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The true healing is healing together:

Healing and rebuilding social relations in post-genocide Rwanda

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About the author

Dr. Régine Uwibereyeho King is an Associate Professor in the Faculty of Social Work, University of Calgary, Alberta, Canada. As a Rwandan-Canadian researcher, she is interested in social processes in post-genocide Rwanda, women's rights, and psychosocial wellbeing of survivors of organized violence who resettle in their former communities or become refugees elsewhere. Dr. King is also interested in cross-cultural mental health interventions and indigenous knowledges.

Acknowledgments

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Abstract

This qualitative longitudinal study examined the impact of a group-based intervention on the wellbeing of 23 Rwandans who came together and shared personal stories for mutual healing after the 1994 genocide against the Tutsi. Data from the original study collected in 2010 included pre- and post-intervention individual interviews and onsite and offsite notes. A follow up study conducted in 2014 included 22 individual interviews with former participants, 21 individual interviews with community witnesses, and notes from a one-day workshop. The implemented intervention integrated Western and Rwandan practices of healing and helping to bring together members of opposing groups for mutual healing. Participants indicated that being in a safe and supportive environment that allowed them to share the stories of their lived experiences increased self-acceptance and acceptance of others and their ability to manage negative emotions. While the healing process started during the intervention, true healing took place when participants felt the urge to act positively by approaching and helping others in need in their community. Participants reported that helping others restored trust and gave them a new social identity and a strong sense of belonging. The integration of Western and local practices at the grassroots of post-conflict communities may provide a model of intervention useful for programs and policies that seek to address individual and collective trauma and facilitate reconciliatory processes in post-conflict settings.

Key words: psychosocial social suffering and healing, group process, conflict transformation, rehumanization, reconciliation

Introduction

The 1994 genocide against the Tutsi severely damaged all facets of Rwandan society. Neighbors killed neighbors, looted and destroyed homes, banks, schools, churches, and other public and private institutions, followed by the displacement of many Rwandans. Those who survived the genocide lived with physical and psychological wounds. Over the last two decades, the government of Rwanda has invested in the rebuilding of infrastructure and local governance institutions. Rwandans have engaged in social processes that attempt to reconstruct the social fabric of the nation. However, much is still unknown about how individuals and families who survived the genocide have managed to live beside perpetrators or their family members in the same communities.

Mass violence has a devastating impact on the physical, psychological, and social wellbeing of individuals and communities (Pedersen, 2002). Rampant killings, acts of barbarity, sexual violence, and destruction of property erode people's sense of identity and belonging (Leaning, Arie, Holleufer, & Bruderlein, 2003). The social networks that once offered support are severely damaged (Veale, 2000). In the absence of appropriate interventions, the combined weight of mass violence, related violations of human rights, and other forms of aggression often generate further conflicts along with the breakdown of social norms and community values (Leaning et al., 2003).

Psychosocial programs imported to Rwanda, as in other places recovering from mass violence, have often lacked the necessary understanding of the collective impact of violence and the contextual realities of the communities in question (Martín-Baró, 1994). There is a growing recognition of the need for intervention models that go beyond individual therapies and support collectives to deal with personal and social issues after mass violence. However, there is a need for greater analysis of the individual and collective abilities that are mobilized by those affected to end aggression, promote reconciliation, and encourage peaceful community-level coexistence. This paper reports on the findings of a qualitative longitudinal study on the impact of the Healing of Life Wounds (HLW) intervention on the psychosocial wellbeing of individuals and communities. HLW is a group-based intervention that brings Rwandans together for mutual healing at the grassroots level.

Literature review

The concepts of trauma and post-traumatic stress disorder have helped increase understanding of the psychological impact of conflict on individuals and have contributed to existing trauma-based therapies and new laws and policies in relatively peaceful societies of the Western world (Lamott, 2005). However, there is an unease that these individual therapies may not be able to address complex psychosocial issues in post-conflict settings (Summerfield, 1999). Research in post-conflict areas shows that mass violence affects individuals and communities (Métraux, 2004). Feelings often intensify when people in such settings suffer collectively and sub-groups compete for victimhood status while simultaneously dealing with the intertwined social categories of perpetrators, victims, and bystanders (King & Sakamoto, 2015). A mixed-methods study that Pedersen, Tremblay, Errázuriz, and Gamarra (2008) conducted in the Peruvian highlands found that collective experiences of social suffering such as forced displacement, the burning of homes, extreme forms of poverty, and other daily adversities resulted in complex and extended mental health problems. Collective resignation, internal afflictions of sorrow and loneliness and somatic complaints were common. A study Foxen

(2010) conducted with the K'inche' people in Guatemala shows that Mayan families and communities have become progressively weakened by both direct and indirect violence and feel disillusioned by "silver bullet" models that promised to alleviate their suffering but have often left local people worse off. Research shows that these conditions generate emotions of pain, grief, and fear mixed with anger, betrayal, frustration, and a desire for revenge (Benson, Fischer, & Thomas, 2008; Hutchison & Bleiker, 2008). This observation is a warning that personal and social problems may fester or lie underground like a landmine waiting to explode when not properly identified and addressed.

