“A FOOLISH ADVENTURE” IN A COUNTRY THAT WENT MAD: HEALING PSYCHOSOCIAL SUFFERING IN POST-GENOCIDE RWANDA

by

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A thesis submitted in conformity with the requirements for the degree of Doctor of Philosophy
Factor-Inwentash Faculty of Social Work
University of Toronto

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Abstract

There is a scarcity of programs addressing psychosocial suffering in post-genocide Rwanda. The locally-initiated models are understudied and lack legitimate support to strengthen their interventions. This study addresses this gap by exploring the Healing of Life Wounds (HLW) program and its context of implementation. HLW is a community-based program that was introduced in Rwanda in 1995 by a Rwandan, Dr. Simon Gasibirege, to facilitate mutual healing among members of the groups involved in the 1994 genocide.

Using a critical ethnographic approach, a multi-method data set was obtained from two groups of participants from two separate organizations applying HLW model. One group of twenty-three community participants from one local association shared their experiences as they participated in HLW. The other group included seven experienced HLW facilitators who provided their perceptions about using HLW from an international organization operating in Rwanda. The data also included HLW documents and reflexive notes. Dialogic performance analysis was the overarching analytical approach of the different data sets. Data collection,
analysis and interpretation were guided by principles of critical theories, indigenous methodologies and narrative inquiry.

The findings indicate that healing psychosocial suffering in the post-conflict global South requires innovative approaches that critically address on-going psychosocial issues affecting the marginalized by giving them voice and working with them to integrate contextual healing techniques.

This study suggests that healing psychosocial suffering through HLW is a consciousness-raising process by which participants gain voice, acquire new understanding of issues affecting them through the sharing of personal stories, and develop mutual support and humane identities. This development contributes to individual, group and community healing. Openness and willingness to share stories of brokenness in a trustful and supportive environment enhance HLW outcomes.

The study contributes to theories of knowledge and healing practices in cross-cultural settings, and to critical interdisciplinary and transnational research.
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Chapter 1

INTRODUCTION AND BACKGROUND

1 Introduction

How is it possible to live together, rediscover harmonious relations and peaceful minds when some killed the parents, the brothers and sisters and friends of the others? When a divisive history has turned some against the others? When the war, exile, and blind terror have caused death which Rwandans mutually blame on each other? How to conceptualize and implement reconciliation, peace building, and sustainable development projects in a society imploded, disoriented, and reduced to chaos by the Tutsi genocide and its consequences? (Gasibirege, 2009, p.7)

This dissertation explores the healing of psychosocial suffering in post-genocide Rwanda. I am particularly interested in the workings of and methods of sharing personal stories through the Healing of Life Wounds Model (HLW). The HLW is a unique community-based mental health intervention introduced in Rwanda in 1995 by Simon Gasibirege, a Rwandan who had studied in Belgium. The model combines Western therapeutic methods and traditional Rwandan healing techniques. Through a series of workshops, the HLW brings together groups formed by the Hutu and the Tutsi, the two opposed groups in the 1994 genocide, to explore the bereavement and forgiveness process and manage associated emotions in a setting that facilitates the sharing of personal stories. The idea of bringing the two groups together and particularly without sufficient resources such as staff, money, or infrastructure, initially seemed to be foolish. The HLW model has also been applied with specific groups including widows of the genocide, orphans, HIV/AIDS patients and their caregivers, and prisoners.

Dr. Gasibirege considered his determination to bring the Tutsi and the Hutu in a mutual healing process to be a “foolish adventure” in a country that is often referred to “having gone mad.” I investigate the HLW program as a Rwandan genocide survivor who was part of the first group of participants who completed the HLW program in 1996 and the first facilitator of its
workshops outside of the National University of Rwanda in 1997, where the model was initiated.

There is a dearth of research exploring the combination of Western and indigenous theories in determining best approaches to the complex psychosocial suffering that continues to disintegrate the lives of individuals and communities in post-conflict situations, especially in the countries of the global South. My study fills this gap by drawing on interdisciplinary literature and using a mix of indigenous and critical Western theories and approaches to help understand not only what is at stake in post-genocide Rwanda, but also how those affected attempt to heal through the HLW program. The theories utilized include structural violence, Habermas’s critical theory, indigenous methodologies including the *ubuntu* concept, and some features of narrative theory.

### 1.1 Contextual Background to Healing Psychosocial Suffering

In situations of adversity, people of all backgrounds seek avenues to restore physical health, promote psychological and social well-being, and achieve spiritual serenity (Draguns, Gielen, & Fish, 2004). However, these capacities have often been weakened not only by general political and economic struggles, but also by ruling governments and humanitarian interventions that legitimate certain forms of psychosocial interventions at the expense of others (Alexander, Eyerman, Giesen, Smelser, & Sztompka, 2004).

There is a scarcity of mental health interventions in post-conflict situations. Many of the few existing programs have been dominated by the work of international Non-Government Organizations (NGOs) that are sponsored by international donors. These programs often adopt top-down institutionalized models in which the expert or the appointed authority figure provides the service to individuals or group recipients. Such programs follow the humanitarian approach rooted in international human rights law (Šimonović, 2004), rather than being grounded in the contextual realities of post-conflict situations (Nagy, 2008). They tend to be not too concerned with the long-term psychosocial impact of massive violence on individuals and communities, as evidenced in their restricted planning, implementation, and reporting agendas (Hayner, 1995; Popkin & Roht-Arriaza, 1995).
Programs that adopt this NGO framework have been found to undermine local coping mechanisms and practices (Kleinman & Kleinman, 1997; Rall, 2005) by imposing individual psychological models as “a panacea for non-Western settings” (Pedersen, Tremblay, Errázuriz, Gamarra, 2008, p. 215), rather than supporting the local people to transform stories of suffering into healing narratives in the affected communities (Papadopoulos, 1998). Disregarding local capacities to overcome psychosocial suffering perpetuates the myth of Eurocentric superior knowledge, enhances dependency, and violates the rights of individuals and groups by considering persons or groups of persons as people without the human agency to change their circumstances (Pedersen, 2002; Silove, 2002). Of greater concern, Pedersen and colleagues (2008) observe that “most ongoing efforts and humanitarian interventions carried out by government agencies and NGOs have not been assessed in terms of health outcomes and overall impact in the quality of life and well being of local communities and beneficiaries” (p. 214).

A few locally-initiated approaches have been described in a retrospective manner based on anecdotal stories shared by community members who took part in particular interventions (e.g., Theidon, 2006). Although such efforts are vital to the exploration of alternative intervention models, they are insufficient to provide an in-depth understanding of the workings of such models in order to facilitate future theorizing and the systematic monitoring and evaluation needed for program development.

The present investigation fills this gap by investigating the meanings stakeholders attribute to the Healing of Life Wounds (HLW) model. This study explores how the use of story sharing contributes to the promotion of individual healing and community reconstruction. Well-investigated models that bring together groups in conflict to resolve their individual and collective issues are essential for future peaceful cohabitation and healthy societies.

1.2 The Healing of Life Wounds: “A Foolish Adventure?”

The HLW started as “a foolish adventure” because of its unique approach and principles of implementation. It was June 1996 and I was already two months in my first permanent job as a trauma counselor with an international NGO in Rwanda. Working for an international organization and in the mental health field was a privilege for me. Many Rwandans were suffering from the nightmare of the 1994 genocide and both the physical and emotional wounds
were still very fresh. So much had been lost that many Rwandans did not seem to have a way forward.

I realized that people did not want to go back to work, children did not want to return to school, and in general, those of us who had been targeted for the killings did not seem to care about what tomorrow could bring. We were just “Ok” by telling and retelling endless stories about the ordeals endured, the loved ones who perished, the bushes in which we hid, the things we witnessed, and many other experiences that were better left untold because we lacked words for adequate description. These were things one could only understand by living through them.

I had also seen others who could not even attempt to approach the subject of the genocide. It was unbearable for some to think about what their family or themselves had done or witnessed: the killing, looting, dancing and singing in the midst of a tragedy. As time passed and reality started to sink in, more and more people became silent and fearful of the unknown, a future with no present and with a heavy past.

Being one of those individuals, I was questioning the purpose of my own survivorship. I could tell that the genocide had done great damage to the Rwandans’ souls. Everyone sensed it, but the dilemma was what to do with it. Was there any possibility to kugangahura, “cleanse” a land filled with the dead, the hearts of the walking dead, the rivers filled with blood and human remains, the stinking air, or the sky populated with mad vultures? Was there any way to go on with life without meaning?

The situation was terribly wrong and I felt the desire to do something, mostly for those who had been left destitute, abacitse ku icumu, or those who had been spared, now commonly known as survivors.¹ I took the job of trauma counselor as the only way to try to make sense of the chaos around me. The program was new, but the organization had started working in the country before the genocide ended. My urge to do something is more passionate today than ever because over the last 17 years since the end of the genocide, I witnessed and heard many stories about those who gave up as their lives became unbearable after the genocide. There are many

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¹The word “survivor” in Rwanda is used not only for Tutsi who survived the genocide, but also some Hutu (especially genocide widows who were married to Tutsi men). However, Tutsi women who were married to Hutu men are sometimes excluded from the list of survivors unless their husbands were killed as moderate Hutu.
who still struggle to survive as time passes, and the new generation is bewildered by the context in which it is born; for both, there is need to understand and to heal.

I started working with the trauma program in 1996. My immediate supervisor, a nurse from Switzerland who had worked in other post-conflict situations, enrolled my team in various workshops. Most of them provided the definitions of trauma, its signs and symptoms, and its consequences for individuals, families, communities and entire society, before offering basic individual counseling skills such as listening. We used these workshops to select some elements to fill the “tool box” which we were to use in our own work. However, the new set of skills posed theoretical and practical questions. On the one hand, the question was whether teaching theory was going to change the lives of those who were suffering. On the other hand, individual counseling skills seemed ill-fitted to the reality of millions of Rwandans who had experienced and witnessed the genocide. Further, there were more distressing issues in post-genocide Rwanda which did not fit the understanding of trauma and individualistic approach (e.g., ethnic tensions, other forms of injustices).

Various guest speakers came and offered us one or two-day sessions. One day, a man named Dr. Simon Gasibirege was invited to present a program he had initiated from within the National University of Rwanda. In addition to our team, other interested staff members from other departments were invited to attend, upon the speaker’s request to include as many staff as possible who might be interested in the healing of emotional and psychological wounds.

Dr. Gasiberege and his team, made up of his assistant, two other professors and one student from the National University of Rwanda, introduced themselves briefly. Then, he provided more details about himself and the program he had started called the “Programme de Santé Mentale Communautaire.” His presentation combined French and Kinyarwanda, but he seemed more comfortable in French. He had lived in Belgium as a Rwandan refugee for more than two decades and he informed us that he had returned to Rwanda to provide his contribution to the rebuilding of the country after watching powerlessly on TV what had happened during the genocide.

His presentation sounded strange and yet very appealing. I thought to myself that Rwanda needed people like Dr. Gasibirege to aid Rwandans’ collective efforts to rebuild their country. He was calm and concise. But what I could not understand at the time was what could make
one leave a stable and perhaps more comfortable life in the West and choose to purchase a one-way ticket to a ruined country. His approach seemed to contrast that of Westerners who had come to help. The Westerners lived different kinds of lifestyles in the middle of the chaos, with big cars and guarded homes in the presidential neighborhood. How could an ordinary man with only one staff member talk about helping? The two other professors and the student were just learners of his model and they did not seem to have the same charisma as he did.

Dr. Gasibirege was very methodical in his approach. He explained the destruction of human life and material things he had observed since his return and offered the reasons why he thought he needed to work with us, professionals who were interested in helping, so that we could become well equipped agents to heal the Rwandan communities. He urged both Rwandans and non-Rwandans (who were present in the room) to go through a bereavement process which he hoped would help us heal our own wounds before helping others to heal. The whole healing journey was part of the bereavement process, but it also related to the first module of the program. He talked about the need to deal with emotions, which was to happen in the second module; then, he mentioned the session on forgiveness which completed his modules.

The prospect of forgiveness agitated many participants, who boiled with anger. The group included both the Hutu and the Tutsi, and such a subject was very touchy. Dr. Gasibirege remained calm and he did not argue with us; he just listened and acknowledged our concerns before continuing with the next topic, which also surprised us. He explained the need to build a protected space, a safe place in which stories could be shared. He used a list of guidelines he had prepared and asked participants to contribute to the building of that space by stating how those ground rules applied to each participant’s expectations. We were hesitant. The whole notion of protected space and guidelines was unusual to the participants, including some of us who had attended other trauma workshops. Then, he informed us that to participate in the entire process, each participant had to pay 3000 Rwfrs (US$6), 1000 Rwfrs (US$2) for each session, and provide a verbal engagement as a symbol of our willingness to start and complete the process.

We responded that we were trying to survive and we should not have to pay for workshops that were to benefit the organization that had paid him to come to do his work. Our responses were not only about money. We argued that we had come to work not to share our personal stories or
learn to forgive in the workplace. He explained that the workshops had personal benefits to those who participated and for that reason we needed to be accountable for our own healing. He stated that people had the freedom to attend or not attend. Although many of the things Dr. Gasibirege said were reasonable, I thought he must be crazy. I wondered, "Who can talk about forgiveness and money at this time in Rwanda? Even those who worked for NGOs were still poor. How could we forgive those who did not ask for forgiveness? How could he be thinking about the sharing of stories between the Hutu and the Tutsi in the workplace?" The stories of our different experiences lingered in the air and created a lot of suspicion among staff. The workplace did not seem to be the best place to start sharing genocide stories.

As I reflected on these questions, Dr. Gasibirege interrupted my thinking when he concluded, “This is a foolish adventure! Only those who are crazy enough to take the foolish adventure with me will start the process.” I was stunned by the statement. Some staff decided to leave, but those of us who worked for the psychosocial program stayed, feeling that we desperately needed to learn and try different models from which we could choose the ones that worked best for us. So, those who were willing to start and complete the process remained seated. We then had to agree to the terms of the HLW program and go through its various workshops. The consent to participate was expressed through a verbal statement that went like this: “I, ..., have heard and understood the guiding principles of the workshops; I accept them and promise to respect them during and after the workshops.” With this engagement, my team and I entered the foolish adventure.

My life was transformed through the HLW workshops. The HLW opened my eyes to the deep levels of suffering each of my team members, including myself, carried. Slowly, we entered the deep valleys of our hearts, depending on the courage one had to let oneself be vulnerable and let others walk alongside until the path became clear. It was very painful, but for me, it was a discovery of a model that finally made sense and spoke directly to the suffering within and around me. I made a commitment to myself to learn more about the model, and volunteered to co-facilitate the same process with other groups that formed within my workplace. I later became the main facilitator within the organization and worked with other team members to conduct more workshops using the model both within the organization and outside in the community.
The model continued to intrigue me until I decided to return to it in an attempt to understand it from a research perspective. In this dissertation, the HLW program and its implementation in post-genocide Rwanda will be my subject of study. Before a more in-depth discussion of the model, it is important to note the context in which the HLW was initiated.

1.3 Rwanda, a Country that Went Mad

My study was carried out in Rwanda, a country said to have gone mad. What could possibly cause an entire country to go mad? In 1994, Rwanda descended into genocide. In only one hundred days, an estimated 800,000 members of the Tutsi group and some moderate Hutu were murdered by their Hutu neighbors in a state-sponsored genocide. The Tutsi genocide was the fastest and the most efficient of the 20th century. The killings took place in public places such as schools, stadiums, and churches. The murders often involved people who were known to their victims as friends, colleagues, teachers and students, priests and parishioners, and in some cases people who were closely related. Gourevitch (1998) calls this kind of madness of neighbors killing neighbors “an intimate genocide” (p. 115), because it involves close proximity between the perpetrators and their victims. Killers used local tools usually utilized in domestic activities, such as knives and machetes, to carry out the killings.

Cultural values and taboos that had bonded communities together and protected their psychosocial well-being were ignored. Rather than offering protection to former friends and neighbors, the killers hunted down their victims and destroyed their houses and other keepsakes. Women were marched naked and raped in front of their husbands, sons and daughters; old people were not spared; and victims who did not die at the blow of machetes and grenades often found refuge among the dead under decomposing bodies rather than be in the open. The killers stole from the dead and stripped them of their clothes. They piled the bodies in the middle of the streets to form roadblocks; parents encouraged their young ones to loot and kill.

In Kinyarwanda, there is a saying, *yarasaze abura gifata*, which means that one has gone really mad when there is nobody to restrain him or her from doing more damage to self and others. However, in 1994, thousands of Hutu people failed to use their consciences and senses to comprehend the impact of shedding blood and taking the life of another human being. Some of them were instigators and motivators in the killings. Others very quickly stopped their usual
occupations and family roles to join the killing machine. Even those who resisted initially, once pulled in did not stop. Rather, they became virulent killers and actively participated in what they called “work.” From April 7 to July 3, 1994, the perpetrators killed, looted, raped, and celebrated their achievements, often evaluated in terms of the number of the Tutsi killed. In that short period of time, three-quarters of the entire Rwandan Tutsi population was eliminated. The moderate Hutu who attempted to hide the Tutsi were threatened and sometimes killed with them. Others who did not kill remained silent and passive bystanders failing to restrain those who had gone mad in front of their eyes.

Under normal circumstances, national law provides the citizenry with a sound and stable framework for social and political interactions. When the rule of law is upheld, citizens develop common expectations with respect to their own and others’ behaviors (Murphy, 2006). Accordingly, this mutual and reciprocal relationship builds responsibility and trust, and contributes to the well-being of people. In Rwanda, this moral order was disrupted by the genocide and other forms of structural violence that led an entire country into madness and its multiple consequences.

At the beginning of the Rwandan genocide, ordinary Tutsi did not believe that their Hutu neighbors could take machetes and hack them to death. When they realized that no one was to be left alive, there was no place to hide or run; they were outnumbered2 (Des Forges, 1999). Many became powerless, confused and disoriented, and accepted the tricks the killers used to gather them so that no one could escape. They were led to government buildings. They went to their local leaders to beg for protection, and were disillusioned when they realized that their presumed protector was the planner, orchestrator, and executor of their annihilation. With nowhere to hide, no power to protect them, some Tutsi lost hope and presented themselves to the killers; others took their own lives or paid to be killed fast and without too much torture. Only a few remained in hiding places or found the courage to fight back (Des Forges, 1999; Ilibagiza, 2006).

