002), I learned that African traditional belief or religion “is moral or ethical in the sense that it mandates a certain way of living and relating” (Magesa, p. 248). African religion sees all creation sharing a life force (Magesa, 1995). African religion, writes Magesa (1995), is the “management’ of these forces so that they promote the abundance of human life and not diminish it” (p. 249). According to Magesa (1995), when the life force is disrupted through human wrongdoing or natural disaster, it must be restored for life to continue and grow. The source of the life force
disruption is usually determined through divination (Magesa, 1995). Life force is restored through reconciliation, which can be achieved through prayer, offerings, and sacrifice (Magesa, 1995). According to Magesa (1995) the biggest threat to the life force is witchcraft and all people must protect themselves from its effects or take action if impacted.

This religious understanding increased my sensitivity to another cultural difference, what I know as “blaming the victim” (Boston Women’s Health Book Collective, 1998). North American feminist scholarship has long decried the cultural tendency to “blame the victim,” especially in cases of rape or domestic violence (Boston Women’s Health Book Collective, 1998). When I learned that the number one response to rape victims in Congo was to reject them, I was appalled. Fortunately, a Ghanaian friend took me aside to explain the belief systems that give rise to this practice. According to my friend, when bad things happen to someone, they are expected to go to the witch doctor to find out who has cursed them (Anonymous, personal communication, 2006). Then, said my friend, they can take appropriate action to counteract the effect of the curse. Other contacts told me that when bad things happen, Africans believe that the victim has done something to deserve the calamity. The community may believe that the victim has engaged in wrongdoing and deserves the curse. In order to limit the effect of the curse, explained my contacts, the victim will be ostracized from the community. These informal explanations, in combination with scholarly writings, helped me understand the worldview underlying the practice of what I understood as blaming the victim. These experiences helped to prepare me for the culture-centred research in this current project.
**Constructivist Grounded Theory**

In addition to grounding this study’s analysis in the experience of the participant, I wanted a methodology that acknowledged that reality is constructed and not on an external truth to be discovered. Constructivist grounded theory is based on the ontological understanding that there is no single reality, but rather multiple realities exist (Charmaz 2000, 2006; Mills et al., 2006). Further, constructivists are epistemologically subjective (Mills et al., 2006). Constructivists have argued that “realities are social constructions of the mind and that there exist as many such constructions as there are individuals (although clearly many constructions will be shared)” (Guba & Lincoln, 1989, p. 43). So while positivists develop theories that explain reality, constructivists develop theories that emphasize understanding (Charmaz, 2006).

A few researchers have used constructivist grounded theory methodology for war trauma research (Hill, 2009; Marlowe, 2010). For example, Hill (2009) explored the social construction of suffering among Latin American torture survivors and the staff of a torture treatment centre. Using a constructivist approach to grounded theory, Hill (2009) examined the discourses between survivors and staff and identified the possibilities for healing and change in the context of the centre. Marlowe (2010) used a constructivist grounded theory methodology approach to explore the impact of being labelled a refugee. His study was set in the context of Sudanese refugees who were resettled in Australia.
Allen (2011) used a constructivist grounded theory methodology to explore a separate but related field: women resisting intimate-partner violence. Allen’s (2011) study is cogent to our discussion because, like refugees, the women in Allen’s study were living in a context of high risk for violence, felt their lives were at risk, and found their way to safety. As with refugees, the women resisting intimate-partner violence had to be approached with sensitivity regarding their traumatic memories and feelings of vulnerability (Allen, 2011). Allen (2011) argued, and I agree, that constructivist grounded theory is an appropriate methodology with sensitive topics such as abuse and trauma because it takes into account the structural aspects of context as well as the subjective aspect of how the participant understands the situation. These three studies have provided an example of how constructivist grounded theory can be helpful in exploring sensitive topics such as trauma resulting from threats of violence and war trauma.

**Approach to extant literature.** In constructivist grounded theory, the literature review, along with the theoretical framework, are the “ideological sites in which you claim, locate, evaluate, and defend your position (see also Holliday, 2002)” (Charmaz, 2006, p. 163). When classical grounded theory was first developed by Glaser and Strauss in the 1960s, the founders believed the researcher should approach the research data objectively in order to discover “reality” (Charmaz, 2000). They argued that extant literature should be reviewed once data analysis was completed to avoid unduly influencing the researcher (Glaser & Strauss, 1967; Glaser 1978).

Extant literature can also be used to examine the researcher’s assumptions (Charmaz, 2006). Since constructivist grounded theory is built on the premise that reality
is co-constructed, the resulting theory “depends on the researcher’s view” (Charmaz, 2006, p. 30). As a result, the researcher is impelled to critically examine the assumptions that are influencing theory development. I articulated my assumptions and worldview earlier in the chapter and examined them in the context of the extant literature, as illustrated in the first chapter and earlier in this one.

Constructivists have dismissed the premise that researchers are objective and that reality is discoverable (Charmaz, 2000). Instead, building on their relativistic and subjectivist foundation, they advocate for the critical and judicious use of extant literature to set the stage for the research (Charmaz, 2006). That is, rather than objectively reviewing all relevant literature, extant literature should be reviewed critically prior to giving it a place in the researchers’ theoretical construction (Charmaz, 2006). In this current project, I reviewed literature prior to collecting data in order to locate my research question in the context of extant research. Following the analysis of the data and theory development, I again reviewed literature relevant to the emerging theory in order to situate my findings within the existing literature.

**Sampling methods.** Following a review of the literature, I turned my attention to participant recruitment. Constructivists use two methods for recruiting participants: initial criterion sampling and theoretical sampling (Charmaz, 2006).

**Criterion sampling.** Constructivist researchers establish initial sampling criteria for people, cases, situations, and/or settings before entering the field (Charmaz, 2006). In this current project, prior to recruiting participants I established my initial sampling criteria. Research participants were drawn from the Congolese immigrant population in Ontario, Canada.
Inclusion criteria were:

- They had to be a refugee from the war in eastern Congo.
- They had to self-identify as having been traumatized by experiences of war in Congo.
- They had to have immigrated to Canada in the last ten years.
- They had to be an adult.
- They had to be willing to speak to me of their experience of war trauma recovery.
- They had to be able to communicate in English or through an interpreter.

Exclusion criteria included:

- They couldn’t be immigrants who would be hindered in their healing by engaging in this process.

Markers for exclusion included:
• Client indicating increased stress and symptomatology when approached about research, including an increase in disturbing flashbacks and nightmares.
• Reluctance or fear of participating even after being given an opportunity to ask questions about the nature and process of the research.
• Support system reluctant to see participant participate.
• Fear of retribution from political or ethnic group arenas for participating.

In keeping with grounded theory sampling methods, I aimed for relevant samples rather than representative samples (Charmaz, 2006). As a result, while I anticipated that the participants would represent diversity of gender, age, religious perspective, and type of traumatic events experienced, these were not selection criteria. Charmaz (2006) has suggested that in addition to research-driven sampling criteria, sampling can be influenced by time, access, or money.

As stated earlier, my research question was to understand recovery from war trauma from the perspective of the survivor. This research question was driven by my awareness of the atrocities occurring in the Congo. While I considered conducting the research with people currently living in Congo, I was constrained by logistical complications. As a result, I chose to gather my sample from Congolese refugees to
Canada. This choice provided the additional research opportunity of considering the role of settlement in the recovery process and specifically the role of immigration to Canada.

Recruitment posters were placed in public areas frequented by former refugees in two cities in Ontario. Some participants were recruited by word of mouth. Participation was restricted to Congolese refugees to meet the objective of culture-specific research (Charmaz, 2006). Overall, six Congolese refugees to Canada were interviewed in three Ontario cities. Three participants were male and three were female. They ranged in age from twenty-three to fifty-three. One participant was single, three were widowed, one was married and living with his wife, and one was separated from his common-law wife. Five out of the six participants stated they had children. Five of the participants identified themselves as Christian and one as Muslim. Participants had lived in Canada from less than one month to four years. Individual participant descriptions can be found in Appendix G.

An important criterion for this research was that the participants have a personal experience of war trauma and survival. In order to keep the research grounded in the participants’ perspective, I asked them to self-identify as traumatized by the war. One volunteer was excluded prior to his interview because he did not self-identify as personally traumatized. Five out of six participants had experienced the death of family members due to the war and all had experienced the disruption of displacement, the resulting struggle with scarce resources, and fear for their safety. Several personally experienced or witnessed torture, rape, and mass killings.

*Theoretical sampling.* Theoretical sampling begins as the researcher is interviewing initial participants and thinking about emerging concepts (Charmaz, 2006).
Qualitative inquiry “precludes the ability to know either all of the important selection criteria or the number of observations or interview sessions necessary to gather adequate data. The selection strategy evolves as the researcher collects data” (Glesne & Peshkin, p. 25). In constructivist grounded theory, this selection strategy is addressed through theoretical sampling:

Theoretical sampling means seeking pertinent data to develop your emerging theory. The main purpose of theoretical sampling is to elaborate and refine the categories constituting your theory. You conduct theoretical sampling by sampling to develop the properties of your category(ies) until no new properties emerge. Thus, you saturate your categories with data and subsequently sort and/or diagram them to integrate your emerging theory. (p. 96)

While many researchers recruit additional participants in the process of theoretical sampling, theoretical sampling is not restricted to interviews but rather “can entail studying documents, conducting observations, or participating in new social worlds as well as interviewing or re-interviewing with a focus on your theoretical categories” (Charmaz, 2006, p. 107). As a strategy for approaching the data, theoretical sampling can occur at any stage of the development of categories (Charmaz, 2006).

In this current study, theoretical sampling took the form of second interviews and follow-up queries with existing participants. Permission was obtained from the university’s ethics review board for follow-up interviews with participants. Three participants were engaged in a second interview.

From the beginning of the interview process, I began thinking about the data I was collecting and formulating tentative categories. I used journaling and memos to keep track of these early ideas. To test and develop initial ideas, I engaged in theoretical sampling in subsequent interviews. I asked these participants questions that added to my understanding of emerging categories and ideas. Because the researcher cannot know
which ideas will need to be sampled prior to analysis, theoretical sampling allows the researcher to fill the gap between the answers provided by the initial interviews and resulting questions pertaining to the emerging categories (Charmaz, 2006).

One of the categories I identified early on was “coping with help of God.” Beginning with the first interviews, I noted that the participants talked about their God, and how their beliefs and religious practices were important in their struggle. In subsequent interviews when participants referred to their God, faith or prayer, I asked them to elaborate. As a result, I had much richer data available for analysis. In keeping with Charmaz (2006), I was able to make the properties of the emerging categories reflect the meanings that participants attributed to their actions. The category later evolved into “hanging onto faith and connecting with their God.”

I obtained permission from the ethics review board to follow up with participants for the purpose of clarifying the intent or meaning of a particular point. For example, Moses was asked to provide additional information about his escape from his kidnappers. Specifically, he was asked to explain what he meant by the phrase, “It was like a trick that I escaped.” In response, he described in more detail how he escaped when his captors were distracted and how he believed his God gave him the courage to escape. In this way, Moses provided clarification on what had happened and contributed to my understanding of what he referred to as “a trick.”

Theoretical sampling by returning to participants already interviewed was done with consideration for the emotional toll on participants. While studies investigating traumatic experience carry higher risk of distress for participants relative to other mental health research, there is no evidence of longer-term adverse impacts on participants
(Jorm, Kelly & Morgan, 2007). However, due to the emotionally laden interview topic, I was careful to assess which participants would be best to approach with follow-up interview questions. Charmaz (2006) acknowledged this challenge inherent in theoretical sampling when she wrote,

> You may not be able to dash in, grab the needed data, and dart back to your desk… Remember that human beings are unlikely to relish being treated as objects from which you extract data. Reciprocities are important, and listening and being there are among them. …we gain access through the trust that emerges through establishing on-going relationships and reciprocities. (p. 110)

I assessed the appropriateness of participant follow-up based on participants’ willingness to engage in a second interview, their openness to similar questions in the first interview, and whether I thought they could add to that particular topic. One participant was consulted on two occasions to provide additional input on emerging concepts. He stated that while participation was emotionally difficult, he was willing to participate because he felt it would help those who were still suffering.

The goal of theoretical sampling is for the data analysis to gain clarity and generality that transcends a single empirical topic (Charmaz, 2006). In this current study, the data from the initial interviews and clarification in follow-up interviews were instrumental in the shift of my focus from the empirical topic of recovery from war trauma to the theoretical category of surviving war. As a result of theoretical sampling and data analysis, I discovered that although I had asked for stories of recovery, these stories were inseparable from participants’ experience of survival. Once questions were answered, the process of theoretical sampling was considered complete (Charmaz, 2006). In this way, theoretical sampling helped me gain clarity, generality, and a new focus.
**Sample size.** In keeping with grounded theory methodology, which aims for depth rather than breadth (Charmaz, 2006), this current study’s sample size was kept small. Nine interviews with six participants provided rich data, thereby meeting an important objective of grounded theory data collection (Charmaz, 2006).

**Role of the researcher in constructivist grounded theory research.** The relativity and subjectivity of constructivist grounded theory research changes the relationship between researcher and participants (Mills et al., 2006). The researcher and participant co-construct reality instead of the researcher trying to discover reality alone (Charmaz, 2006, Mills et al., 2006). While the constructed reality arises “from the interactive process” (Charmaz, 2000, p. 524), the researcher is clearly the author (Mills, et al, 2006). Consequently, the researcher “is impelled to be analytical in their writing… their style of writing needs to be evocative of the experiences of the participants” (Mills et al., 2006, p. 9). As Mills et al. (2006) have acknowledged, “It is a delicate balancing act, enabling participants’ accounts to retain a degree of visibility in the text so that the reader can make the connections between analytical findings and the data from which they were derived” (Fossey, Harvey, McDermott, & Davison, 2002; Jones, 2002, p. 7). This balance between analytical and evocative writing grounded in the participants’ experiences was the style of writing I sought to adopt in the analysis and theorizing sections of this research project.

**Inquiry process.** Nine interviews were conducted with six participants living in Ontario, Canada. One participant was interviewed in my office, one in a reception centre, and four participants were interviewed in their homes. Interviews lasted from one to three hours. The original intent was to conduct two in-depth interviews on separate days, but
this only occurred with one participant. Three participants asked to have the two interviews on one day. Two of these participants explained that their income was tied to their attendance at language school and so did not want to take off more time than necessary. When a participant was interviewed twice in the same day, we took an extended break to allow researcher, translator, and participant to rest and regroup. This break allowed me to use the second interview to clarify items and go into more depth with topics from the first interview through theoretical sampling. Two participants did not respond to attempts to book a second interview.

**Enhancing credibility through prolonged engagement.** In grounded theory research, prolonged engagement enhances the trustworthiness of the data. Lincoln and Guba (1985) have argued that “it is not possible to understand any phenomenon without reference to the context in which it is embedded” (p. 302). As a result, the researcher must invest sufficient time to achieve the following purposes: “learning the ‘culture’, testing for misinformation introduced by distortions either of the self or of the respondents, and building trust” (Lincoln & Guba, 1985, p. 302).

Earlier, I discussed in detail the steps I took to enhance my cultural competency. Where these activities of prolonged engagement involved Congolese contacts, they also served to enhance the credibility of this research.

Prolonged engagement can also be demonstrated in the interview setting. Charmaz (2000) has argued that the researcher needs to enter the phenomenon by “being fully present during the interview and deep inside the content afterward” (p. 981). This focused attention allows the researcher to “sense, feel, and fathom what having this experience is like” (Charmaz, 2000, p. 981).
In this current study, recording participant interviews allowed me to focus on the participant and their story rather than on taking notes. Later, during data analysis, I could immerse myself in the data by reviewing the recordings and transcripts. These methods of prolonged engagement enhanced the trustworthiness of the findings.

The second goal of prolonged engagement is to test for distortions introduced through misinformation (Lincoln & Guba, 1985). In constructive grounded theory research, the intended meaning of people’s words matters because meaning is how we make sense of action and intention (Charmaz, 2006). In this current research, I checked for misinformation and meaning during interviews by asking for clarification from the translator or the participant. I was especially intent on establishing meaning due to language and cultural differences. As a result, I often repeated back what I had heard the participant say and asked them to verify that I had understood them correctly. I found these discussions beneficial in ensuring that I understood the meaning the participant intended.

Following the interviews, I offered each participant a transcript or summary in the language of their choice. Participants were invited to provide feedback, as well as request additions or deletions. One participant responded to the transcript of his interview by writing: “I think this sounds good but, as I told you before, choose the important and helpful hints that you need” (Moses). One of the participants responded verbally, saying he didn’t need to check my work, and the other four participants did not respond. I checked for misinformation in a second interview with three participants and in conversations following the interviews. I contacted one participant twice to clarify portions of his story and check my initial theorizing.
Finally, prolonged engagement assisted in building trust. Participants were informed that I had visited their country and that I was involved in trauma counsellor training. In the following quote, Moses demonstrates that he felt he was talking to someone who understood. When asked if he was worried about stirring up memories from the interview, he said, “I am telling people who understand, people who can try to help out, who can try to prevent it.” He contrasted this with people who “are trying to make things worse.”

*Enhancing credibility through triangulation with multiple sources.* In addition to enhancing rigour through prolonged engagement, I added credibility to this current study through the use of multiple and different sources. According to Flick, “The combination of multiple methodological practices, empirical materials, perspectives and observers in a single study is… a strategy that adds rigor, breadth, complexity, richness, and depth to any inquiry” (as cited in Denzin & Lincoln, 2000, p. 5). In this current study, I achieved the goal of multiple and different sources in several ways. I became increasingly familiar with the country and culture of Congo through visits, relationships, and reading. These activities became a source of cultural context data. Where possible, I confirmed participants’ stories of historical events by comparing details to other accounts of events in the news, research papers, and historical reports. I regularly reviewed websites devoted to the conflict in Congo. An unexpected form of triangulation occurred through the use of interpreters. This is described in the next section.

*Using interpreters.* I anticipated that participants might not be fluent in English, which is my only language. As mentioned previously, three participants took advantage of my offer to use an interpreter. Two used a Swahili interpreter and one used a French
interpreter. Prior to the interviews, I explained to the interpreters the purpose of the research, the importance of confidentiality, and the research protocol. Prior to each interview using an interpreter, I described the interpreter to the participant and received their verbal agreement to proceed with that interpreter. While reviewing the letter of consent in the presence of the participant and the interpreter, I explained to the participant that the interpreter and I were both bound by the ethical standards described in the letter.

Using interpreters introduced new dynamics into the interview process (Murray & Wynne, 2001). I elected to use simultaneous translation to allow for a dynamic interview process. I instructed the interpreters to translate only the words spoken by the participants and myself. The French translator was a university student fluent in French and clearly translated as instructed. The Swahili translator was a female Congolese refugee who had immigrated to Canada more than ten years ago. Her participation created some challenging dynamics. Several times, she interjected her own experiences or would add her own comments to the participants’ stories. At times I reminded the translator to use only the words spoken. When in doubt I would verify which were the translator’s words or experiences and which were the participants’. This task was made easier by the participants’ involvement. The participants understood enough English to correct or assist the translator as needed.

Other researchers have similarly found that the process of interpreting requires interpreters to make decisions about how best to convey not just the literal translation of the words but also the intended meaning (Murray & Wynne, 2001). Some researchers have suggested that the goal of interpretation is to achieve “conceptual equivalence”
(Williamson et al., 2011, p. 384). Other researchers, consistent with a constructivist approach to research, argue that interpreters are “active producers of research data whose assumptions, values, experiences, and concerns inform their interpretations” (Temple, 2002, as cited in Williamson et al., 2011, p. 384). In this current study, the insights of the interpreters provided another means of triangulation and enhancing the trustworthiness of the data.

Three participants expressed a preference for the interview to be conducted in English. Interviewing participants whose first language is not English without an interpreter presented another set of challenges. Some researchers have argued that such interviews may result in impoverished accounts as the participant’s vocabulary may be limited (Murray & Wynne, 2001). At the same time, it is the participant’s prerogative to choose how to communicate in a manner that meets their needs (Murray & Wynne, 2001), and with this in mind I gave participants the choice.

While some researchers have suggested that interpreters and participants have some commonality such as age, gender, religion, and class, Murray and Wynne (2001) recommend that such decisions be made in the context of the particular dynamics of the interview. For example, in this current research, using an interpreter from Congo had some benefits. The Congolese interpreter shared not only the language of the participants but also their experience of living in Congo, surviving war, and coming to Canada as a refugee. Having a translator who could relate to the participants’ experiences frequently led to my deeper understanding, as they would describe a situation in tandem. For example, I had difficulty understanding what was meant by nyumba, a type of shelter one participant lived in while in camp. To help me understand, the interpreter took my pen
and notepaper and quickly sketched a grass-roofed hut. The participant’s smiles and nodding head confirmed that this was what she had intended to describe. In this way, the translator contributed to the richness of the data. Murray & Wynne (2001) have referred to this as a “three way production of data” (p. 165).

In other cases, commonality between interpreter and participant might have been a barrier (Murray & Wynne, 2001). For example, while some participants appreciated having a Congolese interpreter, others may have felt uncomfortable. For example, when one participant missed a prearranged interview, the Ugandan interpreter suggested I use a different interpreter the next time to allow for the possibility of tribal issues between the participant and the interpreter. I took his advice and the interview took place without incident at a later date with a Canadian university student interpreting.

**Triangulation through debriefing.** Lincoln and Guba (1985) argue that credibility is enhanced through triangulation with a debriefer. The process of debriefing, according to Lincoln and Guba (1985), includes probing the researcher’s biases, exploring meanings, and clarifying the basis for interpretations. In this current project, Dr. Watson served as thesis advisor and debriefer. Through her questions and comments, Dr. Watson helped expose assumptions and personal agenda that I was imposing on the data. Earlier I gave an example of my struggle with a religious client. That situation provides an example of how Dr. Watson challenged my bias and helped me differentiate between my personal goals as a researcher and the data provided by this participant.

Debriefing can also serve a cathartic function for the researcher (Lincoln & Guba, 1985). When issues in the data content or the research process triggered emotional responses in me, I used several people as cathartic debriefers in the process. Due to the
emotional intensity of the research material, it would have been easy to be unduly influenced by my own reactions. By using cathartic debriefing, I was able to identify my personal reactions and critically examine how they might be influencing the analysis.

Analyzing the Data. In grounded theory research, analysis begins with the collection of data. From the first interview, I began thinking about the stories I was hearing and forming tentative categories. Much of the data analysis was informed by Glaser and Strauss’ constant comparison method (Rennie, Phillips & Quartoro, 1988). Using this method,

investigators systematically categorize data and limit theorizing until patterns in the data emerge from the categorizing operation. This method requires data collection, open categorizing, memoing, moving toward parsimony through determination of a core category, recycling of earlier steps in terms of the core category, sorting of memos, and the write-up of the theory in terms of the picture arrived at through the last step. (Rennie, Phillips & Quartoro, 1988, p. 141)

At the same time, constructivist researchers encourage the use of grounded methods as tools rather than rules and that constructivists place less emphasis on the determination of a core category (Charmaz, 2006). Mindful of these differences, I began collecting data.

Collecting the data. Most of the data collection took place over five months with some theoretical sampling inquiries continuing into the subsequent months of data analysis. Eight out of nine interviews were tape-recorded and handwritten notes supplemented the tapes. One participant declined to be taped, citing her poor English as a reason. She continued to decline when I informed her that the recording would not be shared with anyone. I respected her decision. The unrecorded interview was hand-scribed and only verbatim quotes were used for coding. Additional handwritten notes recorded immediately following the interview provided helpful context reminders. I personally conducted all the interviews, took notes, and transcribed the recorded data. Notes
included observations made during the interview such as noting that one participant “didn’t answer questions regarding flashbacks.” This process of taking notes in addition to recording interviews allowed me to track spontaneous observations and notice emerging themes. Data management was made easier through the use of QSR NVivo 8 software. With the exception of some word searches to confirm hunches, all analysis was conducted manually.

**Initial coding.** A three-step coding procedure was used to analyze the data (Charmaz, 2006; Fassinger, 2005; Rennie, Phillips & Quartoro, 1988; Strauss & Corbin, 1990). Initially each interview transcript was divided into discrete meaning units or codes for analysis (Bolger, 1999, Rennie, Phillips & Quartoro, 1988). Each initial unit of analysis contained a thought, idea, theme, issue, observation, or process expressed by the participant in the interview (Bolger, 1999; Charmaz, 2006; Rennie, Phillips & Quartoro, 1988). The goal of initial coding is to “remain open to all possible theoretical directions indicated by your readings of the data” (Charmaz, 2006, p. 46). These initial codes become pivotal links between the collected data and the eventual theory and are critical for demonstrating research rigour (Charmaz, 2006).

I recognized the importance of capturing discrete meaning units for coding, so I carefully read and re-read participants’ transcripts and identified over three thousand initial codes. Examples of initial coding can be found in Appendix F. Codes were assigned labels that arose from the data. Some of these were *in vivo* codes, such as “fear of going mad.” *In vivo* codes “help us preserve participant’s meanings of their views and actions in the codes themselves” (Charmaz, 2006, p. 55). Other codes represented emerging topics such as “running for your life.”
While reading the transcripts, I also noted general impressions in the form of annotations, memos, or journal entries. In grounded theory research, memo-writing is designed to be spontaneous, informal, and for personal use in the process of analyzing the data (Charmaz, 2006). For example, when coding one interview I included the annotation, “Good line! ‘Africa can be a problem. I don’t know if it will be solved, especially Congo.’” With this brief annotation, I was marking the phrase for further consideration and analysis, making sure I didn’t miss it.

According to Charmaz (2006), “Memos chart, record, and detail a major analytic phase of our journey. We start by writing about our codes and data and move upward to theoretical categories and keep writing memos throughout the research process” (p. 72). In this current research, I used a combination of spontaneous and informal annotations, memos, diagrams, as well as formal drafts to help move the data from the collection stage through to writing the final product. I kept track of gaps and questions about the data through memos and annotations. For example, while coding the data I wrote, “What is ‘the problem that can never finish’? The grief? The trauma?” I addressed gaps in data in subsequent interviews by comparing data with data and with specific follow-up questions. A sample of early memo writing can be found in Appendix D.