Research in Rwanda has confirmed similar emotions among the members of the Hutu and Tutsi ethnic groups that were involved in the genocide. For instance, Clark (2010) and Rutayisire and Richters (2014) found common feelings of fear, despair, loneliness, powerlessness, insecurity, mistrust and resentment, and a generalized sense of enforced silence that emanated from the 1994 genocide against the Tutsi and subsequent events. Problems of anger, resentment, aggression and complex forms of maladaptive relationships have been observed (Leaning et al., 2003).

 Scholars with an understanding of the individual and collective impact of violence suggest models that go beyond individual-based approaches to help individuals and communities transform their stories of suffering into healing narratives. For example, medical anthropologists Farmer (2004) and Kleinman (2000) believe that affected people need to share about systemic forms of oppression including racism, resource scarcity, gender-based violence, chronic diseases, and extreme forms of poverty. Other scholars from cultural psychiatry (Kirmayer, 2006) and peace psychology (Christie, Wagner, & Winter, 2001) have expanded the understanding of the concept of healing beyond biomedical health to include holistic and culturally based meanings of suffering and wellbeing. Some scholars argue that narrative practice may be an appropriate approach to facilitate new meanings and to rebuild the social fabric in conflict-affected settings (Kleinman, 2000). To heal, people who have experienced mass violence must be given an opportunity to "unpack" the personal, social, and cultural meanings of suffering, health, autonomy, and responsibility (Martín-Baró, 1994; Summerfield, 1999). This "unpacking" involves one's ability to locate his or her story among the stories of others in the community. In the context of Rwanda, although individual experiences of the genocide may be unique, they draw meaning from the socio-cultural and political context of the country.

This literature review indicates that massive violence results "not only in human casualties, but also in the destruction of ways of life… targeting and attempting to eliminate entire ethnic groups, eradicating cultures and social systems" (Pedersen et al., 2008, p. 214). People subjected to mass violence are often vulnerable to other forms of violence in their families and communities. These experiences and their consequences should be addressed as collective issues that threaten the future of individuals, families, and entire communities, rather than isolated individual incidences.

Theoretical framework

The framework of communicative interaction (Csordas, 1996) through the multidimensional use of narratives guided this study. These dimensions range from personal narratives of loss, to ruptures in identity, to isolation, and to community narratives (Gobodo-Madikizela & Van der Merwe, 2007) portrayed through media, commemorative ceremonies, government statements, and education materials.

The sharing of narratives with the purpose of individual transformation and social healing involves the sharing of stories that are intensely personal as well as those that belong to the common life of a people. Sharing narratives is particularly important for survivors of massive violence and genocide because they face unique psychosocial challenges associated with the disruption of personal identity and the destruction of the social fabric. As Gobodo-Madikizela and Van der Merwe (2007) observe, human-created suffering involves the "undoing of the self," which entails not only the loss of one's identity and language to describe a horrific event, but also the fragmentation caused by oppression and the history of political subjugation. Intervention models that use a narrative practice approach may work to minimize such disruptions and to increase the resilience of community structures by explicitly seeking to preserve and/or restore such local resources. HLW reflects this framework in its use of narrative practice in the facilitation of healing workshops.

Healing of Life Wounds (HLW)

A more extensive explanation of the HLW was published elsewhere (King, 2011; 2014). Briefly, HLW was initiated in Rwanda in 1995 by Simon Gasibirege. Gasibirege is a Rwandan psychologist who lived for decades as a refugee in Europe. After witnessing the genocide that took the lives of an estimated 800,000 Rwandans and forced more than 2 million others into exile (Melvern, 2004), he decided to return to Rwanda to contribute to the rebuilding of his country. He created the HLW with the intention to bring together Rwandans for mutual healing. While he initially implemented his intervention through non-governmental organizations (NGOs) such as World Vision Rwanda, he realized that the transient nature of NGOs did not facilitate the sustainability of HLW. He took the model to the grassroots level and started implementing through a local organization he founded, Life Wounds Healing Association (LIWOHA). LIWOHA has operated in two sites, one in the Southern Province and the other one in the outskirts of the Kigali Ville Province, the capital of Rwanda, since 2006 and 2009, respectively. The data in this paper was collected in the site of the Southern Province as the other one was still being established.

The HLW objectives have been to: (a) heal individual wounds and rehabilitate communities affected by the genocide; and (b) address the subsequent impacts of the genocide experiences of exile, repatriation, imprisonment, and family breakdowns. HLW workshops are rooted in the shared experience of storytelling guided by a series of exercises and psycho-education presentations that draw on Western therapeutic approaches, the spiritual practice of confession as presented in the writings of St. Augustine, and the Rwandan traditional practices of coming together as a community to deal with life issues. One of the features of this practice of "coming together" was a traditional conflict resolution mechanism called *gacaca*, during which local elders assembled community members to listen to the testimony of parties that had an outstanding grievance. In the process, people shared painful experiences, acknowledged the wrongs, exchanged apologies, and determined compensation and renewed ways of peaceful co-existence. These principles have also informed the creation of the Rwandan post-genocide courts also known as *gacaca*, which supplemented the work of the national legal system in addressing genocide crimes. Although gacaca was conceived and implemented as a form of truth and reconciliation commission for Rwanda, it involved prosecution and punishment, and dealt with the overwhelming load of genocide cases.