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2 The Tutsi is the second minority group of the three ethnic groups in Rwanda. The consensus in Rwanda maintained over decades that the Hutu were 84%, Tutsi were 14% and the Twa, a group that is rarely considered in the Rwandan genocide were 1% (Des Forges, 1999).
The descent into the Rwandan madness was supported directly by the national leaders, an interim government that was quickly put in place after the plane crash that killed President Juvenal Habyarimana the president of the second republic (from 1975 to 1994). He was killed in a plane crash on his way back from a meeting on peace negotiations between his government and the Rwandan Patriotic Front (RPF) army in Arusha, Tanzania on April 06, 1994. A few hours later, the genocide that targeted the members of the Tutsi group and any Hutu who attempted to protect them started (Farrington, 2004; Power, 2002). The descent into madness was also indirectly supported by the international community that watched the genocide unfold and remained passive.

RPF is a former rebel group that was formed by the descendents of the Rwandan Tutsi refugees and operated from Uganda. RPF launched a war with Rwanda in 1990 after failed attempts to return peacefully. Following its invasions, it signed peace accords with the former Rwandan government, which was interrupted by the 1994 genocide (Melvern, 2004).

When the genocide started, the rule of law became the rule of death. In a meeting held in Butare, the southern region of the country that initially resisted the killings, the interim president gave a speech that congratulated other areas of the country which had done well with their killing “work.” Then he urged the killing of any among the Hutu of the Butare region who continued to say ntibindeba, “killing is not my business” (Des Forges, 1999). This speech was broadcast nationwide repeatedly on radio as an official order for those who had resisted killing their neighbors.

The Tutsi became the national enemy, with no particular reason other than being Tutsi. Mass media became instrumental to the spread of anti-Tutsi messages at all levels of society. People at the grassroots level were regularly informed about the progress of the killings through the local radio stations and were even promised rewards depending on their level of involvement in the genocide by the local government officials and the chiefs of the killings who volunteered to take leadership roles in different areas (Melvern, 2004). In my village, those who had killed the most people promoted themselves to chiefs-in-command and rewarded those who followed their examples with cows stolen from the Tutsi families and nice houses that had not been destroyed. Journalists collected information in areas that still had some Tutsi in hiding and the names of those who hid them were publicized as accomplices to be eliminated alongside their protégés.
All Hutu were called to kill until there was no Tutsi alive in the country, including Tutsi women married to Hutu men and the Tutsi fetuses from Hutu women married to Tutsi men.

As Rwanda sunk deep into this madness, the international community failed to stop it. The irony is that the UN soldiers who had been sent to Rwanda to keep the peace between the Rwandan government and the RPF under United Nations Assistance Mission for Rwanda (UNAMIR) were ordered to leave at the apogee of the killings. Those who resisted, like the retired Canadian General UN commandant in Rwanda between 1993-1994 and current Canadian senator, Roméo Dallaire, were not given the required support to stop the genocide (Dallaire, 2004).

For three months, neighbors killed neighbors, some of whom were even relatives through intermarriage. The government in place planned and mobilized the population to destroy and eliminate the members of the minority group, the Tutsi, as the world close and far watched passively or carelessly.

1.4 Conceptual Boundaries of the Study

This paper presents my investigation of the HLW’s program in a rural district of the Southern province of Rwanda. There is a dearth of literature on mental health research in post-conflict non-Western countries. The little research conducted on the subject has often been characterized by normative pathologies and associated interventions that focus on the individual without paying attention to the political, social, and historical contexts that produce violence and the resulting psychosocial suffering (Parry & Kraaikamp, 2006; Ranck, 1998). This study filled this gap in literature by explaining the impact of structural violence and oppressive systems on society and its people, and exploring the particular case of Rwanda.

Important work has already been done on the predominant individual-based models that address issues of survivors of wars and other massive violence who resettle in relatively peaceful societies (e.g., refugees, veterans of war). Such models have been found insufficient due to the complex systemic forms of oppression embedded in their conceptualization and implementation (Pedersen et al., 2008; Summerfield, 1999). Their uncritical exportation to non-Western countries affected by wars and genocide is associated with the universalization of trauma theory. Most of the research in this domain focuses on the prevalence of Post-Traumatic Stress
Disorder (PTSD), with a dearth of empirical studies on the socio-cultural, historical, and political understanding of distress both at the individual and community levels of those affected. Most importantly, there is a dearth of studies on intervention models that are initiated by local actors for healing individuals and rebuilding post-conflict communities.

This investigation addresses these gaps in literature by defining the concept of healing psychosocial suffering, and emphasizing the importance of understanding the psychological, socio-cultural, and political dimensions of violent and oppressive systems on individuals, communities, and societies, and the connection among these in producing complex social issues both locally and globally. This understanding is essential for exploring the reasons behind the current scarcity of locally-initiated mental health programs and empirical studies on the subject. This understanding also provides an orientation to the conceptualization and implementation of psychosocial healing models adapted to contextual realities.

Euro-American perspectives on the healing of traumatized people have been dominated by diagnostic and medically-oriented language and models (Bracken, 2002; Brunner, 2007). Cultural studies on trauma counter this framework by arguing that the dominant medical narratives developed by professionals silence the voices of the very people they seek to help. As a way of recognizing the many voices that have been suppressed in the field of mental health and the psychosocial well-being of individuals and communities, this study explored critical theories especially Habermas’s critical theory, indigenous methodologies, and some features of narrative inquiry as theoretical underpinnings to understanding psychosocial suffering and healing. Critical theories and indigenous methodologies align with critical hermeneutics and together they helped me to determine the methodology that I needed to implement in order to collect and make sense of the information the research participants shared during the field work. The selected methods required me to move at the margins to learn from and give voice to those who lost their voices to the different forms of violence that have characterized Rwanda and the genocide in particular. I employed critical ethnographic methods to gather all the information necessary to understand the HLW. The analytical process was interpretive first as I interacted with the stories of the research participants, and later when I further broadened the understanding of healing psychosocial suffering in post-genocide and in other contexts in which suffering has socio-cultural and political dimensions.
1.5 Format and Organization of the Study Chapters

The present chapter is providing the background of the study and its conceptual and methodological boundaries.

The second chapter focuses on the historical and geopolitical background of the 1994 genocide in Rwanda. In this chapter I also contextualize this background in the broader framework of structural violence to demonstrate the links between the personal and the political, and the local and the translocal.

The third chapter examines the concepts of psychosocial suffering and psychosocial healing. One cannot understand one without the other. To distinguish these concepts from the existing knowledge in mental health, I discuss trauma theory and its shortcomings in healing psychosocial suffering in the context of post-conflict situations. For each of these concepts the study draws on existing empirical literature.

The fourth chapter discusses the theoretical underpinnings and methodological orientations of the study. Critical theories, indigenous methodologies, and narrative inquiry are the anchoring theories that provided me with the choice of critical hermeneutics to guide the methodological and analytical processes of the study.

Chapter five explains the methodological choices and procedures I adopted to collect the information I needed to gain a better understanding of the HLW model. This critical ethnographic study included document review, in-depth interviews, participant observation, concept mapping, reflexive field note-taking, and the review of demographic information about the participants. The in-depth analysis helped me to obtain emerging themes from different data sets, first separately, then collectively from all data to identify the important dimensions of the HLW program. I used these dimensions to establish a conceptual model of healing psychosocial suffering through the HLW program.

Chapter six is the first of three chapters which discuss the findings of this study. This chapter focuses on the description, evolution, and critical examination of the HLW program between 1996 and 2010. This part of the findings serves as a background to the ensuing two chapters.
In chapter seven, I present the experience of the HLW program using participants’ narratives, and themes that emerged from these narratives. These findings are drawn mainly from the two sets of interviews, data from participant observation and reflective notes, some elements of the HLW materials and past notes, as well as other informants who provided the socio-cultural context to the HLW implementation. Themes are then grouped into dimensions depending on the broader meanings they portray in the understanding of the HLW program.

Chapter eight focuses on the mapping of the conceptual understanding of the HLW program by different stakeholders. The first part of this chapter focuses on the analysis and interpretation of the concept mapping data. The second part consists of the combination of the key dimensions identified from the concept mapping data and from the experiences of the HLW outlined in chapter seven. I conclude this chapter by triangulating the different findings to establish the conceptual framework of a community healing model through the HLW program.

In chapter nine, I expand on the major dimensions that emerged from the HLW findings to broaden our current understanding of healing psychosocial suffering in post-conflict situations and other similar contexts.

Chapter ten is the concluding chapter. In this chapter of the study I provide an overview of the study, its contributions to existing theory, practice and research. Particular contribution to social work and post-conflict reconstruction is highlighted. I also demonstrate the study’s limitations and recommendations for future research.
Chapter 2

HISTORICAL AND GEOPOLITICAL CONTEXT of RWANDA

2 Background to the 1994 Genocide

The notion of modernity in human existence has been challenged by the increasing number of wars and genocides of the 20th century and first decade of the 21st century. “Never again” has degenerated into an almost meaningless slogan. References are often made to the Rwandan Tutsi genocide in 1994 when an estimated 800,000 Tutsis were murdered by their Hutu neighbors in a government-sponsored genocide that lasted for 100 days (Melvern, 2004). “Never again” was muted by diplomatic words that acted as excuses for inaction.

Over the last 50 years, genocide studies have investigated various factors contributing to genocide and other massive violence (Hinton, 2007; Melvern, 2004; Smith, 1999). Genocide literature has been produced predominately based on explanatory and causal theories that utilize collective identity, agency-oriented and structural approaches as methodological variables. Theories have been attached to designated groups such as the “elites” and “front line killers” (Hiebert, 2008).

In more recent years, emphasis has been placed on historical documents and biographical narratives to theorize genocide and crimes against humanity (e.g., Frank, 1972; Nomberg-Przytyk, 1985). More work, however, remains to be done to understand the particular experiences of genocide in countries of the global South, and more specifically Sub-Saharan Africa where people are confronted with different forms of oppressive systems, including a history of colonialism, national dictatorship regimes, and global marginalization based on race and geographical location. Dehumanizing dominant narratives suppress and normalize exclusionary practices and give little place to those affected to speak into the public agenda, or even to have their testimony validated.

The Rwandan genocide presents common genocide features that differentiate it from other violent conflicts that have ravaged Sub-Saharan Africa. As Ternon (2007) argues, in genocide, victims are defined by the perpetrators and there is intent to destroy a particular group of people; in the case of Rwanda, the Hutu population was mobilized and empowered to
dehumanize and eliminate the Tutsi. The 1994 genocide was also characterized by unique features related to the geo-political, historical, and socio-cultural context of the country. Accordingly, the contributing factors to the commonalities and uniqueness of the 1994 Rwandan genocide are analyzed in the following section by drawing upon existing literature on genocide and violent conflicts, as well as my personal experience as a survivor of the Tutsi genocide in Rwanda.

2.1 Geopolitical and Historical Description of Rwanda

Rwanda is a very small, mountainous, landlocked country located in central-east Africa, below the equator. It spans 26,336 square kilometers and is bordered by Uganda in the north, Tanzania in the east, Burundi in the south, and the Democratic Republic of Congo, formerly known as Zaire, in the west. The country’s economic livelihood depends largely on agricultural production and its foreign currency is generated mainly from the exportation of coffee and tea, and gorilla tourism. Rwanda’s population is comprised of three ethnic groups: the Hutu, the Tutsi, and the Twas. For many decades the proportions of these ethnic groups have been estimated to be 84.4%, 15%, and 1%, respectively (Des Forges, 1999) since the creation of identity cards in 1930s. According to the 1991 census cited in Verpoorten (2005) the estimates of the Rwanda population for the two main ethnic groups, Hutu and Tutsi, were reported respectively at 91.1% and 8.4%. These groups have lived and intermingled in the same communities and shared the same cultural rituals and practices, as well as the common language of Kinyarwanda. For generations they intermarried in most areas of the country (Overdulve, 1997).

Prior to and during colonialism, Rwanda was governed by a hereditary minority monarchy from the Nyiginya 4 and Abega 5 clans of the Tutsi group. Rwanda became a colony under the Germans at the beginning of the twentieth century and under the Belgians after World War I.

3 Verpoorten (2005) argues that these estimates are not reliable due to the fact that the number of Tutsi was underreported on the one hand by the Tutsi for fear of discrimination practices against them, and on other hand by the government of the time in order to keep them from accessing school and public services which were offered according to the ethnic quotas.

4 The Nyiginya was the Tutsi royal clan that provided kings and maintained administrative power until late 1950s.

5 The Abega was also a Tutsi clan that provided queens.
Although the Tutsi elites lost much of their freedom of governance during the colonial period, they were able to retain some degree of power in that they were put in charge of managing the colonial project at the national level. A dramatic transformation took place through the 1959 Social Revolution and the proclamation of independence on July 1, 1962. Rwanda was governed by the Hutu majority during the two successive republics that preceded the 1994 genocide and which were brought to an end by the Tutsi-led Rwanda Patriotic Front (RPF).

The creation of separate Hutu and Tutsi identities formed during this history of Rwandan politics became a dangerous ideology that eventually erupted into war and genocide. There are two main contradictory schools of thought regarding ethnicity in Rwanda. One perspective asserts that the Tutsi and Hutu were socio-economic groups with fluid rather than rigid boundaries. The two groups co-habited in relative symbiosis and harmony for centuries (Newbury, 1998; Overdulve, 1997). Overdulve (1997) attributes the tensions in the social relations to the expansion of the territorial rule of the Nyinginya (Tutsi) kingdom, which consolidated its power by accumulating wealth during the 19th century through the exploitation of the lower classes who were largely Hutu.

The second perspective, which proposes that ethnic groups in Rwanda were never cohesive and peaceful (Logiest, 1988; Lugan, 1997), offers a historical reconstruction that postulates that the Twa who first occupied Rwanda as hunters were followed by the Hutu, a segment of the Bantu people who cultivated the soil in established communities. This perspective suggests that the Tutsi, assumed to have come from regions of the Nile, later unsettled the peaceful social fabric by arriving from the north with cattle and military power. European colonizers and missionaries went so far as to suggest that the Tutsi were a Hamitic group, originally Caucasian in race (Mamdani, 2001; Melvern, 2000). This theory became the dominant narrative that racialized the Tutsi as a superior race and resulted in separate schools and the “elevation” of some members of the Tutsi group to act as colonial agents for forced labor and taxation.

The divisive social identities of Hutu and Tutsi, the “bipolar racial identities,” as Mamdani (2001, p.35) calls them, were strengthened by the Belgian colonial and racial ideology that utilized them to divide and dominate. The Belgian colonizers set up a system of identity cards which mentioned one’s ethnic group and were used in discriminatory policies both during the colonial era and after Rwanda’s independence. Ethnic divisions became ingrained in the
politicization and fights for power which continued to characterize political and social violence in the country until 1994.

Local dehumanizing idioms and proverbs were constructed and utilized anytime one group or person intended to hurt the other. For instance, Tutsi were called *inzoka*, “snakes,” or *inyenzi*, “cockroaches,” as a way of degrading them to the point of eliminating them. Prior to these narratives, Hutu under the colonial regime were also stigmatized. An example is a proverb that says that *umuhutu umuvura ijisho ejo akarigukanurira*, which translates as “you heal the eye of a Hutu and the next day he stares at you,” which means that a Hutu fails to recognize the one who shows him kindness or generosity.

Colonialism played an important role in the formalization and fixation of ethnic divisions in Rwanda. However, Rwandan politicians and members of the elite shared the responsibility in reinforcing these divisions for their own gains, and the local ordinary people internalized the various forms of prejudice and stereotypes against their fellow Rwandans. For instance, the Hutu social revolution of 1959 that led to Rwanda’s independence utilized a racialized ideology asserting that the Tutsi were not Rwandans, and thus did not deserve equal rights as citizens in the independent Rwanda. The same ideology was utilized to propagate violent outbreaks against the Tutsi in the early 1960s, which resulted in the death of thousands of Tutsi and an estimated 200,000 Rwandan Tutsi refugees between 1959 and 1963 (Kuperman, 2001), also known as the “fifty-niners.” Those who remained in the country were defined as aliens and unwanted invaders, and they were only to be tolerated if they did not get involved in the country’s political life (Mamdani, 2001). However, national politics consistently pushed them into the centre of unwanted attention and policies of discrimination and violence which culminated in genocide in 1994.

### 2.2 The 1994 Rwandan Genocide

After Rwanda became independent, the two Hutu-led governments enacted a series of Tutsi exclusion laws and sporadic killings of the Tutsi any time there were political or economic problems. These laws turned into more active forms of violence after the RPF invaded the country in 1990. The Tutsi who lived in Rwanda were accused for being accomplices of the
RPF. Newspapers and radio programs\(^6\) played an important role in inciting the Hutu to hatred and the killing of the Tutsi, even though the latter had lived their entire lives in the country (Melvern, 2004; Wrage, 2003). Many Tutsi were thrown in jail, dismissed from schools and workplaces, harassed and dehumanized publicly as snakes and cockroaches.

On April 6, 1994, President Habyarimana was killed in a plane crash while returning from peace negotiations with the RPF representatives in Arusha, Tanzania. Within two hours of his death, the provisional government imposed a country wide curfew. For the following three months, an elaborate plan of road blocks aided by identity cards which named the holder’s ethnic group facilitated the killing of the Tutsi by Hutu militias and neighbors. Churches and other sanctuaries became places of killing. Unlike any other modern genocide, traditional tools of rural life such as machetes and clubs and spears were used to slaughter the Tutsi population, including their unborn children. Rape by individuals infected with HIV/AIDS was used as a weapon to slowly kill those who might escape. Mothers and grandmothers were forced to watch their family members being killed. The Tutsi were buried alive and thrown into latrine pits, the perpetrators often being former friends and neighbors. Any moderate Hutu who attempted to protect a neighbor was threatened and at times murdered.

