

The true healing is healing together

**Title:** The true healing is healing together: Healing and rebuilding social relations in post-genocide Rwanda

**Author:**

*Régine Uwibereyeho King, Ph.D., Associate Professor, Faculty of Social Work, University of Calgary*

**Acknowledgement**

The author would like to thank the Social Sciences and Humanities Research Council and the Endowment Fund of the University of Manitoba's Faculty of Social Work for funding the original and follow up study respectively, AEGIS Trust-Rwanda and DFI 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.

**Copyright:**

"©American Psychological Association, 2019. This paper is not the copy of record and may not exactly replicate the authoritative document published in the APA journal. Please do not copy or cite without author's permission. The final article is available, upon publication, at: "True Healing Is Healing Together: Healing and Rebuilding Social Relations in Postgenocide Rwanda <https://doi.org/10.1037/pac0000357>"

**Author Note**

I have no conflicts of interests to disclose. Correspondence concerning this article should be addressed to Régine Uwibereyeho King, Associate Professor, Faculty of Social Work, University of Calgary.

Email: [regine.king@ucalgary.ca](mailto:regine.king@ucalgary.ca)

## **Abstract**

This longitudinal study examined the impact of a group-based intervention on the wellbeing of 23 Rwandans who shared personal stories for mutual healing in post-genocide Rwanda. The 2010 original study included pre- and post-intervention individual interviews and onsite and offsite notes. The 2014 follow up study included 22 individual interviews with former participants, 21 individual interviews with community witnesses, and notes from a one-day workshop with former participants. The intervention integrated western and Rwandan practices of healing and brought together members of opposing groups for mutual healing. The healing process started during the intervention and continued outside the sessions as participants approached and acted positively by helping others in their community. These altruistic behaviors restored trust, established new social identities, and gave participants a strong sense of belonging. These findings are useful for mental health and reconciliation programs and policies for Rwanda and other similar post-conflict settings.

**Key words or phrases:** psychosocial social suffering and healing, group process, individual and community healing, altruism, reconciliation

## **Introduction**

The 1994 genocide against the Tutsi severely damaged all facets of Rwandan society. Neighbors killed neighbors; homes, banks, schools, churches, and other public and private institutions were looted and destroyed. Millions of Rwandans were displaced. 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. The international community, through the work of international non-government organizations, invested in relief work, including various forms of psychosocial interventions. Researchers from various disciplines conducted different kinds of experiments in attempts to evaluate the psychological impact of the genocide (Bolton, Neugebauer, & Ndogoni, 2002) and test models of intervention intended to reduce aggression and prejudice, and promote reconciliation (Paluck, 2007; 2009; Staub, Pearlman, Gubin, & Hagengimana, 2005). Individuals and groups of Rwandans engaged in these interventions with the hope to heal personal wounds and rebuild their communities. However, much is still unknown about how these interventions have helped Rwandans to heal and live together in the same communities, most notably those who survived the genocide and those who committed genocidal crimes along with their family members. In this paper, I report on the findings of a qualitative longitudinal study on the long-term impact of the Healing of Life Wounds (HLW) program on the psychosocial wellbeing of individuals and communities. HLW is a group-based intervention that was introduced in Rwanda in 1995 with the ambition to bring together different groups of Rwandans for mutual healing. I conducted the original study in 2010 and the follow up study in 2014.

## **Literature review**

The true healing is healing together

Research in post conflict areas shows that mass violence has a devastating impact on individuals and communities (Métraux, 2004; Pedersen, 2002). The literature indicates that prior to a genocide, people go through a process of social rituals that establishes their positions as perpetrators and victims (Sofsky, 2003; Waller, 2002 as cited in King, 2011). This is particularly evident in low-income countries that are already torn apart by extreme poverty, circles of social exploitation, inequality, repression, and marginalization (Christie, Wagner, & Winter, 2001; Farmer, 2004). Krohn-Hansen (1997) argues that acts of violence are both products and producers of new and more complex cultural, social, and political realities that are likely to result in further violence.

Post-conflict 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). The experiences of rampant killings, acts of barbarity, sexual violence, and destruction of property erode people's sense of identity and belonging (Leaning, Arie, Holleufer, & Bruderlein, 2003). People who have suffered mass violence experience internal afflictions of sorrow and loneliness, somatic complaints (Pedersen, Tremblay, Errázuriz, & Gammarra, 2008), and an increase of other negative emotions, such as anger, resentment, aggression, and complex forms of maladaptive relationships (Leaning et al., 2003). Research conducted in Rwanda indicates that when the genocide ended, many Rwandans lived with generalized feelings of fear, despair, loneliness, powerlessness, insecurity, mistrust, resentment, and a sense of enforced silence that emanated from the 1994 genocide against the Tutsi (Clark, 2010; Hatzfeld, 2005, 2009; Rutayisire & Richters, 2014). King and Sakamoto (2015) argue that these feelings often intensify when people suffer collectively and sub-groups compete for victimhood status while

The true healing is healing together

simultaneously dealing with the intertwined social categories of perpetrators, victims, and bystanders.

When the natural social networks that once offered support are severely damaged (Veale, 2000) and in the absence of appropriate interventions, the combined weight of mass violence and other forms of aggression often generate further conflicts along with the breakdown of social norms and community values (Leaning et al., 2003). There has been a scarcity of psychosocial interventions in post-conflict non-western countries. Relief interventions tend to last for only a limited time. Those that continue to operate after the relief period tend to shift goals and strategies based on available funding and donor requirements. Hence, it has been difficult to monitor and evaluate these programs in a systematic manner. These types of interventions have been critiqued for working with a narrow definition of suffering and being insensitive to the complexities of the local contexts and realities (Baingana & Bannon, 2004; Bracken, 2002; Pedersen, 2002; Summerfield, 1999). Concerns have been expressed about the emphasis on individual mental health with reference to western trauma theory (Bracken, Giller, & Summerfield, 1995; Miller & Rasmussen, 2010) at the expense of the collective impact of violence on communities (Martín-Baró, 1994; Summerfield, 1999).

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. There is a growing recognition of the need for intervention

The true healing is healing together

models that go beyond individual therapies and support community groups to deal with personal and social issues after mass violence. However, such programs remain scarce, undocumented and understudied.

Additionally, due to the dichotomous divide between victims and perpetrators, individual therapies and societal-based interventions (such as truth and reconciliation commissions) have restricted integrated mechanisms through which affected people can be supported to heal their personal and collective wounds across social and ethnic divisions. Scholars with an understanding of the individual and collective impact of violence suggest alternate models that help both 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 have space to share about systemic forms of oppression including racism, gender-based violence and extreme forms of poverty.