Dr. Watson read substantial portions of the transcripts and provided suggestions for additional coding. In addition, Dr. Watson and I spent extended periods of time together discussing codes and identifying additional meaning units. When initial coding revealed gaps in the data, this was addressed in follow-up interviews through theoretical sampling (Charmaz, 2006). This process of theoretical sampling resulted in the rich data required for theoretical saturation.
**Focused coding.** After completing the initial coding, I examined the codes for duplication and similar ideas through focused coding (Bolger, 1999). According to Charmaz (2006), “theoretical integration begins with focused coding and proceeds through all... subsequent steps” (p. 46). Focused coding is used to “pinpoint and develop the most salient categories in large batches of data” (Charmaz, 2006, p. 46). Through the rigour of persistent observation during focused coding, the researcher is able “to identify those characteristics and elements in the situation that are most relevant to the problem or issue being pursued and focusing on them in depth” (p. 304). According to constructivists, since not all the data gathered is significant to the issue under study, the researcher has to determine which codes to discard and which to retain for further analysis (Charmaz, 2006).

In this current study, I used focused coding to determine which codes to retain for further analysis. Dr. Watson provided guidance on the process. In most cases, I discarded codes with less than three sources or colligated them under another code. In some cases, when a single code represented a noteworthy perspective, I retained the code and identified its source. One thousand thirty codes were retained for further analysis.

**Identifying clusters.** The remaining codes were sorted into clusters and labelled. The clusters contained codes with similar properties. I sorted each code into as many clusters as pertained to it with the goal of preserving the variation in the data. Dr. Watson assisted with the process of identifying clusters. I preserved links to the original data through the QSR Nivo 8 data management system.

In grounded theory analysis, labelled clusters form the high-level conceptual categories (Fassinger, 2005) or theoretical codes (Glaser, 1978) which deepen the
theoretical framework of the analysis (Strauss & Corbin 1990). Appendix F contains examples of this process.

**Hierarchical structure.** After grouping the codes into clusters, I sorted and resorted the clusters until a hierarchical structure emerged (Strauss & Corbin, 1990). Diagramming was a useful exercise at this stage of analysis (Mills et al., 2006). I wrote each category on a sticky note and used a large blank wall to create a “tentative and alterable chart or map” of my work (Charmaz, 2006, p. 86). Building on the key concepts of analysis, a final hierarchical structure emerged (see Appendix I) (Fassinger, 2005). Linkage to the stories which best illustrated the experiences of participants were retained to ensure auditability of the analysis. Under the core category of *Surviving War*, five subcategories were identified. In addition, descriptive categories emerged which represented the properties or incidents of higher-level categories (Bolger, 1999). In this study, seventeen descriptive categories and fifty-one descriptive subcategories were subsumed under the core category and the five higher-level subcategories. Dr. Watson reviewed and provided significant input into the process of identifying the core category and the emerging hierarchy.

Glaser (1978) and Charmaz (2006) differ on the importance of identifying a core category during theoretical analysis of the data. Glaser (1978), in keeping with his ontological belief that reality is discoverable, has argued that through analysis a core category should be identified which subsumes all lower-level categories. Charmaz (2006), on the other hand, has argued from a relativistic and subjectivist perspective that identifying a core category in constructivist grounded theory is not an essential requirement of analysis since several ways of understanding the data exist. Although a
core category did emerge in this current study, I agree with Charmaz (2006) that the reality emerging from this study, while important, is not the only reality that exists and other researchers who approach the data from another perspective might identify a different core category or hierarchical model.

In this current study, I compared data with data, and concepts with concepts, thus saturating myself with the data. According to Charmaz (2006), these are critical steps in focused coding and demonstrate the rigour of persistent observation (Charmaz, 2006). I considered the categories saturated when “no new properties of the pattern emerged” (Charmaz, 2006, p. 96). In this current study, becoming saturated with the data, comparing data with data, and concepts with concepts, seeking new information or clarification along the way resulted in category saturation where no new insights emerged from the data (Charmaz, 2006).

**Rigour in Constructivist Grounded Theory Research**

The issue of trustworthiness is key in all research, and constructivist grounded theory research is no exception (Charmaz, 2006; Lincoln & Guba, 1985). This chapter has described the steps I took to ensure trustworthiness in the collection and analysis of this current research (Charmaz, 2006).

In addressing trustworthiness, I was guided by the foundational approach developed by Lincoln and Guba (1985). Their approach addresses four aspects of trustworthiness: credibility, transferability, dependability/auditability, and confirmability
(Lincoln & Guba, 1985). The following sections briefly describe each aspect and how I addressed them in this current research project.

**Credibility.** The first aspect in Lincoln and Guba’s (1985) model is credibility. Credibility addresses “how vivid and faithful the description of the phenomenon is” (Beck, C., 1993, p. 264). Lincoln and Guba (1985) have identified three activities that enhance credibility, including prolonged engagement, persistent observation, and triangulation. Throughout this chapter, I have demonstrated how I used these activities to enhance credibility.

**Transferability.** Transferability refers to the degree to which the results of qualitative research can be generalized or transferred to other contexts or settings (Lincoln & Guba, 1985). Transferability is enhanced through the use of thick data and by situating a grounded theory in a specific context (Charmaz, 2006, Lincoln & Guba, 1985). Thick data means that the phenomenon is described with enough detail that other people can assess if the conclusions drawn are transferable to another situation (Cohen & Crabtree, 2006). In this current study, I have described the rich data, the research context, and my methodological assumptions to assist in questions of transferability.

**Dependability.** In classical grounded theory, the dependability of the research findings are evaluated through the use of external auditors (Cohen & Crabtree, 2006). This approach can be problematic for constructivists. Using external audits to demonstrate the dependability of a project is based on classical grounded theory’s ontological premise of a discoverable reality (Cohen & Crabtree, 2006). Instead, constructivists such as Charmaz (2006) place more emphasis on credibility and ensuring that the research provides enough explanation that the reader can follow the reasoning
behind the results, form an independent assessment, and agree or disagree with the claims of the research.

Another method used to enhance dependability is researcher reflexivity. Through reflexivity, the researcher can examine their assumptions and interpretations (Charmaz, 2006). According to Charmaz (2006), researchers run the risk of elevating their assumptions to “objective” status if they don’t engage in reflexivity. I monitored reflexivity in this current project by identifying my assumptions (see p. 45), engaging in personal journal writings (see Appendix E), engaging in cathartic debriefing and considering the feedback of Dr. Watson (see example on p. 47) and my thesis committee members.

**Confirmability.** Constructivist grounded theory research assumes that each researcher brings a unique perspective to the study (Charmaz, 2006). Confirmability refers to the degree to which the results could be confirmed or corroborated by others (Charmaz, 2006). There are a number of strategies for enhancing confirmability, including providing an audit trail, triangulation, and reflexivity (Cohen & Crabtree, 2006). While triangulation and reflexivity were discussed earlier, here I will describe the audit trail I created to enhance confirmability.

**Audit trail.** Audit trails allow others to confirm the decisions and process which led to the research results. According to Lincoln and Guba (1985), an audit trail includes six categories: raw data, data reduction and analysis products, data reconstruction and synthesis products, process notes, materials relating to intentions and dispositions, and instrument development information. I created an audit trail by retaining all the original recorded and transcribed data as well as annotations and memos. The data reduction and
analysis products, in the form of focused coding and then clustering, have been retained. Data reconstruction and synthesis products are presented in this paper in the form of charts and written explanations. All findings are linked to participant data through direct quotes in the following chapter. Synthesis is illustrated in Chapter Four by making explicit links between this project’s findings and the extant literature. This chapter has noted the methodological process I engaged in for the research, and samples are included in Appendix F. The research proposal, ethics board proposal, and personal journals have been retained. The appendix contains the interview protocol and descriptions of the participants (see Appendix C and G). By examining these items, another person can understand the process I engaged in, the decisions I made, and how I arrived at the final conclusions.

This chapter has described the methodological approach used in this current research project. I have argued that through the rigorous application of the constructivist approach to grounded theory methodology, I have enhanced the credibility and trustworthiness of the research findings. The following chapter describes the theoretical categories and hierarchy that emerged in the analysis of the rich data.
Chapter Three: Results

_Your wound is as deep as the sea. Who can heal you?_

~The Book of Lamentations

The core category that emerged from the participants’ narratives was *Surviving War*. While my questions were about recovery, the participants as co-researchers developed the broader discussion of surviving war. The research context was recovery from war trauma in the context of the ongoing conflict in Congo. Participants’ lives were massively disrupted by war in their home country; they dug deep into personal resources to cope with the impact. After they arrived in Canada, participants found a place where they could begin to reconstruct their lives. This process was represented by four higher-order categories that were subsumed under the core category of surviving war. The four categories were: *Prelude, Lives Shattered by War, Struggling to Survive,* and *Kintsugi: Rebuilding*. A fifth category emerged that began with the shattering event and flowed into the rebuilding stage. This category was labelled *The Psychological Toll of War* and represented the ongoing emotional, cognitive, and physical impact of the war throughout the survival process. The core category *Surviving War*, along with five higher-level categories, are illustrated in Figure 1.
Figure 1: Figure illustrating relationship of five higher-level categories subsumed under core category.

**Prelude**

The participants described the antecedent events and the context of their traumatic experience. These were colligated under the label *Prelude* (depicted in Figure 2). The *Prelude*, including living with the awareness of war, was in effect the calm before the storm.
Participants were aware that while I had visited their country on several occasions, I had not lived there. Each of them assumed the role of cultural interpreter by providing the socio-cultural explanations they felt were necessary for me to understand their context. I was intrigued by the details participants chose to share, details that highlighted the perceived differences of growing up in the Congo versus Canada. The stories they told were grouped into three categories, illustrated in Figure 2, including: *

*Home and Family Life*, *Roles Defined by Gender*, and *Living in a Country at War*.

**Home and family life.** Participants recalled details about their home and family life before the disruption of war. Joy said, “Life was nice… Everything was nice.” Moses described his home as “really poor, poor people living in poverty. When I left the country I had never seen a car… It was extreme poverty. But people were still happy. Because that is the life I was born in.” Moses added, “I know we had a good home because I liked our home. I went to school.”
Another participant, Zaire, took pride in explaining that the village he grew up in had been in his family for generations:

Mulenge is the village of my father, my grandpa. Now because it is my village, I am the only person in Congo who can claim that I am a Mulenge. How? Because it is where I was born. It is the village of my father. And this land is my family land. (Zaire)

Although Congo is made up of many tribes, home and family life did not automatically include awareness of tribal differences. Moses said, “I didn’t know we have like 360 tribes in Congo.” Yvette described how she became aware of tribal differences, saying, “I didn’t know anything about tribes until I was in High School. We were Rwandese. They beat us up because we were Rwandese.”

Participants spoke of being part of large families. When Joy was asked how many siblings she had, she replied, “Oh, it was too much. Nine… seven sisters and two brothers… I am the baby.” Joy explained that by the time she grew up, her grandparents had died, so she had “only my mom and my dad.” Joy had four children, including an adopted nephew, at the time of the interview. Her husband, father, two brothers, and two sisters died in the war. Moses’ family lived in a village. He said, “I had three brothers and three sisters. But the last one was very young.” Moses was the only survivor.

When Amani was asked how many children she had before the war, she replied, “I had six.” Her husband and one son were killed in the war. She gave birth to a seventh child while in transit. She came to Canada with her children and one nephew.

Zaire and his wife had eight children. He joked about his wife being much younger than himself.

Yeah, she is still young. Sometimes I tease her, I tell her that when she was a baby, my secondary school, outside of the school was her house, and when I
would pass there she was like a [baby]. She doesn’t like that. She’s young. (Zaire)

At the time of the war, Lucky was looking after his three youngest children, “one boy and two girls,” who were ages “eleven, nine and five.” He was separated from his oldest son and his son’s mother at the time of the war. He said, “In truth I was never married. I was in a union. And I was separated from their mother… I was living with someone as a housekeeper.” Lucky fled to Canada without his children and is anxiously waiting to being reunited with them.

Several participants described the role of the family in protecting and caring for its members. Amani spoke of built-in childcare as one benefit of large families: “You know in Africa and Canada it is different. We care for everyone. We don’t have babysitters. If we have big children they take them [younger siblings] to live in their home.” Zaire described the responsibility he carries for his younger brother’s children, “If I have money I can pay school fees for them. I take care. I can buy food for them.” The children of his brother in turn consider him a father: “I can decide authoritatively ‘do this for me’ and they will do it for me as their father.” He added, “They call me father. I didn’t know that I’m not their father until I came to Canada because in Canada they say uncle. We used to call the children of your brother, your children.” Since Zaire’s brother died in the war, the children are now solely Zaire’s responsibility.

Roles defined by gender. As is typical in many cultures, roles were determined by gender. Men were identified by their occupations. Occupations they pursued included farming, teaching, or being a school principal, a veterinarian, or a pastor/activist. Amani described her husband’s occupation, saying, “My husband was a person who took care of the health of animals to see if they were good to eat.” Moses’ father was a principle,
My dad was employed but he had to be paid by the parent. They had to send kids back home so that parents would pay the money to the kids and the kids would bring the money to pay the school fees and then, because it was a pre-school and teachers could get like maybe twenty-five buck a month. (Moses)

One participant had two occupations. Zaire was a pastor and human rights activist.

As I said that there I had a job. And my job was to write letters and to inform the Amnesty International, Human Rights Watch, how things were going. Take pictures and send them there. (Zaire)

Our church had a ministry that we were calling peace and reconciliation ministry. We were trying to teach people how to bring peace, how to live in peace, how to forgive each other. (Zaire)

Consistent with many cultures, women were described by their relationships and care for family members. For example, Joy named her mother as the person she was closest to when growing up. She said, “In the family the mom is very special.” Amani described how she would supervise the children’s baths: “The kids were taking shower because we took outside. We boil water and wash the kids out there.”

Female participants were dependent on men for protection and food. This meant that women were vulnerable if their husbands were not good providers or if they died or abandoned them. As Amani said, “In Africa if woman don’t have man, you can die.” Joy described how a woman in the refugee camp became anxious after her husband abandoned her with two children, saying, “How can I do for refuge? How can I do? How can I get food? How can I live?” Amani said that after her husband’s death, “I didn’t have anything.”

Husbands’ roles as providers and protectors gave them a lot of power over their wives. Yvette said, “There is a fear that he will bring another wife. Muslims can have more than one wife.” If a man decided to leave his wife, she was often without recourse. Yvette explained, “Women have no rights in Congolese courts because the husband
bribes the judge.” On the other hand, Yvette said, “Women are afraid to leave. If I leave, no other man will want me.”

**Living in a country at war.** Even prior to the war impacting their lives directly, participants were aware that they were living in a country at war. War seemed to be a normal part of life. Lucky observed that in his country, “we’ve had more than one war. There has been about three.” Joy described how awareness of war was a part of life. When I asked her how old she was when she first knew there was a war, she replied, “Maybe fourteen. Not sure because many wars. Even before we were born, war was there.”

The presence of soldiers in the village was normal during Moses’ childhood:

“People were happy with that because there was no violence.” Moses went on to explain,

Government soldiers were being fed by people, like in our village. Government soldiers we had a “pesa reporte.” Pesa Reporte means—you know, touching your pocket. If you have a dollar, give them, that’s what they wanted… Yeah, or like women are going in the market, they meet with government soldiers; they just divide what they have. You know in Africa we have different, you know you put like potatoes or something like that. They just give them that. (Moses)

However, gradually the war came closer and the participants described how they actively prepared for and assessed the risk for violence. Moses described how he became aware of the war: “We could hear it on the radio you know, how the war was spreading.”

Lucky described observing the build-up of armed personnel in the city:

We felt that in the city there were more and more armed personnel. The official party, his army you could see were dressed for war and there began to be more and more of them. The other party had a non-conventional army and we began to see that there were more and more weapons. (Lucky)

Moses explained how parents would prepare their children:
If you hear something like this about the war, if you are in the washroom stay there. Or if anywhere just to go there because that is the only chance that you have, the only way you will save your life. (Moses)

Other participants described how they would hide in the forest when the fighting got too close. Joy described the tension of not knowing whether to flee or stay. She talked about the looting that could occur if you abandoned your home: “Sometimes you run away and something happen.” Joy described how people would alternate between hiding at the farm, returning home to get some food, and sleeping in the bush.

In spite of the build-up of armed personnel, Lucky said the people in the city where he lived were unprepared for what happened. He said, “The population didn’t understand what was happening and couldn’t take any precautions. Just until the moment it began. It began as thunder.”

Male participants in particular developed theories on the causes of the war. The women were noticeably silent. Some participants felt that other countries were orchestrating the war in Congo. Moses said, “What was going on in Rwanda that was shifted into Congo.” He added, “All the country was being attacked. The borders were being attacked by something like eight countries.” In Zaire’s opinion, “They create the situation in Congo because they want money. No one was killing each other in Congo until the people decided to create that kind of trouble for money.”

In addition to placing blame on international players for the war in Congo, they also blamed a weak and corrupt government. Moses said, “The government was corrupt. They couldn’t do anything.” Zaire shared his view that President Kabila is a weak leader.

This is happening because we do not have a president. Kabila is not a president. Kabila is ruled, a small child to be put at the head of a country. He didn’t go to school. He didn’t study. Now he has people who are directing him, telling him
what to do. (Zaire)

Participants identified *tribal conflict and rebel groups* as a third contributing factor in the ongoing violence in Congo. Yvette said, “In Congo there are many people and tribes. They don’t like each other. Each one wants to be a leader.” According to Zaire, “It was a tribal war.”

Many of the contributing factors to the conflict were interrelated. Zaire explained how a group of Tutsi Rwandan refugees from 1958, called the Banyamulenge, contributed to the conflict when they tried to claim Congolese citizenship.

In 1974 when some people who just were preparing their master’s thesis and when they chose their topic, they decided to choose a political [argument]. They decided that their family they are not from Rwanda, they are from Congo and they are called Banyamulenge. It is someone who is living there, “Ba”—someone who is living there. They started writing books that they are not Rwandan, that they are Congolese and this is where this conflict started… they had a hidden agenda they were preparing because they know that Congo is not their country they had to make people accept them as Congolese. (Zaire)

The Banyamulenge fought alongside Kabila Sr. in 1996 to overthrow Mobutu, who was supporting Hutu perpetrators of the Rwandan genocide. They made an agreement with Kabila Sr. that he would acknowledge them as Congolese if they fought with him. After the war, Kabila Sr. thanked them for their help and ordered them back to Rwanda instead of granting them Congolese citizenship. The Banyamulenge retaliated by killing and raping Congolese citizens.

And from there they just started a second war… They just said, “No, as we fought against Mobutu, let us also fight against Kabila because he didn’t keep our agreement… We are fighting against all of Congolese because they hate us. They don’t like us. They do this [to] us and now we are fighting them.”…Now they started to kill people. The army was there and they started to kill, kill, kill. Kill and abuse sexually, kill and abuse sexually, kill. They killed and they abused sexually even a child of five years old you see.
Lives Shattered by War

When the war finally struck, participants’ lives were devastated by their tragic experiences. Family members were brutally killed. Some participants witnessed the sadistic torture of family members. Lives were threatened and participants fled for their lives. The Lives Shattered by War category describes participants’ experiences of trauma. The categories subsumed under Lives Shattered by War are illustrated in Figure 3 and include Lives Destroyed in an Instant, Experiencing the Horror, and Running for Their Lives.

![Figure 3: Lives shattered by war.](image)

Lives destroyed in an instant. Participants described their lives as being destroyed in an instant. For most, this involved the tragic loss of loved ones. For example, Amani described the death of her son and husband.
They came at night. It was around ten… And they came this side with a torch. My husband [and son were in the house]… they didn’t know [that the enemy was there]. When I saw the torch I came to the washroom where my big son was there and said, “We can run right now there because the enemy is in our house.” We just ran with the kids. They killed both my husband and my son. (Amani)

When Moses saw the rebels approach his house, he hid as he had been taught. Although he survived, everyone in his family was decimated. He described it like this:

Well, um, because like in our house, everybody was brought in the dining room and that’s where everyone was killed and when I just moved away from my bed, from my bedroom, and my eyes was trying to see. My eyes opened on just the cut people. Everyone was cut, just lying there… I had three brothers and three sisters but the last one was very young. But in the war they don’t stop [whatever your age]. They just kill, you know, something like that. (Moses)

Joy’s husband was killed while checking on extended family members. Joy described the death of her husband, saying, “At the time he was killed… I didn’t even see his body.”

**Experiencing the horror.** Participants described the dreadfulness of what they experienced and witnessed. The sight of dead bodies everywhere and the senseless slaughter of citizens and loved ones became imprinted on their minds. In addition, some endured sadistic torture. Others were terrorized by rape.

Participants recalled how many had lost their lives, saying there was *too much death*. Death lost its meaning. Moses said, “Killing was a joke.” He described the magnitude of death in these words:

Well I understand the genocide that occurred in Rwanda. Everyone knows the genocide was really horrible. The genocide took like almost one million people’s lives and the Congo have lost lives maybe 5.5 million something there. But that was like for maybe three years but now if you add it may sometime reach maybe eight million. (Moses)

Several participants found it difficult to talk about the many that had been killed. Yvette said, “Imagine burning people alive.” When asked if people she knew had been killed,
Joy responded in a subdued voice, “Too much people died… I know too much, too much.” She went on to say, “Somebody killed all of my [family]. You see my country, too much people die. Not only my father, not only my family.”

The magnitude of death was not the only horror. Participants also spoke of *enduring torture*. Torture shattered victims. Perpetrators held all the power. Participants shared that the humiliating acts inflicted on them were difficult to tolerate. Torture left them feeling helpless and humiliated. Sometimes perpetrators were mere children having been transformed into soldiers. Zaire described the torture in the following way:

You could be walking on the road and you could meet a soldier. Although he is a small child, he tells you, “Remove your clothes.” You remain naked and he tell you, “Lie there” and he begin to beat you and to torture you. I could not stand that kind of torture. And sometimes soldiers—you could be walking or you are sitting and soldiers come and they tell you, “Do this” [gestures kneeling with his mouth open]. They urinate in your mouth. I could not stand that kind of torture… I was arrested and I run away. (Zaire)

Joy described the torture inflicted on her brother-in-law as “worse than death.” She felt the release of death would have been better than the sadistic destruction of a person’s psyche. Joy recalled how her sister was forced to repeatedly stab her husband all over his body, but not kill him. She said, “The people take my sister. They tied my sister and they get the husband for her and put the knife in her husband, and put the knife and put the knife, not kill, for everywhere.” Following this sadistic torment of husband and wife, they continued the torture by forcing him into a latrine, again not allowing him to die.

After he didn’t die, these people take him. You see toilets are not the same as in Canada. Take him and put him in toilet. If they put him in the whole toilet, that day he die. You see they hurt that man too much, not kill him. It is too much in the war. (Joy)
Another act of aggression used by the soldiers was rape. Participants reported that the population was *terrorized by rape*. Moses said, “Such horrible raping is going on; don’t think that killing is just bad, worse than killing sometimes.” Moses went on to describe the astounding volume of rape including women and young girls.

> When you hear that two thousand women, like you know all the women, you maybe the young girls, like three, four they are in the hospital because they have been raped by military, government military rebels and something like that. (Moses)

Moses compared the extent of rape in Congo with other countries.

> These wars that are in the Middle East, they are not violent like African wars, because African wars they are always focusing on killing civilians, raping women, looting destroying. That is what they are after. They don’t like fight the government. That’s why so much killings, so much raping. You can’t rape here [in Canada]. In Iraq where a soldier has raped, you will not hear a story like that. More than two hundred women have been raped. (Moses)

Rape occurred on a massive scale when armed groups attacked villages. Other factors left women vulnerable to rape as well. Women who were alone were vulnerable to rape. Men living in the forests around the refugee camps would attack women as they hunted for food alone. “Many people have a problem like that,” said Amani. She described her own experience of being raped in the third person. Talking openly about sexual activity is taboo in Congolese culture, so rape is often described in the third person or euphemistically.

> When you are there [in the refugee camp] you want to go to forest to look for food. Many men there have no wife. When they see you alone there they say, “Do you want to die or do this? You can choose.” Many people have a problem like that. Sometimes he can give you baby or sometimes HIV. (Amani)

That day that I saw that man I said “Oh, I’m dead. Today I die.” I was there when the man did that [raped me], and then the man run. (Amani)
**Running for their lives.** As the threat of violence came close, people had no choice but to flee the area and run for their lives. Joy said, “People were, after so much trouble, people were running from many places.” Amani agreed, saying, “There was many people running.”

Fleeing was often chaotic. People didn’t know who to trust. They lost track of other family members. Amani explained how they would hear noises while running through the forest. Not knowing if the noises came from friends or enemies, she would tell her children to “keep quiet.” Joy said, “I ran just with my husband. The members of my family just ran…We didn’t know where anyone was.” Lucky fled before the bombs. He noted, “As soon as I left the city the bombs started to go off. There was fire and noise and it was chaos… And so I left very far.”

Participants described feeling terror, desperation, and a single-minded determination to survive. The running was hard. Amani described how she escaped the day after her husband and her son were killed.

At that time it was hot. Guns were everywhere. We run and run… When we were running, my son took one and I ran with the other children but it was hard for me to bring because [of their ages]—they were little ones. And for running it was hard… On the feet we run from houses to farm—hiding. Is it a mountain, a big tree, we walk there. That mountain is between Congo to Uganda. We walk there from Congo to Uganda. (Amani)

Parents with young children had a difficult time. When asked how she ran with little ones, Amani demonstrated how she put one baby on her back and one on each hip. She described it this way, “Slowly, slowly. It was hard because the road was just small in the forest. We had to cut sometimes to find the way. It was not easy.”
Struggling to Survive

When participants escaped the immediate danger, their struggle to survive had just begun. Participants talked about the struggle associated with being *Abruptly Uprooted* and *Living in Transit*. In the aftermath of violence, *Families Were Disrupted* as a result of people dying or fleeing. In the desperate attempt to survive, homes were abandoned and, along with their homes, participants lost their livelihoods and networks of support. Living in transit was a perilous affair which required participants to cope with new threats to their safety and the real possibility of starvation as a result of increased poverty. Through it all, participants *Struggled to Keep their Sanity* and hold onto their *Personal Values*. The category of *Struggling to Survive* is illustrated in Figure 4.