The genocide lasted one hundred full days before it was stopped by RPF. Thousands of Tutsi survivors were left with physical, emotional and psychological wounds (Hatzfeld, 2005). To this day, many live in isolation beside the people or families of those who killed their loved ones. A large number of widow survivors were infected with HIV/AIDS through rape (Kayitesi-Blewitt, 2006). More than 13% of Rwandan households became headed by orphans as young as 10 years of age (Human Rights Watch, 2003). A wave of approximately one million Tutsi refugees, who had lived in refugee camps in neighboring countries, returned to Rwanda 1994 after the genocide was stopped. They had hoped to be reunited with family members from whom they had been separated for decades, only to return to ruins and be welcomed by the dead.

\(^6\) The two main media that helped to spread the anti-Tutsi propaganda included the Kangura newspapers and the Radio Télévision Libre des Mille (RTLM) Collines, which was broadcast between 1993 and 1994.
When the genocide stopped, there was chaos in the entire country which had tremendous impact on the Rwandan society and its people and the neighboring countries. Approximately two million Hutu fled the country for fear of reprisal from the RPF. Many lost family members on the way to exile and in the camps due to disease or internal violence, or became the victims of a war that was launched by the new Rwandan government to stop terrorist activities that were developing in the camps of Hutu refugees in the Democratic Republic of Congo (McKinley, 1997; Umutesi, 2000). This war forced many of these refugees to return to Rwanda in 1996 after two years in refugee camps. Upon this forced return, more than 120,000 persons were imprisoned as suspects of genocide crimes.

The genocide has resulted in visible and invisible wounds that would take a long time to heal. The hearts of individuals were broken by not only the loss of human life, but also the loss of material things, extreme levels of poverty, inter-ethnic tensions, and most importantly the loss of hope for a peaceful future. The impact of these experiences on individuals and communities will be further detailed in Chapter 3. In the next section, I link the different forms of violence Rwandans experienced over the last century to structural violence.

2.3 Broadening the Context: Theorizing Violence

The historical and geopolitical factors that led to the 1994 genocide, their evolution and the resulting psychosocial issues and suffering are complex and difficult to theorize. There are individual factors, as well as collective, both at the local community and the national level. The existing theories and concepts such as trauma, failed state, a country that went mad, genocide, are all narrow and fall short of conveying the depth of violence that led to the extermination of approximately a million people in only one hundred days. Contributory factors leading up to the genocide had been indirectly at work for a long period of time. According to Galtung (2001) violence happens “when human beings are being influenced so that their actual somatic and mental realizations are below their potential realization” (p.168). This section will link the genocide movements and their impact to structural violence.

2.3.1 Genocide Movements and their Impact

Compared to conventional war scenarios in which the trained soldiers battle to achieve objectives determined by those in power, genocidal processes are more complex and have more
profound effects. For genocide to occur, Sofsky (2003) and Waller (2002) argue that both the targeted group and their perpetrators go through a process of social rituals and constraints that enforce their positions as perpetrators and victims. According to Waller, ordinary people are socialized and professionalized into perpetrators through a process that involves rituals of cruelty, ardent discipline and reinforced behaviors which desensitize them towards volunteering to commit single violent acts to escalating forms of virulent violence. Obedience to authority becomes the primary binding factor of the group and it helps to maintain group allegiance and to intensify group pressure to participate in the killings. This feature provides an aura of anonymity by which perpetrators adjust their underlying beliefs and values to align themselves with their roles in the killings. Profound alterations of the personal psychological framework often correspond to the behaviors and roles of the new self in extreme circumstances.

Sofsky (2003) argues that the victims go through a similar and yet opposite process that subjects them to an ordeal of slow death, a process that encompasses dehumanizing acts characterized by personal attacks to the body and spirit as well as social and spatial references of life. Sofsky offers the example of a forced death march of victims to places of extermination. The death march constitutes deliberate debilitation, exhaustion, and demoralization of victims who are rendered powerless, with no option but to take the next step, each one bringing them closer to their own deaths. The march becomes an instrument that breaks the will and bonds of friendship among victims, shatters their concept of spatial and temporal references, and exposes them to the harshness of environmental factors such as freezing cold or extreme heat, without any hope of escape. Most significantly, the death march puts the victims at the mercy of their captors or bystanders who remain indifferent to their suffering and even take pleasure in it. The infliction of pain is both direct and indirect and its goal is not just to kill, which could be achieved faster and easier in other ways. As Sofsky explains, the “point is not so much death as the prolongation of suffering, a slow, agonizing way of death. But cruelty needs time in which to develop and intensify” (p.109). This kind of violence relegates human beings outside of the world of civil society, bereft of identity and defense. In his analysis of the stories of Rwandans, Hatzfeld (2005) argues that the stories of survivors are often punctuated not only with the ordeals endured, but also with feelings of hopelessness as a people destined to be eliminated. Those who survive the physical death experience internalized social death due to fear of
discovery or of retaliation in response to any attempt of resistance or escape (Sofsky, 2003; Waller, 2002).

People do not learn to kill or give in to death overnight. Prior to genocide, people in communities and societies marked by structural forms of violence and a lack protective measures to ensure the renewal of inner and social selves tend to use violent approaches to solve problems. In other words, they opt for “eye for eye” coping mechanisms which perpetuate cycles of violence. Martín-Baró (1994) understands these forms of violence from three words: “violence, polarization and lies” (p. 111). He argues that “a society that becomes accustomed to using violence to solve its problems, both large and small, is a society in which the roots of human relations are diseased” (p.112). As to polarization and lies, Martín-Baró finds the dichotomy “us” versus “them” to destroy the value system of daily interactions and the possibility of appealing to common sense. People who experience such tensions tend to exhibit symptoms of trauma (Betancourt et al., 2010). However, there is more at stake than trauma. Social categorizations result in socio-emotional tension and undermine the foundation of human life and coexistence.

As I will explain later in the next section, the impact of massive violence relates to the issues of oppression based on race, ethnicity, class, gender, and disability. However, I agree with Farmer (1997) that focusing on one or two of these categories would be a simplistic approach to understanding psychosocial suffering. Those affected, both individuals and communities, are overwhelmed by feelings of hopelessness, shame, guilt and suspicion (Burstow, 2003; Foxen, 2010; Sofsky, 2003; Waller, 2002), because they have no place to voice their concerns or means to overcome some of the basic barriers imposed upon them by violence. Acts of violence are both products and producers of new and more complex cultural, social, and political realities (Krohn-Hansen, 1997). This is particularly the case in countries of the global South with a history of colonialism, ethnic conflicts and genocide, forced displacements and normalized state terror, and with scarce resources. These forms of violence go hand in hand with extreme poverty, circles of social exploitation, inequality, repression and marginalization (Christie, Wagner, & Winter, 2001; Farmer, 2004; Galtung, 2001; Uvin, 1998). People placed in such conditions are further exposed to local and global violence-related activities of the global political market, such as forced sale of land and water, which place the poor and the marginalized in perpetual life struggles. Once violence has been internalized as a way of life, it
becomes routine and normalized (Sofsky, 2003) and can take place in public or private spaces, in times of relative peace as well as during war (Schraiber, D'Oliveira, & Couto, 2006).

This broader understanding of violence and its impact on the individual, community, and entire society goes beyond theories of violence that locate violence with the individual person and pathologize its impact. The example of the history, geopolitics, and socio-cultural aspects that led to and resulted from the 1994 genocide in Rwanda demonstrates that the institutional and structural violence were embedded in different social structures of the country. In the following section, I explain this connection.

2.3.2 Structural Violence

The term “structural violence” was first utilized by Johan Galtung (1969) to denote “a form of violence which corresponds with the systematic ways in which a given social structure or social institution kills people slowly by preventing them from meeting their basic needs” (p.169). Structural violence is characterized by power and cultural dominance, as reflected in past and recent historical oppressive systems such as slavery, colonialism, apartheid, and post-colonial neo-liberal policies (Farmer, 2005; Finau, Wainiqolo, & Cuboni, 2004). Structural violence often progresses on a continuum from indirect to direct violence and ranges from interpersonal abuse to group violence to state-sponsored violent acts which include direct physical attacks on individuals and communities (Broch-Due, 2005; Hébert, 2006).

The structural violence framework provides critical insights into the “social machinery of oppression” (Farmer, 2004, p. 307) resulting in complex and interwoven forms of violence and alienation that tend to remain invisible in normalized stable institutions and daily experience. Critical scholars examining the impact of structural violence such as Farmer (1997), Martin-Baró (1994), and Pedersen and colleagues (2008) suggest the unpacking of the social and cultural meanings of suffering, health, autonomy, and responsibility based on issues such as gender, age class, and race or ethnicity.

Therefore, the exploration of suffering and the conceptualization of psychosocial programs in post-conflict situations, or any other settings, for that matter, need to understand and take into account these social structures both at the individual, local and global levels in order to break
the cycles of violence embedded in them and suggest progressive healing models. As Farmer (1997) rightly argues:

We need ethnographies of pain and cruelty that can provide a better understanding of how relevant practices are actually conducted in different traditions. Such ethnographies will certainly show us that cruelty can be experienced and addressed in ways other than as a violation of rights—for example, as a failure of specific virtues or as an expression of particular vices (p. 304).

In summary, this chapter highlighted the different levels of violence that characterized the Rwandan history and politics which culminated in the 1994 genocide. Such an extreme form of violence does not occur by accident. Rather, it develops from implicit forms of structural violence that are embedded in daily life and go unchecked by those in charge of legal and moral protection. Individuals and communities who live in such settings interiorize and normalize violence to the point of committing murder and genocide. I concur with existing literature that those who are targeted by violence suffer a great deal psychologically, socially, and economically. However, I also argue that massive violence and genocide in particular has a negative psychosocial impact on the well-being of those who experience it directly or witness it as perpetrators or bystanders. In the next chapter I explore the kind of suffering that those who survive war and genocide experience after the mass violence has ended.
Chapter 3
MAPPING OF HEALING PSYCHOSOCIAL SUFFERING

3 Introduction

My overall interest in this study is to understand the healing of psychosocial suffering of people affected by genocide and other complex forms of structural violence. This understanding would be incomplete without the exploring the socio-cultural understanding of the impact of massive violence on individuals and communities, and the context in which this kind of violence occurs. Thus, assessing the healing strategies of psychosocial suffering requires consideration of suffering first. In the first part of this chapter, I explore the key concepts and theories including trauma, healing, and healing psychosocial suffering. In the second part, I analyze the existing empirical literature related to psychosocial suffering with a focus on non-Western post-conflict situations, and post-genocide Rwanda. In the third section of this chapter, I examine the concept of healing psychosocial suffering. The forth part of the chapter provides an analysis of the intervention models that have been suggested to heal both individuals and communities.

3.1 Key Concepts

The damages of war and genocide are multiple and complex. They affect individuals, communities, and entire societies. They include all aspects of life ranging from physical, emotional, economic, socio-cultural, and political dimensions. Over the last four decades, the impact of violence has been defined in terms of trauma and post-traumatic stress disorders (PTSD). The conceptualization of these concepts has contributed to the psychological, and to a certain degree, to the legal and political recognition of the effects of violence on the mental well-being of individuals. However, there are criticisms which conclude that trauma theory and PTSD are too individualistic and tend to pathologize trauma as an individual problem to be treated by expert psychologists and psychiatrists rather than changing the social world in which violence occurs and from which this kind of suffering originates (Bracken, 1998; Briere & Elliott, 2000; Brunner, 2007; Crescenzi, et al., 2002; Najarian, Goenjian, Pelcovitz, Mandel, & Najarian, 2001; Summerfield, 1999). Most importantly, critical theorists have raised concerns about the exportation of trauma theory and individual-based models to non-Western countries, especially those recovering from massive violence (Hughes & Pupavac, 2005; Pupavac, 2004).
Critical theorists and cross-cultural theorists suggest linking individual suffering to the social world and seek intervention models that go beyond the individual-based approaches. For instance, medical anthropologists such as Das (1997), Farmer (2005), Kleinman (2000), who prefer using the concept of social suffering, explain that the impact of massive violence in non-Western countries is closely linked to systemic forms of oppression including racism, scarce resources, gender-based violence, chronic diseases, and extreme forms of poverty. This echoes the perspectives of liberal psychologists such as Martín-Baró (1994), and cross-cultural psychologists and trans-cultural psychiatrists (e.g., Kirmayer, 2006; Kirmayer & Young, 1999; Pedersen, 2002; Summerfield, 1999) who find the application of trauma theory, PTSD, and individualistic models to non-Western populations to be problematic. These authors are in favor of the concept of psychosocial trauma; they suggest locating the traumatic impact of violence in the social world of those affected and addressing both individual and social suffering together in order to gain a critical understanding of suffering and the context in which it is produced.

It is reasonable to assume that massive violence and genocide affect both individuals and communities. To adopt trauma theory and the related concept of PTSD would be to ignore the social dimension of suffering. Likewise, to call it social suffering would be too broad as it would overlook the impact of massive violence on the individual. However, one does not exist without the other. Therefore, in this study, I adopt the term of “psychosocial suffering” as the closest terminology to express both psychological and social suffering resulting from wars and genocide in many countries of the global South.

The terms psychosocial and suffering are not new in the English vocabulary. However, they have been rarely put together to examine both the psychological and the social dimensions of suffering in post-conflict situations. Amanda Galapati used these two words together in a reflection paper she delivered in a public lecture based on her work experience in Sri-Lanka (Galapati, 2008). However, there is no published research which employs this terminology in an attempt to comprehend massive violence, suffering and contextual healing strategies. My study fills this gap by investigating not only psychosocial suffering in post-genocide Rwanda, but also psychosocial healing through the HLW program. In the following section, I explore the existing literature related to aspects of psychosocial suffering.
3.2 Empirical Literature Related to Psychosocial Suffering

The psychological effects of violence on mental health have been extensively explored. What has not been sufficiently and adequately studied is the impact of massive violence on the psychosocial well-being of individuals, communities, and entire societies. The acts of killing and witnessing massive violence and other associated intimate forms of violence such as rape, lead to the breakdown of all internalized controls (e.g., social values, personal beliefs, and taboos). Beyond bullets and bombs, people fear the consequences of the deprivation of basic needs such as food and security, as well as the erosion of their sense of identity and social constructs such as homes, schools, employment, and places of worship (Leaning, Sam, Gilbert, & Claude, 2003). The losses incurred generate feelings of resentment, fear, and aggression (Hatzfeld, 2005; Leaning et al., 2003), especially when the societal norms, morals, and social networks that usually support people in times of distress are severely damaged (Almedom, 2004; Veale, 2000).

Experiences of victimhood create emotions of pain, grief, and fear that are often mixed with feelings of anger, betrayal of trust, frustration, and desires for revenge (Edkins, 2003; Fierke, 2004; Hutchison & Bleiker, 2008). While victims are placed in powerless positions and subjected to hopelessness and resignation in the face of atrocity, some perpetrators who have themselves been caught up in tragic situations in which they failed to maintain their personal integrity and dignity also face difficulty and may feel guilty and fearful (Papadopoulos, 1998). In Rwanda, for instance, Hutu people who did not necessarily kill the Tutsi were very fearful to denounce the genocidal acts of people who were related to them in one way or another.

Investigations conducted in post-conflict areas indicate that war and violence cause serious psychological and social damage to individuals and their communities (Métraux, 2004). War survivors in places as diverse as Sierra Leone, Bosnia, and El Salvador reveal feelings of hopelessness, low self-esteem, and the normalization of dehumanized social relationships (Carballo et al., 2004). High levels of depression and trauma-related symptoms have been observed among civilian survivors of violence (Abramowitz, 2005; Bolton, Neugebauer, & Ndogoni, 2002). These issues lead to the continued deterioration of the mental health of individuals and communities (Pupavac, 2004) when they are not carefully assessed and addressed.
A mixed methods study that Pedersen and colleagues (2008) conducted in the Peruvian Highlands found that the impact of political violence and the collective experiences of social suffering such as forced displacements, the burning of homes, associated extreme forms of poverty, and other daily adversities resulted in complex and extended mental health problems. The local idioms people utilized to describe their experiences and state of being indicated a sense of collective resignation and internal afflictions of sorrow and loneliness, accompanied by somatic complaints that left individuals and groups in a fragile state.

Reflecting an emphasis on the interconnectedness of different forms of violence, Chaudhry and Bertram (2009) interviewed 40 Mohajir women from Karachi, Pakistan, focusing on the participants’ agency, their representations of trauma, and their coping mechanisms. Their study found that women conveyed their continual trauma in ways that moved past the physical violence they had encountered, such as being robbed and having family members killed. They represented their suffering in the form of the falling apart of the self, the persistence of physical symptoms and mental health issues, lack of health services, loss of family and livelihood, absence of due process, and the unmitigated burden of continuing an existence in an unjust and inequitable world that included daily forms of persecution by security forces, unemployment, and a sense of powerlessness and despair.

In a study Foxen (2010) conducted with the K’inche’ people in Guatemala, she shows how the Maya families and communities, who in the past had shown resistance to external forces through social justice movements, became progressively weakened and destroyed by both direct and indirect violence that rendered them hopeless in the face of growing poverty and inequality. According to Foxen, these varied forms of violence have left members of this indigenous community disillusioned by fast models that promise to alleviate their suffering (e.g., human rights groups) and leave the local people in worse conditions than the ones they had previously. She concludes:

> Individual and communal responses to destructive forces have become much more difficult to fathom, as neither revolutionary agendas, nor legal remedies and postwar human rights commissions, nor aspirations for international aid money […] are seen as solutions to today’s increasing inequalities and social exclusion (Foxen, 2010, p. 81).
In the same context of Guatemala, Benson, Fischer, and Thomas’s (2008) ethnographic study shows how the destructiveness of families and communities leads to continued deterioration of well-being in countries trapped in cycles of structural violence in which the local government and the global market economy work in concert to further marginalize the poor and the oppressed during the post-war period. These authors observe that a culture of fear and coercive power politics that puts blame for social suffering on gangs’ activities resocialize violence rather than address its historical roots embedded in the militarized state. Benson and colleagues argue that “political and social responses that fail to recognize postwar violence as a broad condition in which endemic poverty, rapid structural adjustment, and a lack of law enforcement are clustered risk compounding rather than ameliorating it” (p. 53).