Other scholars from cultural psychiatry (Kirmayer, 2006) and peace psychology (Christie, Wagner, & Winter, 2001) emphasize the importance of the concept of healing beyond psychological processes to include holistic and culturally based meanings of suffering and wellbeing. Some scholars argue that narrative practice can be an appropriate approach to facilitate new meanings and to rebuild the social fabric in conflict-affected settings (Kleinman, 2000). To experience healing, 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 in the socio-cultural and political context of the country.

### **Theoretical framework**

The orientation of my study was influenced by the suggestions of critical scholars who examined the complexities surrounding mass violence from a holistic perspective and their reference to healing practices that take into consideration the individual and collective needs of those affected. I drew upon Habermas' critical theory (Parkin, 1996), indigenous methodologies, (Hountondji, 1996; Smith, 1999), and narrative inquiry (Neumann & Nünning, 2008). Habermas' critical theory features three knowledge-constitutive interests. These are an empirical-analytical interest in potential control, a hermeneutic-historical interest, and a critical-emancipatory interest in freedom and autonomy (Habermas, 1978). Accordingly, the empirical-analytical approach involves utilizing social science theories in the analysis of how power relations constrain the realization of human potentials in a given context through distorted forms of communication (Morrow & Brown, 1994). The hermeneutic-historical interest of Habermas helped me conceptualize psychosocial suffering in the context of the history of the 1994 genocide against the Tutsi. The critical-emancipatory interest in freedom and autonomy were useful in paying attention to the voices of Rwandans who agreed to attend the HLW intervention as part of this investigation.

The three themes of indigenous methodologies: the relational, the collective and methodological aspects (Kovach, 2005) helped me to explore ways of "knowing" among Rwandans and how they were impacted by the historical events that culminated into genocide. I paid attention to the values of inclusivity, deep respect for other living beings, personal capacities to shape one's destiny, cultural values of relationships, and humility. These are all found in the East African *Ubuntu* philosophy. *Ubuntu* has been used to signify both the qualities

The true healing is healing together

of what it means to be human and the knowledge base for the Bantu people who occupy many countries of Sub-Saharan Africa, including Rwanda (King, 2011). Like other indigenous methodologies, *Ubuntu* is a social ethic and unifying vision, which reinforces relational bonds and relationships in a community. It is also a code of human conduct implying human value, trust and dignity (Muwanga-Zake, 2009).

I worked with narrative inquiry as a way of knowing (MacIntyre, 1984), a means of the description and the construction of self (Neumann & Nünning, 2008), and I paid attention to its power to transform improbability into probability through language. Narrative inquiry connects the meaning of human conduct to social expressions (Neumann & Nünning, 2008). This interdisciplinary understanding of narrative inquiry informed the ways I listened to participants' stories as they articulated their experiences during one-on-one interviews and group interactions. It was also useful as I listened to the local news and participated in informal interactions with community members. The combination of critical theories, indigenous methodologies and narrative inquiry showed me that research, like life, is about creating connections and building relationships between what is known and what is to be known. Their tenets provided a theoretical frame of reference that allowed me to conduct a critical examination of the methodological decisions I made in this study.

The theories I utilized emphasized the importance of communicative interaction (Csordas, 1996). Communicative interaction has a variety of forms that include personal narratives of loss, ruptures in identity and isolation (Gobodo-Madikizela & Van der Merwe, 2007). It also aligns with empirical literature that suggests the involvement of sharing personal stories as a way of individual and social healing. As Gobodo-Madikizela and Van der Merwe (2007) observe, human-created suffering involves the "undoing of the self," which entails the



The true healing is healing together

loss of one's identity and the difficulty of finding language to describe a horrific event along with the fragmentation caused by oppression and the history of political subjugation.

Communicative interaction was particularly useful in this study because it aligned with the main approach of HLW that calls participants to share their personal lived experiences.

### **Healing of Life Wounds (HLW)**

A more extensive explanation of the HLW was published earlier (King, 2011; 2014). In summary, HLW was initiated in Rwanda in 1995 by Dr. Simon Gasibirege. He is a Rwandan psychologist who lived for decades in Europe as a refugee. He was deeply moved by reports of 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 with the personal mission of contributing to the rebuilding of his country. He created the HLW model with the intention to bring together Rwandans for mutual healing. He initially implemented his intervention through non-government organizations (NGOs), such as World Vision Rwanda. Within a short period, he concluded that the transient nature of NGO programs did not facilitate the sustainability of HLW. He took his model to the grassroots level, which he implemented through a local organization he founded, Life Wounds Healing Association (LIWOHA). LIWOHA operates in two sites, one in the Southern Province and the other one in the outskirts of Kigali, the capital of Rwanda. It opened its door in the two regions in 2006 and 2009, respectively. The data in this paper was collected in the LIWOHA site in the Southern Province.

HLW objectives have been to: (a) facilitate the healing of individual wounds and rehabilitate communities affected by the genocide and, (b) address the subsequent impacts of the post-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

The true healing is healing together

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 practice 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 brought together the community members to listen to the testimonies of parties that had an outstanding grievance. During the traditional *gacaca* process, people shared painful experiences, acknowledged wrongs committed, exchanged apologies, determined compensation, and renewed ways of peaceful co-existence.

Some of the principles of this traditional conflict resolution mechanism informed the creation of the government’s post-genocide community courts also known as *gacaca*. The Rwandan government conceived and implemented *gacaca* as a form of truth and reconciliation commission. *Gacaca* had a dual mandate “to address the legal and psychosocial consequences of the genocide” (King, 2011, p. 134). Although the process brought Rwandans together in communities, it operated from a top down approach and was mandatory rather than voluntary. The *gacaca* courts’s main role ended up being to supplement the work of the national legal system in addressing genocide crimes (Wibabara, 2014). *Gacaca*’s outcomes have been controversial based on the disciplinary lens of the researchers investigating it and varying expectations.

HLW workshops have taken a bottom up approach to bring Rwandans together for mutual healing. Unlike *gacaca*, participation in HLW is voluntary; only 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

The true healing is healing together

emotions; and 3) forgiveness and reconciliation. Each module lasts from three to five days. During these 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.