Unlike gacaca, which was orchestrated and overseen by the state and was mandatory for all Rwandans, HLW workshops have taken a bottom-up approach. Participation is voluntary and interested persons apply to attend. At the start of the process, participants are encouraged to create a safe space by establishing guiding principles, such as confidentiality, respect, autonomy, and mutual support. HLW comprises three main modules: 1) bereavement and living together; 2) dealing with emotions; and 3) forgiveness and reconciliation. Each module lasts from three to five days. During the workshops, small groups of Hutu and Tutsi women and men are encouraged to share stories of personal experiences guided by a series of exercises. Together, participants explore resources to overcome the painful issues of their lives. A period of one month separates the modules to allow participants to reflect and process information from the previous session and put into practice the lessons learned.

Methods

Detailed descriptions of the methods deployed in this study have been published elsewhere (King, 2011; King, 2014). Briefly, the study followed principles of critical ethnography and used multi-methods approaches to collect data. Critical ethnographic study is a situated activity that locates the researcher in the world and "consists of a set of interpretive, material practices that make the world visible" (Denzin & Lincoln, 2008, p. 4). As a form of qualitative inquiry, critical ethnographic study is interested in what human beings are doing or saying (Schwandt, 2000) and their sensemaking of life experiences in a given context. Critical ethnography values the use of multi-methods approaches and focuses on a phenomenon of interest. In this study, the phenomenon of interest was the HLW workshops and their impacts on individuals and their communities. As Foley and Valenzuela (2008) indicate, a critical ethnographic approach seeks to make sense of social interactions of the everyday context by analyzing the interface between society and its individual and collective members. In my study, I sought to understand how the sharing of personal stories through HLW affected individuals and their communities over a period of five years.

I obtained ethics approval from the University of Toronto in 2010 to conduct the original study. With the support of an outreach worker from LIWOHA, the local organization through which the HLW workshops are conducted, I recruited 23 participants (19 women and 4 men) who completed the HLW intervention as research participants. I based recruitment on a wait-list of people that had requested to attend the HLW workshops. Participants ranged from 26 to 80 years of age. There was no attrition during the investigated intervention. Data included pre- and post-intervention interviews, onsite notes from participant observation and offsite notes based on my critical reflexivity.

In 2014, I conducted a follow up study with the objectives of: (1) sharing the findings of my dissertation research; and (2) assessing the long-term impact of HLW on individual participants and their communities. I obtained ethics approvals from the University of Manitoba and the Rwanda National Ethics Committee. A new feature of my research was the interviewing of community witnesses. Witnesses were persons close to the HLW participants and knew of their day to day experiences. Participants were each asked to invite someone who knew them well enough and was willing to offer an honest evaluation on how they were faring in the community. The group of recruited witnesses included family members, such as adult children, siblings, or spouses, as well as close friends of the participants. During the first meeting, I explained the purpose of the study before asking individual witnesses for their consent to participate in the study.

Data collected included: a) audiotaped individual interviews from 22 former participants; b) audiotaped discussions from a one-day workshop with 22 former participants focusing on perceived personal and social change; c) 21 individual interviews with people who consented to participate as witnesses; and d) onsite and offsite notes. I used dialogic performance narrative methods to analyze the different datasets of the longitudinal study, first separately and then together. Dialogic performance narrative analysis is interpretive and helps the researcher to scrutinize oral narratives as people perform their different identities through interactions (Riessman, 2008). This analysis goes beyond thematic and structural analysis by paying close attention to "the readings of contexts, including the influence of investigator [and other participants], setting and social circumstances on the production and interpretation of narrative" (Riessman, 2008, p. 105). Dialogic performance narrative analysis asks questions about by whom, when, and why, narratives are produced (Riessman, 2008).

All data were transcribed and analyzed in Kinyarwanda and only quotes selected for the different themes were translated from Kinyarwanda into English. As Riessman (2008) suggests, the researcher needs to step back from an oral narrative to understand how a narrator uses form and language to achieve certain effects. In the context of this longitudinal study, stepping back meant revisiting the narratives of participants during the original study and examining how their stories have evolved since, along with the observations of the people who acted as their witnesses. I used triangulation (Jonsen & Jehn, 2009) to compare, merge, and confirm the trustworthiness of themes and meanings drawn from the different datasets. There was a striking correspondence between the participant descriptions and those provided by their witnesses.