Figure 4: Struggling to survive.
Abruptly Uprooted and Living in Transit. “We just ran for our lives,” recalled Joy as she described their sudden flight from the violence. Zaire described the impact of being abruptly uprooted in these words:

You are living peacefully in your country. You have a house. You have your children you need to support, the government things, relatives, friends. You have your money. When somebody comes fighting against your country you run way. Now when you run away you are poor. You are very poor. You lose your relatives. You lose friends. You lose some members of your family. And you cannot go to your country because it is not safe. You will die. (Zaire)

Searching for and finding safety was critical to survival. With the threat of death all around them, participants had responded by running for their lives. However, finding safety was not easy. Refugee camps were not safe. Yvette said, “The refugee camp was not safe, can’t eat, can’t sleep.” Moses said, “I think there was no difference between the refugee camp and home.” He goes on,

When I was in the refugee camp it was really bad. Even if I was working it was a war and our refugee camp was attacked two, no three times and during those attacks people would get still killed. (Moses)

Participants found that the places they fled to for refuge also contained discrimination, racism, and tribal conflict. Amani said, “When we came there the people that were there didn’t like the refugees. It was not good… many women were dying. When they are pregnant and want to have baby, no one to help them. The people were not good.” Moses described the reason for the tension in this way:

As I remember most deliveries were being done local (at home) so if I could be the local trained nurse, and I know that one of your family member has committed something wrong against my family, and maybe that person is in prison, so if I’m a trained person to help those women, do you really think, in these corrupt countries I’d help? (Moses)

The tribal conflict continued in the camps. For example, Moses was accused of not being a true Congolese, which put his security at risk.
I know in the refugee camp we had people from Kinshasa and we had people from North and South Kivu and stuff like that right? They could say North Kivu and South Kivu are forging Congolese. They are not pure Congolese because North Kivu and South Kivu were part of Rwanda, but I know I am pure Congolese. That is why we had such a problem. (Moses)

People living in camp faced the risk of kidnapping by rebel groups.

We were close to the border. That country [Congo] was attacked by Rwanda and Uganda. Because rebels… the rebels could come and pick up whomever they want… To take you back to the forest or whatever they want. If they think they need you they just come and take you. Whether they kill you or they use you, it’s okay. (Moses)

Moses described how he narrowly escaped a kidnap attempt while living in the refugee camp. “In there, I was almost being taken back. It was like a trick that I escaped,” he said. Moses described his escape with these words:

It was a small car… These people looked like soldiers, and looked like professional, three people. They grabbed me and pushed me in the car, and some people were far from me. I don’t know if they realized what might have happened. They drove the car till we got at the police stop. I kept yelling because I knew that my day was over. That’s when these people left me in the car going in the police stop check. As they enter there, I… moved from the car and ran back in the transit camp. I think I was almost gone. Only God who wanted me to escape.

I said it was a trick, because when these people left for police check, I wasn’t scared at all, I just opened the door with no fear and ran… otherwise I’d have been taken. (Moses)

The danger in the camps led to further moves to secure safety. Moses spoke of being moved to a camp further away from the Congo border. He said, “The U.N. transferred us because we were twenty-five kilometres to border, then they take us to a new camp and we were there for ten years.” Other times the moves were initiated by the participants. Zaire explained that he moved his family to Kenya from the refugee camp in Tanzania to decrease the risk of being killed. He said, “Tanzania, it is really near our area
[in Congo] and we were very well known in the area and we just say that any time, people can come from the village and kill us now. We just went to Kenya.”

Most participants talked of spending years *living in transit*. Moses, Joy, and Amani spent ten years in camps in Uganda and Rwanda. Participants talked about how difficult camp life was. Joy said life in the camp was “bad, very bad.” Zaire said, “We still had the trauma because life there was not good.” For Moses, life in the camp was worse than death. He explained, “Don’t think that killing is just bad, worse than killing, sometimes you know, the life that I lived in the refugee camp.” Moses struggled to find words to describe his first glimpse of the refugee camp, saying, “There were thousands of people, just there. They were sleeping out… I saw thousands of people just laying down. Oh my goodness, orphans, widows, kids crying, oh, tst, I say. This was really, tst, you know.”

Danger was everywhere, so movement was restricted. Restricted movement meant there was nothing to do. People had to live without the rhythms and structures of normal community life. Children beyond a certain age could not attend school and adults had nothing to do beyond the necessities of survival, so they simply sat. Moses described it this way: “Remember when you are in the refugee camp you are just sitting there. You don’t have any access to education so you have to stay there.” Zaire explained, “The children didn’t go to school. Sometimes when you are living in a refugee camp you don’t have any decision. You cannot go outside of the camp.”

Participants shared that when people did venture outside the camps, they took their lives in their hands. Joy’s husband left the Rwandan refugee camp to go check on his extended family still living in Congo. Her brother, a doctor, had previously been
protected because he was treating Congolese medically. However, when the rebels found
Joy’s husband visiting from Rwanda, they changed their minds and killed them both.

After my husband die, they go for my brother. These people come and say, “Oh, I
care for you. You not die because help people with medicine. Now you bring
people. People from Rwanda, okay.” They kill my brother and my husband. (Joy)

Afraid of the risks in returning home, some simply made the camps their new home.

My sister is still there. She has seven children. Now she lives in Rwanda...She
didn’t go back to Congo. She’s in Rwanda, in a refugee camp. She’s too scared.
She say, “I can’t go back to Congo.” (Joy)

*Family bonds were disrupted* by the war. These disruptions were inevitable as
families experienced traumatic loss through humiliation, murder, or disappearance.

Women were left widowed and children orphaned. In addition, participants shared that
families bonds were disrupted as a result of being separated during the chaos of fleeing
violence or being separated when immigrating. Sometimes families were able to stay
together physically but their comfort with each other was disrupted as a result of
witnessing the humiliation of another through torture and rape.

Death severed family bonds. Overnight Moses lost his entire family. He was an
orphan in a village where people who had not fled were dead. He said, “I had three
brothers and three sisters but the last one was very young. But in the war they don’t stop
wherever you are [whatever your age]. They just kill.” Amani noted the impact of their
father’s death on her children.

When your husband die it is too hard. When the children were small and we were
in the camp people were asking, “Where is your daddy?” And the children were
asking me, “Where is our daddy? Where is our daddy now? We want to keep him.
We want to hug him.” It was hard for me. (Amani)

When both parents died, children were left without caregivers. Participants noted
that without someone to provide food and shelter, many orphans died. Amani said, “You
know here is good but in Africa the orphan have big problems. You know, don’t have clothes, don’t have food, and don’t go to school. Oh, many of them die.”

Some orphans were taken in by extended family members. Joy and Amani both took in a nephew while living in the refugee camps and immigrated with them to Canada. Amani described how her orphaned nephew came into her care after his family was murdered: “He came down and ran and he came where I was and said, ‘I have no place to go. They have killed all my family.’ It was my brother’s family.”

Joy described how her mother took in her grandchildren when their parents were killed.

My two sisters died and my mama care for their children. Because these people come and kill all family, their husbands. And the children, no one can help them live. Seven children from the one house and five children from a different house. It’s too much. My mama takes care of them. (Joy)

The death of a husband left the wife alone to provide for the children. However, women alone were vulnerable to economic insecurity and physical threat. Amani explained how her economic situation was compromised when her husband died. She said, “The problem I had when my husband die, I didn’t have money the children need, I didn’t have money for their school, their uniform, to get food. It was hard.”

A family’s safety was compromised when a husband and father died. “In Africa if woman don’t have men, she didn’t sleep because someone come to make fire at my house, I can die with my family.” She added, “A man can kill you or do something bad.”

Participants’ family bonds were disrupted as a result of being separated during fleeing. Joy recalled, “I ran just with my husband. The members of my family just ran… We didn’t know where anyone was.” Similarly Lucky remembered that
the military had militia on all the roads so it was impossible for me to go and get [my daughters]. So I left the girls at the school and I didn’t know if they were alive or what had happened… I said to God, “If my children are dead I leave them with you.” (Lucky)

Lucky was fortunate. His daughters were not dead but rather in the care of a friend and they were reunited. However, Lucky discovered that it was not safe for him to stay in Congo and he was forced to leave them behind as he fled the country. He recalled, “So again I left my children and that traumatized them.” Lucky was unhappy that he was unable to care for his children as he wanted. He said, “Staying with friends is only a temporary solution because they can’t look after the children like I can. They miss me and I miss them. I don’t know how they’ll grow up because I’m not there.”

With parents no longer able to protect their children from violence, children were socialized by the war. Lucky described watching children imitate the soldiers and become inured to violence in this way:

The most serious thing there was lots of dead people. Because of my, not as much because of the war but because of the famine and sickness. And so children had contact with dead bodies everywhere and they didn’t have fear of the bodies anymore. It was terrible. And so when they were away from home they started to mimic the fighting and pretend to fight without weapons. It was terrible. And so when a child came across a weapon, a gun or something, they wouldn’t hesitate to use it to pick it up and use it because they were always seeing it happening around them. (Lucky)

Being forced to witness or participate in the humiliation of a family member through torture and rape had a long-lasting effect on children and other family members, severely disrupting the ease of their relationships. Zaire described what happened to a friend’s family:

I know friends who have been forced to first abuse his mother, his sister, and after they killed him and when they have killed him, they started to abuse those people in front of a young brother. Now the young brother, because he was there, he saw how they abused sister, and mom and how they forced his own brother to abuse
his own mom and his sister. And after they killed [his older brother], and all those people started to abuse sexually those two wives in front of this young guy. And after they killed those… they kill the mother, they didn’t kill the wife. The wife was there and the guy was freed, they let them go. (Zaire)

Now emotionally, how in the family how will this young guy who saw all this trauma, he was really traumatized psychologically… Now physically this lady, the wife of the guy, who would die, was abused by all those men in front of the young brother in law. When this wife, this woman sees her young brother in law, what she think? She is traumatized. (Zaire)

Good Samaritans were the ordinary people the participants encountered who would lend a helping hand. In this way they helped form the social support network necessary for survival. A friend of Lucky acted as a Good Samaritan when he took Lucky’s daughters into his care. Lucky described how this happened:

I was always with my son but my other daughters I hadn’t heard from. Because of the calm, one day, I received a call on the telephone. There was a man who knew me and he went to my daughter’s school before I arrived and before the roads were closed by the army and he said, “Oh, you are the children someone I know. Come with me because there is danger.” And so I asked him, “Why didn’t you call me?” And so he told me, “We didn’t know your telephone. But today, your youngest daughter asked, ‘Why don’t you call papa?’” My youngest daughter asked, “Why don’t you call my father?” And the man said, “Because I don’t have his telephone number.” And she said, “Why didn’t you call me? I know my father’s number off by heart. I keep it in my head.” And it’s like that. And she gave him my number and he called me… And so I said, keep my children. I thank God. I thank God for you and that you have kept them safe. (Lucky)

Sometimes Good Samaritans took the form of other refugees who helped feed the participants’ children. Amani talked about how others helped feed her children when she first arrived at the refugee camp exhausted and without resources. She said, “It was hard. It was hard for me. I didn’t have energy. I didn’t have enough to feed the kids. People were coming to help me feed the kids. It was hard.” Later, when Amani wanted to start farming, Good Samaritans showed up to help. She explained, “Five people came to help
me farm because we don’t use machine, we use our hands. Five people came to help
me… It was good.”

Good Samaritans showed up more than once during Amani’s struggle and
journey to Canada. The first time occurred when she was sent to Kenya to process her
immigration. When she arrived, her name was not on the list. They sent her away without
money or any way to return to the refugee camp in Uganda. Amani recalled,

I had a big problem. From where we were it was too far to go to camp. Far, far…
And I said, what am I going to do now. So we took the taxi because when you
take the taxi you have to pay after, so we did that. When we were in the taxi, then
we saw someone who was selling things and I said to him, “Can you borrow me
some money? I will pay you back.” And that man gave me some money and I
paid the taxi. (Amani)

The second time occurred when Amani needed to pay for a physical for immigration
purposes. She said, “They called me again, immigration, for medical check-up again… I
told my friend I don’t have money to go again. She said, ‘I will give you money.’”

At the pre-immigration medical check-up, the family’s immigration to Canada was put in
jeopardy because it was discovered that Amani’s daughter was pregnant. This time, a
doctor became the Good Samaritan. Policy dictated that they should have been
disqualified to immigrate because of the pregnancy. However, the doctor not only
approved their immigration but protected Amani by keeping his conversation with her
daughter confidential. Amani recalled, “The [nurse] asked us to bring urine and when we
gave her she asked my daughter [if she was pregnant]. ‘Maybe.’ I was startled… I didn’t
do anything. ‘Okay, go to the doctor.’” Amani continued,

When doctor saw me he said, “Go out, go out.” I didn’t say I didn’t want to see…
My daughter told me [she was] two months but she was five months and doctor
called me and said, “Oh don’t worry, tomorrow you will go to Canada.” I didn’t
believe him because many people stay in Africa because of that problem. (Amani)
Becoming more agentic. The participants in this study were all survivors. Through sheer determination, perseverance, and good fortune they eventually made their way to Canada. Each one had been an active agent in their own struggle to survive. The decision to engage in the struggle often began while still in shock from the trauma. Some chose to engage in the struggle for the sake of their children. Some were motivated because of the plight of those around them. Many found reasons to engage because of their faith. Engaging in the struggle with personal agency included the lower categories of managing poverty, seeking help, and helping others.

Amani explained how she made the choice to move from lethargy to action for the sake of her children. She said, “You can’t just stay like this when you have kids. You have to show them happiness. You have to [give] them happiness too.”

Coping with limited resources was a daily struggle, so participants found ways to manage poverty with resourcefulness. Participants told stories that demonstrated determination and ingenuity in the face of a desperate situation. Lucky was displaced inside the country and didn’t live in a refugee camp. He spoke of selling his personal belongings to raise money for food. He said,

The money was gone and I couldn’t eat anymore with my son. The conditions were very difficult. I began to sell my things. I began to sell everything, my watch, my jacket, because I didn’t want my son [not] to have enough to eat. (Lucky)

Other displaced people in the same community as Lucky and his son pooled resources to survive. Lucky described how people would ration food and take turns skipping meals in an attempt to feed everyone. Lucky explained, “We talked with the other families and we began to divide up the food so that those who ate in the morning wouldn’t eat in the evening. It was terrible.”
Some participants worked on farms or created their own gardens to survive while living in refugee camps. Joy said, “If you can’t work you die and your children die.” She explained how she eked out an existence, “If you find someone who has a little farm, you go to work and they give a little food for the cooking… It’s no good.” Amani spoke of the garden she and her children created. She recalled, “I said to the children, ‘We have to farm. We have to farm now.’ And they said, ‘Okay mom.’ … After two months everything we planted grew and everything was growing, potato, corn, and beans. It was good.”

Some participants received help from humanitarian aid organizations. By seeking and receiving help, they became more agentic to ensure their own survival. Moses described how orphans were provided with the assistance of another organization. He recalled, “I remember when we reached the second refugee camp there was one organization that wanted to build us an orphanage because we didn’t have the place to live… we had very many [orphans], very many.” Amani spoke of how the Red Cross provided some items that helped her. She said, “The Red Cross, when we came there, they gave us some things… And when the Red Cross came to help they talked to me, they gave me some food.”

Asking for help was often not easy. Sometimes requests for help were turned down. Amani spoke of asking someone to watch her children and being refused because they too were overwhelmed. She recalled,

In the morning I saw one nurse from Congo. She was working there. I said, “Will you please stay with the kids. Will you take care of the kids so I can go home and bring money and bring food for the kids?” She said, “No, I can’t. It is hard for me to take all these people. (Amani)
Becoming more agentic often took considerable effort. After Amani was raped, she made the effort to report it to the authorities. The reporting process took commitment as well as courage. After reporting to the authorities, she was sent to the hospital where she was tested for HIV and other sexually-transmitted diseases. Amani recounted the process she went through:

I went to the police and after that the police sent me to the commander, the one who was in charge of the camp. After that they sent me to the hospital to see what was going on. They said, “You can come back in three months and you will know.” I stayed home for three months after which I went back to the hospital and they checked and they said, “You’re okay. You don’t have HIV but you are pregnant.” (Amani)

Choosing to report a rape was critical in several ways. First it resulted in the rapist having to flee which meant other women in the area were safe from him. Amani explained, “Once they do that he can’t stay there. He just has to leave because he knows you will tell the police and come and report.”

Reporting also meant that she was tested for HIV, which was an important precaution not only for her own health but for the safety of the women she assisted in delivery. Finally, reporting the rape verified that she was a person with “big problems” and qualified her to be placed on an immigration list. Amani recalled,

They asked again what happened in the camp and I said it was like this and this and this. And they said, “Okay.” And they went to see the police again and the commander of the camp too and they say, “It’s true” and they put me on the list. (Amani)

In summary, Amani’s decisions to be more agentic by reporting the rape and following through with the tests was critical, helping her and others increase their chances of survival.
Some participants found that by helping others they also helped themselves. In several cases, helping others provided the motivation and sense of purpose to continue living. Moses spoke of how a group of older orphans organized themselves to raise money to assist younger orphans. He explained,

The way that we could earn money we could just go out of the village to go to farm to dig from maybe from seven to maybe seven, just sweating. Trying to get you know a dollar a day, or sometimes ten cents a day. Then we would put all the money together and then we could start buying the books and the uniform… I was considering myself mature, because there were others who were younger than me. (Moses)

Moses described how they helped one family that had lost their father and older siblings. He recalled,

[I] remember there was one family… the father was killed, and the old kids were killed and the youngest [survived]… So we knew we had to find a way to encourage these people because we knew they faced much and we had to see. And then slowly, slowly, slowly, slowly, we take books you know for reading, because even if they have school and are charging us, we didn’t have enough materials for school. Buying textbooks for school, coaching you know, and then the kids started to do well. (Moses)

Amani found she engaged with life after she started working as a midwife in the refugee camp. She said,

They just chose people and they choose me and they said, “Can you help?” And I said, “Yes, I can help” and we went for two months of training to help women to deliver the baby. And after that I was able to help. And when I was there, there was singing and I began to forget a little bit. (Amani)

Amani spoke about the role helping others played in helping her feel better. She said, “From that time I was pretty much better because I can talk with people and laugh and eat and I was happy… and I was giving them something to make them happy.” Receiving expressions of gratitude from the people she helped also cheered her. She said, “When I was helping people with the children, people say, ‘Thank you’ and came and they gave
me nice gifts.” Amani added with a big grin, “Some didn’t like that job but me, I loved it!”

Moses also benefited from helping others in his community. Moses realized his inherent value when others encouraged him to apply for the position of community health worker. He described the selection process for the position:

In the refugee camp there was a position for a community health worker. I was twenty. My aim was to help like I could. Everything was really bad but I said I should apply for this position. There were mature people, there were educated people... I applied but there were six people. Others were my teachers in Congo. But still I had to apply. (Moses)

Moses explained that the community members were invited to vote by standing in front of the person they thought was the best candidate for the position. He recalled,

And then for a second I saw a line from here to there (indicating long line). And there were people there with degrees in nutrition. And then I got the most votes and then they started fighting, they started fighting each other. As I was standing there like this they came, my supporters, they came and took me away because otherwise I could get hurt. (Moses)

Moses concluded, “I came to realize that these people really liked me.”

**Living by personal values.** Participants talked about living by their personal values. For most participants, this was expressed through their faith and connecting with their God. Personal values, as defined by their respective faiths, provided a framework for participants to understand what was happening to them. It gave them a way to engage with a life that had become chaotic and frightening. With the conviction that there was a God in control, participants were able to accept and cope amidst the turmoil.

Lucky described his belief in a powerful God this way: “You know I believe in God because it’s him who is bigger than the war and it’s because of him that that one finished when it did.” Moses believed that faith keeps a person strong. He said,
“Everything has a purpose. He is there. He knows. You don’t care whatever will happen. If you really have that faith you will stay strong. You will stay focused. You will be strong in faith.”

Engaging in religious activities was one way participants remained true to their personal values. They practiced prayer, attended church, and followed the teachings of the church. In some cases, religious belief and activity was seen as a means to stay out of trouble. For others, it provided a source of comfort and hope. Prayer in particular was a powerful practice when participants were coping with things beyond their control.

Religious activity provided some with a way to stay out of trouble. Yvette commented that “Muslims pray five times a day. Can’t do everything bad.” Moses, recently orphaned, found that his family’s religion provided a helpful framework for which activities to engage in and which activities to ignore. He said,

Because I was born in a Christian family, things changed but I kept going to church and get along with Christian others because if I went out [left the church] maybe sometimes things would get worse. (Moses)

Moses clarified what he meant by “maybe sometimes things would get worse.” He attributed being a Christian to “helping me behave,” to “avoid anybody” who might influence him to “seek revenge or doing something wrong” or “get involved in any peer or group fighting.”

For some, religious activity and connecting with God brought comfort. Joy found that reading the Bible and singing helped her and her children adjust to new life in Canada. She said,

When we came here we didn’t have anything. The way it was helping was we took the Bible and we were singing some songs from the chorus and we feel
comfortable after that. Sing with the kids, enjoy. From that time I feel comfortable and forget. (Joy)

Participants would use prayer to talk to their God about things beyond their control, about things they desperately hoped for. When Amani got the news that they would be going to Canada, she told the children to stay home from school to fast and pray. She said, “One day you need to stay home and no eating, just praying.”

Moses recommended prayer for those with nightmares. He said, “Sometimes nightmares come from evil so I would ask them to pray because I know some nightmares which can come from evil.” Zaire said that he used to pray to avoid dreaming. He said, “I didn’t allow bad dreams to come, instead of focusing on what happened to me I focused on prayer.”

Lucky explained that he coped with his anxiety about his children’s well-being by giving it “all to God.” When asked what advice she would give to a new Congolese refugee who had been traumatized, Joy replied, “Don’t think about the past, leave it. Leave everything to God and if you think about that you can’t see how God and you can’t go anywhere.”

Finally, participants viewed their God as the one who could give them their hearts’ longings and help them realize their dreams. They trusted their God to make things right. Joy said, “It is not man who can take away the [bad] thinking, only God.” Lucky shared, “I am a Christian and I believe if my children are alive today, if I’m allow to say, if we have hope of being together again as a family, it’s because we believe in God.” Zaire explained,

We were traumatized but when we feel empty we just run away to God. We thank God. He was the one who could help us. Now although we go through all this he
didn’t allow us to feel that we didn’t have anyone near us who is taking care of us. (Zaire)

**The struggle for sanity.** The struggle for survival was also a struggle for sanity. Participants spoke of the different ways in which they tried to remain sane. Sometimes they tried to silence the horror while other times they found relief by sharing the pain.

Participants worked with ironclad determination to silence the horror in order to cope with what lay ahead. “We forget everything,” said Joy. Participants engaged in different strategies to silence the horror and forget. Joy tried to control her thinking: “No think too much, no think too much… Everything forgotten.” To avoid painful memories, Yvette tried to avoid speaking about the past, “I can’t talk too much because I’ll remember too much.”

It wasn’t just thoughts that reminded them of the horror; it was also the searing pain associated with their memories. So instead of attending to their emotions, they banished them. “Everything forgotten. No heart,” said Joy. Joy’s strategy was to dismiss the pain in her heart by not taking it seriously. Attending to her pain just made her feel worse so instead she would stay quiet and try to forget. She seemed to be denying herself the right to grieve because of the fear of not being able to cope with the pain. Joy explained, “You don’t take seriously the heart because you take it seriously you feel bad. That’s why I am trying to forget.” She added, “When you feel bad you just keep quiet and the feelings will go away.” Other times Joy would substitute positive thoughts for negative ones. She described her strategy this way, “Things no good. Things no good. You cry. Everything is bad. You say, ‘Oh, it’s good.’ You say you are happy.”
Others tried to escape the horror through sleep or activities. “Maybe sometimes it could help me forget, trying to sleep,” said Amani. Moses found that keeping busy was helpful in managing his thoughts.

Well, sometimes I could like get a bike and just ride a bike or I could get a book or I could maybe call my friend and say, “You want to come visit?” Or maybe I go on the computer, you know, see something good that may try to help me to forget because it’s not easy and um it’s not easy but you try your best like um you try, try to stay with such thinking because if you don’t it can affect you so much… You have to be involved in many things. That’s what keeps you. (Moses)

In addition to forgetting or distracting themselves from the past, participants recognized that worrying about the future could easily escalate into fear over unknown future horrors. Joy gave an example: “Maybe my family die. How can I live here a refugee?” If such thinking was voiced, it could also influence the mood in the camps. So, through gossip, instruction and threats camp members would work together to limit conversations about their fears. Joy illustrated how people in the camp would silence each other, saying, “Why she go around and talk? She should be quiet. Why she talk too much to forget problem? Why she go cry outside? If you [keep talking] people village come for you. Be quiet, be quiet always.”

In contrast to silencing the horror, participants also talked about sharing the pain as a way of coping. Talking about what happened made them feel cared for. Amani explained, “When you have big, big problem sometimes you feel much better when you talk. Sometimes when you think about that you think nobody care, you start to forget.”