### **Research questions**

The objectives of the original study were to understand the functioning of the HLW, the motivations of participants, and the impact of sharing their personal stories during the intervention. I sought to answer the following questions:

1. What are the major issues that the participants hope to have resolved when applying to the HLW program and are they addressed in the program?
2. What are the main components of HLW and how are they coordinated?
3. How does the sharing of stories during the HLW workshops impact participants' perceptions about themselves and other community members?

The objectives of the follow up study were to: (1) assess the long-term impact of the HLW on the participants and their immediate communities, four years after the completion of the HLW intervention and the contributing factors and, (2) report the findings of the original study to the former participants.

### **Methods**

Drawing on the theoretical underpinnings of critical theory, indigenous methodologies and narrative inquiry, I adopted a critical ethnographic approach to this study. According to Schwandt (2000), as cited in King 2011, critical ethnography is a form of qualitative inquiry,

The true healing is healing together

interested in what human beings are doing or saying and the meaning-making of information in a given context as well as how the production of such information fits or does not fit in existing narratives. Rather than speaking from a universalistic positivist vision, critical ethnography takes a more modest position of speaking about a historically and culturally situated phenomenon (Foley &Valenzuela, 2008). A critical ethnographic study is also a situated activity that involves the location of the researcher and pays attention to his/her interpretive activity (Denzin & Lincoln, 2008). Critical ethnography was an appropriate approach for examining the functioning of the HLW intervention and its impact on the participants during this longitudinal study. It situated me not only as a researcher who was to be exposed to intimate experiences of participants, but also as a Rwandan who survived the genocide, became a participant and facilitator of the HLW, and returned as a researcher to investigate the HLW after 10 years living abroad.

The timing of my research was unique. The government and the media had mounted an educational campaign with the goal of engaging Rwandans in critical debates about their understanding of the genocide and lessons learned from it. I found myself bombarded with information that directly spoke to my research activity. Adopting a critical ethnographic approach prepared me to tune in when listening to conversations and observing events that related to my subject of study. The critical ethnographic approach of the original study later expanded to the subsequent narratives and actions of the participants after the completion of the HLW intervention. An example was the annual community reconciliation events that the HLW participants initiated beginning in 2011. This social setting increased my motivation to explore the long-term impact of the HLW on the former participants and their communities.

The true healing is healing together

Critical ethnography values the use of multi-methods approaches. 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 the case of my study, I sought to understand how the sharing of personal stories through HLW affected individuals and their communities over a period of four years. I obtained ethics approval for the original study from the University of Toronto in 2010.

The recruitment of participants was purposeful (Singleton Jr. & Straits, 2005); I targeted people on the HLW waitlist that had completed a three-day conscientization session and made formal application to participate in the healing workshops. The recruitment criteria were: (a) being a resident of the community near the LIWOHA office; (b) being at least 10 years of age at the time of the genocide; (c) being willing to participate in the study activities (including attending the HLW workshops as part of the investigation); and (d) having completed the conscientization session or being the spouse of someone who had.

I approached fifteen people for recruitment. Ten agreed to participate and provided written consent. However, at the beginning of the first workshop, I met an additional group of thirteen people who were added to the program at the request of the HLW program facilitator. I obtained verbal consent from them allowing me to observe them along with those who offered a written consent to participate. There was full agreement. A group of 23 participants (including 19 women and 4 men, between 26 and 80 years of age) completed the HLW workshops as part of the study. Following guidelines of the Rwandan Ethics Committee, I did not ask questions about the ethnic background of the participants. However, at least 13 of them identified themselves as survivors or persons who were targeted for killing in 1994, while others, who were not, identified as non-survivors. Two of the people in the non-survivor subgroup reported being ex-prisoners.

The true healing is healing together

Four participants attended the HLW workshops as couples. Dr. Gasibirege (the HLW founder) facilitated all the HLW workshops with the assistance of one community facilitator. All the workshops took place in a residential retreat center. Data of the original study included pre- and post-intervention interviews with the originally recruited participants, onsite notes from participant observation and offsite notes based on my critical reflexivity of all those who attended the HLW workshops. I participated in the activities of the larger group and one small group as a participant observer.

In 2014, I obtained ethics approvals to conduct the follow up study from the University of Manitoba and the Rwanda National Ethics Committee. The plan was to conduct individual interviews with the former participants, engage them in a one-day workshop during which they discussed their individual and group learnings and during which I presented the findings from the original study. Twenty-two of the former 23 participants offered consent to contribute to the study, one could not attend due to ill health. A new component of my research was to interview community witnesses. Witnesses were individuals that knew the HLW participants and were familiar with their daily life and relationships in the community. My recruitment method was to ask the former participants to recommend people that knew them well and were willing to offer honest evaluations of their functioning in the community. The group of recruited witnesses included family members (adult children, siblings, or spouses) and associates of the participants. Only one former participant failed to suggest a person who could be her witness. During my first meeting with each community witness I explained the purpose of the study and requested their consent to be interviewed. Data of the follow up study included: a) audiotaped individual interviews from 22 former participants, b) audiotaped discussions from a one-day workshop with

The true healing is healing together

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. 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 analytical approach goes beyond thematic and structural analysis in the way it pays 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). Dialogic performance proved to be a well-suited analytical approach for analyzing the data I collected during the original and follow up study.

During the original study, I personally transcribed the audio interviews. I hired a research assistant to do this work for the follow up study. As an insider researcher who speaks fluent Kinyarwanda (the local language of Rwanda), I was able to analyze the transcribed data in the Kinyarwanda language and translate only the selected quotes for different themes 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 the participants produced during the original study and examining how their stories evolved since 2010. I supplemented their stories by testimonies of the people who acted as their witnesses. The interviews of the follow up study were particularly interesting because they seemed to establish a sense of continuity between the statements that the participants had used in their pre-and post-intervention

The true healing is healing together

interview, during the HLW intervention, and those they shared four years later. I was surprised by the extent of the overlap between participants' stories and the perceptions shared by their witnesses. After analyzing and extracting the key themes from the transcribed interviews, first separately and then together, I revisited my offsite and onsite notes to assess my evolving understanding and interpretations of participants' experiences. As Jonsen and Jehn (2009) suggest, it was through the process of comparing, contrasting and merging all data that I came up with the themes presented in the next section.

## **Results**

The results of this longitudinal study integrate the findings of the follow up and the original study to demonstrate the progress made by participants over time. In a nutshell, the original findings 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 painful experiences of the past. A broader sense of mutuality and compassion developed as these participants paid attention to experiences of others through storytelling and listening. After the completion of HLW, these participants, with the support of other HLW graduates, decided to organize an annual community reconciliation event in 2011 to inform their fellow community members about the importance of healing. This community reconciliation event has taken place annually since 2011. The data from the follow up study attests to sustained and evolving personal and collective healing through active engagement of the participants.