Results

The results of this longitudinal study summarized in this section build on the findings of the original study and include the quotes of the follow-up study to demonstrate the progress made by participants over time. In a nutshell, the original study showed that through HLW many participants became aware of psychosocial wounds experienced personally and collectively. They indicated that the sharing of personal stories gave them a voice and confidence in communicating the painful experiences of the past. A broader sense of mutuality and compassion developed as these participants paid attention to personal as well as shared experiences of storytelling and listening, which helped them to transcend divisions of ethnicity, gender and age. It was so significant that during the second workshop, group members made a commitment to meet biweekly between sessions to continue to support one another. After the completion of the HLW, they decided to mobilize other graduates of the program to organize annual community reconciliation events. The data from the follow up study attests to the sustained and evolving impact of HLW for those participants who felt the need to link personal and social healing. Many participants used statements and examples from the original study to mark the beginning of their continued healing within their respective communities. In the presentation of the findings I will also draw on some quotes from the original study to emphasize the progress made.

Although all participants praised the HLW intervention, not everyone experienced the healing process the same way. A few participants struggled to translate the intervention into sustainable change. These were mainly participants who had difficulties sharing their personal stories and emotions during the HLW workshops. They continued to struggle after completing the program. Their statements pointed to an entanglement of personal and external factors including mental health distress, poverty, and family and community discord. In this

paper, I present the findings of the subgroup of those who made important strides in their personal and social healing with an emphasis on the factors that influenced changes. The main themes of the findings include the following key points that changed for the participants: a) increased self-acceptance and acceptance of others; b) approaching and helping others; and c) a renewed sense of social identity and belonging. I continue to use the pseudonyms from the original research for purposes of consistency.

Self-acceptance and acceptance of others

Participants identified self-acceptance and the acceptance of others outside one's in-group as one of the most important intertwined elements of healing psychosocial suffering. Self-acceptance evolved from a deeper understanding of personal suffering and loss. For instance, during the original study, Rosa described feeling overwhelmed by what she described as a "television of her problems," or constant memories of her genocide experiences to the point that she became detached from reality and lived in isolation. Rosa's daughter, who participated in the follow up interviews as her witness, confirmed that her mother was "crazy" before attending the healing workshops. Later, Rosa explained that through the HLW intervention, she gained an understanding of emotions that used to overwhelm her and influenced the ways she related to others. Other participants had similar experiences. For example, Emma stated:

> [Before the HLW workshops] I avoided discussions about the genocide topic because I worried and felt ashamed about the bad things some of the members of my family did during the war [genocide]…We were ashamed and very suspicious of one another. When you met a new person, you asked yourself, 'What ethnic group does this person belong to?' This was a great issue when we started the [healing] workshops. We did not talk much.

Anatole added that because of his lack of understanding of emotions, he assumed that those who experienced personal crises were faking their trauma. At the start of the HLW workshops, there was a general lack of understanding of one's emotions and how to manage them. Participants felt consistently trapped in stereotypes and other negative images that often put them at odds with people in their families and immediate communities. All participants reported that during the HLW, they acknowledged that they had emotions that overwhelmed them and impacted both their personal wellbeing and their social relations.

Managing emotions: an individual and a social affair

As participants shared personal stories and learned to express their emotions, their personal suffering became evident. The first step toward healing was to name and manage their emotions in constructive ways. For example, Monika explained:

> The one thing that changed for me was the thing [idea] of accepting oneself. I did not know how to accept yourself, accepting the things that build up from within [thoughts and emotions]. I simply acted out. I remember telling you [the investigator] about the death of my sister and having to raise her children. When any of them upset me, I screamed asking, 'God, why did you let this sister of mine die and leave me these children?' I did not understand what was going on. I have understood such emotions caused me to be aggressive towards the kids. I started working on that.

Accepting their suffering and related emotions made many participants realize the negative impact it had on their personal and social life. Rosa explained that her children were terrified of the things she could do or say. Her daughter echoed this evaluation: "Everyone tried to stay out of her way." Other participants noted that, when they were suffering, they took it out on others. All witnesses attested that the person they represented had toxic relationships with family members and/or other community members before being introduced to the HLW workshops.

Many participants made a commitment to start healing themselves first. Sali used a proverb to summarize this understanding: "*Ujya gufasha abandi arabanza akifasha,*" which translates as "before helping others, one has to start with himself or herself." However, this personal process required participants to change their behavior towards people around them. Emma gave an example of her family:

> In my household, we are different. We have children from our previous marriages. Blending them was a very difficult thing to do. But since we attended the workshops together, we both accepted to challenge ourselves about the change that was needed to take place in our home, despite our old wounds…We talked things out and invited the children into conversations. This became a new foundation for our family…I was helped …I learned to accept the patterns my stepchildren brought with them. We discussed these patterns together. I admitted to myself that there were things I needed to change on my part...Now I perceive them as my children…All the children get along very well.

Emma stated that before the HLW workshops she used to spend sleepless nights contemplating how to get out of her second marriage. She explained that the HLW intervention challenged her to re-examine the nature of her anxiety and to define a more constructive solution. She decided to engage her new family in conversations and started noticing positive changes in her home. Monika, who attended the HLW with her husband, observed similarly positive reactions. She reported:

> There is something that changed in our home. You know, life is not perfect, but when we disagree on something and hurt one another in some ways, he quickly wants to resolve the misunderstanding and apologizes for it. Sometimes he suggests that we go and speak to Sue [HLW outreach worker] so that she can counsel us instead of falling back into isolation.

