PB 014 | November 2018

AEGIS
PREVENTING CRIMES AGAINST HUMANITY

Policy Brief

The true healing is healing together:

Healing and rebuilding social relations in post-genocide Rwanda

Régine Uwibereyeho King

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

The author would like to thank the Social Sciences and Humanities Research Council and the Endownment Fund of the University of Manitoba's Faculty of Social Work for funding the original and follow up study respectively, Aegis Trust-Rwanda and DfID for funding the writing of this manuscript and Dr. Phil Clark for his review of the manuscript and his mentorship. Special thanks also go to the participants of the research presented herein and the partner organization for their contributions and commitment to this project.

Disclaimer

The research was conducted independently by the author. Accordingly, the views, opinions, and thoughts expressed in this paper are solely those of the author and do not necessarily reflect the official policy or position of the Aegis Trust.

All rights reserved

Executive Summary

- The 1994 genocide against the Tutsi severely damaged all facets of life in Rwandan communities, including the psychosocial wellbeing of individuals and the social fabric on which they used to rely for support. The genocide produced a wide range of emotions that have led many people into personal and social isolation and prevented them from being healthy and active members of their communities. This kind of suffering needs greater recognition.

- Time alone or informal human contact does not heal the emotional wounds from genocide. People who have been affected by the genocide need supportive and structured environments in which they can feel safe to tell their stories and be heard, create new meanings, and discover new ways of healing both personally and socially. Hybrid structured interventions that draw on Western individual models and Rwandan collective approaches to healing are recommended to facilitate holistic healing and sustainable peaceful relations in Rwanda.

- The lack of knowledge about the functioning and impact of community mental health programs, forgiveness and reconciliation initiatives in Rwanda is a major handicap to healing. Many existing local initiatives need to be documented and systematically monitored and evaluated to inform future programming and practice both nationally and internationally.

Introduction

The 1994 genocide against the Tutsi severely damaged all facets of life in Rwandan communities, including the psychosocial wellbeing of individuals and the social fabric on which they used to rely for support. Over the past 24 years, the government of Rwanda has heavily invested in the rebuilding of the infrastructure, socioeconomic development, and national reconciliation.

This research demonstrates that many Rwandans who were affected by the genocide continue to live with 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.[1] It is feared that mental health problems have worsened over time with high rates of post-traumatic stress disorder (PTSD) found in approximately 30% of the Rwandan population.[2] It is argued that mass violence disrupts the norms, morals, and social networks that traditionally support people in times of distress.[3] Collective forms of suffering have tremendous impact not only on individuals, but also on important social relationships, including the family unit, local communities, and the larger social order of a nation.

Research suggests people who experienced mass violence need to find space to unpack the personal, social, and cultural meanings of suffering, health, autonomy, and responsibility.[4]The Rwandan government and civil society currently lack systematic evaluation and monitoring processes to understand such spaces in Rwanda. The research presented in this policy brief attempts to fill this gap through a four-year longitudinal study (2010-2014) that examined the functioning of a community based social program, the Healing of Life Wounds.

The Healing of Life Wounds program

The Healing of Life Wounds (HLW)program was introduced in Rwanda in 1995 by Simon Gasibirege, a Rwandan psychologist and Professor Emeritus at the University of Rwanda. HLW comprises three main modules on: 1) grieving and living together; 2) managing emotions; and 3) forgiveness and reconciliation. The sessions consist of psychosocial education plenary sessions that alternate small group activities with exercises that guide participants' sharing of personal stories. The teaching materials and the overall process represent an important hybrid of Western and Rwandan approaches. The sessions are separated by a month to allow participants to take the learnings to real life back in their families and communities.

During eleven years of implementing HLW through different non-governmental organizations (NGOs), Gasibire gerealized the transient nature of many NGOs was not a sustainable approach to his work. He created the Life Wounds Healing Association (LIWOHA), which has operated at the grassroots of two Rwandan communities of Mbazi (Southern province) and Mageragere (Kigali Ville) since 2006 and 2009, respectively. Interested participants sign up to attend HLW workshops at each site.

1 Clark, P. (2010). *The gacaca courts, post-genocide justice and reconciliation in Rwanda. Justice without lawyers.* Cambridge: Cambridge University Press; Rutayisire, T., & Richters, A. (2014). Everyday suffering outside prison walls: A legacy of community justice in post-genocide Rwanda. *Social Science & Medicine, 120*, 413–420.

2 Munyandamutsa, N., & Mahoro Nkubamugisha, P. (2010). *Prevalence de 'état de stress post-traumaticque dans la population Rwandaise. Diversites de figures cliniques, abus dedrogues et autres co-morbidités.* Ministre de la Santé. Programme National de Santé Mentale.

3 Veale, A. M. (2000). Dilemmas of community in post-emergency Rwanda. *Community, Work& Family, 3* (3), 234-239.

4 Summerfield, D. (1999). A critique of seven assumptions behind psychological trauma programes in war-affected areas. *Social Science & Medicine, 48* (10), 1449-1462.

Research methodology

This longitudinal ethnographic study was conducted between 2010 and 2014. The study objectives were to: 1) understand the major psychosocial issues in post-genocide Rwanda; 2) understand the impact of sharing personal stories through the HLW program; and 3) document the long-term impacts of HLW on the former participants and their communities. The original study included a group of 23 participants (19 women and 4 men) ranging between 23 and 80 years of age who participated in the HLW workshops in 2010. The second study was conducted with 22 former participants and 22 community members who were invited as witnesses to the changes observed in participants' attitudes and behavior in 2014. Witnesses were mainly family members, such as spouses, adult children, siblings and close friends. Different qualitative methods were applied to gather and analyze data on individually and collectively perceived experiences of the HLW intervention.