Although all participants praised the HLW intervention, it was evident that 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 experienced



The true healing is healing together

difficulties sharing their personal stories and emotions during the HLW workshops. Their statements pointed to an entanglement of personal and external problems, such as, mental health distress, poverty, and discord in the family and community. 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 positive change. I found their healing process to evolve around four main themes; a) managing emotions, b) increased self-acceptance and acceptance of others; c) approaching and helping others; and, d) a renewed sense of social identity and belonging. I continue to use the pseudonyms from the original research for consistency.

### **Managing emotions**

Understanding and managing emotions was an important part of the HLW workshops. When the workshops began, participants had reported a general lack of understanding of what was happening to them and feeling “stuck” in issues they were not able to overcome on their own. 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, reported 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 to affect her personal and social life. Anatole explained that previously he had condemned those who experienced traumatic crises and had strong assumptions that “they were faking their trauma.”

Many participants stated that they applied to HLW workshops because they felt stuck and did not know how to move forward. *For example, Sali, who witnessed the killing of her family at 10 years of age, did not know how to relate to her former neighbours and surviving relatives after*

The true healing is healing together

the genocide ended. She reported: “I moved from one family to the next because I did not want to be with them and I did not talk either. They did not know how to handle me. Some relatives thought I was a very mean child.” She explained that at the time, she tried to return to the things she used to do before the genocide, such as attending school and a children’s choir. However, she was unable to focus and could not even sing because, “All I saw in other kids was what their parents did to my family.” I remember feeling shocked by Sali’s response during my pre-intervention interview with her. One of the questions I asked each participant was to share with me about how they had managed to live in Rwanda after the genocide. Sali responded: “Rwanda has fallen upon me” to express the magnitude of the problems she faced at a very young age. Rosa, another participant who also lost her family and was raped during the genocide responded to the same question that she wished she had turned mute because she did not want to recall or share the memories of the things she had witnessed. Rosa later described these memories as an “unstoppable television show.”

Like Rosa and Sali, many participants explained that they lived with multiple and conflicting emotions that they did not understand before the HLW workshops. Many of the survivor participants indicated that these overwhelming emotions led them to social withdrawal, violent behaviours, and constant flashbacks. Those who identified as non-survivors explained that they were having complex family conflicts they could not resolve and lived with high levels of of suspicion about what the survivors could do to them.

It was after the HLW intervention that many participants started learning to name and make sense of what was happening to them. For example, during the follow up study Monika explained:

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]

The true healing is healing together

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.

Emma was able to name the shame she lived with before the HLW intervention:

[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 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.

The HLW workshops offered participants a supportive setting in which they felt safe to explore and name such emotions and speak about their impact on their personal and **social lives**.

**Many of them acknowledged that they inflicted damage on others during times of suffering.**

**With this knowledge**, they decided to start the process of personal healing. Sali used a proverb to summarize this commitment: “*Ujya gufasha abandi arabanza akifasha*,” which translates as “before helping others, one has to start with himself or herself.”

Many participants quickly realized that the personal healing required them to change the negative **behaviors they directed at** themselves and others. 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 [she and her husband] 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.

Emma recalled that before the HLW workshops, she used to spend sleepless nights thinking about 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 anger so that she could determine the best solutions to her problems. She reported that when she finally decided to engage her new family in conversations, she noticed positive responses and changes in her home. Monika, who also attended the HLW with her husband, observed similar positive reactions. She reported:

The true healing is healing together

Something important changed in our home. You know, life is not perfect, but when we disagree on something and hurt one another in some ways, he [her husband] quickly wants to resolve the misunderstanding and apologize 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 related to how her change of attitudes transformed her children:

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 added, "I kind of returned to the right path of my life by knowing how to manage emotions as they arise rather than overreact."

Understanding, naming, accepting, and managing emotions was not an easy task for participants. However, they were determined to engage in the process it required to overcome their difficulties. As participants focused on their personal experiences of suffering, they started to accept themselves as they were and to admit that many of their negative emotions influenced how they perceived themselves and related to others in the community. Their experience of personal healing motivated them to make efforts to accept others, particularly those outside their group.

### **Self-acceptance and acceptance of others**

The process of self-acceptance and accepting others evolved from a deeper understanding of emotions and an understanding of how negative emotions had influenced their patterns of interactions. Anatole observed, "It makes you understand that what you need from other people may also be what others need from you." Rosa explained that her children were terrified of the things she could do or say. Her daughter echoed this statement: "Everyone tried to stay out of her

The true healing is healing together

way.” After this realization, Rosa reported becoming a better neighbor and parent by “bringing them closer to me.” She did this by talking calmly to her children, visiting her neighbors, and intentionally behaving in a civil and “normal” way rather than acting like “a crazy person.”

Emma reported that becoming able to accept and manage her emotions opened conversations with her stepchildren:

They 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.

The witnesses reported being shocked when they first observed changes in the HLW participants. Many reported that they initially assumed that their behaviors were 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 had been deprived of affection from their parents. She stated that after her mother took part in the HLW, she started calling her regularly, inquiring about her wellbeing and that of the grandchildren. She even sent her money to buy air time cards so that they could talk more often. Although she was uncertain about the factors of the sudden change in her mother, 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 had grown strong and made her “feel spoiled” by a mother who previously never showed her love.

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 HLW program and its facilitators for changing her sister. She gave examples that echoed the things Bernadette had shared during the post-

The true healing is healing together

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 led to frequent hospitalizations). Bernadette attributed this change to a new perspective she gained from listening to the stories of others during the HLW intervention. She had reported in her post-intervention interview that through listening to the stories of other participants she had come to realize that her suffering was minimal because she had a family that cared about her. This challenged her to adopt positive attitudes towards herself and others. During the follow up study, she reported that she had challenged herself to step outside her protective shell to meet new people and initiate conversations. It was through these positive attitudes that many participants opened their eyes to the needs of others in the community and to their call to approach and help them.