Rosa realized that her change of attitude transformed her children:

> There are so many things that changed in my life, especially in my own home, with the children. My children were very fearful of me. I did not talk to them. They thought I was crazy. They used to hide from me. If I said, 'Go and fetch water,' they run to the point that they could lose their breath just because I said, 'Right now.' Now, they are calm, they regained their childhood because I talk to them and treat them like my children.

Paul observed, "I kind of returned to the right path of my life by knowing how to manage emotions as they arise rather than overreact." Participants who became aware of the mixed emotions they experienced in their community decided to change themselves first through positive attitudes towards themselves and others around them.

Other participants observed that by critically reviewing their emotions and the ways they interacted with others challenged them to pay attention to the needs of others in the community and respond with compassion. Anatole concluded, "It makes you understand that what you need from other people may also be what others need from you." Rosa reported becoming a better parent by "bringing them [her children] closer to me" and her neighbors. She did this by talking calmly to her children, visiting her neighbors, and generally acting in a much more civil and "normal" way rather than as "a crazy person."

The witnesses who agreed to provide their perceptions on the participants reported being shocked when they first observed such changes in the HLW participants. They initially assumed the participants' behavior was temporary and would quickly fade away. Many were amazed that their loved one or friend continued to improve over time and did not give up on life as before. For example, Bonnie's daughter testified that she noticed tremendous changes in her mother's behavior. This young woman explained that, growing up, she and her siblings did not experience any affection from their parents. She stated that after her mother started attending the HLW, she started calling her regularly, inquiring about her wellbeing and that of the grandchildren. She even sent her money to buy phone cards so that they could talk more often. Although she was uncertain about how it all happened, she made efforts to reciprocate goodness by allowing her children to visit and spend overnights at their grandmother's house. She explained that their relationship has grown and has made her "feel spoiled" by a mother who never showed her love before.

Bernadette's sister reported similar experiences. She explained that, since the end of the genocide, Bernadette did not care about anybody, including herself, and did not interact socially. Bernadette's sister expressed gratitude to the LIWOHA program and its facilitators for changing her sister. She gave examples that echoed the things Bernadette had shared during the post-intervention interview of the original study. For instance, their stories overlapped concerning how family members and neighbors used to walk on eggshells around Bernadette because they did not wish to face her aggression or say something that could provoke her asthmatic crises, which often resulted in hospitalization. Bernadette attributed this change to a new perspective she gained from listening to the stories of others during the HLW intervention. During the original study, she stated that, by listening to others, she realized she was the person who had suffered the least because she had a family who cared about her. This challenged her to adopt positive attitudes towards herself and others. During the follow up study, she reported that she started challenging herself to step outside her shell, to meet new people and initiate conversations. Other participants who made similar efforts expressed feeling healthier physically, emotionally, and socially.

Approaching and helping others

When many participants started their personal healing, they felt an urge to respond more constructively to the needs of others. For instance, Rosa, a genocide survivor, explained that she used to perceive every Hutu as her enemy, did not talk to them or acknowledge them as human beings who could suffer. Listening to the stories of the Hutu group members during the HLW intervention changed her mindset and the many setereotypes she had formed about all Hutus. She stated that when she realized this, she started listening intently to what they had to say about their personal experiences, such as the trouble they had with the members of their families or the community conflicts they faced. Rosa indicated that this opened her heart to the humanity in them. Back in the community, she decided to return humanity to those she used to confront through her actions and attitudes. She stated:

A few days ago, I asked my Hutu neighbor to become a godparent of my child. His ethnic group did not influence my choice. Now, I can go to neighbors and ask them for water to drink and they give it to me. If I need to buy milk, I do not have to go to another survivor to get it. I simply find anybody who may have a milking cow. I give them money and they offer me milk. That was unheard of before I attended the healing workshops.

Her daughter who was interviewed as her witness attested to her mother's change of behavior. She explained that, before the HLW workshops, she had told her and her siblings to never associate with Hutu children. She said she was surprised when one day her mother came home from the HLW workshops, sat them down and started explaining why she felt they needed to judge and form friendships based on people's character, not on ethnicity.

Other participants and their witnesses shared similar stories about how they challenged themselves to change the ways they viewed members of the out-group. Paul explained:

Before [the HLW] workshops I was fearful of what others could do to me. Since I understood that wherever we are, we need others to approach us, it became important to start approaching my neighbors. I engaged them in conversations, even though I was not close to each one of them. I felt free to relate to them as human beings who are in need of others.

For many of these participants, the process of deliberate engagement with others began during the healing workshops and continued when the group members decided to form a mutual help group called *dukizane*, which means 'let's heal one another.' They started holding biweekly meetings during which they offered each other mutual support. These meetings built on compassion and empathy born during the sharing of personal experiences. In the original study, HLW participants had identified the encouraging and respectful attitudes modelled by the facilitator and the exercises that guided the sharing of personal stories in small groups opened their hearts to personal and social suffering. They also found the safe space created during the HLW intervention to allow them to nurture and internalize positive emotions and attitudes within the group. Many participants described these focused and genuine interactions as foundational to their continued healing and the source of their motivation to approach others in the community.

