Supplementary Chapter 24a, Rwandan Genocide and Immanuel Approach Group Prayer

Denise Dolff is a Canadian psychotherapist who had specialized in working with severely abused and traumatized people before her recent retirement, and she was in Rwanda in April of 2014 to be with and support friends and the people of Rwanda on the 20th anniversary of the genocide of Tutsi people. There were a number of genocide anniversary events during the week she was there, some being sponsored by the government, some being sponsored by church parishes, and some being sponsored by healing ministries. These events were all open to the general public, and some of them were held in a large stadium with more than 5,000 people attending.

Denise participated in a number of these anniversary events, and her observation was that many attendees would become intensely triggered as speakers would share about their experiences from the genocide. This was so common and expected that there were special tents set up for people who would need assistance due to intense triggering, and there was a team of medical attendants that would guide people to these tents and then help care for them. Many people were so intensely triggered that they needed to be carried to the special-care tents on stretchers. (In fact, this was so common that there was a whole team tasked with carrying stretchers to the special-care tents.) My guess is that these people were experiencing dissociative flashbacks, demonic manifestations, total overwhelm from reconnecting with the memories, or some combination of these.

Denise had been asked to lead a time of healing prayer at one of these events,¹ and she was understandably concerned about the possibility that many would get intensely triggered and be retraumatized. She had prayed for healing with groups of people during previous visits to Rwanda, but she was especially concerned about this particular event because it would be such a large gathering, because the prayer time would be so specifically focused on the genocide, because most of the attendees would be genocide survivors, and because these survivors had been getting stirred up all week from other genocide anniversary events.

Denise and a friend² who was traveling with her both had some knowledge of the Immanuel Approach (from a variety of workshops and presentations at conferences), and together they worked out a plan that included some of the components of the Immanuel Approach. First Denise asked the thousands attending to think of a joyful moment in their lives, and to try to re-experience the joy of that moment. Next she reminded them that Jesus promised He would be with us always, and because His word is true, it meant that Jesus was in the joyful moment. Denise then encouraged them to try and find where Jesus was in the moment they were remembering. After allowing a short time for the attendees to do this, she encouraged each of them to turn to his or her neighbor, share the joyful memory, and share also where they perceived Jesus to be in the memory. The enthusiasm of the sharing at this point in the exercise, along with comments that Denise heard later, evidenced that most of the people had indeed connected with a

¹The time of healing prayer led by Denise was part of a Catholic mass that was focused on emotional healing and said by Fr. Ubald Rugirangoga.

²Katsey Long
joyful memory and had also been able to find Jesus in the memory.

After this time of sharing about their positive memories and perceptions of Jesus, Denise warned them that she was going to ask them to do something much more difficult. She then asked them to think about a painful memory, “something of their choosing, at their own level of readiness to experience that pain and sadness.” It was evident from the silence in the stadium, and from the people that Denise could see, that most in the audience were following the instructions. After giving those in the audience some time to connect with their painful memories, Denise reminded them that Jesus was with them in the pain just as He had been with them in the joy, and then instructed them to look for Jesus in the painful/sad memories. After allowing a short time for the attendees to do this, she encouraged each of them to turn to his or her neighbor and share their experiences.

After some minutes of sharing, during which Denise could see most in the audience talking and listening with their neighbors, she encouraged them to go back to their joyful memories again, and to just reconnect with that joy. Finally, she closed in a prayer of thanksgiving for God’s healing touch.

At the end of it all, not one person was escorted to the tents for special care, not one person was carried out on a stretcher, and Denise did not notice even a single person who appeared to be intensely triggered and/or abreacting and/or displaying demonic manifestations. Furthermore, the comments she did hear were all positive, with her favorite being, “That lady taught us to find Jesus.” This comment was consistent with her sense that the Immanuel Approach process had helped people to experience Jesus’ presence in a way that they had not been able to before.3

An interesting, significant point is that Denise and her friend included only some of the components that I usually include when leading Immanuel Approach group exercises. They did a wonderful job with the situation they were given, and the results were beautiful. However, if somebody asked me to design an ideally safe scenario for working with 5,000+ genocide survivors, I would have been less adventurous. This was not possible with the situation they were given, but for an ideal scenario I would have recommended:

1) More time to practice positive memories, appreciation, and connection with Jesus: If I were designing an ideally careful group ministry for 5,000+ genocide survivors, I would want to have several rounds of practicing positive memories, appreciation and connection with Jesus before leading the group to go to traumatic memories.

2) More detailed coaching regarding how to choose painful memories: My experience is that people sometimes have poor self-awareness regarding whether or not a traumatic memory will be overwhelming. If I were designing group ministry for 5,000+ genocide survivors, I would have been less adventurous. This was not possible with the situation they were given, but for an ideal scenario I would have recommended:

3) It was somewhat difficult to assess outcome, since most in the audience were speaking Kinyarwanda and Denise couldn’t understand what they were saying. But she could observe that most of the people in the audience were participating, she could gather information from their facial expressions, and all of the comments she heard in English were positive.
survivors, I would want to provide more detailed coaching regarding how to pick memories that would be appropriate for a group setting.4

3) Small groups and taking turns for better safety net implementation: If I were designing an ideally careful group ministry for 5,000+ genocide survivors, I would want to break them up into small groups and have them take turns with the traumatic memory piece, so that only one person at a time would be working on a traumatic memory. With this setup, if someone gets stuck in a traumatic memory, the others in the small group (who are not also in their own traumatic memories) can coach the recipient to get back to her positive memory and connection with Jesus.

4) Second safety net: If I were designing group ministry for 5,000+ genocide survivors, I would also want to include the second safety net. When I lead group exercises, I ask that only participants who are successful with connecting with Jesus in the first step go on to try working with trauma. This second-safety-net precaution makes sure that people don’t go to traumatic memories without the first safety net in place.

Again, even with only some of the components of an ideal Immanuel Approach group exercise, they were able to pray with more than 5,000 genocide survivors and observed many good blessings and minimal trouble with people getting stuck in traumatic memories.

The safety benefits from the Immanuel Approach components can be especially appreciated when the lack of negative outcomes with their prayer time is compared to the trouble with intense triggering and retraumatization that Denise observed during the other genocide anniversary events.

4See, for example, the guidelines presented in Chapter 24 (pages 296-298) for choosing negative memories when participating in group exercises.