### **Approaching and helping others**

The process of accepting self and others resulted in an inner urge to respond to the needs of others in the community. For instance, Rosa, a genocide survivor, explained that she used to perceive every Hutu as her enemy. She did not talk to them or acknowledge them as human beings who could suffer. Listening to the stories of the Hutu participants during the HLW intervention dismantled the stereotypes and attitudes she had formed. She stated that she started reminding herself to listen intentionally to what others had to say. This intentional listening allowed her to see and accept humanity of the Hutus who participated in the HLW intervention with her. Back in the community, she challenged herself to humanize Hutu neighbors she used to scorn through her actions and attitudes. She stated:

The true healing is healing together

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.

She was surprised about how these simple actions transformed and helped her and her neighbours. She reported: “A few days ago, I asked my Hutu neighbor to become a godparent of my child. His ethnic group did not influence my choice.” Her daughter who 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 rather than their ethnic group.

Other participants and their witnesses shared similar stories of the transformation in the ways they viewed and helped other members of their community. 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 in need of others.

This process of deliberate engagement with others began during the HLW workshops. In the original study, participants explained that it was the encouraging and respectful attitudes modelled by the facilitator and the exercises that guided the sharing of personal stories that sensitized them to personal and social suffering. They also found that the safe space created during the HLW intervention allowed them to nurture and internalize positive emotions and attitudes within the group. Before the completion of the HLW workshops, they had decided to create a mutual help group called *dukizane*, which means ‘let’s heal one another.’ They started holding bi-weekly meetings during which they offered each other mutual support. These

The true healing is healing together

meetings built on compassion and empathy born during the sharing of personal experiences.

During the follow up study, many participants described that these focused and genuine interactions became foundational to their continued healing and a source of their motivation to approach and help others in the community.

By approaching others, participants reported that they realized the importance of sharing the knowledge they had acquired with others in the community and seized opportunities to raise awareness about the negative impact of the genocide along with other forms of violence, such as domestic violence and insults and stereotypes directed at others around them. 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 [HLW founder] workshops. You are all together.'

Participants acknowledged that approaching others was difficult because of the suspicion of community members who did not understand how **their transformed attitudes. This required more than a personal commitment. They needed the support of the group to approach people across ethnic divisions. The process began with with the first community reconciliation event they organized in January 2011. They continued to work together during the annual genocide commemoration events sponsored by the government. The group solidarity gave them confidence to overcome the fear of helping members of the out-group.** For example, 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.

Paul added:



The true healing is healing together

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.

Participants who played an active role reported experiencing further healing benefits at the personal and social levels. For example, participants who identified as non-survivor members of the group talked about feeling empowered to stand alongside the survivors during the annual commemorations, events they previously avoided.

This act of publicly identifying with the survivors also allowed them to remember former friends and colleagues who perished during the genocide, without fearing that they would be insulted as killers. Paul explained it this way:

It is a great thing. It also helps you to overcome the fear and you tell yourself ‘walk into the genocide memorial because there are former friends, neighbors, relatives, ...cousins [through intermarriage]’ ...on all sides and you come to understand that during a time of remembering, you also have a right to mourn for those and all others in general.

The participants who identified as genocide survivors also reported benefiting from the cooperation with the non-survivors. One participant stated: “You feel that the genocide is no longer a burden you carry alone as it was before the healing workshops.” Another one felt empowered to do help others without fearing their own retraumatization. Others expressed feeling that working together with the non-survivors gave them hope to restore humanity, which challenged them to welcome change they never imagined in their personal lives. One widowed woman talked about how she overcame the animosity that existed between her and neighbours by acting positively. She was surprised to see them reciprocate and her welcoming their goodness. She cited the example of one action that surprised her the most, she reported:

When my neighbours heard a communiqué about a commemorative mass of my loved ones, they brought gifts and informed me that they would be with me on the indicated day. They came in big numbers for the service and the gathering at my house. All that comes from the goodness that you have helped to cultivate in me.

The true healing is healing together

Participants observed that helping others without regard for ethnicity surprised other community members who became curious about their unexpected transformation. Public solidarity increased participants' self-confidence and trust in the community. Perhaps most importantly, the healing process was expanded into the community in a way that they never anticipated, and which could have remained hidden if they went separate ways or decided to act alone.

Participants became known as “community helpers.” This exposed them to more opportunities to help their community in different capacities. For example, Bernadette proudly reported that other community members trusted her to such an extent that they elected her as a community health volunteer to take care of their medical issues. She added that this volunteer position has helped her to create new networks. She also related these benefits to her continued personal healing by stating that: “Being able to conduct health assessments in the homes of former enemies without experiencing an emotional or physical crisis is testament to my own healing.” Rosa joked that helping others changed her facial expression: “I am no longer a person with a closed face.”

Participants who engaged in the process of helping others observed that other people in the community started emulating their positive attitudes and actions. Monika explained how the children of a neighbor copied an approach she had implemented to avoid escalating aggression. 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

The true healing is healing together

participation in the HLW workshops, it could have turned violent and yet, she was able to remain calm and focus on modeling new patterns of behavior for the younger ones.

Many participants who engaged with others in their community expressed feeling an increased sense of trust and a renewed sense of belonging through positive feedback and comments they received from the community. They gave examples of receiving invitations to attend weddings and funerals, rituals that had become exclusionary after the genocide.

For other participants, the desire of helping others challenged them to go beyond their immediate communities to reach those at the margins of the Rwandan society. Susie talked about her commitment to spend time with prisoners who did not have anybody to visit them and advocate on their behalf. She explained that she had been given the case of a female prisoner who had participated in the genocide. She started visiting her and responding to her needs (including buying 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 previously know. These new ways of relating to the community improved the participants' well-being and social life and helped them create new social identities.

### **New social identities**

During the HLW intervention, many participants had used the vocabulary of *nyamwigendaho*, "one who minds his/her own business," to describe a general attitude that many Rwandans adopted in response to the genocide. In the original study, participants had explained that this attitude hardened ethnic divisions and forced many people into social isolation. During

The true healing is healing together

the follow up study, many reported that the act of approaching and helping others gave them a common name of “helpers.” These new social identities seemed to replace stereotypes that resulted from the genocide, such as “killers,” or “non-humans,” if they were Hutu, and as “the crazy ones,” or those who “fake their traumas” if they were Tutsi-survivors. Participants explained that they gained the “helper identity” when they started intervening as a group, especially in addressing complex issues, such as community conflicts, or helping those who experienced traumatic crises during the annual genocide commemorations. Participants observed that this interethnic cooperation in public arenas empowered them to help as individuals and as a group. For example, Anatole stated:

Working with the survivors to help others is something I currently invest in. We do not go to sleep. We are helping here and there, and I hear people say “Anatole is one of the helpers” and that helps a lot ...because when they say that I can help it shows me that there is trust in me.