Additionally, responding to the needs of others increased their sense of self-worth, confidence and shared humanity. Bernadette offered an example of how, after she started challenging herself to improve her social interactions, she saw the rewards very quickly as neighbors started talking to her. She reported proudly that other community members started to trust her to such an extent that they elected her as a community health volunteer to take care of their medical issues. Bernadette added that this volunteer position has provided her with opportunities to attend additional workshops and create new networks. She reported that being able to conduct health assessments in the homes of former enemies without experiencing an emotional or physical crisis was testament to her own healing. Other participants talked about being asked about "the medication" the HLW intervention had given them. Rosa joked that even her facial expression changed: "I am no longer a person with a closed face." Participants in this study explained that all these personal and social changes increased their motivation to do more for their community, regardless of their neighbors' ethnic background.

Participants identified positively the times that they intervened as a group, especially in addressing complex issues, such as community conflicts, or helping those who experienced traumatic crises during the annual genocide commemorations. They found that this kind of interethnic cooperation empowered them to approach others in the community and facilitated another dimension of their healing process. For instance, for the participants who identified as genocide survivors, the genocide was no longer a burden they carried alone. In addition, they reported feeling empowered to help others without fearing their own retraumatization. Those who identified as non-survivors, mostly Hutu, indicated that standing alongside the survivors and helping during the commemorations allowed them to remember friends and colleagues who perished during the genocide, without fearing being insulted as perpetrators. It is as if these public or altruistic performances provided another dimension of healing at the social level through which HLW participants developed new identities and established trust and a sense of belonging.

New social identities

During the HLW intervention, many participants had used the concept of *nyamwigendaho*, "one who minds his/her own business," to describe a general attitude that Rwandans adopted in response to the genocide. In the original study, they had explained that this attitude hardened ethnic divisions and forced many people into social isolation. During the follow up study, many participants reported that the act of approaching and helping others gave them a common name, "the helpers." These new social identities seemed to replace stereotypes that resulted from the genocide, such as "killers," or "non-human," if they were Hutu, and as "the crazy ones," or those who "fake their traumas" if they were Tutsi. The new identities developed from their motivation to help others and learn more skills to support their volunteer work.

Motivation to help and learn more

It became obvious to the participants that they needed to use any opportunity to raise awareness about the negative impact of the genocide and other forms of violence, such using stereotypes, insults, or silence treatment, on individual and communal wellbeing. Anatole reported:

> We educate people on how to live in peace with their spouses because we also received additional workshops on marriage. You see that people are interested in learning how to put in practice what they hear from us…Those who see us say, 'You guys are so lucky that you have gone to Simon's [founder] workshops. You are all together.'

Participants also acknowledged that forming new identities was not something that developed easily because many of them encountered suspicion from community members who did not understand what had changed them. They reported that they had to remain committed and stretch themselves to reach out to others. Emma explained:

> I feared being there [at the commemoration events], but now it is something I have embraced. I put myself in their [survivors'] shoes…and when I have something to offer them, I provide. If one is sick, old, or traumatized, I offer my support and walk with them. Many things have changed and we socialize.

Participants observed that, when they showed a willingness to help, other people became curious and asked questions about how to respond to the different issues they faced. In turn, it made the participants reflect critically on the skills they possessed and those they needed to develop to continue helping others. This pushed them to request additional training on various issues, such as addiction, domestic violence, and project development and management, so that they could respond appropriately.

Role modelling

Participants who engaged in the process of helping observed that other community members started emulating their actions. Rosa commented:

> I have seen change in how neighbors and others relate to me. [Before the healing workshops] people did not want to talk to me. But, now, when we meet, we stop, we hug and chat, but before nobody said hello to me and when they did, I did not reply. They had become used to the fact that I did not talk. Now, I share whatever I have with my neighbors. They come and say, 'Lend me this or that', and we share without problems.

Monika explained how the children of a neighbor emulated an approach she had started implementing in her community to not aggress others. She stated that these children stepped into an argument to stop their mother from yelling at Monika. They told their mother to "stop abusing her [Monika]. What do you want from her? She has not said or done anything to you." Monika admitted that if the argument happened before her participation in the HLW workshops, it could have turned violent. Monika reported that these children's statement motivated her to keep working on relationhips with neighbors and to be a good role model for the new generation.

Other participants shared feeling increased trust and a renewed sense of belonging through affirming comments they received from the community. They gave examples of receiving invitations to attend weddings and funerals, rituals that had become more exclusionary after the genocide. The renewed trust seemed to influence their continued personal healing and the positive transformation of their communities.

Many participants attributed these personal and communal changes to the HLW workshops. Paul explained it in these terms:

> Because of the [healing] workshops, it all came down to the desire to get out of oneself and do something else in society and the Rwanda community, with an understanding of lending a hand to others because we have also been helped.