The findings of these studies are of critical importance given the extent of violence in the current global context. History shows us that while the total number of international wars was significantly reduced between 1945 and 2003, these were replaced by low-intensity regional and ethnic conflicts within many non-Western countries (Taras & Ganguly, 2006) where civilians constitute the majority of casualties (Sivard, 1987). In fact, since the end of World War II, civilians accounted for approximately 90% of all war-related deaths worldwide (Pedersen, 2002), fifty percent of whom were children (Martin, 2006). It is through the eyes of the civilian casualties and the children who grow up to become gang members that the psychosocial suffering should be understood. Through violence, experiences of suffering cease being isolated events for individuals and come to affect families, communities, and entire societies.

The problem of conflict has been severe and persistent within the African continent. According to the United Nations High Commissioner for Refugees (UNHCR), Africa is the second largest host continent of the UNHCR’s populations of concern after Asia, with 9.8 million or 30 percent of the total of 32.9 million worldwide in 2006. The political manipulation of ethnic communities by those in power and the outbreak of ethnic violence in many African countries reflect the extent of the impact of the colonial goal to divide and rule (Taras & Ganguly, 2006).

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7 As defined by the 2006 UNHCR statistical year book, people of concern comprise 9.9 million refugees, 12.8 million internally displaced people (IDPs) requiring protection and assistance; 1.9 million IDPs who were able to return to their place of origin during 2006; some 5.8 million stateless persons; and some 1 million other people of concern to whom the UNHCR extends protection and/or assistance.
Colonial powers divided the areas they wished to occupy amongst themselves. Africa serves as a good example where the original borders were arbitrarily redefined (Taras & Ganguly, 2006). These new official borders often enclosed hundreds of diverse and independent groups who shared no common history, culture, language or religion (Martin, 2006). The divisions contributed to the separation of families and tribes into different territories, furthered by the imposition of new rules that governed the crossing of national borders (Caplan, 2008). Martin’s (2006) analysis suggests that the scramble for Africa reduced its people to little more than pieces on a chessboard; those who opposed the colonial divisionary tactics were considered backward, barbaric, and dangerous, and thus, targeted for elimination (Anghie, 2002).

In the context of Rwanda, analyses of the causes of the 1994 genocide refer mainly to the political violence that characterized the Rwandan history and associated social processes. While this was touched upon in the first two chapters of this dissertation, it is important to note here that the genocide was possible because of the structural violence that weakened the social fabric and civil society over a long period of time, with the potential to cause great psychosocial suffering and even complicate mental health issues in post-genocide Rwanda.

In the following paragraphs, I explore the emerging empirical literature on the psychosocial impact of genocide on Rwandan individual and communities. As already stated, there is a dearth of empirical literature focusing on the psychosocial impact of the 1994 genocide and its consequences. However, studies of the normative impact of violence can provide information on the psychosocial well-being of individuals. The following few studies are offered as examples.

A study evaluating the experience of somatic forms of panic attacks among a group of 100 widows of the genocide who were receiving mental health services in village-based organization in Rwanda indicated that 40% of the participants suffered somatically-focused panic attacks during the previous four weeks, while 87% of those having panic attacks suffered panic disorder, making the rate of panic disorder for the entire sample 35% (Hagengimana et al., 2002).

A recent epidemiological study by Munyandamutsa and Mahoro Nkubamugisha (2010) conducted with a sample of 1000 Rwandans, concluded that 28.54% of the Rwandan population suffers from PTSD, rating 25.71% - 31.37% in the general population. Significant statistical
differences were found in terms of provinces, gender and age. Among people suffering from PTSD, depression was found to be the first comorbid disorder with a prevalence of 53.93%. Another study on a sample of 2091 Rwandans, 518 (24.8%) met the symptom criteria for PTSD (Pham, Weinstein, & Longman, 2004). In this study, the adjusted odds ratio of meeting PTSD symptom criteria for each additional traumatic event was 1.43. Yet, in a study Bolton and colleagues (2002) conducted in Bugesera, a south-eastern region of Rwanda among 368 interviewees, revealed that the prevalence of depression was 15.5% among the population of that region, 15.5% met criteria A (DSM-IV symptom), C (distress/functional impairment), and E (bereavement exclusionary) for current major depression. These depressive symptoms were strongly associated with functional impairment in most major roles for men and women.

These studies focusing on the prevalence of PTSD and depressive symptoms indicate an increase of traumatic and depressive symptoms as time passes. The authors recognized the limitations of the measures utilized (e.g., DSM-IV symptom criteria) in capturing the complexity of issues in Rwanda. For example, Bolton and colleagues’ (2002) study noted that some of the instruments (e.g., HSCL) utilized could not evaluate whether symptoms were “due to a medical condition, medication, or substance abuse or pertain to a mixed episode of depression and mania” (p. 8). Many of these limitations are due to the lack of measures that are adapted to the cultural and social conditions of the research participants, and the fact that the applied measures are often not tested and adapted to cultural differences. Among many other limitations, Munyandamutsa and Mahoro Kubamugisha’s (2010) study also indicates that the existing measures focus on clinical significance and do not consider the additional political dimensions that accompany the labels of traumatization for survivors of the genocide when compared to other Rwandans who may also present similar traumatic symptoms. My study seeks to overcome some of these limitations by focusing on the local understanding of the major psychosocial issues as perceived by Rwandans themselves, and looking at how the HLW program addresses them.

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8 HSCL is the Hopkins Symptoms Check Lists report symptom inventory. The HSCL is comprised of 58 items which are representative of the symptom configurations commonly observed among outpatients. It is scored on five underlying symptom dimensions—somatization, obsessive-compulsive, interpersonal sensitivity, anxiety and depression—which have been identified in repeated factor analyses (Derogatis, Lipman, Rickels, Uhlenhuth, & Covi, 1974).
A few studies have already started identifying the psychosocial suffering in Rwanda. Hatzfeld (2007) provides extensive descriptions of the experiences of Tutsi survivors during and after the genocide, as well as those of Hutu ex-prisoners\(^9\) during the genocide and upon their return back to the communities after serving jail time in relation to genocide crimes. Both groups shared feelings of fear, despair, loneliness, mistrust and resentment, feelings that their lives have been ruined and friendships broken, and a generalized sense of feeling silenced either by the event of genocide or by programs that attempted to resolve some of its consequences, such as gacaca and the annual commemorations of the genocide. Gacaca, which literally means grass or lawn in the Kinyarwanda language, is a modification of a traditional Rwandan justice mechanism for dispute resolution (Schabas, 2005) that was introduced in 2002 by the government of Rwanda to supplement the work of the legal trials set up for genocide crimes (Des Forges & Longman, 2004). I return to the topic of gacaca under section 3.3 of this chapter.

Clark (2010) provides similar accounts from both groups of Hutu and Tutsi based mainly on the gacaca implementation and the release of ex-prisoners back into their communities, and the problems and limitations of this form of intervention in mending the hearts and minds of Rwandans.

Based on the few existing studies and my personal experiences during and after the genocide, I contend that the genocide and other forms of violence that preceded and followed this tragic event damaged the physiological, psychological, and social well-being of individual Rwandans and communities. As delineated in this section, 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 who are subjected to massive violence are further rendered more vulnerable to other forms of violence which are at times embedded in the interventions established to help.

\(^9\) After the genocide ended, many genocide suspects were jailed for a number of years before they could be tried. Many were released back into their communities after they publicly confessed their deeds during the genocide in preparation of the gacaca hearings. Others were released after these hearings.
3.3 The Concept of Healing Psychosocial Suffering

The emerging theorization of the concept of healing comes from different disciplines including nursing, medical anthropology, psychology, cultural psychiatry, and more recently from social history and political science. Healing has been closely linked with the notions of self, memory, identity, and narrative. In the first part of this section, I explore the relationship that exists between healing psychosocial suffering and these concepts. The healing concept I am concerned about is located in the context of violence, which requires a critical and contextual understanding of the different dimensions of health and suffering. Therefore, I define healing from a broad interdisciplinary perspective given the multidimensionality and the complexity of physical, psychological, spiritual, and social suffering observed in post-conflict situations.

Critical scholars from various disciplines including cultural and medical anthropology (Farmer, 1997; 2004; Kleinman, 2000) cultural psychiatry (Kirmayer, 2006) and peace psychology (Christie, Wagner, & Winter, 2001; Pedersen, 2001) suggest a more holistic and culturally-based understanding of health, suffering, and healing that goes beyond the biomedical approach with its conventional diagnosis, treatment or cure, and prevention of physical, psychological and social ills.

The emerging literature in the medical field (e.g., nursing, transcultural psychiatry) considers healing as a holistic concept that must include cultural understanding in order to inform best healing practices. For instance, in nursing (McElligott, 2010) defines healing theoretically as “a positive, subjective, unpredictable process involving transformation to a new sense of wholeness, spiritual transcendence, and reinterpretation of life” (p. 257). In operational terms, she explains that healing is “the personal experience of transcending suffering and transforming to a wholeness resulting in serenity, interconnectedness, and a new sense of meaning” (p. 258). Egnew (2005) adds that healing “involves achieving or acquiring wholeness as a person …involving physical, emotional, intellectual, social, and spiritual aspects of human experience” (p. 257).

Holistic healing has been emphasized by scholars who explore psychosocial distress associated with physical illness such as cardiac disease, cancer, and HIV/AIDS (e.g., Kinney, Rodgers, Nash, & Bray, 2003; Taylor, 2010). While interventions focusing on the mind, body and spirit wholeness are often summed up as complementary alternative medicine (Sered & Agigian,
2008), they have been found to play a central role in the healing processes of non-Western societies (Taylor, 2010) or work well with people who are marginalized either by the illness itself or by the society that stigmatizes and excludes them (e.g., Brauer, 2009; Taylor, 2010).

The cultural and religious practices of healing are often performed in order to reconnect physical, emotional, spiritual and mental states (Kinney, Rodgers, Nash, & Bray, 2011), and are located outside the medical symptoms of the sufferer. Healing in this context is understood as a transitional period needed in times of distress and high anxiety, which places the suffering person in uncertain conditions in order to provide an alternative explanatory model for the diagnosis and management of illness even when the person may be in conventional treatment (Brauer, 2009; Taylor, 2010). For instance, Brauer found that the reactions of groups of gay men who had been diagnosed with HIV virus went beyond the simple fear of contagion to a much deeper fear of difference which did not fit into socially-defined structures of biomedical interventions and of illness in society. The group work she facilitated thus offered a discursive transformation of meaning, a shift from the old identity to the new constructed self. Holistic healing does not necessarily mean physical cure of the distressing illness. Rather, it implies reaching a state of stability in one’s mind with a certain degree of acceptance and new meaning.

The healing of psychosocial suffering resulting from external traumatizing events such as massive violence and natural disasters shares many aspects with the holistic healing of distress associated with physical illnesses. For instance, similar to psychosocial distress resulting from chronic mental health or terminal physical illness, there is a need to repair social relations through cultural performance and the power of communicative interaction (Csordas, 1996) after a traumatic natural disaster (Briere & Elliott, 2000) or human made violence (Crescenzi, et al., 2002). Communicative interaction happens through multidimensional illness narratives. These range from personal narratives of loss, ruptures in identity, and isolation of the suffering person, to those of the healer, nurse, or caregiver, to collective and public illness narratives as portrayed in the community at large, through media, commemorative ceremonies, government statements, illness-specific advocacy organizations, advertisements by pharmaceutical and medical supply companies, health education materials, and self-help and holistic healing literature (Egnew, 2005; Gobodo-Madikizela & Van der Merwe, 2007; McElligott, 2010). In other words, healing involves the personal as the political and vice versa.
Narrative is particularly important for survivors of massive violence and genocide who face particular psychosocial challenges associated with the disruption of one’s identity and the destruction of the social fabric or network in which one usually finds physical, emotional, and spiritual support. Human-created suffering involves the “undoing of the self” (Gobodo-Madikizela & Van der Merwe, 2007), which entails not only the loss of control, loss of one’s identity and loss of language to describe a horrific event, but also the fragmentation and other social conditions brought on by oppression, and a history of political subjugation.

Holistic healing in this context emphasizes the importance of unpacking the social and cultural meanings of suffering, health, autonomy, and responsibility (Martín-Baró, 1994; Papadopolous, 1998; Summerfield, 1999). It also implies the restoration of one’s sense of self and the capacity to reflect, understand, and perceive things in a more realistic and holistic manner together with the support of others in the community (Bracken, 1998; Hinton, 2007; Métraux, 2004; Summerfield, 1999). Healing conceived from this perspective is holistic when it invites social action. Social action connects psychosocial healing with resilience and culture, and is based on an on-going understanding of social structures that contribute to suffering (Foxen, 2010). Healing can range from exhumation of mass graves to psychological accompaniment and counseling in local health centers to support by traditional religious healers (Foxen, 2010). It can also consist of testimony as a way of giving oneself and the disappeared or the killer a voice (Leseho & Block, 2011), and making what happened public.

The conceptualization of healing psychosocial suffering in post-conflict or non-Western societies is holistic when the physical, emotional, social, economic, and spiritual aspects of wellness are critically considered. The healing of psychosocial suffering consists of building on the resilience and existing cultural coping mechanisms by involving individuals or groups in the process of reconnecting their inner and social selves in the narrating of stories of their lived experiences, in order to recreate new understandings and meanings and balanced identities.

3.4 Suggested Models for Healing Psychosocial Suffering

Individual trauma-based approaches have been critiqued extensively for their inappropriate and insensitive applications in post-conflict situations (Ager, Strang, & Abebe, 2005; Baingana & Bannon, 2004; Bracken, 2002; Pedersen, 2002; Summerfield, 1999). Critical scholars from different disciplines (e.g., cultural psychiatry, medical anthropology, and various branches of
psychology) have suggested planning alternative models that can respond to the issues of post-conflict non-western societies.

Considering that suffering is a social affair, Gobodo-Madikizela and Van der Merwe (2007) suggest involving individuals in the transformation of traumatic memory into new narrative meanings and identities and in taking responsibility for the well-being of the community and vice versa. Pedersen and colleagues (2008) emphasize the need for local administrative justice and community mechanisms for appeasement and reconciliation aimed at eliciting collective memories of the recent past. According to these authors, intervention models should preserve and strengthen the protective influences and cultural forms of support, including endogenous forms of healing and coping. In other words, interventions should be contextualized in order to minimize disruptions of existing protective influences and the resiliency of community structures that have survived the conflict, and explicitly seek to preserve and/or restore those endogenous resources. Based on a study conducted on indigenous peoples’ social and emotional health in Australia, Calma (2009) suggests the importance of addressing economic and social circumstances as critical preconditions of emotional and social wellbeing and the need to take into consideration political, civil, cultural, social, and economic rights of particular contexts. Focusing on African cultures, Healey and Sybertz (1996) propose that in order to counter brokenness and suffering, and generate a sense of certainty and familiarity in times of distress for the individual and the community, the shared observance of rituals in communities is needed.

Many of these suggestions highlight the importance of working with those who are directly affected by any form of violence rather than impose programs that often do not address the needs of the people. As indicated in the above paragraph, the needs vary depending on each particular context. However, programs that attempt to counter imposed approaches often also end up proposing models that reflect the ideas of the top structures of the global economy rather than involving those affected to actively participate in the conceptualization and implementation of programs for the issues that concern them.

A few existing programs that have been implemented with the goal to heal psychosocial suffering in many post-conflict situations tend to not only experience difficulty adapting knowledge and approaches to the socio-cultural context, but also struggle to meet the demands
of empowering the local people and at the same time follow the structure of the work to be done and the reporting strategies imposed by the national leaders and the donor. Professionals and organizations caught up in the contrasting demands often end up being manipulated by those who have authority over them rather than meeting the needs of those who are marginalized, thus leading them to repeat the same errors for which they intend to resolve.

An example of intervention that has been suggested for many post-conflict situations is truth commissions. Truth commissions, a form of transitional justice model, have been commonly suggested to address both the legal and psychosocial issues in countries with persistent violent conflicts and human rights violations. Truth commissions integrate the dimensions of truth-telling, reparation, promotion of reconciliation, and social reconstruction (Nagy, 2008). As a hybrid model, combining retributive and restorative justice, these commissions can include any tool devised by the respective society to address legal and psychological issues, including criminal codes, creation of memorials, museums, and days of mourning (Roht-Arriaza, 2006).

The Truth and Reconciliation Commission (TRC) in South Africa has often served as a model for other truth commissions that followed it. However, in terms of healing psychosocial suffering, the TRC has often been found to be more traumatizing than healing (Allan, 2000; Allan & Allan, 2000). Allan and Allan have argued that the commission involved people in reliving traumatic histories of the violence that occurred during the Apartheid era without sufficient support. According to Allan (2000), the initial version of the TRC did not have a plan to support witnesses who had to relive their traumatic past through testimonies. Even when the testimonies were recognized as potentially re-traumatizing and psychologists were invited to help, the support was restricted to individuals who had given testimonies and not those who heard them. Krog, Mpolwesi-Zantsi, and Kopano (2008) go further to observe that testimonies that were provided in Xhosa were often misinterpreted as being incoherent.

Based on the TRC model, gacaca is a form of truth commission that was implemented in Rwanda with the hope that it could supplement the work of the legal trials set up for genocide crimes (Des Forges & Longman, 2004) and contribute to the psychosocial healing and reconciliation of Rwandans. Gacaca was first praised as a home-grown model (Ingelaere, 2008)

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10 Xhosa is one of the national languages of South Africa.
and perceived as a best alternative justice model. Ordinary Rwandans and those in leadership positions were excited to participate (King, 2011). It involved the Hutu and Tutsi, the survivors and the suspects of the 1994 genocide crimes (Daly, 2002). Initially proposed in 1995, gacaca was not operationalized until 2002 and was then given until 2007 to fulfill its mandate. This interim period was spent on the conceptualization of the model and preliminary ground work 11 (Schabas, 2005) that involved some needs assessments and collection of facts. Mental health professionals offered input into the mechanisms that they judged were needed to protect the mental well-being of Rwandans as they entered the process of remembering, recounting, and hearing traumatizing information during the hearings (Gasibirege, 2000).