Community members used nicknames to highlight the changes and the roles of the participants. 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 and neglected 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 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. Other participants, especially those who used to experience traumatic

The true healing is healing together

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 nicknames were very significant for the participants because in Rwanda, nicknames stick to the person being nicknamed when they convey a collective agreement on the perceived character of the person.

### **Discussion**

In this paper, I described the experiences of the journey of research participants toward personal and social healing that began with the HLW intervention and the sharing of stories. The results suggest that many participants gained a new sense of understanding their personal suffering and that of others by means of intergroup dialogue. They developed abilities to manage emotions more constructively and act positively in their relationships with others. This finding confirms Markova’s (2003) idea that through dialogical interaction the “individual acquires self-consciousness together with other-consciousness” (p. 29). Participants in this study appreciated that the HLW intervention gave them a safe and supportive environment in which to tell their stories and listen to those of others, create new meanings of their individual and shared experiences. The group seemed to act as safe place to express ideas, cultivate mutual respect and increase mutual trust, compassion and support.

Many participants in this study reported developing an increased sense of self-acceptance and acceptance of others as they took the lessons learned from the HLW and applied them to their personal and community life. This finding suggests that the healing process did not stop at the individual or group level. Rather, it expanded to the community when participants decided to take the learnings back to the places where they identified suffering. This confirms the findings

The true healing is healing together

of other studies that found shared victimization and identification with others' suffering to be important factors that promote individual healing and the view of others in a positive light (Dovidio, Gaertner, Validzic, Matoka, Johnson, & Frazier, 1997; Vollhardt, 2009).

Participants frequently compared HLW with other programs they had attended before or after this intervention. Some spoke of their unsatisfying experiences when they participated in *gacaca* hearings. Other participants reflected that the Christian teachings on matters of peace, love and hope had been matters of religious dogma that they were unable to translate into meaningful relations in their communities. Some participants, such Bernadette (who suffered from chronic asthma and was bound to frequent hospitalizations) stated that the medical and trauma counseling interventions she had received focused on asthmatic symptoms and headaches rather than the social causes of her physiological and emotional reactions. The scope of the HLW program clearly goes beyond the restricted nature of individual-based models or other types of group therapies that use a narrow and simplistic approach to complex forms of suffering. Situating participants' suffering and healing in their social world aligns with previous research on understanding mental health issues in post-conflict settings (Summerfield, 1999). Therefore, hybrid intervention models may be best appropriate in such settings in order to facilitate the individual and collective dimensions of healing.

Participants appreciated the flexibility of the HLW intervention because it allowed them to be creative, to try out the lessons learned, and evaluate the progress of their healing as they moved along. Such creative works included dancing, singing, drama, and playing games together. This finding confirm the result of oher research about the importance of creative interactive healing activities that encourage individuals to reflect, understand, and perceive things in a more holistic manner (Staub & Vollhardt, 2008). These authors's research indicates

The true healing is healing together

that creative activities, when done in a structured setting, with shared group participation, facilitate individual healing and promote prosocial behaviors. Wohl, Branscombe, and Klar's (2006)'s study concurs that processes that encourage inclusive human relationships over intergroup categorization are more likely to strengthen stable community relationships and reconciliation.

One finding that stood out in this study was the unexpected ways in which participants engaged with community members outside of HLW. During the original study, they summarized the social impact of the genocide as creating an attitude of *nyamwigendaho* or "minding one's own business." This term represented an attitude of deliberate avoidance of social connections, particularly with community members of the out-group. This term of *nyamwigendaho* appeared frequently in informal and formal conversations I followed outside the HLW group. Previous research has found that when people hold on to memories of intergroup violence and compete for levels of victimization, they adopt attitudes that harden lines of communication, which prevents them from interacting with others, and perceiving their suffering (Volkan, 2001).

This research shows that the HLW disrupted these negative patterns of interaction by bringing survivors and non-survivors together. Through the sharing of personal stories, participants realized out of their suffering, they inflict pain on others. As a result, they took the learned lessons to the places where violence occurred (and was still happening in different ways). This concurs with Hutchison and Bleiker's (2008) study that traumatic events bring about a rollercoaster of emotions that 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 it very well in a poem she titled: *Ugukira nyako ni ugukirira hamwe*, which means that "true healing is healing together." Coming together and engaging in dialogue and shared

The true healing is healing together

activities broke the growing social isolation participants were experiencing in the community. This finding aligns with other studies that emphasize interventions that facilitate relationship building (Halpern & Weinstein, 2004) and intergroup dialogue (Tam, Hewstone, Cairns, Tausch, Maio, & Kenworthy 2007). Other research conducted in Rwanda also has confirmed the power of bringing Rwandans together for intergroup dialogue in igniting the 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 help those in need. This finding aligns with research on altruism that suggests that when victimized people come to see others in a positive light, they start caring about what happens to them (Staub & Vollhardt, 2008). These authors add that this only happens when people have been able “to experience the self as strong enough so that attention and care can shift to others in need” (Staub & Vollhardt, 2008, p.270). This was the case for participants who recognized the needs of others in the community and start helping them.

It is important to note that these changes did not happen overnight. Participants went through an intense journey of processing their own emotional pain during which they were able to learn to be attentive to the experiences of others, develop compassion and mutual support, and sustain dialogue and interactions. Based on the participants’ stories, I concur with other scholars who suggest that the notion of helping others is only possible when people have had opportunities to process their emotional wounds in a supported environment (Métraux, 2004; Summerfield, 1999).

Altruism, as shown in the different helping initiatives of the participants, was not limited to immediate family and community. Rather, it extended to contested spaces, outside the network



The true healing is healing together

of relations from which they could expect reciprocity (i.e. the female participant who decided to be-friend prisoners). This confirms Staub and Vollhardt's (2008) finding why people who have suffered become altruistic. These authors explain that wanting to help others in need is not only a sign of being empowered to help, or simply feeling responsible for their wellbeing, but also a desire of being fulfilled. I personally found participants' altruistic behaviors to be another dimension of healing themselves and repairing the broken social fabric. In the context of Rwanda, it is important to remember that the genocide damaged different aspects of life. For true healing or holistic healing to take place, Rwandans need interventions that allow self-exploration, and at the same time, facilitates creative means to connect individuals with their communities. The participants who understood the importance of pursuing this process both during and after the HLW intervention experienced the benefits of linking their personal and social healing. They felt better good emotionally and empowered, and at the same time, they developed new desirable social identities and healthy relations, and used these gains to transform their communities. It is my wish that this model be scaled-up for use in national and international settings that need consorted efforts for personal and community healing.