Participants said they would discuss their problems with the goal of finding solutions, healing, forgetting, and moving on. Moses spoke of the way orphans supported each other,
We had very many, very many [orphans], so that sometimes there could be talk and we could say what happened. Yes we could talk, talk, talk, talk and as we were growing we could try to get more ideas, more ideas, how can we forget about everything, how can we keep going on. (Moses)

Zaire described how talking with his wife or friends helps him heal:

Now still the healing continue where they call me that oh, someone died. I knew him. You see how I feel. I continue every time, sometimes I discuss it sometimes with my wife and I spend even more time on phone talking to my friends, connecting with my friends all over. We discuss the problems of Congo. (Zaire)

The Psychological Toll of War

The traumatic impact of the war took its toll on participants’ emotional, mental, and physical well-being. Rather than a stage of surviving war, this category flowed like an underlying theme throughout the survival process. The categories subsumed under The Psychological Toll of War included Struggling with the Emotional Impact, Fighting the Cognitive Impact, and Experiencing the Physical Impact. They are illustrated in Figure 5.

Struggling with the emotional impact. The emotional impact of the trauma was significant. Participants talked about being afraid all the time. As the proximity of war and the violence increased, so did the fear for personal safety. Joy described how following the torture of her sister and brother-in-law, the people of her village were scared and asked the Red Cross to intervene and provide a camp.

They asked that program to do something, camp, for people, like refugee. From that time so many people are scared and the Red Cross to decide to do something for people to help. (Joy)
However, refugee camps only provided the illusion of safety. Even when they were in refugee camps, participants were still at risk and afraid.

When you are living there you are afraid all the time, because you know this thing may also happen to me here. Because living in a refugee camp is not life safe. (Moses)

Returning home also held risks, real or imagined. After Lucky and his children were able to return to their home, the children were fearful and would hide when startled by sudden noises. Although they had escaped the danger, they could not escape the fear.

They began to be afraid of everything, of small insects, of noises, because of the fear the war has instilled in them. For example, my children, when they hear the noise of the helicopter they run quickly to hide under the bed… If they heard a loud noise, if there was something on the radio or television, one time someone knocked on the door, they wouldn’t be any more in their chair. (Lucky)
Feeling powerless figured largely in participants’ narratives. Amani described how powerless they were to prevent the tragedy that resulted in the murder of her husband and son. As mentioned earlier, Amani’s husband was a veterinarian whose job in part was to determine which meat was fit or unfit to eat. In the case that led to his death, the man had declared a cow unsafe and ordered it buried.

One day a man brought his cow, a cow with big horns and the cow was not good, sick, and they brought the cow to him and he said, “We have to bury this cow. If people eat this they can die.” So they buried it. (Amani)

Unknown to him, the owners of the cow returned later and dug up the cow. People died as a result of eating the meat and their families decided to take revenge. Amani described the events leading up to her husband’s murder, emphasizing how he was blamed for something he had no knowledge of and so was powerless to prevent.

The people took and ate [the cow] and my husband didn’t know and they went to hospital and some of them died… And the people of the family that were dead they came to him too. But he didn’t know that they took the cow… They killed both my husband and my son. (Amani)

Women spoke of feeling powerless when raped. They didn’t know if they would live or die. Amani explained how she felt when she encountered a man alone in the forest: “That day that I saw the man I said, ‘Oh I’m dead. Today I die.’” She explained, “Many men have no wife. When they see you alone there they say, ‘Do you want to die or do this? You can choose.’” Sometimes women were physically mutilated in addition to being raped. Amani noted, “After that, many people, five other ladies, they did like that to them too but one lady they cut, cut her. They almost killed her.”

The potential sequelae of rape was distressing for the women. They felt powerless over the potential effects on their bodies. They worried about pregnancy and disease. Amani said, “Sometimes he can give you baby or sometimes HIV. The devil is in HIV.”
The cost for trying to retain control over one’s body was high. In this example, resisting rape resulted in an entire family being killed.

One day one man came to a woman whose husband was killed and he said, “I need you.” But that lady said, “No. I don’t like that. I will stay with my kids.”

One night he came with fire and machete and he said, “If you go out of your house I will kill you.” And she died. She was killed with her children. (Amani)

People felt powerless to save others while being personally threatened at the same time. In the example above, others ran to assist the family but they too were threatened by death. The spurned man said, “If you come I will kill you.” So people who had come to rescue the fellow villagers stood by helpless while the woman and her children were burned alive. Zaire provided another example of bystanders’ powerlessness: “As I told you, the woman was abused sexually in front of everybody because the people who were abusing them were people who had guns. Who could say? Who could speak?”

While people felt powerless to protect fellow villagers, they also felt unable to protect their own children. Lucky described this quandary, saying, “All the time they were asking me, ‘Papa, will the war begin again? Do we have to leave the house? Can we leave the city?’ But I had no money to leave. And so it was terrible.”

In addition to feeling afraid and powerless, participants struggled with feeling abandoned and forgotten. They felt that they were alone in their suffering. It seemed like the world was ignoring them and no one cared about their plight. Amani said, “We were there and no one was there to help.” Moses described feeling forgotten the following way:

Oh my goodness. The world has forgotten us. It’s the reason I sometimes I don’t understand… Imagine like a woman of like, a young girl like, three year, you know, to rape someone like that, and it’s being done by government military and rebels and people they are just sitting like this. (Moses)
The participants were keenly aware that others saw their lives as expendable. Amani said, “They did everything. They kill people and they just go.” Moses said, “You bring those foreign militaries in the country, they do not care about the people.” Zaire agreed, saying, “They don’t care about people. They don’t care about others. People decide. They sit together in a club.”

When I was thinking about those people, they were helped from Rwanda, and Uganda and other people. Uganda, Rwanda got the help from U.S.A. and all other powerful countries, only to kill people, to kill Congolese. That was who was killed. (Zaire)

While the flagrant disregard for life led to feeling like no one cared, torture seemed to give rise to another set of emotions. Participants who witnessed or experienced torture and rape described feelings of intolerable shame and humiliation. In the example that was described earlier, Zaire recounted how he was forced to kneel so a soldier could urinate into his open mouth and how he was ordered to strip naked by a child soldier who then proceeded to beat him. He says, “I could not stand that kind of torture.”

Zaire also recounted the experience of a young man who was forced to witness his older brother rape his mother and sister-in-law. The mother and older brother were then killed. Zaire asked me, “And how do you think that young man feels when he sees his sister-in-law?” In each of these examples, without using the exact words, the emotions he described were deep shame and humiliation.

Participants expressed feelings of grief and pain both in the stories they told and in the way they told them. Loss of loved ones, not knowing if family members were dead or alive, and the relentless struggle to survive all contributed to participants’ feeling of grief and pain. Joy said of her time in the refugee camp, “My heart [was] very bad always. Never, never have a good day, no peace, no good.” Lucky, his voice choked with
emotion, recounted, “And the boy who was with me said, ‘Papa you left my sisters and so we both began to cry.’” Moses poignantly described the pain of living with the awareness that his entire family was dead.

Sometimes you can run mad. Sometimes you can cry. Sometimes you feel like oh, like when you have your people, you feel like you are really supported, you know. So like when you have nobody, you feel like sometimes you are, like you are nothing… Because when you see other people they are happy and when you think about yourself, you are just there, alone. You see, I don’t know how to describe it but it is really, um, it’s really silently painful. (Moses)

Participants continue to carry the burden of pain with them in Canada. When asked what she feels when she thinks about the trauma she went through, Joy replied, “When I think about that my heart is in pain.”

**Fighting the cognitive impact.** All the participants’ narratives revealed substantial cognitive impacts. Cognitive impact was evident in their memory both in terms of forgetting and coping with intrusive memories. Participants spoke of being impacted by thinking too much about the past and worrying about the future. Cognitive impacts were grouped into the following categories: *memory loss, numbing and dissociation, thinking too much, and intrusive memories.*

Some participants described experiences of memory loss, numbing, and dissociation. Yvette described her sister as having amnesia after being attacked: “They tried to kill my sister… She forgot everything.” Moses described the impact at age twelve of discovering his family lying dead on the dining room floor. He said, “I don’t know where my mind went.” He added,

*When I saw, and when I saw that, that is when my mind went off. I don’t know, I don’t know if I jumped. I don’t know how I escaped that because I know when I saw that… Has this really happened? (Moses)*
Moses described feeling numb. He said, “I know all the hours I spent where I was hidden I was numb. Even if you could touch me, I could not… it was really difficult. I was twelve years old.” Two weeks later, Moses says he found himself in a refugee camp, unsure of how he got there. Slowly his memory returned. Moses described it this way: “I saw all those people [and] just like that slowly, slowly I came to understand that slowly, slowly, slowly, two months, three months, and so that’s when my memory started to come back.”

While some participants spoke of memory loss, all the participants spoke about the problem they had with thinking too much. They said they struggled to manage their thoughts both about the past and the future. Amani’s worry was for the future. She said, “When I was in Africa I was always thinking about my problems, my children and my nephew.” Moses noted that lack of activity contributed to replaying the past. He said,

Like, I mean, um, remember when you are in the refugee camp you are just sitting there. You don’t have any access to education so you have to stay there. The only thing to think about is what happened to you. (Moses)

Although participants tried not to think about the past, intrusive memories were common. Moses described how his mind would flood with memories, making it difficult to focus on anything else.

It’s not easy to describe it because… because like in all my mind and all my memory was looking at dead body with red blood, something like that. That’s what was in my mind and that’s what was in my memories. It was like, I couldn’t think. Just that was the only thing which was in my mind. (Moses)

Participants were strongly motivated to manage their thoughts. They believed that thinking too much about the past or worrying about the future could result in madness. Joy expressed it this way: “If you continue to think about your family and about your problem… It can make you crazy.” Moses described the impact of thinking too much
about the past: “It can affect you so much… like, um, as I’ve said, ah, sometimes you can run mad.”

Participants described things that could trigger memories. These included talking about the past, hearing about similar situations, or seeing something that reminded them of the trauma. Several participants said talking could trigger memories. Yvette said, “I can’t talk too much because I’ll remember too much.” Zaire said,

I just remember it like a picture. Here I am healing from the war trauma. Now when we talk about it the picture it just come back and I can start to see how I ran away, what I went through, how I have been in a refugee camp, how we were discussing, how we were sitting, how we were sleeping out, and all those just come to mind. (Zaire)

Amani shared how hearing about similar experiences could trigger memories. She said, “Sometimes when you hear, ‘My husband was dying, and I was left the wife with the kids,’ and automatically I just think about my husband.” Lucky described the impact of seeing bullet holes in the car which held his children: “The shots went through my car so they didn’t want to go in my car because it marked them like that and it stayed in their mind.”

**Experiencing the physical impact.** Participants reported feeling traumatized as a result of witnessing or experiencing physical traumas such as death, being burned alive, rape, and torture. In addition to the immediate physical impact of trauma to the body, participants reported physical sequelae following the traumatic experience. These included *loss of appetite, low energy, hypertension, rapid heartbeat, headaches, and sleeping problems*. Lucky said, “My head began to ache very badly. I had hypertension. My heartbeat accelerated dramatically and I found that the rate of my heart increased by my thoughts and my thinking of the trauma.”
Several participants had sleeping problems. These included insomnia and nightmares. Lucky said, “I spent so many nights with insomnia, I couldn’t sleep.” Participants linked their sleeping problems to thinking about their problems. Amani noted, “Sometimes if you just keep thinking, thinking, you can’t sleep.” Moses said, “Sometimes you can have nightmares.”

Some participants lost their appetite and experienced low energy from hunger. Amani said, “I didn’t have energy. I didn’t have enough to feed the kids. People were coming to help me feed the kids. It was hard… They gave me some food. I tried to eat some but I had not much energy.” Lucky said, “I didn’t eat for many days because I didn’t know if my daughters were alive and I didn’t know if they had enough to eat. I didn’t have any appetite.”

Kintsugi: Rebuilding

*Kintsugi is the Japanese craft of mending ceramics with gold lacquer resin, so cracks and fissures are transformed into a web of tiny golden veins. Exquisite gold maps spread across the landscape of a bowl. Kintsugi repairs leave the history of breakage visible, while rendering the piece unique and more precious. At times, I’ve wondered what might become possible if all experiences of breaking could be honored this way—if the wounds and wear of time were recognized as survival’s beauty.

~Melanie Drane*

As participants struggled to survive, they were also laying the foundation for rebuilding. The line between survival and rebuilding was virtually imperceptible to participants who were immersed in survival. It was only in retrospect that participants could see their own progress. The art of Kintsugi, or Japanese joinery, is symbolic of the rebuilding phase of
surviving war. The rebuilding reveals the wounds of war as well as the beauty of the human spirit as the survivors began to reclaim their lives. Participants shared how they slowly picked up pieces of their lives and painstakingly started to reconstruct them. The categories subsumed under Rebuilding are illustrated in Figure 6 and included Journey to a New Home, Living with the Burden of Pain, Process of Healing, Moving On, and Appreciating New Life.
**Journey to a new home.** At some point, each of the participants began their journey to Canada. The journey was long and challenging for most. Joy lived in a refugee camp in Rwanda for eight years prior to immigrating. She waited one and a half years from the point she was told she could immigrate to Canada until she stepped foot on Canadian soil. She recalled,

Some people were coming here to help to a different refugee camp. When I learned that I went to see one of the aids who take care of the refugee camp and asked him for help. And when I was there, the caretaker of the camp told me, he was asking me a question and writing, and after that he told me that somebody would be coming there to help people. From that time I was waiting for them to come and when they came they was asking some questions and writing down what I was telling them. And they say I can go... All that took one year and six months to be done. (Joy)

Yvette spoke of spending four years in a refugee camp prior to immigrating. Zaire lived in two countries as a refugee prior to immigrating to Canada. Amani and Moses immigrated together. They both spent ten years in refugee camps prior to immigrating.

Amani spoke of how happy she was when she found out that she would be going to Canada: “They said, ‘Yes, you will be going to Canada.’ And that day I was very happy.” However the road to refuge continued to be paved with uncertainty.

Another day they called us to go to Kenya [regarding immigrating to Canada]…and they said, “Your name is not there.” And I said, “What can I do? What can I do?” It was hard for us to go back because our name was not there. (Amani)

Amani and her children returned to camp and resigned themselves to living there. Then, to her delight, Amani was given a second opportunity.

When [they] called me to go to Kampala they said, “You want to go to Canada?” I didn’t do anything. I feel like Christmas. I asked her, “Are you sure?” “Yeah I am sure.” (Amani)
Confusion and uncertainty ensued. When Amani discovered that her daughter was pregnant, she assumed that they wouldn’t be allowed to immigrate to Canada.

But it was difficult again. You know in Africa if some girls was pregnant she couldn’t come… That day everyone was unhappy. It was so sad. One of the boys said, “Why don’t we send our name? And they are putting the things on the cars and what about us?” And they went to ask one of the workers in the office and they said, “You must put your things up too. Just go, don’t worry.” In my spirits I was thinking we were not going. Even though the doctor said it’s okay. But for me, “I wasn’t sure.” When we came to the airport we were called the first and given a seat. I was so happy now. I was so happy. Now we are going. But I was too much afraid. When they came in the airport I thought, maybe they forget about that. (Amani)

This time, however, they would board the plane for their final flight to safety. Amani said of her young son, “When we came to the airport it was nine o’clock and when we came to Amsterdam it was five o’clock in the morning. When we came there he was still talking. Wide awake.”

Lucky’s claim for asylum at the Canadian border was also challenging. He selected Canada as his country of refuge for its human rights record.

At the beginning at the border when I first entered Canada, the way that I was treated the first night I arrived here, I thought I arrived at a country where they respected human rights. I know that in Canada they respect the rights of the person and I respect Canada for that. That’s why I chose Canada as my country of refuge because I know that. (Lucky)

When Lucky arrived, however, his experience left him violated.

The people at the border brutalized me. They put me in handcuffs as if I was a thief. I had my visa and my papers and my passport and all my papers. If they didn’t want me to be here they could have sent me somewhere else. But I came to this country. (Lucky)

The treatment by the border guards reminded him of the war.

It reminded me of the war. (Agitated) I came here to live peacefully and then they put me back in handcuffs and it reminded me of everything that happened in the war and I began to think, “Are they going to kill me?” And so my heart began to beat quickly again. Again I felt I was back in my country and I didn’t sleep a
minute that night. So I left the border at Niagara Falls that night but again still in handcuffs and they put me in a type of asylum—and they put me in a shelter—the same place where they put the alcoholics and the drug addicts—and they brought me—I didn’t understand why they put me there. They cuffed my hands up (holds hands overhead) and began to [frisk me], and I felt I was in the war again. It was like they were looking for a revolver or something. So I woke in the morning and I saw the people who were speaking to themselves and pulling their hair and crazy, and then they brought us food and we all ate together in a way I will not eat. (Lucky)

He was finally released to continue his petition for refugee status in Canada.

And happily at nine o clock or ten they gave me back my belt and my watch… and they put me in a car and they didn’t put me back in handcuffs. And so I said, “I am finally a man free.” (Lucky)

The journey to find a new home in Canada is difficult for survivors of war. The stories of the participants linger as evidence. As Amani says, “To come here is not easy.”

**Living with the burden of pain.** While rebuilding their lives, participants continued to live with the burden of pain. For some, the burden was feeling desperate loneliness and anxiety for *family members left behind*. Joy described her loneliness: “I am lonely… If I see someone from my family come here, I am happy. Now I see nothing. I’m alone, I’m alone.” She explained how her phone calls to Congo impact her: “If my brother says it is good I am more happy. No more unhappy, no more think. If my brother says it is more bad, and more killing comes always I say for him to be careful.”

When Lucky fled to Canada, he had to leave his children behind. He said, “They miss me and I miss them.” He worried about the trauma they experienced with him leaving. He said, “I had to leave my house because I had some problems with the government. I had to leave my house. So again I left again my children. And that traumatized them… I don’t know how they’ll grow up because I’m not there.”
For Moses, the pain was in knowing his family was gone. He spoke of it in the following way:

When you have your people you feel like you are really supported, you know, so like when you have nobody, you feel like sometimes you are like you are nothing, you feel like sometimes you are not like um you are not like any… because when see other people they are happy and when you think about yourself you are just there alone, you see I don’t know how to describe it but it is really um its really silently painful. (Moses)

For some, the burden of pain included feeling helpless to stop the ongoing violence in Congo. Zaire explained that he felt helpless to change the situation in Congo. He said, “I know that there are still people undergoing such kind of trauma now I pray for them because I cannot change that situation I have to pray for them.” When asked how he feels when he hears about the ongoing suffering in Congo, Moses said, “Oh my goodness, I feel like I am dying.” He spoke of it like this:

Well, it’s really, like, painful (voice softens) but, it’s painful. But like even if it’s painful…there is [nothing] that we can do about it. See like now like Congo, many stories that are happening. Yeah, like sometimes it is painful and sad and you know all kind of that but you are just encouraging yourselves and try to proceed you know. (Moses)

The awareness the people continued to suffer in Congo led male participants in particular to become disillusioned with their country and its politics, something the female participants didn’t mention. Lucky said, “I don’t anymore feel for my government or feel patriotic to my government because it was because of them that the war started.” They also expressed anger that the violence went unchecked. Moses said, “That’s why sometimes I do try to blame the people who have the power to stop that, because families are broken, you know. Everything is going wild.” Zaire expressed his frustration that while the rebels received support from several countries to attack the Congolese, when a
vigilante group called the Mayi Mayi was created to protect the Congolese people, they couldn’t rally enough support.

When I was thinking about those people, they were helped from Rwanda, and Uganda and other people. Uganda, Rwanda got the help from U.S.A. and all other powerful countries, only to kill people, to kill Congolese. That was who was killed. Those children, they revolted... they said, “No we cannot stand this,” and they started to form groups, armed groups called Mayi Mayi... Now they were tired and say, “We cannot stand this” but although they start this, they try to defend themselves, but no one helps them. (Zaire)

Moses expressed disappointment that Congo wasn’t doing more to help rape victims. He observed, “You don’t have any organization in Congo who has intervened to Congo to help like, those young women, those women, those old women who are being raped, who are being displaced.” Moses observed that some Congolese are corrupt and make things worse instead of better, saying, “These Africans, some of them are corrupt, you know. So like sometimes, that’s why they mislead you know the people who want to help out.” He added, “Instead of helping out, they are trying to make things worse.”

For Moses, the sense of disillusionment with fellow Congolese included those in the diaspora. Moses said, “We have many Congolese in Canada. I think some of them don’t care.” He went on, “The Canadian government... did not bring us here to get involved in drugs or to get involved in gangs. They brought us here to get involved in healing from traumatizations and something like that.” After expressing his concern that some Congolese do not care about the plight of women and girls in Congo, he said, “But I know like these women they are like our mothers. These young girls, they are our sisters. These old women, they are our grandmothers.”

Frustration was not limited to Congolese people and politics. Participants also expressed disillusionment with the international community. Some participants expressed
frustration over the role of the U.N.’s seeming ineffectiveness and lack of response.

Moses incredulously described an attack that occurred five kilometres away from a U.N. base. He said,

Those rebels were in [names village], which is almost one hundred kilometres from my village where I was born. These rebels have [killed] about one hundred, no one hundred fifty people in that region. This MONUC, these peace keepers were maybe only five kilometres [away]. What? (Moses)

Zaire questioned the purpose of having the U.N. in Congo. He said,

If you can see how people are living, how the economy is going down right now, try to see how much money the U.N. is spending in Congo for nothing. Every year, every month, twenty-five thousand soldiers sitting there. Paying them for sitting. They are not doing anything. (Zaire)

Moses summarized his feelings toward his country in the following statement: “Africa can be a problem. I don’t know if it will be solved, especially Congo.”

**Process of healing.** Although participants continued to experience the burden of pain, they also began the process of healing. Participants spoke about the different ways in which they began to heal. Some talked about letting go of the past by *trying to forget* what had happened; others talked about the importance of *choosing to forgive*. For some, the healing process included *putting their loss in perspective* as well as *accepting that they could not change what had happened*. Participants identified significant turning points on their journey toward healing. Some talked about *finding sources of inspiration* that allowed them to engage in more healing. Several participants recognized that the *healing process is slow* and that it involves *searching for peace*.

In the desperate attempt to cope while living in the camps, or when faced with distressing intrusive thoughts, participants focused on forgetting with fierce determination. However, as they shifted the conversation to healing, trying to forget
sounded more like letting go or moving on. Zaire summed it up, saying, “You have to arrive at a time that you will forget.” There was an acknowledgement that the forgetting associated with healing is a process that takes a long time. Moses said, “I don’t know if you can forget it completely but it goes because it’s a long time you know. 1996 that’s really a long time, but trying to forget it slowly.”

Remaining active was a coping mechanism used to deal with distress or intrusive memories. Joy spoke of finding comfort in reading the Bible or calling family members. She said, “When you feel like that sometimes it is reading the word of God [that helps] but sometimes when you call [family] you feel much comforted.” Moses kept busy in order to keep his mind occupied and not focused on the past. He explained, “Many things that keeps you busy, keeps your mind busy, not remember what have happened, I think you may remember but not as it was before.”

When Lucky found a new home in Canada, a place of belonging, it helped him forget some of the horror of what he had left behind in Congo. He said, “So you begin to forget that you had to leave problems and your children and things so because you find yourself in a family.”

Most participants said that choosing to forgive was essential for healing. Zaire said, “We can’t heal people if you are not using forgiveness.” The participants differed on their motivations for forgiveness. One reason Joy felt she wanted to forgive was because she thought it would help her forget and heal. Joy said the purpose of healing was to “forgive and forget.” Conversely, by talking about the past she felt that she was not forgiving. She felt conflicted over talking about the past because she believed that not talking about the past was a sign of forgiveness. She spoke about it this way: “Sometimes
you talk about that. It feels like it’s hard sometimes, just like you’re not forgiving. But when you stop talking about it you feel like you’re forgiving.”

Another motivation for forgiveness was participants’ religious beliefs. Zaire said, “I have a God who just told me to forgive.” He acknowledged that forgiving can be a difficult struggle: “Someone may say, ‘I don’t think I can forgive these people. I cannot be concerned with these people.’” Zaire said the ability to forgive is a spiritual process. He explained, “Now when you let the spiritual take over you are now able to forgive, you are now able to have a hope.” Zaire said forgiveness requires viewing the offender as a “person like me” instead of an “enemy.” He said, “I know that this trauma was caused by people like me… [When you forgive] you are now able to see the other people in the same mirror. See them as human being.” As a result of letting the spiritual take over, allowing the shift in perspective from enemy to human, Zaire felt that he could forget, forgive, heal and have hope. He said, “Because the spiritual took over at the first, now I feel that I am healed.”

While speaking of forgiveness, participants explained their belief that their God is greater than their injustices; that he is aware of them in their circumstances. Zaire spoke of it this way, “I have a God who just told me to forgive and God told me that he knows everything that is happening.” Lucky similarly said, “I believe in God because it’s him who is bigger than the war.” Lucky and Zaire both believed that their God would look after ensuring justice. Lucky put it this way: “There will be justice for the perpetrators of the war and for those who caused trauma. They will also pay one day.” Zaire believed that he had to forgive the offender for justice to occur. He explained, “He is the one who
will punish them and if [I] can forgive them.” According to Zaire, forgiveness doesn’t just help the victim heal; it also helps make the world a better place.

As human being, as I always say, we need to make this world a better place for us, and how will we make this world a better place for us? It is to forgive and accept to be concerned with other people. Enemies or friends but let us create a relationship, a good working relationship with them and forgive. (Zaire)

Healing also occurred when participants realized that things could have been much worse. As participants compared their experiences to the suffering of others, they were able to put loss in perspective. Although suffering terribly, participants felt encouraged when they focused on another perspective. For example, Amani notes that she was fortunate that although she was raped, she was not cut with a machete or killed. She said, “One lady they cut, cut her. They almost killed her. I was lucky.”

Although Amani became pregnant as a result of the rape, she was grateful that she didn’t acquire HIV: “I went to the hospital where they said, ‘You are okay but you have a baby.’” Moses escaped an abduction attempt and reflected on what life could have been like had he been kidnapped. He spoke of it in the following way:

I do watch the television child soldiers, kids like eleven and twelve years saying like how they have killed people. So like imagine if I could be child soldier. I could have killed people. Something’s really weird, something like that. (Moses)

Another aspect of healing occurred when participants accepted that they could not change what had happened. This resolution enabled participants to begin to move forward. For some, this meant accepting that family members had died, while for another it meant accepting an unwanted pregnancy. Two participants talked about accepting the death of family members. Amani said, “Yeah, you know, my husband died. That was finished. What can I do… It was hard but now it’s all good.” Similarly, Zaire said, “No,
that is why I say, my brothers they died. They pass away. It is finished. A person is born once, he passes away once. It is finished for that.”