Gacaca may have facilitated political control and economic restructuring in Rwanda because it is cheap compared to legal justice (Thomson & Nagy, 2011) and released many prisoners who can now contribute to the development of their families. However, it has also been criticized for not fulfilling its psychosocial goals. Older people in Rwanda, able to discern the difference between the traditional and new gacaca, came to view this form of justice as another instrument of the state, controlled and guided from above (Ingelaere, 2008). Like other truth commissions, gacaca has raised concerns about its negative impact on the psychological and social well-being of those who are involved in it as judges, witnesses, and defendants.

In a qualitative study with widows who survived the Rwandan genocide and who participated in gacaca proceedings, Brounéus (2008) found that most of the interviewees expressed feeling more insecure and fearful after testifying in gacaca trials. They also reported experiencing physical and psychological difficulties before, during, and after their testimonies (e.g., shaking uncontrollably, fainting, and feeling more isolated). An assessment Kanyangara, Rime, Philippot, and Yzerbyt (2007) conducted on the emotional climate and intergroup perceptions between survivors and a group of prisoners accused of being responsible for the Rwandan genocide showed that gacaca hearings heightened the negative emotional climate for an

11 The ground work involved categorization of the genocide crimes, identification of evidence of participation in the genocide, elections of judges, also known as inyangamugayo “people with integrity” by community members at the levels of local government structure (cell, sector, district, and province), and experimentation with the process. The genocide crimes were categorized in four different levels (category 1: planners, organizers, and framers of genocide; category 2: homicide or attempted homicide; category 3: serious attacks without the intent to cause the death of the victims; and category 4: crimes against property). Only the first category was excluded from gacaca proceedings (Schabas, 2005).
extended period. Emotions of sadness, fear, disgust, insecurity, and shame increased. Prisoners who accepted their role in the genocide during *gacaca* hearings reported feeling an intensified sense of guilt. In terms of intergroup perceptions, the results indicated that survivors tended to maintain negative stereotypes against prisoners rather than the other way around. Similar negative feelings were found in a mixed method study (Rettig, 2008) conducted on the *gacaca* in the Sovu area of the Southern province of Rwanda in 2006 and 2007. Participants reported telling false testimonies; using *gacaca* as a forum to settle old disputes including conflicts over land, property and marital infidelity and experiencing or witnessing incidents of intimidation, disputes between families, theft, and other forms of violence ranging from destruction of crops to physical attacks to killing after *gacaca* sessions (more than 30% of the respondents).

I did not find systematic evaluations of the impact of truth commissions in other countries to compare with the few empirical studies on *gacaca*. Similarly, the long-term psychosocial impact of *gacaca* in Rwanda remains unknown. However, based on the few existing studies and anecdotal reports from *gacaca* and other truth commissions, there are reasons to believe that *gacaca* and other truth commissions that are conceptualized and managed by those in power, are not sufficient to facilitate the healing of psychosocial suffering in post-genocide and other post-conflict situations even when they attempt to integrate elements of local contexts.

There have been some efforts to identify indigenous approaches to justice and conflict resolution in non-Western countries on different continents including Africa (e.g., Elechi, 2006; Nindorera, 1998). However, there is still a dearth of research on the workings of such models and their potential impact on the psychosocial well-being of individuals and communities in post-conflict situations. My study seeks to fill this gap by describing the workings of the HLW model and attempting to conceptualize its model of implementation.

In this chapter, I explored the different ways of understanding and conceptualizing psychosocial suffering and psychosocial healing, drawing from interdisciplinary literature. I explained the insufficiency of trauma theory and the related concept of PTSD and intervention models in explaining psychosocial suffering in post-conflict situations, given the complexity and multidimensionality of forces that produce suffering and the multiple needs they create. I argue that a more holistic understanding of healing drawing from different disciplines necessitates programs that not only heal the individual psychological wounds, but also heal collectives so
that they can rebuild their communities. There is a dearth of intervention models that are conceptualized and implemented according to the needs at hand. Locally-initiated models that are rooted in the realities of post-conflict situations and that give voice to those who live at the margin of society are needed.
Chapter 4
THEORETICAL AND METHODOLOGICAL UNDERPINNINGS

4 Introduction

In the previous chapters, I approached the topic of healing psychosocial suffering from a critical conceptual analysis of violence, psychosocial suffering and the healing strategies in the context of post-conflict situations. Related theories and models were highlighted and critiqued. In the first section of this chapter, I discuss the theories that informed this study and the philosophical and methodological underpinnings that guided its implementation. These include Habermas’s critical theory, indigenous methodologies and narrative inquiry. The second part of the chapter emphasizes critical hermeneutics as the philosophical underpinning that informed the methodological choices I made to carry out this investigation. In the third and last part of this chapter, I explain the methodological orientations I selected to guide this study.

It is important to note that as chapters one to three demonstrated, the topic of this study has theoretical and methodological ramifications that are both local and translocal. On the one hand, there are historical, geopolitical and socio-cultural factors that surround events of massive violence and especially the 1994 genocide in Rwanda and its multiple consequences as well as the responses of different structures to the psychosocial suffering of those who were affected by it. On the other hand, there are also my positions as a social work scholar trained in a Western university, conducting my field work in a post-genocide conflict situation on a topic that is both critical and personal.

These combined contexts led me to different theories and concepts from the West and from non-Western post-conflict settings. I conducted two sets of literature reviews to inform the content of this chapter. One literature review was conducted before I left for the field and the other upon my return to Canada in order to gain a fuller comprehension of the theoretical and methodological choices that continued to shape my study.
4.1 Theoretical Underpinnings

In this section I discuss Habermas’s critical theory, indigenous methodologies and narrative inquiry. Habermas’s theory shares common perspectives with other contemporary critical theories (e.g., post-colonial, queer, feminist, and critical race theory) in their decolonizing agenda. Critical theories seek to understand and act upon the links between society, history and organizations, theory and practice, concerns about ethics, epistemology, ontology, and methodology (Denzin & Lincoln, 2008; Smith, 1999). They also recognize the need for the perspectives of women, the poor, the working class, ethnic minorities and those of indigenous people (McNicholas & Barrett, 2005). In other words, critical theories support critical research that gives voice to the oppressed and under-represented.

Critical theories also integrate research methodologies that focus on lived experiences and the issues of voice of those located at the margins of society and whose voice and knowledge have been historically suppressed or misrepresented by cultural imperialistic approaches of knowledge production (Kincheloe & McLaren, 2000). Critical theories foreground the political nature of research and push researchers to ask questions about who interprets, prioritizes, and owns research and research products (Brown & Strega, 2005). They also encourage not only continual interrogation of research but also of its outcomes/outputs (McNicholas & Barrett, 2005; Swadener & Mutua, 2008). This implies that oppressed groups are challenged to take the project of emancipation and attempt to make it a reality in their own terms (Smith, 1999).

Emanipatory researchers do not take language as a neutral and objective means of communication. Rather, they study the way language serves as a form of regulation and domination by examining its tacit knowledge and rituals, what is said and not-said, authority over who must talk or listen and authorship, as well as its representational form (songs, poems) and narrative format (Coffey, 2002; Madison, 2008; Richardson, 2002).

Critical theories in general provide important perspectives and insights for the purposes of this study. They can speak to the different forms of violence that have characterized the Rwandan history and 1994 genocide in particular as well as its multiple consequences on individuals and communities. However, they have an inherent limitation of narrowing the focus to one or two selected issues. Discussing one or two critical theories would provide an incomplete presentation of psychosocial suffering in Rwanda. Many aspects of life are affected by war and
genocide. I focus on Habermas’s theory because his approach provides a wider range for exploring the different aspects of illegitimate power that creates and maintains the marginalized in suffering.

Given the purpose and context of this study, other theoretical underpinnings I explored include indigenous methodologies and features of narrative inquiry. These theories inter-relate with critical theories and especially Habermas’s critical theory in that they share the struggles of oppressive systems and their emancipation project in the lives of all those marginalized by different forms of violence. Indigenous methodologies offer alternative ways of knowing, being in the natural and social world, the practices and the identities they shape (Dei, Hall, & Rosenberg, 2002; Kovack, 2005). Narrative inquiry provides an interdisciplinary approach to ways of knowing, issues of authorship, and the implications of representation in particular time and space (Clandinin, 2007; Clandinin & Connelly, 2000; MacIntyre, 1984). These intersecting theories helped me to understand the HLW program, its approach and context of implementation. Together, they provide a framework of understanding knowledge production and identity formation in the context of post-conflict situations of the global South and in post-genocide Rwanda in particular. They are each discussed in the following sections of this chapter.

4.1.1 Habermas’s Critical Theory

I found the critical theory developed by Jürgen Habermas to provide an overarching theoretical framework from which to understand the interpretation of life and of the HLW model based on the materiality and political-ideological conditions of post-genocide Rwanda. My attempts to understand the healing of psychosocial suffering through the HLW program aligns with Habermas’s explicit concerns of using theory to inform practice with the marginalized and seek social transformation for those who struggle for emancipation (Parkin, 1996).

Habermas’s critical theory is located in post-structuralism which suggests that the production of knowledge is mutually constituted by subjective and objective information, thus rejecting purely positivist and interpretive approaches to social science. Habermas’s critical theory provides three knowledge-constitutive interests to understand the production of knowledge. These include an empirical-analytical interest in potential control, a hermeneutic-historical interest, and a critical-emancipatory interest in freedom and autonomy (Habermas, 1978).
Habermas (1978) suggests that empirical-analytical interest perceives reality from the viewpoint of possible technical control over objectified processes of nature, while hermeneutics involves the intersubjectivity of possible action-orienting. Accordingly, the empirical-analytical approach involves critical social science into the analysis of how power relations constrain the realization of human potentials in a particular context through distorted forms of communication (Morrow & Brown, 1994). Most studies conducted on Rwanda after 1994 have focused on the historical facts of the genocide and its consequences without necessarily suggesting practical actions and the prevention of future violence. Most importantly, very little has been done in trying to understand how Rwandans understand their experiences of the genocide and its aftermath and the coping strategies they have adopted in the attempt to change their conditions.

The hermeneutic-historical interest helped conceptualize psychosocial suffering in the context of the history of the Rwandan genocide. As mentioned in chapter two, the Rwandan genocide had a long history of preparation. Therefore, understanding psychosocial suffering in Rwanda and seeking approaches to address it requires taking into account this historical reality and trust that Rwandans who have lived through different forms of structural violence will have to undo certain dominant perspectives that have supported violence over time in order to create more liberating and healing identities.

Parkin (1996) adds that through his communicative action, Habermas not only clarifies critical theory’s own standards, but also provides a social theoretical framework from which to comprehend the social pathologies and paradoxes of late modernity. In his critical analysis of society, Habermas offers a good foundation and orientation to my study in seeking to understand the historical and social-political sources of psychosocial suffering in Rwanda. Further, his critical-emancipatory interest in potential control and autonomy adds clarity to the importance of empirically understanding the HLW program and its attempts to heal Rwandans through the sharing of personal stories.

I consider the HLW to be a form of social action with a critical approach that creates space for Rwandans to address their psychosocial suffering and that of their communities. In order to understand the context in which the HLW is implemented, how its implementation and its expected outcomes bring psychosocial healing and social change, systematic research is
required. My study attempted to fulfill this role, which in itself is a form of social action. Habermas’s theory provided a wider lens for exploring the different aspects of illegitimate power that creates and maintains the marginalized in suffering. My study seeks to understand how the HLW program functions and what it does to improve the conditions of Rwandans. As Forester (1985) rightly contends: “concrete critical theoretic research promises to make empirically accessible both the concrete interactions of ordinary life and the contingently opened or foreclosed possibilities” (p. xvii).

From this perspective, I was able to conceptualize the HLW as a form of social action with a critical approach that creates space for Rwandans to address their psychosocial suffering and that of their communities through the sharing of personal lived experiences. Habermas’s critical theory helped me to understand that through an in-depth analysis of one model of intervention, the HLW, I could expand its knowledge to the broader issues of the Rwandan society this program is attempting to address and the approaches it put in place in order to do so.

Another important theoretical underpinning to help understand the functioning of the HLW is indigenous methodologies which are explored in the following section.

4.1.2 Indigenous Methodologies

Indigenous methodologies share many features of critical theory in that they are concerned with the notions of critique, resistance, struggle, and emancipation. Research informed by indigenous methodologies counters cultural imperialistic systems and practices embedded in traditional research by paying particular attention to the ways of thinking, knowing and being of indigenous people or the “other.” Research from an indigenous and non-Western perspective integrates research methods that give voice and respect cultural and communicative approaches of those who live at the margin. Furthermore, indigenous methodologies add a more localized form of critical theory.

The localization embedded in indigenous methodologies focuses on the contextual histories, politics, and cultural considerations of a particular colonized people, and the critical examination of these dynamics in the decolonizing project through research, knowledge production, and related practices (Smith, 1999). In the context of African philosophy, Hountondji (1996) adds that “there can be no form of reflection in Africa today that does not
bear a direct relation to history and culture” (p. 10). In the context of this study, the focus is on contextualizing psychosocial suffering in the political and socio-cultural histories that have affected the Rwandan people over the last century. A critical analysis is required of the different factors that rendered Rwandans brutally violent towards the same people with whom they had previously shared life through mutual help, strong relationships, and intermarriage.

The term “indigenous” has been utilized to symbolize “people who have been subjected to the colonization of their lands and cultures, and denial of their sovereignty, by a colonizing society that has come to dominate and determine the shape and quality of their lives, even after it has formerly pulled out” (Smith, 1999, p.7). Other terms such as “non-Western” or “other” have also been utilized in places where there is no distinction between original and new occupants, but where colonization and the related subsequent systems of power and oppression have resulted in silencing the most vulnerable of society and other forms of injustices. In this study, these terms are used synonymously. “Methodology” means how one uses one’s way of thinking and the process involved in the production of knowledge (Kovach, 2005).

Kovach (2005) identifies three themes of indigenous methodologies: the relational, the collective, and methods. The relational ways of knowing among indigenous communities include values such as inclusivity, deep respect for other living beings, people’s abilities to shape their destiny, cultural values of relationships, and humility. The collective philosophy emphasizes reciprocity and accountability, a way of life that creates a sense of belonging. The methods from an indigenous perspective imply other ways of capturing alternate ways of knowing (e.g., through dreams, solitude with nature).

These aspects of indigenous methodologies are very similar to the African and in particular to Rwandan philosophy which continues to characterize the desire for many Rwandans to re-establish harmonious relations between the groups involved in the Rwandan conflict regardless of the deep suffering they have inflicted on each other.

In the context of Africa, the relational and the collective aspects of indigenous methodologies resemble many aspects of ubuntu. The concept of ubuntu is a collectivist African philosophy which means that one becomes human through other human beings. Ubuntu has been used to signify both the qualities 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. Umuntu
nyamuntu, or a real human being as the Rwandans are used to saying in the Kinyarwanda language, means one is human through humane qualities that characterize him or her. These include humility, love, care, thoughtfulness, wisdom, consideration, and hospitality. From an African philosophical context, these qualities are not simply social or altruistic; they form an ethic and unifying vision which reinforces the social bonds and social relationships, but also a code of human conduct implying human value, trust and dignity (Muwanga-Zake, 2009; Venter, 2004). These perspectives about indigenous research helped me to comprehend that there are other ways of knowing and being in the world and inquiring about it depending on a particular socio-cultural context, and that there are other approaches of accessing knowledge beyond conventional research methods.

In the context of Rwanda, knowledge is passed on mainly through oral tradition with its different forms of storytelling. This section is further developed in the following section on narrative inquiry. Rwandans also have other non-verbal forms of passing on knowledge. A click of eye or of tongue can at times speak louder and more than a long speech. They have ways to introduce one another to someone’s home, or recognize or deny each other’s humanity through rituals that would lack significance in other cultures, such as saying hello when you meet someone and the way you pass on the greeting.

Indigenous methodologies reminded me to carefully select research methods that could allow me to learn from the local Rwandans about their daily life in the post-genocide era and the workings of the HLW program in healing psychosocial suffering. These methodologies also prepared me to keep an open mind to new possibilities once on the field as the existing methods could not fully help me capture the realities of post-genocide Rwanda. They also alerted me to pay particular attention not only to the different forms of local knowledge as I tried to understand the HLW model in the context in which it is implemented, but also to the ever changing ways of knowing and passing on knowledge, especially in the face of technology and globalization. For instance, during my field work, I realized that the local radio stations were highly utilized as the main means of educating the mass population throughout the country through broadcast radio shows and call-in dialogues which were new to the country at that time.

Both critical and indigenous methodologies helped me to conduct self-critical reflexivity of my understanding of life and events that unfolded during my field work. Having the cultural
baggage of being an insider, indigenous methodologies also helped me to assess how the local ways of knowing informed my study and research methods by disrupting the academic methods that I had learned through my academic training and which I had planned to utilize. Conducting critical and indigenous research requires paying attention to the permeability of the global into the local in a given context. This concept will be further explained in the section on self-reflexivity.

4.1.3 Narrative Inquiry

I found features of narrative inquiry to add clarity to the concepts elicited in critical theories and indigenous methodologies. Broadly understood, narrative is a way of knowing (McIntyre, 1984) and, as in this study, is often utilized synonymously with the word “story.” Different disciplines, including narrative psychology and literary and cultural studies have explored a variety of ideological and epistemological aspects of narrative. Within narrative psychology, narrative is perceived as being both the description and the construction of self (Neumann & Nünning, 2008). This means that individuals have the capacity to step back and draw lessons from the stories they tell about themselves and hear from others, and to continuously forge their identity by linking the past, present, and future (Baddeley & Singer, 2007; Bruner, 1991).

Literary and cultural studies focus on the power of narrative to transform improbability into probability through language, and its interpretive ability to link the meaning of human conduct to social expressions (Neumann, 2008). The work of narrative is greatly needed in making sense of genocide, an event that is often perceived to be outside the reach of human imagination and expression. Adding this understanding to its devastating impact can silence and marginalize those who are affected by it.