### **Conclusion**

In this longitudinal study, I demonstrated that healing from the genocide does not happen automatically with the passage of time or simple informal interactions. People who have been impacted negatively by the genocide and its subsequent consequences need supportive and structured environments in which they can feel safe to tell their stories and be listened to, create new meanings, and discover new ways of healing both personally and socially. I recommend hybrid and structured interventions that help to bridge individual and social healing.

The true healing is healing together

As this longitudinal study has shown psychosocial healing is not complete at the end of structured interventions, such the HLW; it becomes complete and holistic when the different aspects of life that were affected by violence are approached with sensitivity and care. Many participants demonstrated that they possessed a diversity of resources they were able to mobilize to reach out to others, ranging from simple acts such as saying hello to helping a stranger, or solving community conflicts. The altruistic and prosocial behaviors that developed with participants in this study stand as a symbol of hope for sustainable peace and other reconciliatory processes. Fostering holistic healing among people who have experienced mass violence is a vital starting point to individual well-being, social transformation and sustainable peace.

HLW is an example of a program that operated in Rwanda since 1995, first through collaboration with NGOs, and then at the grassroots level since 2006. It is unfortunate that programs like HLW have received little attention and evaluation. Grassroot programs like HLW merit legitimacy and support in order to do their work. I submit that efforts to expand our knowledge of community-based healing practices will not only benefit Rwandans, but also the world in which violence is still rampant.

## 1 References

- Baingana, F., & Bannon, I. (2004). *Integrating mental health and psychosocial. Interventions into World Bank lending for conflict-affected populations: A toolkit*. Health, Nutrition and Population, and Conflict Prevention and Reconstruction, World Bank, Washington.
- Benson, P., Fischer, E. F., & Thomas, K. (2008). Resocializing suffering: Neoliberalism, accusation, and the sociopolitical context of Guatemala's new violence. *Latin American Perspectives*, 35(5), 38-58.
- Bolton, P. A., Neugebauer, R., & Ndogoni, L. (2002). Prevalence of depression in rural Rwanda based on symptom and functional criteria. *Journal of Nervous Mental Disease*, 190 (9), 631-637.

The true healing is healing together

- Bracken, P. J. (2002). *Trauma culture, meaning and philosophy*. London: Whurr Publishers.
- Bracken, P. J., Giller, J. E., & Summerfield, D. (1995). Psychological responses to war and atrocity: The limitations of current concepts. *Social Science and Medicine* 40, 8, 1073–1082.
- Christie, D. J., Wagner, R. V., & Winter, D. D. (2001). *Peace, conflict and violence. Peace psychology for the 21st century*. Upper Saddle River, New Jersey: Prentice Hall.
- Clark, P. (2010). *The gacaca courts, post-genocide justice and reconciliation in Rwanda. Justice without lawyers*. Cambridge: Cambridge University Press.
- Csordas, T. J. (1996). Imaginal performance of memory in ritual healing. In C. Laderman, & M. Roseman, *The performance of healing* (pp. 91-114). New York: Routledge.
- Denzin, N. K., & Lincoln, Y. S. (2008). Introduction: Critical methodologies and indigenous inquiry. In N. K. Denzin, Y. S. Lincoln, & L. T. Smith (Eds), *Handbook of critical and indigenous methodologies* (pp. 1-20). Los Angeles: Sage.
- Dovidio, J. F., Gaertner, S. L., Validzic, A., Matoka, K., Johnson, B., & Frazier, S. (1997). Extending the benefits of recategorization: Evaluations, self-disclosure, and helping. *Journal of Experimental and Social Psychology*, 33, 401–420.
- Farmer, P. (2004). An anthropology of structural violence. *Current Anthropology*, 45,3, 305-325.
- Foley, D. & Valenzuela, A. (2008). Critical ethnography: The politics of collaboration. In N. Denzin & Y. Lincoln (eds.), *The landscape of qualitative research* (pp. 287-310). Los Angeles: Sage Publications.
- Gobodo-Madikizela, P., & Van der Merwe, C. N. (2007). *Narrating our healing: Perspectives on working through trauma*. Newcastle, UK: Cambridge Scholars Publishing.
- Habermas, J. (1978). *Knowledge and human interests*. New Hampshire, US: Heinemann Educational.
- Halpern, J., & Weinstein, H. M. (2004). Rehumanizing the other: Empathy and reconciliation. *Human Rights Quarterly*, 26(3), 561–583.
- Hatzfeld, J. (2005). *Machete season. The killers speak*. New York: Farrar, Strauss and Giroux.
- Hatzfeld, J. (2009). *The antelope's strategy: Living in Rwanda after the genocide*. New York: Farrar, Strauss and Giroux.
- Hountondji, P. J. (1996). *African philosophy: Myth and reality*. Bloomington: Indiana University Press.

The true healing is healing together

- Hutchison, E., & Bleiker, R. (2008). Emotional reconciliation. Reconstituting identity and community after trauma. *European Journal of Social Theory*, 11(3), 385-403.
- Jonsen, K., & Jehn, K. A. (2009). Using triangulation to validate qualitative studies. *Qualitative Research in Organizations and Management: An International Journal*, 2, 123-150.
- King, R. U. (2011). "A foolish adventure" in a country that went mad: Healing psychosocial suffering in post-genocide Rwanda. Dissertation, University of Toronto, Factor-Inwentash Faculty of Social Work.
- King, R. U. (2014). Key factors that facilitate intergroup dialogue and psychosocial healing in Rwanda: a qualitative study. *Intervention: Journal of Mental Health, Psychosocial Work and Counselling in Areas of Armed Conflict*, 12, 3, 416-429.
- King, R.U. & Sakamoto, I. (2015). Disengaging from genocide harm-doing and healing together between perpetrators, bystanders, and victims in Rwanda. *Peace and Conflict. Journal of Peace Psychology*, 21, 3, 378-394.
- Kirmayer, L. J. (2006). Beyond the 'new cross-cultural psychiatry': Cultural biology, discursive psychology and the ironies of globalization. *Transcultural Psychiatry*, 43(1), 126-144.
- Kleinman, A. (2000). The violences of everyday life. The multiple forms of dynamics of social suffering. In V. Das, A. Kleinman, M. Ramphela, & P. Reynolds (Eds), *Violence and subjectivity* (pp. 226-241). Berkeley: University of California Press.
- Kovach, M. (2005). Emerging from the margins: Indigenous methodologies. In S. Strega and L. Brown (Eds.), *Research as resistance: Critical, Indigenous and anti-oppressive approaches* (pp. 19-36). Toronto: Canadian Scholars Press.
- Krohn-Hansen, C. (1997). The anthropology and ethnography of political violence. *Journal of Peace Research*, 34, 2, 233-240.
- Leaning, J., Arie, S., Holleufer, G., & Bruderlein, C. (2003). Conflict and human security. In L. C. Chen, J. Leaning, & V. Narasimhan (Eds.), *Global health challenges for human security* (pp. 13-30). Cambridge: Harvard University Press.
- MacIntyre, A. C. (1984). *After Virtue: A study in moral theory* (2nd ed.). Notre Dame, Indiana: University of Notre Dame Press.
- Markova, I. (2003) Dialogicality as an ontology of humanity in C. B. Grant, (Ed.), *Rethinking communicative interaction: new interdisciplinary horizons* (p. 29-52). Philadelphia: John Benjamins Publishing Company.
- Martín-Baró, I. (1994). *Writings for a liberation psychology*. Cambridge, MA: Harvard University Press.