Sometimes accepting the death of someone took considerable reframing. In order to process his brother’s death as a normal problem, he had to ignore the violent nature of his death.

I cannot say that it is still a trauma. I consider it as a normal problem that a Canadian who is not an immigrant can have. They have also problems. And also I consider it not a trauma but a problem. I consider myself healed from what has happened and I consider that even if it was not the trauma, my brother, they should die, not young but we all have a time to die and a time to live. (Zaire)

Now I consider that in my mind that this was a normal death. If I continue to see the pictures of them being killed by someone, putting someone in my mind and the things that I am thinking in my mind can push me to thinking about revenge. But I don’t like to put this threat in my mind. (Zaire)

For Amani, accepting what she could not change meant accepting a pregnancy that had resulted from rape. When Amani first realized she was pregnant, she wasn’t sure how she would cope. At first she wasn’t sure how she would cope. She recalled, “I went to the hospital where they said, ‘You are okay but you have a baby.’ I was questioning, ‘What will I do? I have kids. Another baby? What can I do now?’” Amani recalled her internal dialogue over whether to keep or terminate the pregnancy. She said, “Sometimes a voice came, ‘You can get out the baby.’ And again another voice came and said, ‘No, it’s okay. It will be a baby too like the others.’” In the end, she was proud of herself for accepting the baby as any other, making the difficult decision to not “put out” her baby. She said, “Many times what people do, sometimes when women are pregnant they put the baby out but I say, ‘I did a good job because I didn’t put the baby out. I didn’t kill.’” It was clear that by accepting her baby in spite of the manner in which it was conceived, she was able to move on, “Yes. The big boy. Is this from God or from what? From God.”
Participants courageously engaged in the healing process when they saw what adversity others had been able to live through. They were inspired by people who had suffered atrocities yet lived lives characterized by forgiveness, faith, and altruism. Zaire described how he found inspiration in the life of Martin Luther King:

I tell them about Martin Luther King, a guy who survived for not his cause, [but] for the cause [of] my children here in North America. Martin Luther King fought for Sharon, who is [my] four year old [daughter] in North America. [My daughter] can go now with your child to the same school. She can sit. Who did that? Martin Luther [King]. He didn’t consider his life; he considered the life of my young daughter… who was not born at that time. (Zaire)

Another source of inspiration for Zaire was the example of Nelson Mandela.

I show them, look, listen to Nelson Mandela, a guy who was mistreated in prison, in jail, beaten, tortured, and when he came out he said that “No more violence to each other and what you are pretending. White people are our people. All of us in this country from now is our country. It is not about black and it is not about white. We all live in this country and we will establish relationship.” He didn’t consider what people did to them in their apartheid system. I say to them, this is what we can do. Healing. We have to heal people. (Zaire)

Another source of inspiration came from participants’ religious views,

So like faith. When you read the Bible, you see something that might be similar that might have happened. For example, if you read the story of Job, how everything was gone, but because he had faith in God he still thanked God. Everything was given by God, even though it was taken… glory be to God because he knew and believed that everything was for God. In stories like those they strengthen you. They convince you to understand that no matter what may happen, God knows what happened and God has a plan. (Moses)

Participants recognized that the impact of trauma could be ongoing and that healing is a long, slow process. Lucky spoke about his concern for the impact of trauma on the victims, saying, “Above all I think of the consequences of the trauma on the victim because for the rest of their lives their thoughts are marked by the trauma.” Zaire spoke about the long-term process of healing. He said, “I think that I can say that healing is a process. Healing is a process that takes a long time. It cannot be in only one year. It
cannot be in only five years. It is a process.” Moses similarly recognized the unique factors necessary for healing. He emphasized the importance of feeling safe in the process. Moses spoke of it this way:

> People like me, people who have a lot of thinking, those things [keeping busy] help all our thinking sometimes to forget a bit what has happened. Then through that, maybe you, it helps you to get doing this in a safe way, in a way that you believe is really safe. It helps you slowly, slowly to get better. That helps us heal. That helps us heal. (Moses)

Although participants identified many individual aspects to their healing process, they all seemed to be searching for peace. Peace meant different things to each of the participants. For Moses, healing meant an end to the conflict in Congo so people could return to their normal lives and live in peace. He said, “If any tribe, if any clan, if anybody in Congo, would make and get peace [so people could] do their farm work as usual.” For others, healing meant peace of heart and mind. Amani chose her pseudonym because of its meaning—“Peace, peace of mind.” She said, “If you have peace of love you have more, more.” When Joy was asked, “What will your heart be like when you are healed?” She replied, “I’ll feel peace in my heart.” When asked if she sometimes felt peace now, she responded, “Yes, I feel much better.”

**Moving on.** As participants healed, they also were able to move on with their lives. Some were able to move on as they saw that their children were safe and cared for. Moving on also occurred as participants engaged with the challenge of a new culture and language. Feeling connected with caring people, either within a new culture or to family and friends still in Africa, helped participants move forward. Feeling safe enough to break the code of silence and speak out was also evidence of participants moving on.
Being able to express their concerns and viewpoints was part of their healing journey; they attempted to offer solutions to the ongoing problems of Congo.

Participants with children were able to move on when they saw that their children were safe and cared for. Amani explained it this way:

When I was in Africa I was thinking about my problems, my children and my nephew. But now I am so happy because I have my children go to school. We have food… Now, when the children go to school, I am happy. When I have food for my family, I am happy. (Amani)

Joy echoed this sentiment: “I feel much better because the children have clothes.” Yvette said, “I am very happy now because we are safe. School is safe.”

Participants were motivated to rebuild their lives so that their children could benefit. When I spoke with Lucky, he had just arrived in Canada. He was eagerly seeking work so that his children would be able to join him in Canada. With a voice full of emotion, he said, “It depends on me and I wish it was another way, I hope very much [that they can join me].” Zaire’s immigration to Canada was motivated by a desire to have his children in a good school. He said part of his trauma was that his children were not receiving a good education.

As a parent who had a plan for his family I was thinking that the school my children are going to is not the school that they should… I didn’t heal in that until the time that God opened the door miraculously. We came to Canada and I was healed in that area too. (Zaire)

As participants took on the challenge of a new language and culture, they were able move on. While they each expressed overwhelming appreciation and gratitude for their new lives in Canada, participants also related the process of resettling as a series of challenges. Lucky spoke of it this way:

When you decide to flee your country it’s like you just go into a plane and you let go of everything about how you are going to live. And so you go into the
unknown like that. Especially for me because I don’t understand the language of the country I’ve decided to come to. And so there is always anxiety about how will I go on, how will I make things work? (Lucky)

Joy had never heard of Canada before she was given an opportunity to immigrate. She arrived in winter and talked about what it was like to wear winter clothing for the first time. She said, “Just before I came here, I went to seminar to learn about everything in Canada… Jacket and feet very heavy (laughter).”

Learning the English language presented its own challenges. Joy spoke of her struggle like this:

English, not too much… I come here for one year. I go to my church. Talk English. I can’t understand nothing. I come here and say, “Jesus, how can I do this? I’m here alone. I don’t have somebody here. All my children must speak English. How can I do?” One year. No understand. No understand. If I talk and you answer me I cannot understand (laughter). Canada make me crazy (laughter). (Joy)

Moses similarly found the English language challenging. He recognized that he needed to improve his English in order to move on and accomplish his goals. He said, “Maybe my English is not good. It is not how I would like. Because maybe if I could stay at school… I would do better."

Despite the struggles of a new culture and language and the memories of the past, connecting with caring people helped participants move on. Joy was fortunate that she still had family members she could call in Africa. She said, “When you feel that feeling, that feeling comes to mind you just take the phone and call the family back home. Then I feel comforted.” Caring people at the reception house helped Lucky move on. He shared how from the very beginning of his arrival, they helped him feel connected.

And the first thing I noticed is that we call each other by our first names. It’s very interesting. Already it’s like you have a community lifestyle. You have rights, but you also have responsibilities. And this is good. And just exactly from the first
minute you arrive at the house they begin to orient you. So it’s very, very good because they say is the first things you need to do is go to social services and then to find a lawyer and we know some lawyers… (Lucky)

Moses spoke of feeling cared for by friends in Canada when unbeknownst to them he was struggling with difficult memories. He said,

Sometimes friends could [help]. They could do it even when they didn’t know. They would call, “Come on” …and say, “Let’s go out,” even when they didn’t know I was in such a situation… I couldn’t tell them I am in that situation, “I really remember my memories back.” (Moses)

Moses said about Canada, “Here… everyone care about you.”

Engaging in this research project required participants to break the code of silence about their past. This meant moving past the safety of silence and engaging in the risks involved with speaking out. The first risk in breaking the code of silence was psychological. Moses commented that people who had escaped trauma might not want to remember it through the retelling. He said, “So like when you reach maybe here, you sometimes feel like you are trying to escape the same thing.” Yvette agreed, saying, “I can’t talk too much because I’ll remember too much.” When asked if he was worried about the conversation stirring up memories, Moses replied, “Sometimes I do feel like um oh my goodness, it’s really bad. But sometimes saying it is good because you know it can help others because like, it’s still happening you know.”

The second risk was for personal safety. Moses spoke about his apprehension this way:

Yeah, because you know sometimes (nervous laughter), like Africans, because if they can hear me saying this and I can be in Africa, but sometimes they can you know. But sometimes I don’t care because like it’s true, and what is going on there everyone knows. So that is why sometimes I don’t care because what is going on there everyone knows. (Moses)
Moses expressed relief that a pseudonym of his choosing would be used in the public report. He said, “That’s good because you know I always wonder, you know like and sometimes because like these Africans, some of them are corrupt you know.” Moses recognized that he was living in a country where his voice could have an impact. He said,

I think if I could still live in the refugee camp, I don’t know what I could do. Here I can speak when I speak but there, first of all, I was like nothing. My voice could not be [heard]. (Moses)

Lucky censored himself during the interview because of legal risks. His refugee claim had not yet been heard by the courts. When asked what led to him fleeing his country, he said,

I would rather not speak of it right now because that is why I am here seeking asylum. I am right in the middle of writing my personal information for the lawyer. So I don’t want to speak of it right now. But later, I would be more than happy to speak of it. (Lucky)

For each of the participants, the desire to help others who are suffering was greater than the perceived risk. Amani said she was participating in the research in order to help others. She explained,

The pastor told us about someone who is trying to complete a book of research and that’s why I said I would help. If someone needs help and it is possible to help, and especially because we were there and no one was there to help, and now you help us and we can do. (Amani)

Zaire similarly wanted to help others who have been through traumatic experiences. He spoke of it like this:

I was interested in the subject of your research. You are researching on people who have been traumatized. People who are healing, those who went through trauma, and I know that is the experience that I passed through, the experience that I went through. That is why I decided that is better to participate. And when I am participating, probably the ideas that you will gather together, maybe in the future you will make a book and this book will help us. And that is why I was really interested in participating. (Zaire)
Moses said he wanted to help “those who are in the same situation like me.” He also wanted to help Canadians understand the problems in Congo. He said,

Like Canadians sometimes… don’t know… what is going on… there. Like what people are facing. They don’t know about the traumatized people… It would help to understand… [what it is like] to be traumatized because of the war and um relate to their problems. (Moses)

It was important to participants that they were telling people who could understand and who could help, not people who would use the information against them. Moses explained it this way:

We are telling to people who understands, not like some African, some African readers you know who don’t understand, but I say that I am telling people who understand, people who can try to help out, who can try to prevent it. (Moses)

The participants were all safe in Canada. As a result of this safety, participants felt free to engage in searching for solutions for Congo. On the one hand, they despaired that the conflict would never end. Joy said, “It is too much in the war. It is too much. The problem for us can never finish.” Moses similarly shared his opinion, saying, “Sometimes it’s not easy, Africa. I don’t know if it will end, especially those countries, Congo and other countries. It will not be easy. It will take a long time to recover because too much violence, too much.”

Moses proposed that the core reason the fighting has not stopped is because people are afraid to speak up. He said,

I really feel like I want to get rid of fear. If you get rid of fear and people stand up and said this shouldn’t happen, this should stop. I’m not bragging but I really feel that if you get rid of fear the war would stop. (Moses)

Some participants felt strongly that the solution would not be military. Moses said, “I have lived in Africa a long time and enough to understand what would help out…” In Africa, in Congo, we don’t need any military solution.” He added, “If you give the
military [weapons] they don’t use it for good. They just use it to kill other civilians, you know?” Zaire similarly said, “[You] can’t expect that the gun will bring peace. The gun brings destruction. We destruct the world. We cause many, many, many things in the world by gun.” Instead of a military solution, Zaire argued that peace would come through a combination of new leadership, forgiveness, and working together for peace. He said,

Now we have all suffered. Let us forgive. Let us forget about that. Let us have a government in Congo that will try to bring things to its place… if the Congo has a president who know, this president should help people to sit together, to come together. (Zaire)

**Appreciation for their new life.** Participants believed that living in Canada was a key component to their ability to rebuild their lives. They expressed overwhelming gratitude and appreciation for their new life in Canada. Several talked about how good it felt to *find places of belonging* in Canada, and all of the participants expressed *appreciation for the help they received.* Finally, they were all extremely grateful that they were *living in a country of freedom and safety.*

Moses spoke of how a warm reception on a cold winter day made him feel welcome. He described it this way:

It was just at Christmas Day and I was moving to Waterloo. It was later than 10:00 p.m. and when I saw people sitting in a church. I think it was a Christmas gathering or something like this. I wasn’t even sure if it was a Baptist church. I thought maybe it was uh God who was leading me… I could go and knock on the door. I thought, “Oh, maybe they’ll think this guy is a terrorist or something like that,” you know something like that, but my heart forced me to go and knock and I went and knocked on the door and they really welcomed me well, as if they know me and they didn’t know me, you know. They just welcome me into the church hall and they give me drinks and uh, I start to enjoy. (Moses)
That feeling of welcome grew as he felt a place of belonging. He said, “I introduced myself, ‘I’m a Baptist member.’ You know it just increased. And then after they said, ‘We are also Baptist.’ And I said, ‘Oh my goodness, I am among my own people.’”

Lucky similarly talked about how good it felt to find belonging at the reception house. He said, “It’s like finding yourself in a family for a refugee.”

Lucky described how he was able to forget about his problems and start rebuilding as a result of finding the reception house:

So you begin to forget that you had to leave problems and your children and things so because you find yourself in a family. When you arrive in a country is where I will spend the night, what will I eat and who will show me what to do. And so to find myself in a house where they do all these things for you has given me courage. (Lucky)

Participants spoke about their appreciation for the help they were receiving from the Canadian government. Joy said,

Ah, Canada, Canada’s good… Canada help me too much. From Africa, government help me come from Africa… Government give me money (laughter)… and now too. Because I don’t work the government pays for things. Thank God for that. Government help me too… Government help with everything, everything. Too much… They are helping with food, clothes, the money we are given to buy for kids. (Joy)

Amani expressed appreciation for the help from the government and the pastor of a church who was helping them. She said, “We have food. Now I don’t have any problems because every time people like the pastor help me with everything I don’t have….When I have food for my family, I am happy. No problem.” Moses also spoke of his appreciation, saying,

When they say we will sponsor you to come to Canada… that is the first great thing that they have done. When I reached here they helped me by giving me free money… I receive money each month that I did not work before so that’s something. That’s helping you know, helping in your new country. (Moses)
Participants spoke of their appreciation for good schools and free education. Amani said, “I am so happy because I have my children go to school.” Joy also expressed her appreciation, saying, “My children go to school and someone help them.” When asked what he was grateful for, Moses said, “For me especially me, it is education. That will help us build a future and stuff like that.” Although Yvette was very grateful for her children’s education, she was able to clearly identify that her children would have benefited from more help in school.

Kids didn’t learn well [in school]. Didn’t go to school [and] then put into advanced classes [in Canada]. Didn’t feel good there. Kids need more help. Didn’t get grade one, two, three. Come here and put into grade five. They needed extra help. Not enough. (Yvette)

When asked how Canada could improve on the settlement process, participants were reluctant to offer suggestions. Joy said softly, “It is enough. Too much.” Moses said,

As long as you have access to education, you have access to job. No one is pointing at you. You have a job or you go to school… That is the thing you can count on one hundred percent… Those are the main things that I put as a main… I don’t need anything else. (Moses)

Participants were grateful that they were living in a country with freedom and safety. Moses used phrases such as “you feel secure,” “you feel safe,” and “you can get a job because you have your security.” Yvette said, “I am very happy now because we are safe.” Amani was grateful to be living in a country that is safer for single women. She said, “You know one day I leave my house at 10:00 p.m.—oh in Africa—ten o’clock you can die. But here, Canada happy.”

Moses was grateful for the freedom from discrimination. In Africa, he was targeted because he was an orphan. He described his experience of Canada, saying,
“Here if you feel like, you feel free. Nobody care about you whether you are orphan. Everybody care about you.” He was grateful that Canada works to prevent discrimination. He said, “No one is going to point at me that your grandmother is from this tribe and another one is… nobody. So I feel that Canada is doing much to prevent something like that.” Moses summarized his appreciation with the following words:

You can survive and try to help yourself in many ways. I am now employed, all the way. You know the Canadian government, they’ve really done much. Sometimes I may not be able to explain but they have really done much. (Moses)

Conclusion

This chapter presented the story of six participants who survived the trauma of living through war. Each of their stories has provided insight into the struggle, emotional pain, and courage involved in overcoming overwhelming tragedy while engaging in the struggle to survive. As with the Japanese art of Kintsugi, where “repairs leave the history of breakage visible, while rendering the piece unique and more precious” (Drane, 2009), so participants’ lives continue to reflect the scars from the war, crisscrossing their experiences while creating a beautiful pattern of brokenness transformed. Brokenness survived and transformed forms the foundation for the following chapter and emerging theory on factors contributing to surviving war.
Chapter Four: Discussion

This is a study about surviving war. The investigation focused on the detailed recollection of war, trauma, and recovery as told by six survivors of the war in Congo. Through in-depth interviews, personal narratives of surviving the trauma of war were gathered from Congolese refugees currently living in Canada. Constructivist grounded theory methodology guided the data analysis.

While the original aim of this current study was to understand the process of war trauma recovery from the perspective of survivors of war, grounded theory analysis resulted in a core category of Surviving War. Five stages were detected in the process of Surviving War: Prelude, Lives Shattered by War, Impact of Traumatic Experience, The Struggle to Survive, and Kintsugi: Rebuilding. Underlying these stages was the struggle to cope with The Psychological Toll of War. Subsumed under each of these stages were factors which contributed to the survival process.

The staged model of Surviving War, with the underlying category The Psychological Toll of War, represents a unique contribution to the existing body of research literature. By clearly delineating the stages of surviving war, the model contributes to the transferability of this study’s findings.

While a staged model clarifies process, it also hides aspects of the phenomenon under study (Lederach & Lederach, 2010). Earlier, using research based on a medical model as an example, I argued that the lens with which we view our subject influences what we see. In the same way, a model such as emerged from this study draws our
attention to some aspects of reality while overlooking others (Lederach & Lederach, 2010). Mindful of the goal of grounded theory analysis to preserve the complexity of the phenomenon under study (Charmaz, 2006), I decided to dig deeper into the data. My goal was to develop a theory that reflected the complexity of surviving war while allowing for a level of abstraction necessary for theory development (Charmaz, 2006). Charmaz has described this process, saying:

> We build levels of abstraction directly from the data and, subsequently, gather additional data to check and refine our emerging analytic categories. Our work culminates in a “grounded theory,” or an abstract theoretical understanding of the studied experience. (Charmaz, 2006, p. 3)

Constructive grounded theory methodology is based on the theorist’s understanding and interpretation of the studied phenomenon (Charmaz, 2006). Interpretive theories do not seek causality; rather they allow for indeterminacy and “give priority to showing patterns and connections rather than to linear reasoning” (Charmaz, 2006, p. 126). My analysis of surviving war captures both the process and the intricate web of factors that contribute to the process of survival.

**Theorizing on Surviving War**

In this current study, surviving war was characterized as a complex interaction of challenging struggles, counteracting strengths, and serendipitous encounters. For each setback, there was a corresponding action that propelled the participants forward in the process of survival. The challenges involved coping with the encroaching war; avoiding violence; coping with traumatic events; and grieving the loss of family members, supports, home, and livelihood when forced to flee. Once in camp, participants fought
the emotional pain that threatened to overwhelm them; lived with constant fear, helplessness, and feeling abandoned; and struggled with insufficient aid and few opportunities to make a living due in large part to a life restricted by the perimeter of the refugee camp. Later challenges included struggling with the immigration process and building a new life in Canada. In the midst of these numerous challenges, participants found ways to survive and, in some cases, to grow.

**Surviving war requires the ongoing consideration of multiple coping strategies.** A key finding of this study was that surviving war required the consideration of many interacting coping strategies that were agentic in character. Assuming personal agency was not straightforward. No single resource was solely responsible; rather, survival involved negotiating a path between diverse and often competing coping strategies. This constellation of factors is illustrated in Figure 7.

Further, for each stage of surviving war, key coping methods emerged as significant factors in the survival process. Leading up to the shattering event, participants demonstrated personal agency as they worked to contain the risk of violence through increased vigilance while simultaneously engaging in normalizing activities. Accurate risk assessment was a critical skill that served them well throughout the struggle to survive.

When the risk of harm and the level of the atrocities became intolerable, participants responded either by executing a planned escape or by spontaneously fleeing. Instinctively, participants compartmentalized the horror of what they had witnessed in order to make the perilous flight to safety. Whereas risk assessments were previously calculated and facilitated in community, when the eventual decision to flee was made, a
sudden and almost primordial urge took over in the desperate attempt to survive. Unable to process the atrocity they had just experienced, they dissociated in order to concentrate on the one thing needed for survival—escape.

In the ensuing struggle to survive, participants entered a complex maze of decision-making. They had to regulate feelings, thoughts, and behaviours in the desperate fight against isolation, despair, and going mad. They had to choose between giving expression to their own grief and pain and looking after their family’s survival. They had to decide what to do about the ever-present spectre of fear that invited panic and threatened madness. If they voiced their fears in a group, they risked social rejection. To survive, they needed both their sanity and the support of those around them. Many chose to suppress their fear. Some found safe places of support. Several depended heavily on their faith and the comfort of religious rituals. Several used forgiveness to cope with anger and the desire to seek revenge. Some found purpose and meaning in spite of their struggles. These were the factors that contributed to their survival.

Once in the camps, participants created new networks of social support and accessed humanitarian aid. Creative resourcefulness was needed to acquire food, find meaningful work, and seek learning opportunities while in the camps. Agency was required to report ongoing injustices such as rape. Determination was required to hold on to personal values, find places of belong, and make choices to value life, practice forgiveness, and care for others. Finally, fortitude was required to build a new life in Canada.

Each of the factors that contributed to surviving war will be developed further in the next section. As I will demonstrate, each of these individual coping strategies is well-
supported in the existing literature. The unique contribution of this current research is the relationship of these factors to the process of surviving war.

**Figure 7: Factors contributing to surviving war.**

**Considering resilience.** While theorizing on surviving war, I considered building on the psychological construct of resilience. Resilience is a complex construct generally defined as the process of adaptive coping in the face of adversity and life challenges (Fergus & Zimmerman, 2005). Similar to the process of resilience identified in other studies, participants in this current study sought out and took advantage of opportunities to increase their chances of survival (Fergus & Zimmerman, 2005; McGloin & Widom,
2001). However, researchers have not agreed on how to define resilience (Fergus & Zimmerman, 2005).

Some researchers have framed resilience as a static personality trait (see, for example, Lederach & Lederach, 2010) while others have argued that resilience is the context-specific adaptive use of internal assets and external resources (Fergus & Zimmerman, 2005). Some have decried the inherent character judgment in the construct of resilience, asking, how do we know that those who perish were not equally resilient (N. Piran, personal communication, June 13, 2011)? Still other researchers have juxtaposed resilience with developing mental health illness—namely, PTSD (Smeets, Giesbrecht, Raymaekers, Shaw, & Merckelbach, 2009).

It is clear that the construct of resilience is still under development. Further, this study was not designed to measure mental health, nor was it designed to place a value judgment on the coping methods or character of participants. Unlike the juxtaposition of mental health or character implied in some definitions of resilience, agency is the intentional action of a person to bring change to one’s environment (Bandura, 2001). According to Bandura, “outcomes are not the characteristics of agentive acts; they are the consequences of them” (Bandura, 2001, p. 6). Therefore, while someone who develops PTSD could be accused of not being resilient to trauma, they could not be accused of not being agentic. According to Bandura (2001), “agency embodies the endowments, belief systems, self-regulatory capabilities and distributed structures and functions through which personal influence is exercised, rather than residing as a discrete entity in a particular place” (Bandura, 2001, p. 2).
I also wanted to bring to the forefront a frequently neglected factor in survival: serendipitous events. The construct of agency is useful here because inherent in agency is the acknowledgement of the role of fortuity (Bandura, 2001). Agency is understood to interact with fortuity by seizing or “making the most of opportunities that arise unexpectedly from time to time” (Bandura, 2001, p. 12). By recognizing the role of serendipity or fortuity in the process of surviving war, this current research remains grounded in the broader experience of the participants and avoids the risk of reducing survival to a set of skills. The resulting theorizing on surviving war acknowledges the interplay of serendipitous events and personal agency.

**Surviving war occurs as a result of serendipitous events interacting with personal agency.** As I stepped back to analyze the data, I saw that surviving war involved a harrowing dance between personal actions and serendipitous events. While personal agency was critical to survival, participants’ stories would have had different outcomes if not for the timely appearance of Good Samaritans, the availability of humanitarian aid, and the good fortune of avoiding death. This dynamic is represented in Figure 8.