Narrative plays multiple roles in the construction of cultural narratives, which sometimes occurs through contrasting stories within different contexts (Davis, 2002). Mair (1989, cited in Crossley, 2000), summarizes the multiple capacities and dilemmas narratives provide: “Stories are the womb of personhood. Stories make and break us. Stories sustain us in times of trouble and encourage us towards ends we would not otherwise envision” (p. 2). One of the crucial aspects of narrative is its performative functions that reflexively induce one to learn something about self and the world (Langellier & Peterson, 2004; Mattingly, 2007). In the context of research, narrative plays a disruptive role both in the conventional positivistic research methods and in the knowledge they produce. Narrative opens doors to multiple interpretive research
approaches that pay attention to issues of reflexivity and performance. Self-reflexivity and performance of narrative allow the marginalized to have a voice, including both researched and researcher (Kimpson, 2005).

This understanding of the role of narrative opened one door that had been hidden from me since my encounter with the HLW program. It allowed me to understand the importance of story sharing during the HLW process. Story sharing is the main approach HLW utilizes to encourage those who attend to better understand their own stories as they articulate them and as they listen to those of others in the group. This new understanding helped me to select the data collection methods that could enhance the participants’ narratives and self-reflexivity both within and outside the HLW intervention. It also allowed me to pay attention to their reflexive comments on the discussed subject and to other non-verbal ways they performed to communicate with me and among themselves. My self-reflexivity drew from different forms of narratives both from within and outside the HLW investigation. My self-reflexivity is further discussed in section 4.3.4.

The performativity of narrative was particularly useful to understand the process of transformation and creation of new identities undertaken by different participants. At times it was difficult to understand what was going on with a particular participant’s behavior (e.g., looking away when another participant is talking). The understanding of performance during story sharing allowed me to keep the performed scenario open until another episode happened to add clarity to what was initially being performed (e.g., not wanting to confront an opponent in the group when one participant did not agree with what the other was saying).

Finding the language and voice to narrate life experiences is vital to the refiguration of one’s life narrative (Gobodo-Madikizela & Van der Merwe, 2007) and a source of psychosocial healing. Sharing personal stories in a structured setting allows them to “breathe,” (Frank, 2010, p. 3); it provides space in which people express their fears and broken dreams and witness others’ experiences, which may positively alter their perceptions about self and others.

Clandinin (2007) postulates that “the study of experience as story … is first and foremost, a way of thinking about experience” (p. 38). From this perspective, narrative serves as a tool that facilitates reflection about the temporality and sociality of an event. Arthur Frank (2010) explains that “stories get under people’s skins, … they affect the terms in which people think,
know and perceive” (p. 48). Frank identifies two main capacities of what stories can do: (1) the capacity of stories to create and deal with human trouble, and (2) the capacity to display people’s character. With the first capacity, stories identify people who are troubled and who should have narrative resources to share the story of being troubled. The second capacity displays people’s character in their efforts to come to terms with whatever their trouble is, and the success or failure of those efforts. According to Frank, the human dilemma is to challenge the dominant stories that create trouble by casting people into set characters, which prevents them from seeking new understanding. He argues that rather than quickly rejecting inclusion with the collective, consideration be given to accepting imposed and constricting dominant stories as part of what must be dealt with. To be able to do so, Frank (2010) suggests a socio-narratology approach suggests which focuses on how stories work to make characters available as resources with which listeners may engage in the work of their character.

Narrative takes different forms, such as written text, visual, or audio-arts. Oral stories are the most commonly utilized narrative form in Rwanda. They have been passed down through generations in the form of storytelling, proverbs, songs, poems, recitation of genealogies, and folk tales. Rwandans also understand the power of stories through life experiences. A Kinyarwanda proverb, ururimi rurica cyangwa rugakiza, is interpreted as “the tongue can kill or heal;” in other words, stories have the capacity for good or bad. The negative influence of narrative is evidenced in the power of story during the 1994 genocide propaganda that motivated Hutus to kill their Tutsi neighbors and convinced both groups that the Tutsi were destined to die (Melvern, 2004; Thompson, 2007). Although this literature implies the capacity of stories to turn people into killers, there is a dearth of investigations that explore the positive role of narrative to heal individuals and communities. Some anecdotal stories I heard from family and friends on reconciliation in Rwanda recount the experiences of former enemies who ask for and offer forgiveness through public statements. However, these powerful stories are often not reported. Most importantly, no systematic research has been conducted on the meaning Rwandans attribute to these experiences, the processes that lead to them, or the potential of narrative in facilitating such processes.

The theoretical understanding of the above features of narrative inquiry helped me to gain a theoretical understanding of the role of story sharing in the healing process. It was not until I explored features of narrative inquiry that I realized the meaningfulness of narrative in healing
psychosocial suffering. The concept of narrative and socio-narratology were particularly important in my attempts to understand dialectical stories related to the genocide and its aftermath. As mentioned in chapter two, Rwandans have different opinions about the country’s history and about the genocide. Narrative and socio-narratology taught me that dominant stories create characters. There is need to give voice to counter-narratives in order to undo the formed characters and create new identities. In the context of healing psychosocial suffering, counter-narratives consisted of the stories participants shared about their personal lived experiences during this investigation. Narrative inquiry also guided my own interpretation of the stories shared by research participants and the writing styles I adopted to represent them in this dissertation.

In summary, the three tenets of Habermas’s critical theory and their relation to other critical theories, indigenous methodologies, and narrative inquiry show that research, like life, is about creating connections and building relationships between what is known and what is to be known. These tenets call for philosophical premises that honor cultural values that authentically and humbly emphasize people’s ability to shape their own destiny. They also provide a theoretical frame of reference that allowed a critical examination of the philosophical and methodological decisions that were needed for this study. These decisions will be discussed in the following section.

4.2 Philosophical and Methodological Orientations

Critical theorists, narrativists, and indigenous scholars concerned with those who write from the margins and on whom research is conducted prioritize the importance of the conditions in which understanding happens. They challenge the dominant and hegemonic ideology that expands on a narrow foundation of interpretive understanding based on the social, historical, and cultural experience of the dominant Eurocentric culture.

Critical hermeneutics is the philosophical underpinning closest to the theoretical understanding of this study. It aligns with critical theories and indigenous methodologies (Smith, 1999) in that it acknowledges the importance of history, it challenges dominant views uncritical of the historicality of understanding, and it invites dialogue and linguisticality in the interpretation and representation of the other. Additionally, critical hermeneutics provides alternative approaches to writing research in ways that are representative of the other. These basic principles of critical
hermeneutics offered a basic structure that helped me understand the process I undertook to define the subject of study, the study sites, and the research participants. They also offered a grounding of the methods utilized to gather, analyze, interpret, and represent the participants’ voices.

In the following section, I discuss critical hermeneutics and its role in my study. Critical hermeneutics builds on Gadamer’s (1975) philosophical hermeneutical principles, which are: (1) the historicality of understanding, (2) understanding as a dialogical process, and (3) the linguisticity of understanding.

4.2.1 Historicality of Understanding

Bleicher (1980) interprets Gadamer’s historicality of understanding as the “socio-historical mediation of pre-understanding, its constitution of possible objects and the value decisions formed by social praxis” (p. 121). For Bleicher, to understand one has to be willing to constantly revise his or her standpoint and bring back and forth past and present in an interactive process that allows the subject matter to emerge. Hermeneutical philosophy places the researcher in the context of a tradition that is always there and that guides his/her interpretation and understanding of the world (Bleicher, 1980; Gadamer, 1975). New understanding does not happen as an isolated event of the present; rather, it is formed through the contact with the past and expands one’s horizon. ‘Horizon,’ in this context, is defined as “a process of continued formation through the testing of our prejudices and pre-understandings in the encounter with the past and the attempt to understand parts of our tradition” (Bleicher, 1980, p. 112).

Critical hermeneutics builds on this principle to argue that tradition cannot be taken for granted. Rather, it becomes a central aspect of socio-cultural analysis which seeks to understand both the conditions of the production of tradition and the circle of its previous interpretations (Kincheloe & McLaren, 2000). In other words, critical hermeneutics considers the hegemonic and ideological forces embedded in social structures of society including simple interactions of everyday life. Thus, understanding how knowledge, belief systems and cultural practices are produced is important for research conducted in post-conflict situations of non-Western countries. This principle is particularly important when these forces have contributed to violence and psychosocial suffering and continue to perpetuate oppression even through
programs that intend to do good (e.g., marginalization of certain locally-initiated models initiated outside the NGO framework in the context of post-conflict situations in non-Western countries such as HLW).

The historicality is also crucial when this kind of understanding concerns the history of the researcher known as the other, the indigenous, or in situations where the ‘other’ has been erased, dismissed, or defined as primitive and irrelevant (Smith, 1999). Smith suggests that in such cases, the historicality of understanding is closely linked to the politics of everyday contemporary life of the marginalized ‘other’ and gives value to other systems of knowing such as oral traditions.

In this study, the historicality offered a framework from which to critically examine the HLW program, its conception, and implementation, based not only on the history of genocide and of the country, but also on the history HLW has made since its implementation in relation to local and global forces that influence post-conflict reconstruction.

4.2.2 Understanding as a Dialogical Process

The second principle of Gadamer’s philosophical hermeneutics is that of understanding as a dialogical event, a form of communication that occurs as mediation of past and the present and fusion of the horizon of a text and the interpreter. Bleicher (1980) explains that once completed, this fusion becomes “a work of art that can no longer be tied to its creator but has to be seen as assuming an existence of its own which may embody insights the author may have been unaware of” (p.122). The hermeneutical conversation involves equality and active reciprocity between the interpreter and the text in the search for an answer to a question. From this perspective, understanding that comes from the openness of both text and interpreter provides the possibility to resonate with new and widened meaning (Bleicher, 1980).

Critical hermeneutics values the dialogical process between the researcher and the participants, but it questions the elitist and authoritative position taken by the researcher in his or her thin and decontextualized descriptions of the other. Critical hermeneutics suggests introducing new forms of analysis that examine a range of issues such as culture, metaphors, and their socio-historical era in a back-and-forth process of studying parts in relation to the whole and the whole in relation to parts. From this approach, the interpretation is sought in the interplay of
larger social forces and the everyday lives of individuals (Kincheloe & McLaren, 2000) and gives voice to the silenced and the oppressed. This principle helped me to understand, organize, explain, and interpret the different data sets first separately and then into one unified conceptual framework.

4.2.3 The Linguisticality of Understanding

Using Gadamer’s philosophical hermeneutics, Bleicher (1980) explains that language plays an important role in the interpretation process by mediating the past and the present and disclosing the subject-matter contained within it. In other words, the linguisticality of understanding is the agreement emerging from a dialogue which takes place in the medium of language and provides a textual meaning, a new creation of what is being said that then becomes a shared message disclosed to the world. Critical hermeneutics acknowledges the importance of writing emphasized by Gadamer’s hermeneutical philosophy. However, it questions the uncritical and elitist position of the researcher as the author of understanding and the silence imposed on the participants in the process of interpretation. To address these linguistical gaps, Foley and Valenzuela (2008) suggest a critical hermeneutics which, rather than considering the text as a final truth, encourages critical researchers to connect everyday individual troubles to public issues and give voice to the ‘other.’

Writings from feminism, cultural studies, post-colonialism, critical race theory, and indigenous methodologies (Denzin & Lincoln, 2008; Lather & Smithies, 1997; Richardson, 1992) have countered Gadamer’s monographic approach to texts by taking different methodological approaches and writing forms different from conventional research style (Kincheloe & McLaren, 2000). Thus, critical hermeneutics pays attention not only to the processes of dialogical interpretation and understanding, but also calls for new forms of representation that re-examine issues of authorship, audience, and responsibility in order to represent the contested voices of the other through their poetical and performative qualities of everyday life (Coffey, 2002).

Performance has played an important role in the shift of meaning and writing of ethnographic studies. It involves narrative in ongoing dialogue and raises consciousness about the circumstances and personal experiences of the author in relation to the social world (Denzin, 2003; Denzin & Lincoln, 2008). According to Denzin (2003), performance narrative blurs the
boundaries separating text, representation, and criticism, and between text and context, as these cannot be separated from cultural practices. From this angle, performance becomes a tool to do political work as the personal performance has political implications and vice-versa. Coffey (2002) offers the example of how different auto-ethnographic texts such as poems, dialogues, scripts, stories, diary journals, or multilayered writing have been utilized to give voice to the other. In my study, performance played two important roles. First, it allowed me to understand participants' ways of communicating knowledge through various forms of expression combining verbal and non-verbal expressions, metaphors and short proverbs, accompanied by mimics or a set of rituals such as dancing, hugging, tapping another participant’s shoulder, or simply staring in the air.

These performed narratives were cultural expressions that could go unnoticed for research interested in verbal expressions alone. The second role performance played in this study was to challenge me to determine the most appropriate writing style to represent the shared stories and performed narratives. Finding a writing style that could represent these forms of knowledge in an academically acceptable way was not easy. I conducted another literature review examining the different styles scholars who write from and about the margins have utilized to transmit the knowledge entrusted to them. I chose the storytelling style as the best approach to give voice to participants’ stories and integrate some of these non-verbal expressions in the findings. Storytelling is discussed later in section 5.4 of the next chapter.

The dialogical and the linguisticality of understanding of critical hermeneutics helped me to look beyond what was said by the different stakeholders about themselves and the HLW intervention, how stories were shared, where and when they were told, and how they related to the broader context of the topic of study and place in which they occurred. In this case, understanding the stories of participants required me to examine what else was happening in the immediate lives of the participants, the events that were happening in the community and countrywide (e.g., national commemoration of the genocide), and the general context of the country as a non-Western nation still recovering from the 1994 genocide.

Under the above principles, critical hermeneutics challenged me to reflexively assess my multiple positions in relation to my research topic. I adopted a holistic approach in the exploration of the HLW program by paying particular attention to my interactions with the
participants in the study and other community informants and to other informal dialogues that helped to explain the HLW program in relation to everyday life in post-genocide Rwanda. In the next section, I explain the methodological orientations I selected to collect, analyze, interpret and represent the data of this investigation.

4.3 Methodological Orientations

Before I went to the field I had been able to decide on the qualitative nature of my study and the need for a multi-method approach focusing on the various aspects of the HLW program and the perspectives of different stakeholders. Given that the most utilized form of communication in Rwanda is oral history and that HLW utilizes story sharing as the main approach to involve the participants into the healing process, I was convinced that I had to engage in various forms of conversations to interact with the participants with a particular interest not only in what was to be said, but also how things were said and explained, and the meanings behind the telling. I had determined that dialogic performance analysis was the overarching method of choice to analyze the role of stories in the HLW healing process and other forms of data. I had also decided on the selection of the participants, the recruitment procedures, and the levels of involvement of the two organizations that participated in the study.

However, when I got to the field I realized that I had to immerse myself into the culture of local life and happenings of every day to gain a better understanding of the context of the study and the meanings of participants and other informants’ narratives. I also started questioning how to understand and interpret the information with which I was being entrusted. There were a lot of nuances in participants’ stories. I was surprised about how much people used body language as they shared daily life stories. Participants utilized songs, dance, and poems to communicate with the group. Their verbal expressions were filled with strong metaphors and short proverbs. The daily news broadcast through the different local radio stations and TV also provided very rich information about various subjects, including the suffering that surrounds the genocide event. I documented what was happening and discussed some of the unfolding steps of my field work with a local mentor and the members of my dissertation committee.

I made some of the methodological choices on the field in response to the realities of the local context. Upon my return to Canada, I conducted a second literature review to broaden my understanding of the choices made and of different data sets collected. In the following
sections, I discuss the study’s objectives, the sites and participants in the study, data collection and analytical methods, and my own reflexivity based on this new understanding.

4.3.1 Study Objective and Research Questions

This study sought to understand healing psychosocial suffering through the Healing of Life Wounds (HLW) program as perceived by a group of facilitators and participants from two non-government organizations who implemented the model.

This objective was inspired by two driving motives. As mentioned in the introductory chapter, I have been fascinated by the HLW program from the time I attended its workshops first as a participant and later as a facilitator of its healing workshops. Over the last 15 years, I have heard anecdotal stories from the people who have been involved with the HLW as facilitators and as participants that this model transforms peoples’ lives. However, how it works, the issues it addresses, and its potential impact have remained unclear. During the preliminary stages of this study I travelled to Rwanda and met with Dr. Simon Gasibirege to seek permission to investigate his model and obtain his wisdom on the best organizations that have expanded the HLW program. In addition to his approval of my study, he asked me to help define the HLW conceptual framework to facilitate its future systematic monitoring and evaluation. This model has been implemented with different groups from various backgrounds since 1995 and yet, it did not have a conceptual framework from which it could be assessed.

To better gain an overall understanding of the HLW program, I was guided by Mason’s (2002) three arguments or ‘puzzles’ about how to study a social phenomenon; that is developmental, mechanical, and causal or predictive ‘puzzles’ (p. 18). Mason explains that unlike following a set of predetermined steps, a “developmental puzzle” is understood as a set of arguments that help to explain a social phenomenon through the meaningful and detailed process of its development. The meaningfulness and detailed process of this puzzle entailed the different aspects of the HLW, including the content of the different materials the model utilized, the changes that have been made in the program and the reasons behind them, the targeted members of the Rwandan communities who attend, and the conditions of attending, or of becoming a facilitator.
Mason (2002) defines the second argument, the “mechanical puzzle,” as the process of implementation or arguments that help to explore how a social phenomenon operates and is constituted. In the context of the HLW program, this argument referred to the different HLW modules, the structure of sessions, the participants, and the setting in which it was implemented. The implementation process was particularly important to this study because it allowed me to think ahead of time about the research participants I needed to target to gain the maximum information, and decide on the different types of data that I had to gather in order to best understand the HLW functioning both in theory and in practice.