Research findings

The study results presented in this brief show the different aspects of the healing process that the respondents experienced over the course of four years since their participation in the HLW workshops. During the HLW intervention, the participants reported the HLW helped them to realize the suffering they carried individually and collectively, and how individual pains caused them to inflict pain on others. This suffering deepened because people did not have trusted and supportive people with whom to share it. On the one hand, those who lost family members and friends to the genocide indicated that they had nobody to talk to. On the other hand, those who had families felt that they had nobody with whom to share their side of the story, because of the suspicion and fear that dominated their lives. All respondents detailed keeping their pain to themselves and used the term *nyamwigendaho* or "minding their own business" to describe a common phenomenon of indifference.

Participants in the HLW indicated that the workshops provided a safe space to listen to one another, develop mutual compassion, and start helping one another both during and between sessions. While many participants indicated that these practices and new ideas started during the HLW intervention, most of the healing process took place as they applied the lessons learned back into their families and immediate communities. They explained that paying attention to their needs and the ability to better manage their different emotions created an increased sense of self-acceptance and the acceptance of others, a motivation to help others in the community, and in turn they gained new social identities.

Accepting oneself and others

Accepting oneself and others involves understanding one's suffering, managing related emotions, and making commitments to respond appropriately in times of emotional distress. For the participants in this study, self-understanding led to a challenge of defining new ways to respond positively to their personal needs and to the world around them. They shared that they began to approach and listen intently to family members and other members of their communities. Actions as simple as initiating a greeting or a short visit to a neighbour they hadn't talked to in years seemed to bring about healing benefits for the HLW former participants.

Motivation to approach and help others

In the original study, participants indicated that they realized that the phenomenon of being *nyamwigendaho* was common in their community. They found it socially isolating and damaging. They made a commitment to approach others in the community and help them, for example during the annual commemorations of the genocide. As individuals, they talked about acting in more positive ways towards others in the community, such as walking away from conflicts, intervening to solve

others' conflicts, and helping the most vulnerable. An example is a female genocide survivor who decided to sign up for a program that required her to take food to prisoners, some of whom were genocide perpetrators. Participants reported that helping others in the community healed other aspects of their lives. Some of them reported receiving positive responses from other community members, who began to turn to them for support and counsel on various issues, such as marital conflicts, and other forms of violence.

New social identity

Many participants reported that approaching others in the community and receiving positive responses gave them the motivation to do more for their communities. In addition, engaging others gave them new social identities. They were acknowledged socially as the "helpers" and given new nicknames that highlighted their new selves. For example, one participant was given the nickname of *Nkundabana*,"lover of children", because of the role she undertook to advocate on behalf of children who were abused in her neighbourhood. Other nicknames were used to replace the negative stereotypes that were given to groups of people. For instance, a number of participants who identified as Hutus mentioned being called "killers," while self-identified Tutsi survivors, especially those who struggled with traumatic crises,had been called "the crazy ones."Being recognized as "the helper," "the brave," "the courageous," became an affirmation of another level of healing for the respondents. It also encouraged them to perform the new identities by being positive role models for others in the community.

Challenges for the HLW

As the study results above demonstrate, the initial healing process started during the HLW workshops. However, this healing could have been incomplete if participants failed to transfer the skills practised during the HLW intervention in their different family and community contexts. While all the people who took part in the HLW as part of this study were exposed to the same materials and facilitators and had the same questions to guide their shared experience, their responses varied depending on the individual and community circumstances. For instance, some participants clearly had difficulties expressing their pain verbally during the HLW intervention, while they seemed to process much of what was going on internally through their bodies and deep reflections. This was the case with one female participant who developed hiccups and kept spitting throughout one session. When she returned for the following session, she seemed more energetic and determined to share an intimate experience of rape during the genocide. However, some participants told their stories repeatedly, but seemed unable to go past the pain. Some participants went home and sought to apply the skills learned and were lucky that other community members acknowledged their efforts and responded positively. Yet, there were others 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 faced rejection or indifference when they tried. This was particularly the case for participants with ongoing histories of distress and/or endemic conflicts in their families and the wider community. The healing process for these individuals was limited both at the personal and social levels.

Study implications and recommendations

The following recommendations are addressed to the Ministry of Health, the Ministry of Gender and Family Promotion and non-governmental organizations working on post-genocide trauma-related issues:

Develop community-based healing interventions that respond to individual and collective needs

Many trauma-based or reconciliation programs that operated in post-genocide Rwanda either focused on the individual or the collective rather than bridging the two to understand the problems faced at both levels and explore potential models that could be combined to support individual Rwandans in their environment and vice versa. Rwandans need interventions that provide them with a safe and supportive environment in which to tell their stories, listen to each other, create new meanings of their individual and shared experiences, and be encouraged to live out those new meanings. Policies and programs should capitalize on Hybrid structured intervention models that draw on Western individual models and Rwandan collective approaches that contribute to the healing and helping of individuals and their communities.

Existing programs need to be systematically monitored and evaluated, and financially supported.

Before the genocide Rwandans relied on family and friends for emotional support. After the genocide, some people relied on humanitarian organizations while many others did not receive any kind of known intervention. HLW is one example of a program that operated for more than a decade on private funds and volunteerism. Such programs require systematic monitoring and evaluation to understand what works and what could be improved. This calls for ministries in charge of the psychosocial well-being of Rwandans to intervene by supporting research that can be scaled up to determine models of practices that work for Rwandans. In positive outcomes should be provided the means to function and reach out to more people in need.