The true healing is healing together

- Melvorn, L. (2004). *Conspiracy to murder. The Rwandan genocide*. London, New York: Verso
- Métraux, J.-C. (2004). *Deuils collectives et création sociale*. Paris: La Dispute.
- Miller, K. E. & Rasmussen (2010). War exposure, daily stressors, and mental health on conflict and post-conflict settings: Bridging the divide between trauma-focused and psychosocial frameworks. *Social Science & Medicine*, 70, 7-16.
- Morrow, R. A., & Brown, D. D. (1994). *Critical theory and methodology*. London: Sage.
- Muwanga-Zake, J. W. (2009). Building bridges across knowledge systems: Ubuntu and participative research paradigms in Bantu communities. *Discourse: Studies in the Cultural Politics of Education*, 30, 4, 413-426.
- Neumann, B., & Nünning, A. (2008). Ways of self-making in (fictional) narrative: Interdisciplinary perspectives on narrative identity. In B. Neumann, A. Nünning, & B. Pettersson (Eds.), *Narrative identity: Theoretical approaches and critical analyses* (pp. 3-22 ). Trier: Wissenschaftlicher Verlag Trier.
- Paluck, E. L. (2007). *The second year of "new dawn": Year two evidence for the impact of the Rwandan reconciliation radio drama Musekeweya*. Amsterdam: LaBenevolincija.
- Paluck, E.L. (2009). Reducing intergroup prejudice and conflict using the media: A field experiment in Rwanda. *Journal of Personality and Social Psychology*, 96, 3, 574-587.
- Parkin, A. C. (1996). On the practical relevance of Habermas' theory of communicative action. *Social Theory and Practice* , 22, 3, 417- 441.
- Pedersen, D. (2002). Political violence, ethnic conflict, and contemporary wars: Broad implications for health and social well-being. *Social Science & Medicine*, 55(2), 175-190.
- Pedersen, D., Tremblay, J., Errázuriz, C., & Gamarra, J. (2008). The sequelae of political violence: Assessing trauma, suffering and dislocation in the Peruvian highlands. *Social Science & Medicine*, 67(2), 205-217.
- Riessman, C. K. (2008). *Narrative methods for human sciences*. Thousand Oaks: Sage Publications.
- Richters, A., Rutayisire, T., & Sleg, H. (2013). Sexual transgression and social disconnection: Healing through community-based sociotherapy in Rwanda.” *Culture, Health & Sexuality: An International Journal for Research, Intervention and Care*, 15(S4), S581–S593.
- 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.
- Schwandt, T. A. (2000). Three epistemological stances for qualitative inquiry. Interpretism,

The true healing is healing together

- hermeneutics, and social constructionism. In N. K. Denzin, & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 189-213). Thousand Oaks: Sage Publications.
- Singleton, R.A., Jr., & Straits, B. C. (2005). *Approaches to social work research*. New York: Oxford University Press.
- Smith, R. W. (1999). State power and genocidal intent: On the uses of genocide in the twentieth century. In L. Chorbajian, & G. Shirinian (Eds.), *Studies in comparative genocide* (pp. 3-14). London: MacMillan.
- Sofsky, W. (2003). *Violence: Terrorism, genocide, war*. London: Granta Books.
- Staub, E., & Vollhardt, J. R. (2008). Altruism born of suffering: The roots of caring and helping after victimization and other trauma. *American Journal of Orthopsychiatry*, 78, 3, 267-280.
- Staub, E., Pearlman, L., Gubin, A., & Hagengimana, A. (2005). Healing, reconciliation, forgiving and the prevention of violence after genocide or mass killing: An intervention and its experimental evaluation in Rwanda. *Journal of Social & Clinical Psychology*, 24, 297-334.
- Summerfield, D. (1999). A critique of seven assumptions behind psychological trauma programmes in war-affected areas. *Social Science & Medicine*, 48(10), 1449-1462.
- Tam, T., Hewstone, M., Cairns, E., Tausch, N., Maio, G., & Kenworthy, J. (2007). The impact of intergroup emotions on forgiveness in Northern Ireland. *Group Processes & Intergroup Relations*, 10(1), 119-135.
- Veale, A. M. (2000). Dilemmas of community in post-emergency Rwanda. *Community, Work & Family*, 3(3), 234-239.
- Vollhardt, J. R. (2009). The role of victim beliefs in the Israel-Palestinian conflict: Risk or potential for peace? *Peace and Conflict*, 15, 135-159.
- Volkan, V. (2001). Transgenerational transmissions and chosen traumas: An aspect of large group identity. *Group Analysis*, 34, 79-97.
- Waller, J. (2002). *Becoming evil: How ordinary people commit genocide and mass killing*. New York: Oxford University Press.
- Wibabara, C. (2014). *Gacaca courts versus the international criminal tribunal for Rwanda and national courts. Lessons to learn from the Rwandan justice approaches to genocide*. Nomos Verlagsgesellschaft: Baden-Baden.

The true healing is healing together

Wohl, M. J., Branscombe, N. R., & Klar, Y. (2006). Collective guilt: Emotional reactions when one's group has done wrong or been wronged. *European Review of Social Psychology*, *17*(1), 1-37.