According to Mason (2002), the third argument is the “causal or predictive puzzle,” which refers to the why and how questions implied in the description about how the studied social phenomenon occurs or operates. In reference to my study, I planned to respond to Dr. Gasibirege’s request to establish a conceptual framework. In keeping with the HLW program aims of healing emotional wounds of individuals and rebuilding communities, the predictive puzzle helped me to pay attention to the potential impact of the program and how it was achieved and presented or performed.

To obtain a better understanding of the HLW program, the following research questions were asked:

1. What are the major issues that the participants hope to have resolved when applying to the HLW program? And which does the HLW help address?

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?

4.3.2 Methodological Approach: Critical Ethnography

My study was informed by features of critical social research and contemporary ethnography. Critical social research examines a historical totality rather than a fragmented collection of mechanical functions alone. It draws attention to the relations of power that shape social reality and it is expected to produce knowledge for action by those seeking transformation and change of individuals, collectives, and social structures (Humphries, 2008; Smith, 1999).
A critical ethnographic approach seeks to make sense of social interactions of the everyday context in which meaning is always subject to interpretation, and analyzes the interface between society and its individual and collective members. Rather than speaking from a universalistic grand positivist vision, critical ethnography takes a more modest position of speaking about a historically and culturally situated phenomenon (Foley & Valenzuela, 2008).

Critical ethnographic study is a situated activity that locates the researcher in the world and which “consists of a set of interpretive, material practices that make the world visible” (Denzin & Lincoln, 2008, p. 4). As a form of qualitative inquiry, critical ethnographic study is interested in what human beings are doing or saying (Schwandt, 2000) and the meaning-making of information from a particular context, as well as how the production of such information fits or does not fit in existing narratives. Critical ethnographic study engages conversations that connect the research activity to the hopes, needs, and promises of free democratic societies and involves the often neglected narratives of those who are marginalized not only by their social location, but also at times, by the organization of their communicative structures (Carspecken, 1996; Denzin & Lincoln, 2008; Kincheloe & McLaren, 2000). An example is how psychosocial interventions that are initiated in countries of the global South are often referred to as “traditional practices and rituals” compared to conventional approaches to mental health, which often obtain legitimacy at the expense of those that are conceived outside mainstream mental health.

Critical ethnography values the use of multi-methods approaches and focuses on a particular phenomenon of interest. In this case, the HLW program and the context in which it was implemented constituted the phenomenon of this study. Critical ethnographers do not limit the research activity to description. Rather, they are critical of the social structures and power relations (Thomas, 1993). In this study, a multi-method approach was adopted to critically assess the HLW program from its foundations to its process of implementation, to the facilitators and to the community participants, as well as to the organizations that facilitate its implementation.
4.3.3 Selection of Participants

The selection of participants was purposeful. I sought to understand the HLW from the perspectives of different stakeholders involved with the HLW model from two different organizations and with varying orientations and zones of program implementation.

4.3.3.1 Study Sites

Participants in this study were purposely recruited from the two selected sites formed by one local association and an international organization, both of which have adopted the HLW as the model of practice in healing psychosocial suffering. In this study, I will call the local association “Organization A” and the international organization “Organization B”.

As previously stated, I travelled to Rwanda to conduct a preliminary assessment of the study. I met Dr. Gasibirege to ask for permission to study the HLW, the model he created, and to inquire about potential organizations that could allow me to gain a better understanding of the HLW through different stakeholders. Among the various organizations that had benefited from his program, he recommended two as the best settings in which the HLW had been utilized as a model of practice and expanded to the broader community. I approached the two organizations to request their participation in this study by allowing me to work with the HLW stakeholders of interest associated with each. Permission was granted first verbally and later in written form.

The selection of the two organizations was purposeful because I considered the different orientations, structures and historical evolution of the HLW in each organization in order to maximize variation in the information that was needed to gain an in-depth understanding of the developmental, operational, and potential impact of the HLW program. Purposive sampling “consists of detecting cases within extreme situations as for certain characteristics, or cases within a wide range of situations in order to maximize variation, that is, to have all possible situations” (Gobo, 2004, p. 418). Maximum variation sampling is different from other forms of purposive sampling strategies in that this strategy aims at capturing and describing the central themes or principal outcomes that cut across a great deal of participant or program variation (Patton, 1987).

Different organizations concerned with the well-being of their staff or members (in the case of religious organizations) have utilized the HLW program to help their members address
psychosocial issues that hindered their work. Although some of these organizations have had their psychosocial staff participate and learn about the HLW, very few have recognized it as their model of practice. The two organizations that best suited the purpose of this study, suggested by Dr. Gasibirege, both shared the model of practice, the HLW. However, they each possessed unique features, which offered a maximum variation of the information they offered. They had different histories, structures, orientations, funding, and operational strategies. The first and main organization where most of the research activities were carried out is new and utilizes the most recent version of the HLW model. I call this first site “Organization A.”

Organization A is a local association founded by Dr. Gasibirege in 2006 in a district of the Southern Province of Rwanda. It presented unique features that were needed to gain a more contextualized understanding of the HLW. The aim of implementing the HLW in this area was to facilitate workshops for people who lived in the same communities so that they could participate in mutual healing amongst themselves and in their respective communities (Gasibirege, 2009). The history and social dynamics of this area were of particular interest to this study for a number of reasons.

First, prior to the 1994 genocide, there was a prevalence of mixed marriages and close relationships between the Hutu and the Tutsi in this area. During the genocide, the killings and looting involved not only neighbors, but in some cases, also relatives. Beside the loss of loved ones and properties, people lost close relationships. At the time of *gacaca* hearings, Hutu widows were often called to testify against their own brothers and other relatives for killing their husbands and children. On the other hand, Tutsi women, some of whom were still married to Hutus, tried to defend the suspects (Algard, 2005; personal observation, 2007) or helped conceal evidence. In some cases, survivors accused the very people who hid them, but who killed their relatives or stole from them. Relational issues have been further complicated by continued inter-ethnic marriages. This history places individuals in vulnerable positions, and exacerbates various forms of hatred and social exclusion, and in some cases, violent retribution.

Secondly, Dr. Gasibirege built a center in this area to facilitate healing processes, due to the complexity of social relations such as those mentioned above. The center serves as the office of Organization A, and its daily activities include sensitization sessions on main social issues in the surrounding communities, informal meetings, and continued support for the local people.
who have completed the HLW workshops. It also provides a place in which people receive help when they are experiencing traumatic crises during the annual commemoration of the genocide and the *gacaca* hearings. Thirdly, I am familiar with the area and possess a degree of understanding of its psychosocial dynamics.

For these reasons, Organization A was selected as the first and main study site—its implementation of the new model, the complexity of the issues of its area of implementation, and the grassroots perspective this organization has taken. Most importantly, Organization A was launched following a local request to facilitate healing workshops in the area. Two local district authorities from the area approached Dr. Gasibirege and asked him if he could help train volunteers to support people who were experiencing traumatic crises during the *gacaca* hearings. In response to their request, Dr. Gasibirege wrote a proposal that resulted in a three year project funded by a private foundation. After the training of volunteers, a second group was formed following a communiqué that was sent through the local church for people who felt the need to heal their emotional wounds. Individuals who signed up on a voluntary basis received the HLW intervention free of charge. From that time, more groups have been formed using a snowball approach by which those who complete the program facilitate further referrals or invite other community members in need to apply.

The second organization is an international NGO that I call “Organization B.” Since 1996, this organization has invested both in the staff training of its psychosocial department on the use of the HLW model, and in its implementation. Many staff members in Organization B completed the HLW modules. However, only the staff members who utilized the model as facilitators were purposely targeted for recruitment because of the practice knowledge they had accumulated over the last decade implementing the model with various groups (e.g., orphans and widows, prisoners) in five different regions of the country.

The model was first introduced in Organization B in 1996 for the healing of the staff members. Thereafter, the staff from its psychosocial department received additional training and permission from the HLW designer to use this model in their practice. During the early stages of HLW implementation, the facilitators conducted awareness sessions both within Organization B and in various communities to attract interested potential participants. Over the
last decade, the program has increasingly included individuals and groups who have requested
the intervention.

Organization B was selected as the second site in this study because it has a long history with
the HLW model and it has invested heavily in the training of the facilitators who utilize the
model in different parts of the country which presented potential rich of data based on their
practice knowledge. Organizational B was also my former employer, where the foolish
adventure started, as I was among the first group that received HLW workshops, and later after
I completed the train-the-trainer modules became the first facilitator to conduct workshops
using the model. In addition, the implementation of a locally-initiated model within an
international organization provides an interesting perspective of the working relationships
between the local and the translocal. Together, these two sites can provide varied information
that will allow a better understanding of the HLW program.

4.3.3.2 Sampling Strategy

The stakeholders in each of the two organizations were purposely recruited in order to obtain
diverse and rich information about the HLW model. My choices about recruitment were
influenced by the approaches the two organizations adopted to introduce the HLW and the
context of its implementation. In Organization A, I purposely chose to recruit the community
participants on the wait list. Organization A puts a lot of emphasis on the capacity of the local
people to address their psychosocial suffering. Local people who feel the need and are
interested in the HLW apply to attend. Upon the completion of the program, they are
encouraged by Organization A to become role models for others in the community and
advocates of the HLW program. The wait list to the basic healing workshops was formed by
people who had been drawn to the program from various channels, including being invited by
another community member, or hearing about what the program does. The potential community
participants targeted for recruitment shared the same social context as described above.

In Organization B, I recruited the facilitators who had used the HLW model to conduct healing
workshops with various groups in different regions of the country. Their practice knowledge
was crucial to the understanding of the HLW implementation. They had also been exposed to
other models of interventions, which provided them with the ability to speak about the
uniqueness of the HLW model. The HLW facilitators were drawn to the investigated model
through their initial interests in it as participants. Most of the facilitators completed the HLW workshops, first, as participants, and then, were trained to become facilitators.

The desire to be part of the HLW program was crucial to this selection. In addition, the stakeholders targeted for recruitment played different roles in their respective organizations, which provided a range of variation in their understanding of the HLW program. The HLW facilitators had historical information and practice knowledge gained from years of experience with the model. The community participants lived in close proximity due to the more contained catchment area of Organization A and had the desire to heal themselves and their communities. In addition, having the founder, Dr. Gasibirege, as the main facilitator of the healing process at Organization A offered a unique opportunity to gain a better understanding of the HLW program.

4.3.4 Recruitment Process

4.3.4.1 Recruitment at Organization A

The community participants were recruited from the wait list at Organization A. This organization had two types of wait lists. The first one was for people who wished to receive sensitization sessions on various psychosocial issues using the HLW model. Some people applied as individuals and others applied to attend as couples. The second wait list comprised people who had completed the sensitization session and expressed the need to continue with the HLW healing workshops, which are the focus of this study. The recruitment process involved people who completed the sensitization session and were waiting for the HLW workshops. Organization A was flexible in allowing couples who wished to continue the healing process if one spouse had completed the sensitization session.

Recruitment of the community participants involved active participation of the staff members at Organization A, including the community facilitator who ran the sensitization sessions and the community psychosocial outreach worker. They collaborated to suggest the names of potential participants from their wait list based on recruitment criteria I had provided. Recruitment criteria were to be: (a) a resident of the communities serving as the catchment area of Organization A; (b) at least 10 years of age at the time of the genocide; (c) familiar with the kind of workshops that were facilitated using the HLW model (preferably to have completed
the sensitization session or be a spouse of someone who did); and (d) willing to participate in
the study activities including attending the HLW workshops as part of the investigation.

To minimize the potential biases in this pre-selection process, I asked to meet with the potential
participants and speak to them individually to explain the purpose of my study, the
requirements of participating and their rights, and ensure that they understood the difference
between the intervention and the research project. I also made sure that the potential
participants understood that they had the right to decline participation. I used the information
letter, the Kinyarwanda version (Appendix A), to ensure that the potential participants
understood what was being requested of them and their rights in providing or declining consent.
The English version is available in Appendix B. I travelled with the psychosocial outreach
worker who provided directions and introduced me to the potential participants. To minimize
her influence on the potential participants, I informed her that I had to meet each potential
participant alone in order to speak to issues related to my study, and that I needed to hear each
potential participant consenting or declining participation. When the context of the meeting
place did not allow privacy, I let her complete the general introductions before I proceeded
introducing myself in a Rwandan style exchanging general news. Then, I introduced myself
again as a researcher. I explained the purpose of my visit and the research project. I used daily
life examples to make sure potential participants understood the difference between the research
activity and the intervention, as well as the requirements and rights of participation.

When participants showed interest in the study and the HLW intervention, I asked them for
their verbal and written consent before I asked them demographic questions and the permission
to record our conversations. When participants declined participation in the study, I explained
that their decision would not affect their participation in the HLW intervention scheduled at
Organization A. I thanked them for their welcome to their homes and moved on to the next
activity of the day. When participants met with me at the local office, the same procedure
applied, except that I was the one to accompany them to the door as I needed space to prepare
for the next meeting.

At the end of each day, I debriefed with the psychosocial worker to gain more detail about the
local context and the community members approached for recruitment and interviews. This
information was crucial for a better understanding of life in the rural area and the nature of the
work Organization A did in that particular community. All six individuals who were approached for recruitment consented to participate. Among five couples who were approached, only two couples offered their consent to participate in the study. Consent to participate required each community participant to attend the HLW as part of this investigation and to contribute to the in-depth interviews, one before the HLW workshops and the other after completing the program.

Recruitment and in-depth interviews were organized together due to the distance between potential participants’ homes, the weather conditions of a rainy season, and the limited time of the potential participants who, as farmers, were busy with bean crop harvest and seed planting activities. Arrangements were made to meet in peoples’ homes, at the local government office, or at the office of Organization A for those who lived close by. After recruitment and the first interviews, the psychosocial outreach staff consulted and set up a schedule with the community participants about the dates of the HWL workshops.

It is important to note that an additional thirteen people who were not recruited directly by me were allowed to attend the HLW intervention. I was informed that due to the overwhelming number of requests about the healing workshops, forming a group of only 10 participants was not beneficial for Organization A in terms of time and logistical efforts put into the preparation. At the same time, when those who had been on the waiting list heard about the upcoming healing workshops, they made requests to be included in this series of HLW workshops which were planned as part of this study. Presented with this reality, I requested space at the beginning of the HLW intervention during which I explained the purpose of my presence in the group and of my study, informed them about the research requirements of being part of the intervention which was investigated and their rights to participate or withdraw and wait for another series of HLW workshops. I offered time to ask clarifying questions before I requested their verbal consent. They provided verbal consent to participate individually first and then as a group. Only the on-site data obtained using participant observation and audio-tapes taken during some small group activities were collected with this additional group of participants.

4.3.4.2 Recruitment at Organization B

On January 05, 2010, I met with the technical specialist at her office and explained in detail the purpose of my study utilizing the information letter for the HLW facilitators in the
Kinyarwanda version (Appendix C). The English version is available in Appendix D. I also provided her with the details about the research activities and the criteria of recruiting participants from Organization B. She asked questions about how her organization and the program would gain from the study and, based on further detailed explanations, she drafted a letter based on our conversation which she emailed to the potential participants and their regional managers, requesting of the latter that those meeting the criteria and willing to participate in the study be given permission to attend the data gathering sessions. I waited for the communication to happen between this specialist and the HLW facilitators and their direct managers before scheduling the three one-day sessions allocated to this part of my study using concept mapping techniques (Kane & Trochim, 2007). The concept mapping comprises three main activities: brainstorming, structuring, and analysis and interpretation. It was preferable to accomplish these activities in separate sessions to facilitate the preparation of the following session. Further details on concept mapping are provided in section 5.1.4.

During the process, the technical specialist advised me to be flexible and ready to start data gathering when the potential participants agree to participate in the study because of time restrictions and disruptions that were caused by organizational restructuring. Through internal communication and arrangements, she invited me to come and present my research project and request participation at the team’s monthly meeting. Three main criteria were applied for recruiting participants in this group: (a) be a full-time staff member of the program using the HLW model at Organization B; (b) have completed the HLW workshops and to have participated in the facilitation of the HLW workshops; (c) be willing to participate in the study.

I presented my research project, explained its purpose, requirements, and rights to withdraw from the study at any time, and requested their participation. I then stepped outside the room to allow them time to re-read information letters and make individual decisions about participation and consent. It was suggested that those who were not willing to participate leave, while those who agreed to participate stayed for the first session of data collection. All nine participants who were at the meeting met the criteria and agreed to participate in the study. They invited me back in the room to facilitate the first session on brainstorming. Due to organizational restructuring, only seven participants were able to attend the second session on structuring; and seven participants attended the third session on analysis and interpretation, with two of those participants being different from the ones at the second session.
As a researcher on a topic that was very personal, and as a Rwandan woman living and studying abroad, conducting my field work in Rwanda required a critical self-reflexivity process, which is also an important part of the data of this study.

4.3.5 Reflexivity on the Researcher’s Positions

Reflexivity involves the skills to engage in a protracted series of transactions and explorations with self, informants, and the socio-cultural realities of the field research (Bochner & Ellis, 2002). The researcher’s positioning entails the relationship between the different dimensions of research, text, and self, alongside issues of authorship, authenticity, and responsibility (Adkins, 2002; Coffey, 2002; Denzin, 2003). In this study, reflexivity was both personal and methodological in that it involved a critical examination of who I was in relation to the HLW program, to the sites of its implementation and the stakeholders involved with it. I was both an ‘insider’ and an ‘outsider’ to the study. Kauha (2000) argues that this dual perspective is especially useful when

The native researcher chooses not only a project in which she is deeply situated, whether by geography, tradition, or simply ‘inside experience,’ but also one in which she is invested in those factors [subjective and objective] as they inform the act of research (p.441).

As an insider, I was cognizant that I was drawn to the HLW program because of my four year previous involvement with it, first as a participant and then as a facilitator conducting healing workshops based on its model. Although I left the program and the country 10 years prior to this research project, I continued to be intrigued by this program. Thus, before I investigated the HLW program formally I already possessed a certain degree of understanding of its implementation. At the same time, I was aware that things do not remain the same and are not perceived in the same way by different people. This reality informed my decision to study the HLW from the perspectives of the people who have used it as facilitators and participants in the period of time after my departure from Rwanda.