Often, when the way forward seemed blocked, Good Samaritans serendipitously appeared and assisted participants. Serendipity played a role in placing participants in social networks that helped to curb the type of negative thinking and speech that could infuse a whole community with immobilizing fear. Finding relatives when you thought you were the only survivor was serendipity interacting with personal agency. Without serendipitous encounters, it is doubtful the participants in this study would have survived.
Discussing the Factors Contributing to Surviving War in the Context of Existing Literature

The unique contribution of this current study to the body of existing research literature is the development of a staged model of surviving war, culminating in a theoretical construct of factors that contribute to survival. The trauma participants placed their lives and mental health in jeopardy and the outcomes included survival, safety, and post-traumatic growth.

This current study found that surviving war occurred as a result of personal agency complemented by serendipitous events and that surviving war requires the ongoing consideration of multiple and sometimes competing coping strategies. These two foundational findings will be discussed in the following sections. Other researchers have similarly found that a positive outcome is related to multiple coping methods among children surviving war, struggling teenagers, and adults (Bonanno & Mancini,
Prelude: Trying to stay safe at home while preparing for the possibility of fleeing.

\[War \text{ is a part of social experience and is embedded in social life... it is for many people... not an exceptional horror, but a continuing and embedded indecency.}\]

\[\sim Davis, 1992\]

This study found that people living in war zones both temporarily adapt their behaviour in response to increased threat and try to normalize their lives in the context of war. In fact, the process of surviving war began long before the experience of the shattering event. Although participants had been living in the context of war for a long time, this familiarity did not mean that they had become lax to its threat. Participants spoke about how they adapted their lives to manage the risk of the encroaching wars. As I reflected on the data, this watchful preparedness seemed to indicate a complex risk assessment process of gauging the increasing threat of the encroaching war and responding with calculated risk management measures. The key factor contributing to survival during the prelude to the trauma was ongoing vigilance and effective risk assessment.

The first response by participants to news of increased threat was to attempt to stay safe at home. As their security was threatened, they set up a sense of safety and containment within the changing environment. They withdrew to places of relative safety and then returned home once the threat had passed. In this way, it seemed to me that participants carried on with their lives and adapted to the changing circumstances of increased violence as needed.
Similarly, other researchers have found that when violence is the normal social context, people become accustomed to it (Dawes, 1990; Lindley, 2010). People living in war zones use a variety of methods to try to maintain stability and a sense of normality (Lederach & Lederach, 2010; Miller, 2009). Consistent with this current research, other researchers have found that people living in war zones often first try to cope with an increased threat of violence by relocating close to home (Gale, 2006; Horst, 2005; Kabachnik et al., 2010; Lindley, 2010).

Several researchers have found that during prolonged war, people adjust their behaviour when threatened but quickly return to “normal” following an attack (Miller, 2009), regardless of the frequency of attacks (Stecklov & Goldstein, 2010). These studies add support to this study’s finding that people living in war zones both temporarily adapt their behaviour in response to increased threat and try to normalize their lives in the context of war.

A pattern of trying to stay safe at home by withdrawing to safety as needed is also consistent with research involving domestic abuse (Burke, Mahoney, Gielen, McDonnell, & O’Campo, 2009). Similar to people living in war zones, domestic abuse victims vacillate between trying to stay safe at home and deciding to leave permanently (Burke et al., 2009; Fanslow & Robinson, 2010). Reasons for staying in an abusive relationship included believing the relationship was “normal,” feeling emotionally invested in staying, and thinking it was better for the children (Burke et al., 2009; Fanslow & Robinson, 2010). Similarly, this current study found that the decision to leave home was difficult because living in the context of war was “normal,” they were emotionally invested in relationships in their community, and they were concerned for their children.
In summary, as noted in the results section, participants coped with the encroaching war with increased vigilance and watchful preparedness. Like other research groups, participants in this study initially tried to stay safe at home. This involved temporary retreat when the violence was hot and a rapid return to normal as the threat receded.

Shattering Event: The tipping point in the decision to flee. A key finding of this study was that, when faced with life or death issues, the instinct to preserve life took over and in the process the ability to dissociate from all other demands was lifesaving. As the war finally crashed into their worlds in ways they could not tolerate, participants responded with desperate attempts to preserve their lives. In an instant, participants were catapulted from a state of trying to stay safe at home into a frantic attempt to flee certain death. The fight for life was on.

Coping methods shifted dramatically at this stage of surviving war. Whereas coping was previously demonstrated by ongoing watchfulness, risk assessments, and adaptive responses that allowed participants to stay safe at home, now all thought of trying to stay safe at home was banished. It was as if something primordial took over, and like the instinctive reaction of wildlife to escape a forest fire, so participants too ignored all other demands and instinctively fled for their lives. Significantly, the dissociation that has been viewed by others as pathological (see, for example, Lanius et al., 2010), here was adaptive and life-saving.

Research on decision-making has revealed that people progress along the continuum of change as the benefits of change outweigh the costs of not changing (Prochaska & DiClemente, 1982). The flight to safety by participants in this current
study marked an internal tipping point based on participants’ ability or willingness to tolerate atrocity. Once participants reached the tipping point, the decision to flee was immediate. Other refugee researchers (Kabachnik et al., 2010; Lindley, 2010), as well as domestic violence researchers (Fanslow & Robinson, 2010), have similarly identified a tipping point that propels victims of violence into a rapid decision to leave. The decision to flee might be precipitated by threats of death, severe violence, destruction of property, or the loss of means to support oneself (Fanslow & Robinson, 2010; Kabachnik et al., 2010; Lindley, 2010). So too participants in this current study reached a point where they could no longer cope with what they were experiencing and fled.

In summary, this study found that coping mechanisms shifted dramatically when the situation became intolerable. While participants began by making careful risk assessments and adapting their behaviour, now the heart-wrenching decision to flee without knowing the fate of those left behind paled in comparison to the singular need to escape. Rather than systematically processing what they were experiencing, something automatic and instinctive took over and led them to safety. When the war knocked their worlds to pieces, the reflexive response of dissociating from all other demands to focus on escape was critical to survival. Many participants described a state of shock or suspension of emotion while they automatically focused on fleeing. There would be time enough to grieve later.

**The struggle to survive.** Surviving at this stage was complex. A key finding of this study was that in the struggle to survive, no individual factor ensured participants’ continued existence. Rather, the struggle to survive involved a recursive relationship between managing overwhelming emotions, remaining grounded in personal values, and
garnering social support, all while addressing their physical needs. The factors contributing to survival at this stage will be discussed in the context of the psychological toll of war.

**The Psychological Toll of War: Emotional pain, feeling forgotten, and madness.** A key finding of this current study was that the fight to stay sane was critical in the struggle to survive. As the immediate shock of the traumatic event dissipated, a flood of emotional pain threatened to overwhelm participants. To avoid being irreparably shattered by their experiences, participants determinedly avoided activities that would remind them of their brokenness. To acknowledge their brokenness was to give in to despair and make room for fear and madness. While participants clearly grieved over the loss of loved ones, they seemed to accept that those were things they could not change. It was the ongoing inhumane treatment of fellow human beings, mass death, and fear for the future that seemed to make it difficult to cope.

The heart-wrenching pain associated with surviving war has been called unspeakable pain (Lederach & Lederach, 2010). Unspeakable pain has no voice; no words exist to express it (Lederach & Lederach, 2010). Perhaps it is similar to the concept of emotional pain, which occurs after a damaging experience and can be so intense that it is experienced as a threat to survival or a shattering of self (Bolger, 1999; Greenberg & Bolger, 2001). It makes sense then that participants in this current study would avoid reminders of the atrocities they experienced if they feared the pain would shatter them.

Participants in this current study spoke of feeling abandoned and forgotten in their struggle. It is one thing to struggle knowing that support is coming, but it seems it is
quite another thing to struggle and feel that no one knows or cares (Montgomery, 2003). Bolger (1999) has similarly found that the brokenness that arises from emotional pain causes social withdrawal, resulting in feelings of isolation and disconnection.

This study adds important empirical support to the small body of literature associating “feeling forgotten” with war trauma. While Sommers (2006) has stated that feeling forgotten is the most universal response to war, a research literature search from earliest documents to present, using keywords abandoned or alone or forgotten and war, did not find support for this statement. Only four research documents were generated using the Scholars Portal search engine. A Google search using the same key words generated over six thousand hits. It appears that the apparent relationship between “feeling forgotten” and war is a widely discussed but empirically understudied phenomenon.

Along with emotional pain and feeling forgotten, participants struggled with overwhelming anxiety. The fear they described was pervasive, filling their days with incessant worry and nights with dread. Thinking about their children led to obsessive ruminations over how to feed them. Participants held a tight rein on the thoughts that fed fear, for to entertain them was to incite panic, and shadowing panic, madness. Several participants had chilling stories of what had happened to other refugees when they allowed their emotions to regulate their thoughts—stories of paranoia, losing touch with reality, and madness. Madness meant you were incapable of feeding yourself or your family. Ultimately, for participants in this study, the ability to manage emotion could mean the difference between life and death. So while there was much about war that was
beyond the control of participants, one of the things they fought hard to preserve was their sanity.

**Emotional Modulation Strategies: Compartmentalizing the horror.** A key finding in this study was that participants avoided acknowledging emotional pain and fear to keep from going mad. In order to survive, participants worked hard to forget and numb the pain. It was clear that as they regulated their emotions, participants recursively impacted their thought lives. In this way, they were able to focus on the tasks of survival instead of becoming overwhelmed by the unspeakable emotional pain, thoughts of revenge, fear, and despair.

Emotions like those experienced by participants in this current study are multifaceted phenomena that not only make us feel something but also “make us feel like doing something” (Frijda, 1986, cited in Gross & Thompson, 2006, p. 5). Depending on how the emotion is processed, the resulting action may help or hinder. Researchers suggest that adaptive processing of emotion contributes to the resolution of the instigating problem (Kennedy-Moore & Watson, 1999). On the other hand, maladaptive processing of emotion leads to “the person feeling stuck, often hopeless, helpless, and in despair” (Greenberg & Bolger, 2001, p. 199).

In this current study, adaptive processing of emotions meant different things at different stages of surviving war. Prior to the traumatic event, adaptive processing meant participants used their emotional and cognitive awareness of the risks they were facing to help them determine their response. Immediately following the traumatic event, a form of extreme regulation of emotion took the form of shock or dissociation to help participants focus on escape without becoming immobilized by overwhelming emotion. In the camps,
participants continued to strictly regulate their emotions to prevent giving way to fear and despair.

Greenberg and Bolger (2001) have noted that when negative emotions are maladaptively processed, they serve to keep people stuck and limit their creative responses to challenges. In keeping with Greenberg and Bolger (2001) this current study found that participants believed that processing their negative emotions in the context of the struggle to survive camp life would be detrimental and held a real risk of them going mad.

In summary, the ability to adapt to changing contexts by modulating emotion was critical throughout the survival process. Following the identified traumatic experience, participants in the current study described being overwhelmed with emotion so intense it threatened to render them incapable of going on. Yet moving on to find safety, food, and shelter was essential to survival. As a result, participants set aside the needs rising out of their emotional pain in order to address the more immediate and urgent need of physical survival. Once in camps, emotion was again set aside in order to focus on staying safe and finding food.

Dissociation. A key finding of this study was that participants voluntarily dissociated from overwhelming emotion in order to compartmentalize the horror while struggling to survive in the camps. Participants recalled how they had to numb their emotions and forget the horrific event in which their pain was embedded to keep from being overwhelmed. Dissociating while fleeing seemed automatic. Now it became a deliberate attempt to avoid distressing memories and emotions. Dissociation allowed participants to disregard all competing demands and simply focus on survival.
Trauma has been identified as one of the strongest predictors of dissociation (Brand & Loewenstein, 2010) and voluntary dissociation through memory loss, and numbing has been found to be an effective form of affect control that has contributed to survival (Punamäki et al., 2004). In a study with refugee Kurdish children, Punamäki et al. (2004) found that denial was a protective factor for children’s mental health and that “distraction, denial, and numbing of feelings were conscious and often resourceful ways of mastering overwhelmingly painful experience. They allowed children to filter frightening memories in adaptive ways” (p. 67).

Avoidance of unpleasant memories is not restricted to traumatized populations (Brand & Loewenstein, 2010; Brothers, 2009; Phan et al., 2005). Research with healthy populations has found that avoidance is an actively used and largely effective way of coping (Phan et al., 2005). In other words, healthy people are able to significantly decrease negative emotions through the practice of avoidance (Phan et al., 2005). It is not surprising then that traumatized people would use the same method to attempt to avoid disturbing memories. But was it effective?

*Are dissociation and avoidance adaptive coping mechanisms?* Theories of emotional processing suggest that emotional arousal leads to either cognitive appraisal or to autonomic responses of fight or flight (Greenberg & Bolger, 2001). Depending on the situation, either cognitive appraisal or autonomic responses can be adaptive (Greenberg & Bolger, 2001). Consistent with emotion processing theory (Greenberg & Bolger, 2001; Kennedy-Moore & Watson, 1999), participants in this current study who dissociated immediately after their traumatic experience and found their way to safety were instinctively behaving in life-saving ways without conscious thought or emotion. Later in
the survival process when the immediate threat had decreased, assessing situations prior to acting was more adaptive in contributing to their survival.

For example, these maladaptive responses may happen at the same time that the trauma survivor needs to be able to process reactions for survival (Kennedy-Moore & Watson, 1999). In this current study, the suspension of emotional awareness through dissociation was exactly what participants needed to do to survive. While the same act of dissociation could well be maladaptive in another setting, it was very adaptive in the case of those who needed to suspend their emotions long enough to find safety. I wonder what occurs for trauma victims when dissociation results in freezing, leaving them open to further harm, while in others it results in a fight-or-flight response that is life-saving.

Differing theories exist on the function and effectiveness of dissociation and avoidance in emotion regulation. In the medical model, dissociation is viewed as an indicator that the self has fragmented as a result of a traumatic experience (Brand & Loewenstein, 2010). In contrast, Brothers (2009) has argued that dissociation following trauma is an attempt to avoid fragmentation. She has suggested that when a person detaches from the traumatic memory and the consequent uncertainty and pain, they simplify the trauma experience and are able to go on. Brothers (2009) has written, “To the extent that one’s affect is dissociatively flattened or one’s sense of the reality of the event of oneself is lost, experience of the chaos and disorganization that attends trauma is attenuated” (p 55).

While it appears that for participants in this study dissociating was an adaptive coping mechanism, the issue may be more complicated than is immediately apparent. For example, a meta-study on avoidance coping methods found a significant relationship
between avoidance coping and distress (Littleton, Horsley, John, & Nelson, 2007). PTSD sufferers with higher rates of trauma memories have been found to practice more avoidance (Hopper, Frewen, van der Kolk, & Lanius 2007) and other researchers found that those who have the greatest immediate success in repressing unpleasant memories seven days later have the highest rate of intrusive memories (Geraets, Merckelbach, Jelicic, & Smeets, 2006). These results suggest that avoidant coping may indicate overall higher levels of distress rather than effective coping and may not be effective in the long term (Myers, 2010).

In summary, research on coping styles provides mixed results on the efficacy of avoidance and dissociation. While the literature suggests that avoidant coping is maladaptive for long-term coping with trauma, it may be effective immediately following the trauma. In this current study, avoidance appears to have been adaptive immediately following the trauma and successfully used to cope once in the camps.

Social control. Managing emotion was more than an individual coping mechanism. In this current study, quashing emotion was a means of garnering social support. Participants found that negative talk and voicing incessant worry about the future could negatively influence the whole camp. Perhaps the term “unspeakable pain” (Lederach & Lederach, 2010) could be applied not only to the experience of the emotional pain of war, but also to the censorship of the expression of emotion. That is, the pain ought to remain unspoken. Participants shared how camp members would serve as informal social control agencies, instructing and, if necessary, threatening those who insisted on voicing their fears. The stories of those who had gone mad were told and retold in the camp, which reminded refugees to keep their emotions in check. Since
participants needed the support of others in the camps, the ability to suppress their worry and focus on the tasks at hand was critical for survival.

*Coping through activity and meaningful engagement.* In addition to dissociating from emotional pain and silencing their own voices, participants in this study also tried to manage their emotions by staying active. Activities such as singing, creating gardens, or training for new roles helped to improve participants’ sense of well-being. Participant’s thoughts became more positive and hopeful as they began to find places for meaningful engagement. In this way, participants’ emotions, thoughts, and behaviour worked together to facilitate survival.

Emotion-process researchers suggest that emotion regulation is possible because the relationship between the experience of emotion and the associated behaviours are dynamic and recursive (Gross & Thompson, 2006; Kennedy-Moore & Watson, 1999). In the context of this current study, participants seemed to realize that emotions and actions interacted and influenced the other. As noted earlier, participants believed there was a risk in letting their emotions run rampant and so tried to corral their emotions.

*Personal values provide meaning and moral guidance.*

*Everything can be taken from a man or a woman but one thing: the last of human freedoms to choose one’s attitude in any given set of circumstances, to choose one’s own way.*

~*Victor E. Frankl*

A striking characteristic of participants in this study was an uncompromising commitment to their personal values that included preserving life and practicing forgiveness. In some cases, values were grounded in long-held family beliefs. For others, religious practices such as Bible reading, singing, or praying functioned as dependable stabilizing forces. In still other cases participants’ behaviours revealed values that were
difficult to articulate, such as the their estimation of human life and consequent refusal to kill.

I was struck by the story that wasn’t told by participants because it may also have revealed their values. Noticeably absent was discussion of anger, rage, or revenge. The one participant who expressed anger did so when referring to the male abuse of power, particularly with regard to marriage. This participant’s anger seemed to give her courage and determination to empower other women trapped in abusive relationships. For the other participants, all talk about anger or revenge appeared to be moderated by their religious beliefs about the importance of forgiveness and leaving revenge to their God.

The value of preserving life instead of destroying life was most clearly demonstrated through Amani’s decision to carry her pregnancy resulting from rape to full term. She expressed her belief that because she did “not kill,” she was doing a good thing. Two other participants expressed a similar value when they refused to respond to injustice by taking revenge and killing. In analyzing the data, it seemed to me that participants chose to value preserving life over death.

The importance of personal values when facing difficult events like surviving war is supported in the research literature. The decisions to preserve life or to practice forgiveness in this current study seem to have been rooted in moral agency (Bandura, 2001). Personal value systems allowed participants in this current study to make difficult decisions that contributed to their pride and self-worth. Bandura (2001) has argued that “moral agency forms an important part of self-directedness” (p. 8). He explains,

Goals, rooted in a value system and a sense of personal identity, invest activities with meaning and purpose… They do things that give them self-satisfaction and a sense of pride and self-worth, and refrain from behaving in ways that give rise to self-dissatisfaction, self-devaluation, and self-censure. (Bandura, 2001, p. 8)
The personal value of participants’ religious beliefs in this current study provided a foundation for acts of coping through religious practices. Other research literature has found that positive religious coping contributes to resilience (Harris et al., 2008). Significantly, this benefit is not found in the context of religious strain (Harris et al., 2008). Rather, researchers have found that religious strain contributes to post-traumatic symptoms (Harris et al., 2008). Religious strain is associated with “feelings of alienation from God, fear/guilt, religious rifts, and negative religious coping” (Harris et al., 2008, p. 25).

It seems that the ability to hold onto values and beliefs in spite of the atrocities around you contributes to survival. In fact, religious beliefs may be strengthened when faced with life-threatening events (Laufer & Solomon, 2010). Viktor Frankl (2006) described the misery of being imprisoned in a concentration camp during World War II in his book *Man’s Search for Meaning*. Frankl (2006) argued that those who found meaning in spite of the suffering found a reason to live while those who had no reason to live died the quickest. Similarly, participants in this current study clung to rituals that gave their lives meaning. In most cases, these practices were grounded in religious beliefs and included prayer, Bible reading, singing, and seeking social support among people with shared beliefs. Over and over, these practices served to sustain participants in the struggle to survive.

*Creative resourcefulness in the struggle for survival.* This study found that personal agency which led to creative resourcefulness was critical to physically surviving life in the camps. Rather than being the helpless recipients of aid, the participants in this study actively engaged in the struggle to meet primary needs of food, shelter, and
clothing. Participants spoke of the heartbreak of watching many children’s bodies swell from malnutrition and then die. Witnessing this tragedy served as a clarion call for participants. They were clear that those who did not work hard to improve their situation would die along with their children. Aid from humanitarian organizations provided essential items, but it was not enough for survival. Participants actively engaged in growing gardens, trying to stay safe while gathering food in the forest, and looking for and finding meaningful work. Participants had to assume an agentic stance to ensure their own survival.

Similarly, other researchers have found that rather than being solely aid-dependent, some refugees supplement the provisions from aid organizations by working for local farmers or other local employers (Whitaker, 2002). In general, refugees bring with them the skills and qualities necessary for survival and adapt and transform those skills as needed to assist in gaining self-sufficiency (Campbell, Kakusu, & Musyemi, 2006; Gale, 2006; Horst, 2005).

In contrast to some refugee populations (Horst, 2005), the participants in this current study had very few material resources or professional skills. Participants came from one of the poorest countries in the world. The average income in Congo is less than one dollar a day (Central Intelligence Agency, 2004). Only two of the six participants were trained as professionals. Participants used what they had to survive which included providing field labour, learning the trade of midwifery, and trading personal items such as watches.

Due to safety concerns, mobility became restricted once participants reached the camps and this lack of mobility contributed to their poverty. Other researchers have
found that mobility is one of the key ways refugees manage poverty (Gale, 2006; Horst, 2005; Lindley, 2010), but that was not an option for participants in this current study. While some people have been found to benefit from displacement (Lindley, 2010), participants in this study struggled greatly while displaced. It was only after immigrating to Canada that their situations improved.

Creating new networks of social support. A significant finding of this current study was that participants could not have survived the war without receiving social support at critical points in time. By the time most participants in this current study fled their homes, they had already witnessed an untold number of deaths. Their social support networks were disintegrating and took a final blow when calamity scattered their fleeing families and neighbours.

Although participants left behind existing support systems when they fled their homes, new systems of support quickly emerged. These emerging support networks were made up of other displaced people, people from the host country, or groups with common experiences (such as religious groups, orphans, or widows). People in the networks helped with planting gardens, education projects, employment opportunities, friendship, sharing, advice, social control, food, and money. Sometimes when it seemed as if there was no hope and no way forward, a Good Samaritan would come along and provide a way through, thus contributing to the survival process.

In the research literature, social support is conceptualized as a safety net that ensures there are people to rely on in times of need (Davis, 1992). Social support can include family members, friends, peers, or professionals “who communicate information, esteem, practical aid or emotional help” (Stewart & Langille, 2000, cited in Simich et al.,
Similar to this current study, other research has found that social support is “a key determinant of health, and is as vital to maintaining well being as food, shelter, income, personal security, and access to health care and social opportunities” (Simich et al., 2004, p. 2).

Refugee researchers have confirmed that wars change the landscape of a society as large segments of the population disappear through death or kidnapping (Wadsworth, 2010). These social impacts contribute to individual distress as police, courts, schools, health clinics, and markets are left without workers and are no longer able to support those who remain (Norris, Tracy, & Galea, 2009; Wadsworth, 2010).

Participants in this current study spoke of how people in their new social networks would encourage them to keep going. These support systems contributed to participants’ well-being, protected them in times of despair, and functioned to protect them from giving up. Other researchers have similarly found that social support plays an important protective role in coping with stressful situations such as trauma or health problems (Gilbar, Ben-Zur, Lubin, 2010; Norris, Watson, Byrne, Diaz, Kaniasty, 2002; Pietrzak et al., 2010). Even the perception of support has been found to promote adaptive coping (Simich et al., 2004). Likewise, participants in this current study indicated that support was critical to their survival process.

_Social support in coping with loss._ Participants received social support during their grieving processes. Participants who were widowed or orphaned by the war attributed their survival in part to the availability of support from others. As noted in the previous chapter, widowed women offered each other support through encouragement, advice, helping with children, working in gardens, or assistance with money. Similarly,
orphans groups would encourage each other and engage in projects together. By pooling their resources, these groups were able to ensure the youngest and most vulnerable had access to books and the opportunity to go to school.

While researchers in Western Europe and North America normally focus on an individual’s coping behaviour following loss, Nwoye (2005) argues that in Africa it is the community that makes resources available to bereaved persons. Nwoye (2005) explains:

African grief work can be defined as the patterned ways invented in traditional communities for the successful healing of the psychological wounds and pain of bereaved persons… its target clients are any members of the community burdened by the painful loss of a loved one. (p. 148)

These patterned ways of grief work include storytelling, helping with burial, and “assisting with crucial projects left incomplete by the deceased. In this way the bereaved are enabled to feel less sense of disruption” (p. 149). In the current study, the community of refugees became the context for the painful work of grief to unfold. As described in the previous chapter, fellow refugees would stop by to ask the bereaved participants what had happened. In this way, the tradition of storytelling associated with the grieving process continued in this new and harsh context.

In her research, Montgomery (2003) found that the darkest part of grief is when you are alone, where no one seems to know or care how much you are suffering. In this current study, social support emerged to fill that gap. Participants described how social networks worked together to quell rising panic over how an individual would cope. When a widow voiced her worry about the future too loudly or too insistently, the women in the camp would help diffuse the mounting panic by silencing her through warnings or scare tactics. In this way, social support worked to buffer the two extremes
of grief by both providing support and helping to contain panic and fear that could lead to despair.

Whereas traditionally in Africa a caring community would surround a bereaved widow or widower and assist with tasks left incomplete by the deceased (Nwoye, 2005), in the context of the refugee camps new support networks emerged to help with the tasks of survival. In particular, refugees who were widowed or orphaned seemed to develop new systems of support. Other research has similarly found that in the absence of livelihood support from men, women increase support for each other (Horst, 2005) and that members of refugee orphan communities function together to protect and support each other (Perry, 2008).