For other participants, the observed changes challenged them to go beyond their immediate communities to help others who remained at the margins of the Rwandan society. Susie talked about making a commitment to visit prisoners who did not have anybody to visit them and advocating on their behalf. She explained that, when she applied to volunteer in a prison, she was tasked with helping a female prisoner who had participated in the genocide. She started visiting her and responding to her needs (e.g. buying her shoes and body lotions). In addition to weekly visits, she decided to go to her hometown to encourage this woman's relatives to visit her in prison. Susie reported that neighbors who knew of her violent attitudes towards genocide perpetrators were shocked to see her helping a genocide perpetrator she did not know, and of her own accord.

People who interviewed as witnesses attested to the new identities the HLW participants developed in their respective communities. These new identities were described through the nicknames the community members gave to the former participants who became actively involved in the life of the community after completing the HLW workshops. In Rwanda, nicknames are used to convey a perceived important character of the individual in question. For example, Susie was nicknamed by people in her community as *nkundabana* or "the children's lover" because of her active involvement in defending the rights of abused children. She joked that children come to her house to complain about their parents' mistreatments, which she had never experienced before the HLW workshops. Another participant said that neighbors now call her *mameya,* "the nun." This participant indicated that she had been a Christian for many years. However, it was after going through the HLW intervention that that she received this nickname. She explained that through the HLW process she learned how to calm herself down, walk away from the usual conflicts with the members of her extended family, and surround herself with other churchgoers instead of responding aggressively to her relatives' abuse. Thus, her neighbors called her "nun", referring to the changes they observed in her. Other participants, especially those who used to experience traumatic crises, were nicknamed "the courageous," "the brave," and "the role models", reflecting that, through the HLW workshops, they had managed to overcome the many challenges stemming from the genocide. These findings indicate that healing did not stop at the individual level. Rather, holistic or what they called "true healing" happened when participants decided to take the learnings back to the places of wounding and engage in the healing of others.

It is important to recognize that not all the people who took part in the HLW as part of this study experienced the intervention and life in the community in the same way. The experience of sharing and processing personal stories varied; so did the responses both within and outside the intervention. For instance, some participants clearly had difficulties expressing their pain verbally during the HLW intervention, while they seemed to be processing much of what was going on internally through their bodies and deep reflections. An example was a female participant who developed hiccups and constantly spat on the ground throughout one of the sessions. When she returned for the following session, she seemed highly energetic and determined to share her rape experience with others in the small group. However, a few other participants told their stories repeatedly, but seemed to have difficulty going past the telling to make sense of their painful experiences.

Similarly, the participants' actions and the reactions from the community also differed. Some participants went home committed to apply the skills learned and were lucky that other community members acknowledged their efforts and responded positively. However, there were other participants who had the same intentions, but became discouraged about engaging with others, either because the idea of acting differently felt threatening to them personally or because they received rejection or indifference of the people back home when they made attempts to act positively. This was particularly the case for participants with ongoing histories of distress and/or endemic conflicts in their families and the community. For instance, Cindy is one participant who shared extensively about the abuse she had experienced at the hands of her extended family. When she returned home and tried to approach them, they interpreted her actions as being tactics of getting close so that she could bewitch them. For them, the time spent at the HLW workshop was suspected to have gone to purchase witchcraft. The different members in her family, including herself, seemed paranoid about each other, and embedded in constant destructive behaviours toward each other. The sharing of personal stories for a few participants like Cindy was complex taxing for them and other small group members, especially

when the same stories were shared over and over. Although these participants made a few steps toward self-understanding and appreciated the group work, emotional relief was short lived because back at home they found themselves in pushed down and further marginalized. These issues will be written about in a different paper.

Discussion

In this paper, I described the experiences of participants' journey of personal and social healing that started during the HLW intervention and continued thereafter. The results suggest that through intergroup dialogue many participants gained a new sense of understanding of their personal suffering and that of others and developed the ability to manage their emotions better and act differently towards self and others. This finding confirms Markova's (2003) idea that through dialogical interaction the "individual aquires self-consciouness together with other-consciousness" (p. 29). Holmes' (2017) study into the use of songs, poems or narratives in a supportive group environment highlights creative processes that facilitate healing and growth for people who have suffered traumas. Holmes (2017) adds that this kind of healing depends on validation and acceptance of individual sufferers as members of the group. Many participants in this study confirmed an increased sense of self-acceptance and acceptance of others both during and after the HLW intervention. In turn, they were able to perceive the acceptance of other community members.

Participants were clearly aware of the elements of the HLW intervention that facilitated their individual and collective healing as they compared it to other programs they had attended in the past. Some referred to the unsatisfying experiences they had when they participated in the gacaca courts. Other participants reflected on the Christian teachings on matters of peace, love and hope that remained dogmatic and did not seem to help them to translate these teachings into meaningful relations in their communities. Some participants such as Bernadette, who suffered from chronic asthma and was hospitalized whenever this was triggered, argued that the medical and trauma counseling interventions they had received treated symptoms rather than explored the social catalysts f their physiological and emotional reactions. These participants appreciated that the HLW interventions provided them with a safe and supportive environment in which to tell their stories and listen to each other, create new meanings of their individual and shared experiences, have time in between sessions to practice what they had learned, and report back to the group.