**Good Samaritans.** In addition to humanitarian aid and social support networks there was another source of support that functioned as an outlier in the system. These were the Good Samaritans. Unlike humanitarian aid organizations who respond to large groups of people in need, Good Samaritans generally respond to a specific person with a specific need (James, 2007). In this current study, these people assisted in providing small loans, help with immigration, and timely encouragement. It wasn’t just what the Good Samaritans did but the timing of when they stepped in that made the difference in terms of survival. Good Samaritans provided a way forward when all options seemed blocked.

In summary, building and accessing networks of social support, as well as receiving help from Good Samaritans, contributed to participants’ survival process. Rather than waiting around for aid, participants dug deep into available resources, created new opportunities, and moved beyond the role of victim to that of survivor.
Altruism. In the research literature, the kind of selfless concern for and helping of others described by participants in this study is called altruism (Baetz & Toews, 2009). Whether participants engaged in altruistic acts prior to the war is unclear. What is clear is that rather than growing bitter and selfish as a result of their traumatic experiences, many chose to put their energy into caring for others.

Studies using objective measures (observed behaviours) have similarly found that altruism improves psychological well-being (for review see, Baetz & Toews, 2009). While some researchers have challenged the view that altruism improves well-being (Fujiwara, 2007; Fujiwara & Lee, 2008; Mundt, Schroeder, & Backenstrass, 2009), it may be that their subjective study methods, which included self-report and hypothetical questions, influenced results (Baetz & Toews, 2009).

Altruism has been shown to be a positive coping mechanism for people who are not part of the dominant culture (McGinley et al., 2010; Stermac et al., 2008). In a study examining mental health among war-zone immigrants to Canada, Stermac et al. (2008) found that participants identified giving and receiving help as two helpful coping strategies in their adjustment to Canada. McGinley et al. (2010) studied a group of Mexican American college students and found that acculturative stress was positively related to pro-social behaviours such as helping. However, as stress increased, the type of help changed. Highly-stressed participants reported less sacrificial helping or helping where there was a cost to self (McGinley et al., 2010). In this current study, it appears that there was give and take in the social structures; participants gave help as they were able and received help when they were in need.
Moving on in the spirit of Ubuntu. As noted earlier, surviving war was not exclusively linear. Many of the coping methods used to rebuild and move on were in evidence throughout the experience of surviving war and simply came to the forefront once participants reached Canada and the struggle for safety and basic needs lessened. While in the camps, participants looked for new sources of support among similarly uprooted and desperate people. Once in Canada, they searched for places of belonging among citizens of the host country. What emerged as a value to physically preserve life while in transit now became more of an existential exercise of making sense of evil in the context of a shared humanity described by Ubuntu.

Three of the factors that figured largely in the rebuilding phase of surviving war will be discussed in the next section. They include forgiveness, gratitude, and Ubuntu-infused responsibility for those who continue to suffer.

Forgiveness. Practicing forgiveness emerged as a deeply held personal value for almost all of the participants. In this study, the concept of forgiveness seemed to be used in two ways. On the one hand, forgiveness appeared to be tied to a rigid form of forgetting associated with silencing the horror. It seemed to me that this type of forgiveness was a coping mechanism used to suppress trauma-related thoughts and feelings. It was as if in response to their fear of being overwhelmed by painful emotions, participants created a wall between the emotional pain and their conscious awareness. Talking about the trauma would stir up trauma-related thoughts and feelings, so participants equated not talking about the trauma with forgiving. The ability to forgive was measured by how well trauma-related thoughts and feelings could be suppressed. On the other hand, according to proponents of the second view, forgiveness and healing
could only occur when victims acknowledged their wounds and pain. It was only in acknowledging their own ability to cause pain in the lives of others that they could see the other as another human being and forgive.

Most participants believed that responding to violence with revenge would perpetuate the conflict. The alternative, according to participants, was to practice forgiveness. At the same time, most participants did not equate forgiveness with offering impunity to offenders. Instead, several participants stated that by forgiving the offender, they were releasing the issue of justice to their God. When I stepped back to analyze the data, it seemed to me that forgiveness operated as a cognitive restructuring process whereby participants were able to reassign the issue of avenging injustice to their God without having to compromise their commitment to not kill. In return, it appeared to me that by giving up on hatred and revenge, these participants freed themselves to engage in recovery and healing.

Several motivations for forgiveness were identified in the analysis of the data. Some participants actively differentiated themselves from the aggressors and took comfort in the fact that they had not participated in horrific acts. Somehow the fact that they had not stooped to the same behaviour as the offender allowed these participants to forgive.

Other participants identified with the aggressor and said that acknowledging their own capacity to harm others helped them to forgive. As I think theoretically about this motivation for forgiveness, I am reminded of the African concept of Ubuntu, which is based on a philosophy of common humanity (Mattera, 1998). It appears that as
participants acknowledged a shared humanity with the offender, they were able to forgive.

Forgiveness emerged as an important factor for most participants in the process of surviving war. Some participants stated that they forgave in order to forget the horror they had experienced. Yet seeking closure through forgiveness can present an ethical dilemma and may not be possible after mass violence (Lederach & Lederach, 2010; Minow, 1998). Minow (1998) writes that even if forgiveness were possible,

any closure would insult those whose lives are forever ruptured. Even to speak, to grope for words to describe horrific events, is to pretend to negate their unspeakable qualities and effects. Yet silence is also unacceptable offense, a shocking implication that the perpetrators in fact succeeded. (p. 5)

Yet participants in this current study forgave both to silence the horror and to move on. They were convinced that seeking revenge would perpetuate the violence and there were no legitimate mechanisms for justice available. So to reduce the harm of obsessively reliving the atrocity and living with the toxicity of bitterness and hate, they forgave. They forgave to forget, to manage the memories, and to release the need for revenge to the God who they believed was more powerful than the war. In this way, they limited the need to keep their anger alive for the sake of revenge and in so doing limited the impact of the atrocity by not continually replaying the wrongdoing.

As already mentioned, some researchers debate the morality of offering forgiveness in the context of mass violence, but other researchers from the fields of mental health have found forgiveness to be a positive coping mechanism (Baetz & Toews, 2009) and a positive alternative to seeking revenge (Lucas, Young, Zhdanova, & Alexander, 2010). While forgiveness is often linked to religious teaching (Baetz & Toews, 2009), the benefits of forgiveness are not restricted to a religious population.
(Breen, Kashdan, Lenser, & Fincham, 2010). Studies based on general populations have found that forgiveness is “a robust indicator of mental health outcomes,” resulting in less anger and subjective feelings of loneliness and fewer depressive symptoms (Breen et al., 2010, p. 935). In addition, people who practiced forgiveness have reported greater acceptance, gratitude, empathy, and self-compassion (Breen et al., 2010). Further, mental health may be compromised by unforgiveness (Baetz & Toews, 2009). Data from the Truth and Reconciliation Commission in South Africa found that years after the events, unforgiveness had a negative effect on mental health, including increased risk for depression, PTSD, and other psychiatric disorders (Baetz & Toews, 2009).

As noted earlier, forgiveness in this current study did not mean participants discounted the injustice of the offenders’ actions. It was because participants acknowledged the wrong that had been done that they could forgive their offenders. Similar to this current study, other researchers have found that forgiveness facilitates the “transformation of negative responses towards a transgressor to positive responses (Lucas et al., 2010, p. 851). Forgiveness “causes the victim to deal with the negative emotions, thoughts, and actions directed at the offender” (Baetz & Toews, 2009, p. 296). Similarly, Tutu (2004) has argued that forgiveness requires acknowledging an offense and not denying it:

Forgiving and being reconciled to our enemies or our loved ones are not about pretending that things are other than they are. It is not about patting one another on the back and turning a blind eye to the wrong. True reconciliation exposes the awfulness, the abuse, the hurt, the truth. It could even sometimes make things worse. It is a risky undertaking but in the end it is worthwhile, because in the end only an honest confrontation with reality can bring real healing. (p. 12).

To summarize, forgiveness emerged within this study as a positive coping mechanism in the process of surviving war. The motivation to forgive appeared to be
rooted in religious beliefs, the longing to forget the horror, the desire for an end to the cycle of violence, and Ubuntu—the acknowledgement that we are all human.

**Gratitude.** Gratitude emerged as a significant factor that contributed to surviving war. Considering the horrendous traumas the participants experienced, their expressions of gratitude came as a surprise to me. This attitude of being grateful seemed to assist participants at each stage of their journey.

Other researchers have found similar expressions of gratitude among war-zone immigrants to Canada. For example, Stermac et al. (2008) studied the health outcomes of war trauma survivors in Canada. Stermac et al. (2008) found that ninety-seven percent of participants reported that living in a war zone had negatively impacted their mental health. However, in spite of this negative pre-migration experience, post-migration all of the participants reported “overwhelming satisfaction with life at present. All participants stated that they were pleased with their life in Canada, felt they had better opportunities for the most part, and had improved health” (Stermac et al., 2008, p. 12).

Other newcomer literature has reported significantly different outcomes (Khan & Watson, 2005; Simich et al., 2005). For people who immigrate to Canada in hopes of a better future, the reality can be disappointing. A study of recently immigrated Pakistani women found that discrepancies between expectations and reality upon arrival in Canada negatively impacts newcomer health (Khan & Watson, 2005). Although participants in Khan and Watson’s study (2005) were grateful for free access to schooling, health care, and social services, they expressed deep pain and disappointment over their struggles with underemployment and poverty, loss of a “social safety net,” and lack of support from their cultural community in Canada.
In another study, a survey of Sudanese newcomers to Canada (Culture, Community and Health Studies Program, Association of Sudanese Women in Research & Research Resource Division for Refugees, 2004) found that seventy-five percent of participants said their experience of Canada was not what they expected it to be: “Sometime you have a dream about something, [but] you can’t find it… I was over-dreaming when I thought about Canada. (Ottawa #70)” (p. 21).

What could account for these discrepant results? Why do some studies, including the current study, reveal overwhelming gratitude while others highlight the disappointment of expectation dashed? Is it possible that the circumstances of immigrating to Canada influence newcomers’ experiences and expressions of gratitude or disappointment? Are refugees from war zones apt to be more grateful while immigrants whose aim is to improve their economic future like those in Khan and Watson’s (2005) participant group were more likely to experience disappointment? While that was the case in the two studies mentioned, the conclusion is not generalizable. For example, although the participants in the study based on Sudanese newcomers consisted of refugees from war zones similar to this current study, the Sudanese newcomers expressed disappointment in their resettlement experience.

A second possibility is that length of time in Canada may influence attitudes toward Canada. Participants in studies where the average length of time in Canada was over three years (current study; Stermac et al., 2008) expressed more gratitude than those who had been in Canada for an average of two years or less (Culture, Community and Health Studies Program et al., 2004; Khan & Watson, 2005). Based on this small survey, it seems possible that length of time in Canada may moderate adjustment struggles and
related attitudes. Qualitative research is designed to study a small group in depth as opposed to finding generalizations based on a large representative sample. Thus it is possible that the participants in the current study were simply more grateful than the normal population.

According to the research literature, gratitude can be a result of an underlying trait attitude or a state in response to the fluctuating events of the day (Baetz & Toews, 2009). Researchers have found that feeling overwhelmed by negative emotions following a trauma is a temporary state and “our natural traits gradually assert themselves, and moods of happiness and gratitude can become apparent” (Baetz & Toews, p. 296). This finding would suggest that the gratitude apparent in participants of the current research was trait-related. While gratitude can be learned, it seems unlikely that this would happen in the context of war trauma.

In this study, gratitude was a positive factor in the process of surviving war. Other researchers have found that gratitude improves one's emotional well-being, and is positively related to pro-social behaviour (Baetz & Toews, 2009; Emmons & McCullough, 2003; McCullough, Emmons, & Tsange, 2002). Grateful people are less likely to respond with anger after being hurt by others, and are less likely to experience depression, anxiety, and envy (McCullough et al., 2002). In addition, grateful people have been found to be more empathic, forgiving, helpful, supportive, and spiritually minded than non-grateful people (McCullough et al., 2002). While we may not know all the reasons for it, this study’s participants were marked by clear expressions of gratitude, reluctance to criticize Canada, and appreciation for their lives in Canada.
Post-trauma growth.

When we are no longer able to change a situation—just think of an incurable disease such as inoperable cancer—we are challenged to change ourselves.

~Dr. Viktor Frankl

In my analysis of the data, it seemed like participants not only survived but were shaped by their experiences. Amazingly, in many cases the changes that occurred while living through atrocity were positive. Much like the intricate web revealed on a piece of pottery repaired with the ancient Japanese art of Kintsugi, the survivor embodied their tragic history of brokenness even as they reflected the process of healing.

Post-trauma growth occurred at all stages of surviving war. In the midst of the pain and struggle, they also experience growth. In developing the theory of surviving war, I selected three categories where participants demonstrated post-trauma growth. They were seizing opportunities to move on, coping with the remaining burden of pain, and practicing altruism.

It was striking how participants focused on what was ahead instead of what they had lost. They acknowledged that they could do nothing about the death of family members or loss of livelihood, so they moved on. Although they found themselves in a new place, with a new language and no familiar supports, they accessed their skill of adaptability and began to rebuild.

Although they were moving on, participants acknowledged that they continued to carry a burden of pain. Instead of allowing the pain the destroy them, participants used the pain to transform their world by showing compassion to those who continue to suffer. In the camps, participants assisted with births, provided support for orphans, provided
community health care, and assisted with the spiritual life of others. They reported that their well-being improved as they worked with others and as they received gratitude from those they helped. After arriving in Canada, participants continued to practice altruism through community involvement and activism on behalf of those who continue to suffer in Congo and the refugee camps.

Participants told me that they agreed to participate in this research project in order to help those who continue to suffer. Although participants acknowledged the risks involved in participating, they were motivated to help in the hope that it could assist those who were still suffering. They were clear that they were willing to share with people who cared and could make a difference. Each one of them wanted to give back and help, because when they had been there, there was no one to help.

Similar to other post-trauma growth literature (Achor, 2010), this current study found that post-trauma growth was facilitated by attributing meaning to the traumatic event. Frankl (2006) supported this idea when he argued that if life has any meaning at all, that meaning must extend to times of suffering. Researchers have found that the way people understand traumatic events impacts their post-trauma psychological health and well-being (Achor, 2010; Sutin, Costa, Wethington, & Eaton, 2010).

Participants in this study realized that without the traumatic experiences of the war, they would not be living in Canada. Other researchers have similarly found that when trauma victims view their experiences as positive turning points, they report improved well-being concurrently and nine years later (Sutin et al., 2010).

Participants in this current study indicated they believed that their behaviours mattered. As a result, they were careful to make pro-social decisions that were life-giving
to themselves and others. Similarly, Achor (2010) found that people who experience post-trauma growth believe that their behaviour matters and consequently work hard to make the right decisions.

Finally, this study found that participants surrounded themselves with people who could assist them on their journey. Other researchers have found that post-trauma growth is most likely to occur in situations of deep social support (Achor, 2010). Although support networks were disrupted after fleeing their homes, participants provided examples of how they rapidly established new networks in order to survive. It is possible that the new emerging networks developed depth more rapidly than normal because of the common bond of suffering among survivors.

Conclusion

While surviving war involves several stages, survival occurs as a result of the interaction of serendipitous events and personal agency. In this current study, several factors were identified that contribute to the process of survival. According to Charmaz (2006), stages and factors “may overlap or reemerge” (p. 136). In this current study, I linked the factor with the stage where it appeared most prominently.

Three factors rose in prominence: modulating emotion, creative resourcefulness (including accessing and creating social support), and holding onto personal values. I think the interaction of these three factors in the context of surviving war warrants further study.
I was moved by the altruistic compassion of participants in this study for those who continue to struggle in the context of war. I’m reminded that surviving war is not a country-specific, time-limited event. I agree with Lederach and Lederach (2010) who have written that “healing cannot be understood as a phenomenon that emerges exclusively after violence ends, in large part because in so many places it simply does not end and it finds ever new forms by which to express itself locally” (p. 11). In order to assist those for whom war is an everyday reality, I believe we must find solutions that assist survivors with the knowledge and skills to modulate their emotions, encourage them to hold onto the personal values that guide their actions, and empower creative resourcefulness in the struggle to survive.

Grounded in a culture-specific context, the findings of this study will have value for a Congolese context as well as provide for transferability suitable for future research on surviving war. Although this study answered the call to generate culture-specific research, the results do not seem to differ significantly from the processes in other cultures (Lederach & Lederach, 2010). Therefore, although findings will be of interest to Congolese practitioners, they also have great potential to contribute to the general understanding of surviving war.

**Impact of Study on the Researcher.**

My personal motivation for this research is captured in the earlier quote from Lamentations, “Your wound is as deep as the sea. [Is there any hope for healing]?” I was surprised to find how deeply impacted I was by the stories of the participants. Perhaps I
thought my twenty years of counselling experience, much of it in the area of trauma
counselling, had somehow inured me from the emotional pain of hearing other people’s
stories. I was mistaken.

I first recognized I might be heading for trouble during the interview phase. Knowing how far to unearth individual stories was a challenging decision. Should I proceed as a researcher or a counsellor? On the surface, this is easily answered; my contract with participants was as a researcher. However, I was aware that I could use my counselling acuity in two ways. On one hand, I could help participants move past their defences in order to allow the more vulnerable aspects of their story to surface. Alternatively, I could aim to protect the participants from becoming too vulnerable and feeling overwhelmed. Although I had offered each participant access to counselling, none of them responded to this offer in a way that led me to believe they would follow up. So I was left with the responsibility of balancing my role as researcher while maintaining sensitivity to their needs. In the process, I often asked participants to check in with themselves, to see if they wanted to continue, stop, or take a break. From my journal:

It’s hard asking participants questions that trigger pain. I see evidence of emotional struggle in their disconnected thoughts and speech, avoiding answering questions in depth.

At this point I didn’t know whether to push further or if she was signally me that she didn’t want to go into more depth. As we grew more comfortable with each other, her reticence eased and she offered much more descriptive dialogue. When asked why she was participating, she said, “We were there and there was no one to help. Now you can [help] and we can [help you].”
In retrospect, I recognize that all the participants were participating as activists, knew their own limits, and made decisions about how much to reveal. Even when participants shared openly, I maintained an awareness of what it was costing them. From my journal:

I find it very sad that not only did the participants have to endure the agony of massive loss, death of family members, torture and rape; they now are burdened with the task of educating others who need to know what their experience was like.

As I transcribed and analyzed the stories of strength and struggle, I was seemingly able to stay in the role of objective researcher. I took a two-month break, however, between analysis and writing the discussion chapter. When I returned to the task of writing, something within me had shifted. From my journal:

Pain swirls through my being as I sluggishly attempt to stay focused. I am writing the discussion chapter of my thesis on Surviving War. The shift from dissecting the data to reflecting on it has unleashed a torrent of sadness that is hard to manage. My eyes well with tears as I plod forward. (September 10, 2010).

It seemed like the break had weakened my defences and I was overwhelmed. From my journal:

I realize that my sorrow is an indication of empathy, but if empathy is the only result of this research I believe I have failed. Empathy without action is merely sympathy, or pity. While it is good to offer people a greater depth of understanding, that is not the reason Moses, Zaire, Yvette, Amani, Joy, and Lucky shared their stories with me. They participated so that as a result of this research, those who are still suffering could receive help.

Rather than just being traumatized or shocked by the stories of survivors, I wanted to be transformed by them. In the disorientation that occurs when confronted with new atrocities, transformative learning can occur (Garrity, 2009). Transformative learning involves critically reflecting on the disorienting material. Questions coming from that which lies beyond our normal and natural understanding can lead us right back to
ourselves, thus changing us (Garrity, 2009). Rather than suppressing the transformative process within me, I allowed it to occur. From my journal:

I know the importance of patience and self-compassion. I cannot push my way through this. Instead I must practice what I teach, attend to my feelings, so that the true story can emerge. If I simply push through, the story will be distorted by my “professionalism” and distance. Only when I truly engage with the process, can I give voice to the story emerging from the third space.

And so, like the participants in this study, I accessed a variety of coping mechanisms including determination, accessing social support, and practicing generosity with myself and others. I conceptualized the work as altruistic and practiced gratitude in my daily life. Somehow I got through. This journey has been one of personal conviction and, as a result of tenaciously sticking to the task, I believe I am better equipped to assist those who are in the process of surviving war.

Limitations of Current Study

This study was limited by several factors. Collecting and analyzing qualitative data is always limited by the researcher and the power dynamics between the researcher and the research participants. While this is the case in all qualitative forms of research, I was particularly aware of it in this case. While I tried to approach the project with an open mind, I happen to be a researcher who is also white, middle class, Christian, and Canadian. Due to the long history of colonization in Congo, it is likely that the participants told their stories in light of these factors. In particular, participants may have decided not to tell stories related to traditional religious practice because of their perception of what has historically been unacceptable to white Christians. While this
power differential must be taken into consideration, it is also true that the participants were intelligent survivors who told the story they wanted me and my readers to hear. While the story they told might be different than the one they would tell a researcher with a similar background to their own, it was important to respect their voices and the stories they chose to tell.

Another limitation resulted from the number of interviews conducted. Originally I was planning to conduct two interviews with each participant. I theorized that giving a break between interviews would allow participants to recall more details and also reflect on the previous interview. However, only one participant was able to accommodate this request. Although most participants granted two interviews, they were generally conducted on the same day with only a short break in between.

Finally, the use of translators for three of the six participants was a limitation of this study. Although translators received training from me prior to the interviews, they did not consistently follow protocol. At times one translator would edit or comment on the conversations and needed to be reminded to just translate what was spoken. Language was a limitation in other ways as well. Although three participants elected to be interviewed in English, it was not their first language and so vocabulary was limited. Conducting both English and translated interviews became frustrating for me. My inability to speak the participants’ first language meant explanations were often truncated into phrases understood by the participant, the translator, or myself.
Suggestions for Future Research

This study responded to the call from several scholars for further investigation from the perspective of the survivor of war trauma researchers (Nicholl & Thompson, 2004; Summerfield, 2002). Using a constructivist grounded theory approach, the complex process of negotiating life in the context of war emerged. A theoretical model of several factors which contribute to surviving war was developed.

This study added to the small body of research on surviving war, as well as post-trauma growth. Additional studies on factors which contribute to surviving war and post-trauma growth would enrich our understanding of the complex interaction of factors which contribute to the process of surviving war.

This study had a high proportion of participants who self-identified as Christian. In Congo almost eighty percent of the population self-identifies as Christian, nine percent identify as Islamic, and twelve percent identify with other religions (Adogla, 2010). Included in other religions is 0.7 percent who identify as practicing animism or traditional religion (Adogla, 2010). However as Adogla (2010) has stated:

…it is common knowledge that a great proportion of Africans partake in the religious rites of multiple faiths. Syncretism—which takes this further by fusing rituals and tenets of, usually, a foreign religion and a traditional one—is also a widespread [practice]. (Usage Notes, General section, paragraph 2)

Similar research to this current study using other religious groups, particularly traditional religions, would add to our understanding of the role of religion in coping with war trauma.

Testing the model in the context of other wars and different cultural groups would also strengthen the model. In addition, examining factors contributing to surviving war
among populations who choose to cope with atrocities through revenge or violence would be of benefit. Such research would provide insight into the relative benefit of anti-social coping mechanisms for individuals.

**Implications for Working with War-Traumatized Populations**

This study adds to the small body of qualitative research into the complex process of surviving war. It identified several factors that assist in the survival process and contribute to an outcome of post-trauma growth. These factors interact synergistically and together contributed to survival.

These findings can inform professionals working with war-zone and refugee populations. Recognition of post-trauma growth in refugee populations should not underestimate the degree of suffering they experienced as they negotiated life in the context of war. It is important to allow refugees to self-identify the personal impact of their experience. No one can predict which events will be experienced as traumatic by another person.

This study found that the flexible application of various coping mechanisms contributed to survival. Some of these coping mechanisms, such as dissociation, are often considered maladaptive by the general population and by professionals. It is important that case-by-case assessment be made to determine when coping strategies are maladaptive or have shifted from being adaptive to maladaptive.

When refugees discuss events or emotions that may be culturally taboo or aversive, it may be important to listen carefully for the use of euphemisms, culturally
appropriate descriptors (e.g. speaking in third-person), or substituting other words or feelings for the emotions they experienced.

When working with war-zone survivors, helping them identify factors that contributed to their survival may be helpful as they continue to negotiate the residual burden of pain. Utilizing a strengths-based approach is highly recommended when working with trauma victims, especially prior to processing painful memories (see, for example, Herman, 1997).

“Feeling forgotten” and “telling people who care and can help” are two themes from this current research that can inform the therapeutic process. Just as Montgomery (2003) noted that grief needs a witness, so trauma survivors are empowered by knowing their grief does not go unnoticed. Demonstrating compassion and care is important when working with survivors. Becoming a refugee is a frightening and demoralizing process. Participants were very clear that they wanted to be involved in the solution for other refugees by telling their story to people who would care and could respond in helpful ways. This eagerness to participate suggests that future researchers can contribute to the well-being of survivors while seeking to understand them.
References


Culture, Community and Health Studies Program, Centre for Addiction and Mental Health, Department of Psychiatry, University of Toronto; Association of Sudanese Women in Research, Toronto; Research Resource Division for Refugees, Carlton University. (2004). *The study of Sudanese settlement in Ontario – Final report*: Authors. Retrieved December 4, 2007, from At Work Settlement.org Web site:


Appendix A: Recruitment Poster

An Ontario Institute of Studies in Education/University of Toronto Research Project

ARE YOU AN ADULT FROM THE DEMOCRATIC REPUBLIC OF CONGO PRESENTLY LIVING IN CANADA?

WERE YOU PERSONALLY TRAUMATIZED BY THE WAR IN DRC?

ARE YOU WILLING TO TALK TO A RESEARCHER ABOUT YOUR EXPERIENCE OF HEALING AND RECOVERY?

My name is Dawn Penner and I am seeking volunteers to participate in a research project on post-war trauma recovery. If you are interested in learning more, please call me collect at 519.584.5828.

If you know someone who may be interested but the English language is a barrier to calling, the interested party may have someone contact me on their behalf and translate for them during the phone call.

519.584.5828 (Call collect)

* Participants must be 18 years of age and have lived in Canada for less than 10 years
Appendix B: Participant Information & Consent Form

(Institutional Letterhead)

<date>

Dear Participant,

Hello, my name is Dawn Penner. I am a doctoral student in the Counselling Psychology program at the Ontario Institute for Studies in Education at the University of Toronto. My thesis supervisor is Dr. Jeanne Watson.

The purpose of this letter is to explain the research you have been invited to participate in, the procedures and risks involved, and the conditions for participating. My study examines the experience of recovery from war trauma as told by Congolese refugees to Canada. I am planning to interview between five and seven participants. I am interested in hearing your stories. Very little research has been done using the actual voice of the Congolese refugee. I want give you an opportunity to teach me and the people reading the research about one person’s experience. I have asked you to participate because you immigrated from Democratic Republic of Congo (DRC) in the last 10 years and have told me that you experienced difficulty and trauma because of the war. If you have been in Canada for more than 10 years, are under 18, or did not experience trauma as a result of the war in DRC you will not qualify as a participant.

I will meet with you two times in a location and time convenient for you. Each interview will be 1 1/2 hours (you will have the freedom to make it longer or shorter) and I will both tape record the conversations and take notes. You will have an opportunity to give feedback on my summary notes from each session and you can add or exclude items to clarify your story. If you would feel more comfortable using an interpreter, I will arrange to have one available for our sessions.

What are the benefits of participating? Many people have found that when they tell their story to a nonjudgmental listener, they feel validated and affirmed. Telling your story about recovery can contribute to your healing process. You will be invited to help shape the interview and as such, you will be a co-researcher. I designed the study in such a way that it would give you some control over the process. This is to counter the lack of control you may have experienced during the war. By participating in this research, you will also have an opportunity to inform people who work with the war traumatized what was helpful for you.
Every research project includes some risks. While telling your story of recovery can be validating, it can also stir up unpleasant memories and emotions. Before we start the interviews, I would like to have a conversation with you about how you take care of yourself when you’re upset. I would like to come up with a plan together that includes your strategies and community resources that will be available to you should you choose to use them. I will give you a list of community resources for your use. I can also talk with family members or people in your support network about the research prior to your involvement if you would find that helpful. If you have concerns about becoming too upset as a result of participating, we can evaluate together whether to proceed. At any time during the interview period, without penalty, you may withdraw from the project. If there are any questions you don’t want to answer, you can say so without penalty.

Your privacy is important to me. I want you to be able to tell your story without fearing that someone will recognize you through the paper I write. Therefore, I will ask you to give yourself a name that can be used in the research. You can review the data summaries after each interview and advise me if further anonymity is desired. For example, you may not want me to use place names or other revealing details. Only I and the translator and my supervisor will have access to your real name. We will keep all identifying information in a safe, secure location for 10 years, after which it will be destroyed. In order to benefit the most number of people, this data may also be used for future publications and/or presentations.

As a thank you for participating, I will give you a $25.00 money order after each interview ($50 max). You can keep the money you receive even if you withdraw later. I will also give you a summary of the research findings in written or verbal form if you would like to receive it.

You may contact me by phone at home 519.571.1966 or work 519.578.4285 or by email at dawn@healingstreams.org. My thesis advisor is Dr. Jeanne Watson and you can contact her by phone at 416.978.0705, or by email at jewatson@oise.utoronto.ca. A copy of this form has been given to you for your records. If you have any questions about your rights as a research participant, you may contact the Ethics Office of the University of Toronto at 416.946.3273 or ethics.review@utoronto.ca.

Thank you very much for participating and contributing to the understanding of the recovery from war trauma.

Sincerely yours,

(Researcher’s Signature)

Dawn Penner
I, ________________________________, have had an opportunity to review the above letter and ask any questions I may have. I hereby consent to participating in this research project and to having our sessions tape recorded.

Signed_________________________________ Date________________________
Appendix C: Interview Protocol

Interview Questions

Using the interview as a “guided conversation,” I plan to come to the interview with two opening questions and a list of themes that I’m interested in discussing and invite the participant to do the same. I envision that a “third space” encounter will further evolve these two lists into something truly authentic and intersubjective.

The two opening questions are:

1. What makes you interested in participating in this study? (This question validates the participant as a co-researcher and agent in the research.)

2. When you reflect about your healing process, what comes to mind?

I anticipate three themes will develop. Specific questions related to each theme are included in the amended application attached.

1. What is normal? Life before the war. The purpose of this theme is to understand the pre-trauma context.

2. The experience of war and war trauma and escape. The purpose of this interview is to understand the lived experience of the trauma and how it impacted normal life.

3. Recovery. The participant’s expectation and/or experience of coping/recovery.

The following guiding questions will be used if needed to guide the discussion:

Life before the war

What was life like before the war?

What was your family life? Describe your relationships.

Describe your community. How did you mix as a community? Where did you meet socially? Spiritually?

How did you make a living?
Experience of war, war trauma, escape

How did you first hear about the war? What were your thoughts? How did you think it might impact you? What reasons were you given for the war? How did you feel about it? Did you think it was justified?

What happened as the war moved closer to your home? What events were difficult or traumatic for you? What happened to your community? What happened to your family? What happened to you? Can you describe how you felt? How did you survive or cope?

How did you leave your country? How did you know where to go? Describe your experience of leaving.

Where did you go when you escaped? What was it like there? Was it safe or did more traumatic events occur? How long were you there?

Recovery

Do you feel you needed to recover from the trauma you experienced in the war? What has been helpful or a barrier to that process?

Do you feel you still need to recover from the trauma you experienced in the war?

What is your understanding of well-being?

Has there been a time when you experienced well-being in your life? How are you doing now?

What is helping or creating barriers to your recovery of well-being?

If you were still in the DRC, how would you engage in healing?
Appendix D: Sample Memo: Resilience, Resources, and Surviving War

Socio-Cultural Context and Core Concept.

Congo has the worst human rights record in recent history. The horrific nature of the war in Congo is undisputed. Congo has also been called the worst place in the world to be a woman. By extrapolating from participants stories of surviving war, I was able to develop a theory of Resilience in the Context of War.

A Conservation of Resources model of surviving war.

Survival occurred as a result of many interacting phenomena as specified by the socio-cultural theoretical framework. The survival experience is mediated by many factors. The Conservation of Resources (COR) model (Hobfoll, 1989) was used to develop the theory. The main assumption behind COR is that “individuals strive to obtain, retain, protect, and foster those thing that they value” (Hobfoll, 2010, p. 341). Further, “Stress will occur (1) when individuals’ resources are threatened with loss, (2) when individuals’ resources are actually lost, or (3) where individuals fail to gain sufficient resources following significant resource investment” (Hobfoll, 2010, p. 341).

Resources are defined as objects, conditions (e.g. marriage, tenure or seniority), personal characteristics (e.g. optimism), and energies (e.g. time, money and knowledge) (Hobfoll, 1989). In the context of this study, an object might be a family member, a
condition could be homelessness, a personal characteristic could be gratefulness, and
energies might be time. When people are confronted with stress, they strive to minimize
net losses (Hobfoll, 1989). When people are not stressed, they strive to build their
resource surplus in order to protect against future loss. Further, one type of resource can
be used to acquire another resource (Hobfoll, 1989). In the context of this research, the
resource of affect regulation can be used to acquire the resource of community
acceptance.

**Resilience Versus Recovery.**

The concepts of resilience and recovery are built into the theory. The characteristics of
resilience and recovery are the same, distinguished only by length of recovery (Bonanno
& Mancini, 2008). In both cases, the individual embraces distress and then recovers
much like elastic expands and returns to normal in response to stress (Williams & Drury,
2009).

The theory of resilience arising out of this study is:

In the context of surviving war, resilience is the ability to
adapt to changing contexts and levels of resources in order
to attend to the most immediate survival needs without
compromising the possibility of holistic recovery.
Two key resources were identified as critical for surviving: home (defined as identity, family, history, structure, community, and livelihood) and affect regulation. The ability to recreate the resources identified by the construct of “home” in different contexts was a critical indicator of resiliency and adaptability. Second, the ability to regulate affect so they could dissociate when necessary, harness negative emotion, use compassion, forgive, and draw on positive emotions was a key contributor to resilience.
Appendix E: Sample Journal Entry

August 27, 2009

I’m sitting in the back yard at a reception house with my translator, M. We are waiting for Lucky, my first participant. As time goes on M and I strike up a conversation. M is from Rwanda. He came to Canada as a refugee 1 year ago. He was working as an accountant for World Vision. He would speak out against the government so he became targeted. He was captured and tortured. He fled to the mountains to work while making arrangements to escape. Leaving his family behind, he came to Canada.

As we waited for Lucky, M started to worry. Why did Lucky not show? Was it b/c M was Rwandan? Was it because Rwanda invaded DRC? “Africans don’t trust each other,” said M. There have been too many wars. Too much conflict. An added complication is that Congolese have a hard time saying “No” directly to someone. M was the one who translated my request to have M translate—how could Lucky say no to his face? We devised a plan to make it possible for Lucky to select an alternative interview time when M was not available. As it turned out, Lucky was in his room asleep. Although staff had knocked on the door, he had not responded. We arranged another time with another translator.
Appendix F: Examples of Data Analysis

Example of identifying codes or meaning units.

<table>
<thead>
<tr>
<th>Transcribed Interview: Lucky</th>
<th>Meaning Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>So when I looked in the city where I was, in the area where I lived. There wasn’t any more oil or electricity. Even though the war continued, women would go out to try to find something to drink and to prepare food. We didn’t know how to prepare things to eat because So you understand we began to break things in the house so we could make a fire to cook things and so it was terrible.</td>
<td>Struggling with scarce resources, Women risk their lives to find food, Wondering how to find something to drink or prepare food, Out of desperation started using furniture to start cooking fire, Living this way was terrible</td>
</tr>
</tbody>
</table>
And we talked with the other families and we began to divide up the food so that those who ate in the morning wouldn’t eat in the evening. It was terrible. We were always living this way was terrible. Many days passed like that always with the threat of being killed. We couldn’t go to school, we couldn’t go to work, we couldn’t leave, there was nothing to eat or drink, it was terrible. The most serious thing there was lots of dead people. Because of my—because of the war but because of the famine and sickness. And so children had contact with dead bodies everywhere and they didn’t have fear of the bodies anymore, it was terrible. And so when they were away from home they started to mimic the fighting and to pretend fight without weapons, it was terrible.

Talking/cooperating with other families
Sharing food
Living this way was terrible
Lived this way many days
Constant threat of being killed
Kids couldn’t go to school because of danger
Movement was restricted because of the danger
We couldn’t leave because of the danger
Dead bodies everywhere created serious problem
Children exposed to dead bodies—lost their fear
Children started to mimic fighting
Terrible to see children lose their fear of dead bodies and pretend to fight
And so when a child came across a weapon, a gun or something, they wouldn’t hesitate to use it to pick it up and use it b/c they were always seeing it happening around them. Children would pick up weapons without hesitation. Children would use weapons like they saw others using them.

Happily a little while later because of the intervention of international armies there was a calm that came. And so, and so the place I lived calm came a little, even though in other areas it continued. International armies brought calm. Some areas were calm while others continued fighting.

Example of meaning units collugated into concepts.

The codes “silencing self and others,” “shut down emotion,” and “forgetting” were subsumed under the higher level code of “silencing self.” Silencing self and others had six sources and twenty-eight references. Shut down had two sources and three references. Forgetting had six sources and thirty references.

Example of “silencing self and others”:

Yeah, if you get a problem “Oh I get this problem” (acting)

No one will talk with you. They say, “She’s crazy, Yeah, She’s crazy” (ohhh) “why she go around and talk. She should be quiet. Why she talk. Too much to forget problem.
Why she go cry outside. If you see people village come for you. Be quiet, be quiet always. (Joy)

Example of “shut down emotion”:

You don’t take seriously the heart because you take it seriously you feel bad. That’s why I am trying to forget.

Forgive and forget. (Joy)

Example of “forgetting”

We forget everything. Things no good. Things no good.

You cry. Everything is bad you say, “Oh its good.” You say you are happy. If you say your family you say, “Oh it is your day. The day you die. If it is your day you die.

Nothing. No more killing. Maybe your family die and tomorrow you die. And the people who kill your family tomorrow die. No think too much. No think too much.

Maybe my family die. How can I live here a refuge? NO.

Everything forgotten. No heart. (Joy)
As analysis continued, the concept of “silencing self” was understood at a deeper level and also in the context of other concepts. As a result, it evolved into “silencing the horror.”

An example of higher level concept:

That is why I told you if you think, thoughts like that are trying to come I try my best to see what could um, what would make me busy to not think too much, because I know, when I enter there sometimes I feel that ohh, you know, this really sometimes I think, something unimaginable. (Moses)
Appendix G: Participant Descriptions

Participants selected their own pseudonyms, which are used throughout the document.

Moses

Moses is a single young man in his twenties who immigrated to Canada less than five years ago from eastern Congo. Moses grew up in a village with his parents and six siblings. His father was a school principal. Moses described their village as poor but happy. He recalled that the community was run by a chief, or king, who also managed the local judicial system.

Moses was twelve when the rebels invaded his village. He hid in the rafters of their home and when he emerged he discovered his entire family slaughtered in the dining room. He went into shock and somehow made his way to a refugee camp where he gradually recalled what had happened. He has no memory of how he found his way to the camp. At the camp, he found his aunt and her children and stayed with them.

Moses had to grow up quickly after that. He rose to the occasion by taking leadership positions in the camp including: assisting with the organization of orphans, raising funds for orphans school supplies and fees, encouraging himself and others in the faith, and being elected as a community health worker.

While in the camp, he was captured by rebels and forced into a car. He didn’t know what their intention was but he knew he might be killed or forced to fight as a
soldier. At the border, the rebels were asked to come into the office and while they were inside, he opened the car door, slipped out, and ran back to the camp. He lived in refugee camps for ten years and immigrated with his aunt and her children.

In Canada, Moses is working hard at improving his English while holding down a full-time job. He is a strong advocate for those who are still suffering in Congo. He is motivated by his faith.

Amani

Amani, which means peace, was married to a veterinarian and together they had six children fifteen and under. One night while Amani was bathing the children outside, she noticed a group of men enter the house where her husband and ten-year-old son were. She quickly gathered her children and ran to her brother-in-law’s house. Her husband and son were murdered. Later, when people came to help bury her husband and son, the rebels returned and murdered the helpers as well.

Amani ran again. She carried one child on each hip, and another on her back, while she fled over a mountain and through the jungle for Uganda. Her nephew, who also survived, helped with the five children. They were terrified of being caught by the rebels while running.

Once in the refugee camp, Amani was despondent and others had to help care for her children. She started to improve when she was selected to assist women giving birth and was trained as a midwife. She found she loved the work and enjoyed the rewards of people’s gratitude.
While in the camp, she would go to the forest to collect food. One time she was confronted by a man who gave her a choice between death and sexual assault. She reported the assault and the aggressor had to flee the area. She feared she would acquire HIV but instead found out that she was pregnant. She considered aborting her pregnancy but decided to keep it and proudly introduced me to her young son during the interview.

Amani lived in the camps for ten years and immigrated to Canada with six children and her nephew less than five years ago.

Zaire

Zaire selected the former name of his country as a pseudonym so that it would be easy to remember. Zaire immigrated to Canada five years ago with his wife and eight children after living in refugee camps in Tanzania and Kenya for ten years.

Zaire was a pastor and an activist in eastern Congo. As a pastor, he taught people peace and reconciliation skills. As an activist, he collected information and evidence for international humanitarian organizations. Zaire witnessed overwhelming trauma, torture, and death.

Zaire was arrested for his activism. He escaped from prison and fled with his wife and eight children to neighbouring Tanzania. When they realized they were still vulnerable to attack in Tanzania, they moved to Kenya.

Life in the refugee camps was challenging as resources were scarce and educational opportunities for the children were lacking.
According to tradition, Zaire is the father of his brother’s children. Since his brother has died, he feels this responsibility even more keenly. The children remain in Kenya and Zaire longs to have them join him in Canada.

Joy

Joy fled with her husband and three children after witnessing the torture of her sister and brother-in-law. Joy’s sister was forced to repeatedly stab her husband without killing him. He was then forced into a latrine but not allowed to die. Many people fled the area after that.

Joy, her husband, and her children settled in a camp in Rwanda. One day, her husband decided to go back home to check on his family. While there, he spent time with Joy’s brother, a doctor who had been protected by the rebels because of his profession. However, when Joy’s husband arrived from Rwanda, the rebels decided the doctor had betrayed them by supporting the Rwandan enemy. They killed both Joy’s husband and her brother.

Four of Joy’s eight siblings were killed in the war. Her elderly mother cares for the orphaned grandchildren. Joy sends her money whenever she can. She wanted to limit the interview to one day so as not to lose any opportunity to earn money. While Joy is very grateful to be in Canada, and feels the country has been very generous, she is lonely. Joy longs to have a family member join her in Canada.
Lucky

Lucky is the single father of four children. At the time of the post-election conflict, he was living with his three youngest children, two girls and a boy. When the fighting started, he drove to his son’s school. The staff wanted to keep the children in their care for safety reasons. Lucky’s son clung to him and begged to go with him. Lucky and his son then tried to reach the girls’ school but the roads were blocked. As they took the only road out of the city, bombs were exploding behind them.

Lucky and his son spent several days in a hotel and when the money ran out they lived wherever they could. Lucky sold all he had to buy food and firewood. They did not know if his daughters were dead or alive. Lucky described seeing children become accustomed to seeing dead bodies everywhere. They would pick up weapons and use them just as they saw others doing.

One day, Lucky received a delightful phone call. His daughters had been picked up from school by a friend and the youngest had asked why they didn’t call her father. When told that they didn’t know his number, she said she had it memorized. Thus they were reunited.

Lucky’s children displayed a lot of post-traumatic symptomatology, including hypersensitivity, anxiety, and increased startle reflex. Their trauma impacted Lucky greatly. When Lucky ran into difficulties and had to flee again, he left his children in the care of a friend in Congo.
Lucky selected Canada as his country of asylum because of our human rights record. When he arrived at the border, he was horrified to be treated like a criminal. He felt re-traumatized as though he were back in the war.

A reception house gave him a place to stay and I met with him shortly after he arrived. He was very grateful for the warm reception and assistance he received. He is anxious to achieve refugee status and begin earning money so he can be reunited with his children. Lucky is the only participant who did not spend time in a refugee camp.

**Yvette**

Yvette and her two school-age children arrived in Canada from a refugee camp less than five years ago. She spent time in refugee camps for less than five years prior to immigrating. Yvette’s husband died while they were fleeing. She was very reluctant to talk about her own painful experiences and chose not to be recorded. Yvette was certain that if she talked too much, she would remember too much. She described seeing people burned alive. She was the only participant who shared pictures with me of a massacre. The pictures were taken by her nephew.

Yvette was interested in talking about the problems in her country, especially the plight of women. She said that female Muslims, like herself, live in fear of their husbands bringing home another wife. She emphasized how powerless women are. If men are displeased with their wives they can divorce them, leaving the woman destitute. Men are the wage earners and therefore can bribe the courts in cases of divorce. Yvette wanted me
to encourage women to stand up for themselves and leave abusive or controlling husbands.

Yvette was very glad to be in Canada. She was happy that her children were receiving help in school and that they had enough food and clothing.
**Appendix H: History of Conflict in Congo**

<table>
<thead>
<tr>
<th>Year Range</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>2500 BC−500 AD</td>
<td>Bantu tribe migrates into Congo River Basin region, displacing indigenous Pygmy people. Other tribes also migrate, adding to the ethnic diversity.</td>
</tr>
<tr>
<td>1885−1908</td>
<td>King Leopold II establishes the Congo Free State as his personal colony. He is a brutal ruler who exploits the country’s people and minerals for personal gain.</td>
</tr>
<tr>
<td>1908−1960</td>
<td>King Leopold II’s brutality is exposed and Belgium annexes Congo, renaming the colony Belgian Congo. While some conditions improve, the people and land continue to be exploited.</td>
</tr>
<tr>
<td>1960</td>
<td>Independence from Belgium. Patrice Lumumba is prime minister and Joseph Kasavubu is president.</td>
</tr>
<tr>
<td>1961</td>
<td>Lumumba is murdered.</td>
</tr>
<tr>
<td>1965−1996</td>
<td>Kasavubu is ousted by Mobutu coup. Mobutu regime begins.</td>
</tr>
<tr>
<td>1997</td>
<td>Rwandan Genocide.</td>
</tr>
<tr>
<td>1996−1998</td>
<td>First Congo War: Mobutu is ousted by rebels supported by Rwanda.</td>
</tr>
<tr>
<td>1997</td>
<td>Laurent Kabila becomes new president.</td>
</tr>
<tr>
<td>1999</td>
<td>Lusaka Peace Accord signed by the six African countries involved in war.</td>
</tr>
<tr>
<td>2000</td>
<td>U.N. sends 5,500 troops to maintain peace, but fighting continues.</td>
</tr>
<tr>
<td>Year</td>
<td>Event</td>
</tr>
<tr>
<td>------</td>
<td>-------</td>
</tr>
<tr>
<td>2001</td>
<td>President Kabila is murdered by bodyguard. Son Joseph Kabila becomes acting leader.</td>
</tr>
<tr>
<td>2006</td>
<td>First democratic elections in forty years. Joseph Kabila is new president.</td>
</tr>
<tr>
<td>2007</td>
<td>Defeated presidential candidate Bemba challenges Kabila’s power.</td>
</tr>
<tr>
<td>2006–2010</td>
<td>Rebel fighting continues in eastern Congo.</td>
</tr>
</tbody>
</table>

(Central Intelligence Agency, 2004)
### Appendix I: Surviving War Categories

<table>
<thead>
<tr>
<th>Large families</th>
<th>Home &amp; Family Life</th>
<th>Prelude</th>
<th>Surviving War</th>
</tr>
</thead>
<tbody>
<tr>
<td>Role of family in protecting and caring for its members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men were defined by occupation</td>
<td>Roles Defined by Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women's roles described by relationships and care for family</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Actively preparing for and assessing the risk of violence</td>
<td>Living in a Country at War</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participants theorize on the cause of war</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Witnessing too much death</td>
<td>Lives Destroyed in an Instant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enduring torture</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Terrorized by rape</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Searching for safety</td>
<td>Experiencing the Horror</td>
<td>Lives Shattered by War</td>
<td></td>
</tr>
<tr>
<td>Living in transit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family bonds disrupted</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good Samaritans</td>
<td>Abruptly Uprooted and Living in Transit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managing poverty</td>
<td></td>
<td>Struggling to Survive</td>
<td></td>
</tr>
<tr>
<td>Seeking help</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Engaging with life by helping others</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hanging on to faith &amp; connecting with their God</td>
<td>Living by Personal Values</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Silence the horror</td>
<td>The Struggle for Sanity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sharing the pain</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Appendix I: Surviving War Categories

<table>
<thead>
<tr>
<th>Struggling with the Emotional Impact</th>
<th>Psychological Toll of War</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afraid all the time</td>
<td></td>
</tr>
<tr>
<td>Feeling powerless</td>
<td></td>
</tr>
<tr>
<td>Feeling abandoned &amp; forgotten</td>
<td></td>
</tr>
<tr>
<td>Feelings of shame &amp; humiliation</td>
<td></td>
</tr>
<tr>
<td>Feelings of grief &amp; pain</td>
<td></td>
</tr>
<tr>
<td>Memory loss, numbing &amp; dissociation</td>
<td></td>
</tr>
<tr>
<td>Thinking too much</td>
<td></td>
</tr>
<tr>
<td>Intrusive memories</td>
<td></td>
</tr>
<tr>
<td>Sleeping problems</td>
<td></td>
</tr>
<tr>
<td>Loss of appetite &amp; energy</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Experiencing the Physical Impact</td>
<td></td>
</tr>
<tr>
<td>Missing family members left behind</td>
<td></td>
</tr>
<tr>
<td>Feeling helpless to stop the ongoing violence in Congo</td>
<td></td>
</tr>
<tr>
<td>Disillusioned with their country &amp; its politics</td>
<td></td>
</tr>
<tr>
<td>Trying to forget</td>
<td></td>
</tr>
<tr>
<td>Choosing to forgive</td>
<td></td>
</tr>
<tr>
<td>Putting loss in perspective</td>
<td></td>
</tr>
<tr>
<td>Accepting that you cannot change what happened</td>
<td></td>
</tr>
<tr>
<td>Finding sources of inspiration</td>
<td></td>
</tr>
<tr>
<td>Healing is a long slow process</td>
<td></td>
</tr>
<tr>
<td>Searching for peace</td>
<td></td>
</tr>
<tr>
<td>Seeing children safe &amp; cared for</td>
<td></td>
</tr>
<tr>
<td>Challenge of a new culture &amp; language</td>
<td></td>
</tr>
<tr>
<td>Connecting with caring people</td>
<td></td>
</tr>
<tr>
<td>Breaking the code of silence</td>
<td></td>
</tr>
<tr>
<td>Searching for solutions to Congo</td>
<td></td>
</tr>
<tr>
<td>Finding places of belonging</td>
<td></td>
</tr>
<tr>
<td>Appreciating help received from Canada</td>
<td></td>
</tr>
<tr>
<td>Living in a country of freedom &amp; safety</td>
<td></td>
</tr>
<tr>
<td>Process of Healing</td>
<td></td>
</tr>
<tr>
<td>Kintsugi: Rebuilding</td>
<td></td>
</tr>
<tr>
<td>Journey to a New Home</td>
<td></td>
</tr>
<tr>
<td>Living with The Burden of Pain</td>
<td></td>
</tr>
<tr>
<td>Moving On</td>
<td></td>
</tr>
<tr>
<td>Appreciation for New Lives</td>
<td></td>
</tr>
</tbody>
</table>