The work involved in the HLW program clearly goes beyond individual-based counseling interventions. In founding the HLW, Gasiberege purposely created a hybrid model that combined Western and Rwandan healing and helping practices. The HLW intervention always started with creating a safe space in which participants could explore their individual pain. However, they did so in a group context and had the flexibility to add their own creative activities, such as dancing, singing and playing together. The findings of the original study showed that while participants were encouraged to tell the stories of their personal experiences, they realized that having an attentive audience was equally important. Many participants appreciated that the presence of others helped them to practice mutual respect and understanding and increased their trust and compassion. This process opened new perspectives on shared problems and ways to approach them in positive ways. Other researchers have found the interactive healing process to allow individuals to reflect, understand, and perceive things in a more holistic manner requires the support of others in the community (Métraux, 2004; Summerfield, 1999). Wohl, Branscombe, and Klar's (2006) study confirms that processes, such as HLW, that

encourage inclusive human relationships over intergroup categorization are more likely to strengthen stable community relationships and reconciliation.

One important finding of this study is the innovative approach participants took to engaging with other community members. During the original study, participants summarized the social impact of the genocide *as nyamwigendaho* or "minding one's own business" to indicate that they did not want to get close to others, especially those from the out-group. Many indicated that the HLW space allowed them to learn not only about their personal suffering, but also about the suffering they inflicted on others through their attitudes. They quickly realized that their personal healing would be insufficient if they did take the learned lessons to the places where violence occurred and was still happening. This echoes Hutchison and Bleiker's (2008) study that traumatic events bring about a rollercoaster of emotions and demand concerted efforts to be understood in their socio-cultural contexts in order to "create a culture of healing and collaboration" (p. 391). One participant articulated this perspective in a poem she entitled, *Ugukira nyako ni ugukirira hamwe*, which means that "true healing is healing together." These findings emphasize the importance of engaging people who have experienced mass trauma in healing interventions that help to rebuild relationships (Halpern & Weinstein, 2004) and facilitate intergroup dialogue (Tam, Hewstone, Cairns, Tausch, Maio, & Kenworthy 2007). Research conducted in Rwanda highlights that intergroup dialogue ignites participants' desire to reconnect with others in the social world (Richters, Rutayisire, & Slegh, 2013).

As this study indicates, 'true healing' in the community happened outside the HLW intervention. Participants reported feeling an urge to act differently towards self and others in the community and felt empowered to do so. Many of them appreciated that practicing self-acceptance and acceptance of others in the group prepared them and equipped them with the ability to manage life difficulties and related emotions in more positive ways. Halpern and Weinstein (2004) suggest that this kind of personal and social transformation does not happen only through contact over time. Sustainable healing is only possible when people have opportunities to process their emotional wounds in a supported environment (Métraux, 2004; Summerfield, 1999). I would add that the supported environment needs a structure, careful planning, and facilitators capable of linking individual with collective needs and solutions. This finding should inform policy makers and practitioners in their interventions in post-conflict settings.

In the follow up study, many participants reported going beyond themselves and ethnic lines to help those in need. Some of them intentionally decided to help those at the margins, outside the network of relations from which to expect reciprocity (i.e. the female participant who decided to be-friend prisoners). These expressions of care were "other-centered" in ways that seemed unconditional and social-justice driven. Markova (2003), citing Bakhtin (1984), describes this trait figuratively as "when he looks inside himself, he always looks into the eyes of another or with the eyes of another" (Bakhtin 1984b: 287). This altruistic behaviour may represent another dimension of healing that is broader than one's family and community. Since different aspects of life were greatly damaged by the genocide, acting in altruistic ways may be a healing dimension needed for the rebuilding the social fabric of the Rwandan community. Helping others in this context may also include a revival of cultural practices embedded in the paradigm of *ubuntu* found in many African countries – "I am because you are" – which encourages qualities of humility, love, care, wisdom, and consideration. These values reinforce social bonds in many African countries, including Rwanda. Nevertheless, purposely

supporting programs and policies that promote individual healing and social transformation at the grassroots of community should be one of the priorities of post-conflict reconstruction initiatives.

Conclusion

Through this longitudinal study, I have demonstrated that healing from the genocide and its many impacts is a continuous process that goes beyond the setting of structured interventions, such the HLW, to facilitate more holistic individual and social healing. This kind of healing starts with the intense work of individuals sharing stories of suffering and managing related emotions. This longitudinal study has shown that this shared experience in a group context unlocks creative processes that link the healing of individuals to the healing of communities. Participants in this study showed that they possess diverse resources to reach out to others, ranging from simple acts such as greeting neighbors to helping a stranger or solving community conflicts. Actively fostering the healing process among people who live together at the grassroots is a vital starting point for sustainable peace and other reconciliatory processes. Programs such as HLW need to be systematically monitored and evaluated to inform knowledge in mental health and peacebuilding.

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