I was aware that I shared some cultural and historical background with some of the facilitators and participants who used the HLW program. Like many Rwandans, I was born and raised in rural Rwanda. I am fluent in the Kinyarwanda language which is the commonly spoken language in the country. I recognized that I am a survivor of the 1994 Tutsi genocide. While
this experience may have provided me with some insights into the major struggles other survivors might face, I remained cognizant that my story was different from that of many others who survived the Tutsi genocide, and far different from other Rwandans who do not view themselves as Tutsi or genocide survivors. There are group and individual differences both within and among groups of Rwandans. For instance, in this study, I shared some understanding with some participants about what it meant to be the target for killings and lose family members and friends through violence, in this case, the genocide. However, I did not pretend that my experience was similar to theirs in the face of a similar event. Thus, my assumption was that their perceptions and their lived realities in post-genocide were different than mine and they had something to teach me. Similarly, I could not understand what it meant to be a member of the group that was implicated in the killings or the experiences they faced during and after the genocide. Many of them had to flee the country and live in refugee camps for at least two years before they returned home. While many were never charged of genocide crimes, they remained suspects or considered as being accomplices, and in some cases had to pay back destroyed or stolen properties through monetary and labor compensation.

I was also aware of the influence of my previous knowledge about the HLW program and that some of the people involved in it played an important role in this investigation. I was one of the first persons to participate in the HLW program in 1996 in Rwanda when Dr. Gasibirege launched this model outside his university setting. After I completed all three of the initial modules of the HLW intervention, I was trained to facilitate the same healing workshops using the model. This training was done through additional train-the-trainer modules, direct supervision from, and co-facilitation of the same modules with Dr. Gasibirege. My encounter with and training about the HLW model was facilitated by Organization B, for which I worked between 1996 and 2000. Organization B has continued to use the model and retained some of the staff members who were my direct co-workers and facilitators of the HLW. This insider knowledge informed my sampling strategies and enhanced collegiality during data collection. While this prior knowledge constituted a research asset, I was cautious about the potential impact it might have on the information gathered.

Reflecting on these similar and yet different personal trajectories required me to not take myself, the program of study, or the participants’ telling or lack of it for granted. We were in it together as we (the participants and I) dynamically interacted in the attempt to make sense of
the HLW program and of ourselves throughout the process of investigation. As quoted in May (2002), Latour (1991) notes that this kind of reflexivity that concerns both the knower and the known is about displaying the knower and the known and the work needed to interrupt or create connections between them. May (2002) argues that reflexivity cannot only be limited to text or other ways in which a select group of persons are seen to contribute to the constitution of the social reality. Rather, it should concern itself with the relationship between the knower and the known via a particular way of figuring out the identity, which in turn, offers the researcher a speaking position. May’s point leads me to discussing my reflexivity about being a social work PhD candidate conducting a transnational research project. I use the term “transnational” to mean my own position and the nature of historical evolution of the HLW explained elsewhere in this dissertation.

I started my program of study in a Canadian university as an immigrant woman who was also a survivor of a genocide that took place in a Sub Saharan African country, Rwanda. These different positions were integral parts of every step I made to obtain my PhD candidate identity within a social work program. As a result, my self-reflexivity developed as I sought to balance these competing positions or standpoints in order to find a voice, words, and a representation form that offered voice not only to the HLW program and the people involved in it, but also to me as the researcher investigating a subject that was very personal and complex. This kind of reflexivity was far beyond the reflexivity that concerns the usual relationship between the knower and the known. It required a critical reflexivity of the various interactions and relationships I had to develop both within my academic program and with the HLW stakeholders in Rwanda.

Humphries (2008) argues that there are other dimensions of reflexivity that are about other people implicitly involved in the study beyond the researcher and the research participants. More precisely, Bourdieu (2003) calls attention to the awareness about the institutional cognitive processes of one’s work. Thus, reflexivity in this study required me to carefully consider my dual membership to the countries of Canada and Rwanda, my academic institutional background and practices, and my own cognitive processes as someone who has worked in the mental health field in both countries. These dual positionalities placed me in the borderland, conducting a transnational research project that involved me in unique interactional, dialectical, and dialogical processes that required critical decisions on certain practical research
issues as simple as determining where to live during my field work. For instance, I rented a room not far from the community in which most of the data was collected, so that I could spend extended time with the participants and in their local communities to gain a sense of the local ways of life. Meanwhile, I located myself in the city so that I could remove myself from the daily life of the participants in order to reflect on the experience at hand and also be able to access the broader community including family and friends, local and international scholars present in the country, as well as the technology which kept me connected with my family, committee members, and colleagues in Canada through phone calls, teleconferences, and emails.

Critical reflexivity required the merging and bridging of my two worlds and multiple positionalities. This bridging was very challenging and overwhelming at times. However, I learned a great deal of what it means to become a transnational researcher on a topic that is very personal, challenging, and yet very rewarding.

4.4 Brief Summary of the Chapter

The theoretical underpinnings discussed in this study included Habermas’s critical theory, indigenous methodologies, and narrative inquiry. Although each contributes uniquely, they all share critical empirical and analytical principles of emancipation of knowledge that consider power relations, intersubjective communication, self-reflection, and linguistic interpretation. Habermas’s critical theory provided the overarching critical theory, indigenous methodologies offered alternative ways of knowing and the local perspectives, and narrative inquiry demonstrated the power of narrative to transform improbability into probability through language and its interpretive ability to link the meaning of human conduct to social expressions provided by its local context. All three emphasize research that leads to social transformation and gives voice to the marginalized.

Critical hermeneutics offered a transition from the theoretical perspectives to the methodological orientations of this study which allowed me to have a structure from which to analyze, interpret, and write up the findings. The methodological orientations provided an understanding of the nature of the study, its objectives, and the selection of participants and methods that I needed to gain a better understanding of the HLW.
A critical ethnographic approach was adopted to collect different data. Two groups of participants, one group of community participants from Organization A and another one formed by HLW facilitators from Organization B, were recruited to contribute to this investigation. The following chapters will focus on describing the methods and procedures I adopted to collect and analyze data and interpret the findings.
Chapter 5

METHODS OF DATA GATHERING, MANAGEMENT AND ANALYSIS

5 Introduction

In this critical ethnographic study, I applied a multi-method approach to collect the data. I conducted some preliminary analysis before and during data collection, and utilized different techniques to manage the data. A narrative interviewing approach was used to gather the different datasets. Narrative interviewing is a dramatic and interpretive activity that involves the art of telling and listening (Mason, 2002; Riessman, 2008) and “is contingent on the specific local interactional contexts” (Rapley, 2004, p.16). Collected data were analyzed through three stages: first separately, then in categories of closely linked data, and then with the data triangulated. The first part of this chapter describes the data collection methods together with data management and some preliminary analysis. In the second part, I explain the analytical conceptual tools that guided data analysis and the process of analysis and interpretation. I end this chapter with a section on ethical issues that have been considered during this investigation.

5.1 Data Gathering and Preliminary Analysis

The data gathering methods involved in this investigation include document review, in-depth interviews, participant observation, concept mapping, and reflexive note taking. I also used a demographic questionnaire.

5.1.1 Document

Upon my introduction to the Healing of Life Wounds (HLW) model in 1996, I started taking notes and collecting written documents about the program. I attended HLW workshops as a participant and served as a facilitator of healing workshops using the model. I kept copies of the handouts, the facilitator and founder, Dr. Simon Gasibirege, utilized to train and supervise my team. I also kept both my personal notes and those taken during feedback from participants during facilitation of the HLW workshops. I continued to have interest in this model after I
moved to Canada in 2000 and was able to access some of the internal reports and general news about its implementation in various Rwandan communities. When I started my doctoral studies in 2006 and identified the HLW model as the focus of my study, the gathering of related documents became more intentional. I made further requests for internal reports and evaluations, undergraduate and graduate theses written on the HLW, and any other documents available on the model. The more recent documents were collected during my formal field work.

The gathered documents include:
(1) HLW materials produced at two different times of the program. The first was between July and August 1996, the second between 2009 and 2010;
(2) three annual reports from Organization B for years 2005, 2007 and 2009;
(3) a master thesis in theology (1998) and another in philosophy (2004) by the former coordinator of the psychosocial program who invited Dr. Gasibirege to introduce his model at Organization B;
(4) a video that was produced on an international conference organized by Organization A on community mental health in Rwanda in 2008;
(5) two evaluation reports produced in September 2009. One produced by Organization A, compared the HLW model with a similar community-based program that focuses on development within a different local organization. A second, produced by Organization B, focused on the HLW alone;
(6) notes I had taken as a participant and a facilitator of the HLW workshops.

Some preliminary analysis and interpretation of the HLW documents was conducted before and during my field work. I had read the HLW materials to get the information needed to describe the subject of this study in fulfillment of other doctoral requirements (e.g., thesis proposal and comprehensive paper). During my field work in early April 2010, I was also asked to present at an international symposium on addressing trauma related issues. In preparation, I organized the various documents in the six categories described above and reviewed the content of the HLW materials. I build on these preliminary steps in the data analysis section. These documents were maintained in their original languages of Kinyarwanda, French and English.
5.1.2 In-depth Interviews

In-depth interviews were conducted as part of an ethnographic approach that focused on the implementation of the HLW. Community participants had to be found, the time to meet and the setting pre-determined through conversations with the different stakeholders involved in the study. In other words, the subjectivities of the psychosocial outreach worker, interviewees, and the researcher all contributed to the produced data. When I was introduced to potential participants they all said that “Sue” (pseudonym of the psychosocial outreach worker) “has told us about your coming.” When I asked Sali (pseudonym) if she had any questions for me before the end of the interview, she stated: “Oh, a question? I do not have any for now, but you are still with us, so if I do I will ask you.” In this way, the interviews were an integral component of the other ethnographic methods that will be discussed in the following section. These methods involved participant observation during which I took on-site notes and some audio-recording of small group discussions and reflexive off-site notes. Audio-recorded interviews were dialogically performed and stimulated by the contexts in which the conversations took place. All audio-recorded interviews were conducted in the Kinyarwanda language and lasted between twenty and ninety minutes. The recorded interviews were preceded by the outreach worker giving unrecorded introductions, and me explaining the purpose of the visit, and obtaining consent for participation and permission to use a recorder.

I conducted two in-depth “formal” interviews with a group of ten community participants. These took place before and after the HLW intervention. The purpose of the first interviews was to gain an understanding of the meanings participants attributed to their experiences of living in post-genocide, the major issues they faced and how they coped with them. The first interviews were conducted in different locations identified as most convenient to the participants. Six interviews were conducted in participants’ homes, two in a local government office, and two others at the office of Organization A. The participants interviewed at home included a couple who chose to be interviewed together. At the start of the first interview, I asked participants to answer questions listed on the demographic sheet (see Appendix E for the Kinyarwanda version and Appendix F for the English version). They were then asked to talk about their experiences of living in post-genocide Rwanda.

The second interviews targeted the same group of participants and were all conducted at Organization A. The purpose of the second round of interviews was to gain an understanding of
the HLW program from the perceptions of participants telling their personal stories. The office of Organization A was selected as the most convenient place for the second interviews as participants were meeting there in preparation for the 16th commemoration of the genocide in the area.

5.1.2.1 First In-Depth Interviews

The first interviews were guided by two main questions and some follow-up probing questions. They are recorded below:

1. Tell me about your experience living in post-genocide Rwanda.
   Probes:
   - How did this event change your life and the life of your family?
   - Can you expand on the issues you find most painful?
   - How do these issues impact your physical, emotional, psychological and spiritual well-being?
   - Tell me more about how each of these areas of your life is affected.

2. Can you describe to me how you deal with these painful experiences?
   Probes:
   - What are the coping mechanisms you have adopted as a person, and within your family and community?
   - Do you find the adopted coping mechanisms to be satisfying for you and other family members?
   - How do other people in your community view your ways of dealing with painful experiences? What words do they use to describe it?
   - Who are the people you find to have been very supportive in your painful experience?
   - What do they do that makes their support special?

5.1.2.2 Second In-Depth Interview Guide

The second in-depth interviews were conducted with the same group of participants who participated in the first interview process. One major main question and a number of probes listed below were asked.
1. Can you tell me about your experience sharing your personal story and hearing the stories of other group members during the HLW?

Probes:

- What did the stories of others mean to you?
- What did you learn about your own story?
- What are the things that surprised you as you told your story and as you listened to those of others?
- What are the things that made you feel uncomfortable? Can you expand?
- What are the things that changed in your life since you started sharing your story with others?
- Do you think this experience of yours in story sharing impacted somebody else in your life? How? Explain.
- In your own words, and after sharing your story with others, what kind of story would you tell someone interested in your story now?
- Who would you want to hear that story?

An audio-recorder was utilized to capture the dialogue between the researcher and the participants. I included additional notes in my reflexive off-site notebook that recorded the following: a retrospective of the setting in which the interview happened, non-verbal expressions, and other verbal messages that happened either before obtaining the permission to use the recorder or after the recorder was turned off. All audio-recorded interviews were downloaded into the computer and then formatted and entered into the Stories Matter software to facilitate transcription and further re-listening.

5.1.3 Participant Observation

Participant observation refers to “methods of generating data which entail the researcher immersing herself or himself in a research ‘setting,’ so that they can experience and observe at first hand a range of dimensions in and of that setting” (Mason, 2002, p. 84). Participant observation was one method among others used to gather data in this study. It progressively

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12 The Stories Matter software was created at Concordia University and has been used to analyze oral history data of the Life Stories Project.
became an important part of the overall ethnographic approach I adopted to gain a better understanding of life in post-genocide Rwanda. It was applied through social encounters, and during social and political events that took place over the course of my fieldwork. The first purpose of participant observation was to gain an understanding of the HLW program as performed by the different actors involved in the HLW intervention. These included the main facilitator of its workshops, Dr. Gasibirege, the participants and their young children who came along, the program assistant who facilitated one small group and oversaw the logistical issues of the program implementation, and myself. The second purpose of participant observation was to gain a better understanding of the program in keeping with the psychosocial issues it helped to address. The third purpose of participant observation was to identify the participants’ behaviors and attitudes in their interactions with the facilitator and his assistant, the HLW materials, the researcher, and toward one another.

Participant observation took place during the plenary sessions, small group activities, and break times. The times between sessions such as mealtimes and evening hours provided great opportunities to make additional observations. These “unstructured times” (Patton, 1990, p.224) allowed me to observe how participants both interpreted and responded to the HLW process outside its formal sessions.

I used my field notebook to capture as much as I could of on-site happenings, including dialogues and the displayed attitudes and actions in response to the plenary, the texts and the small group activities I attended. Three audio-recorders were utilized to record the conversations of the other small groups I could not attend and I paid particular attention to the oral reports from these small groups. All audio-recorded data was in the Kinyarwanda language. The on-site and off-site notes combined Kinyarwanda and English.

5.1.4 Concept Mapping
Concept mapping techniques were utilized to collect data with the HLW facilitators who had been recruited to participate in this particular activity with Organization B. Concept mapping is an approach rooted in applied social research. It is participatory and helps obtain and organize ideas from collective thinking about a defined phenomenon in a specified context (Kane & Trochim, 2007). Concept mapping is a multistep process that helps articulate and delineate concepts and the interrelationships of ideas through group process. It represents group thinking
pictorially or graphically (Kane & Trochim, 2007; Rosas, 2005). Structural conceptualization refers to the systemic effort to develop models or theories and is facilitated by the use of concept systems software. The concept system software (Kane & Trochim, 2007) is a computer program that facilitates management and analysis of the concept mapping data.

Concept mapping was a well-suited approach to gain an understanding of the HLW from the perceptions of the practitioners who have utilized the model to facilitate healing workshops. I also chose concept mapping techniques because they offered a rapid and collaborative cognitive process by which the HLW facilitators were given space to voice their opinions and ideas, organize interrelationships among their ideas, and represent their thinking in a variety of visual results. These include concept maps and pattern matches (Kane & Trochim, 2007).

The concept mapping activities were conducted with participants from Organization B in three separate one-day, face-to-face sessions. The activities involved three phases:

(1) brainstorming, which consisted of statement generation;
(2) structuring, which included sorting and rating of statements;
(3) analysis and preliminary interpretation of the produced maps and patterns.

I prepared materials and procedures for the activities of each session. These are explained in the description of the tasks conducted during each stage of concept mapping. At the beginning of each session, I provided the context, rationale and procedure of the task(s) at hand. In order to minimize travel expenses, all three sessions coincided with the monthly staff meetings of the HLW facilitators.

5.1.4.1 Brainstorming
The brainstorming session took place near the central office in the capital city of Rwanda, Kigali. I began by introducing my research project and obtaining participants’ consent to participate in the study. I explained the procedure of statement generation and asked participants to fill out the demographic questionnaires. The purpose of this session was to obtain an overall understanding of the HLW through the perceptions of the HLW facilitators. The perceptions were secured from responses to the following focus statement: “one positive or negative thing I found in HLW workshops is...” Kane and Trochim (2007) state that the role of
the focus statement is “to elicit the pool of participant ideas to be analyzed for the study” (p. 33). The focus statement was purposely broad in order to tap the wide range of participants’ understanding of the HLW program. The participants were instructed to generate a list of at least five statements containing one idea each before sharing them with others in the group. The majority of statements were provided in the Kinyarwanda language. However, participants were allowed to express their ideas either in English or French. Efforts were made to ensure that ideas expressed in the two other languages were understood by each participant. On a rotational basis, each participant offered one statement at a time and gave clarification when needed. I recorded each generated item on a flipchart using large characters so everyone could see them. After all ideas were exhausted, I re-read the statements and asked the participants to comment on whether statements were clear and contained only one idea. The first session lasted two and half hours. A total of 82 final statements generated were entered into the computer, utilizing the concept systems software. Their translated version is presented in Table 1. The statements in the Kinyarwanda are provided in Appendix G.

<table>
<thead>
<tr>
<th></th>
<th>List of Statements Generated by HLW Facilitators</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>It helps to learn how to enter inner-self, one's heart and confront issues found in there</td>
</tr>
<tr>
<td>2</td>
<td>It helps to understand self and the world</td>
</tr>
<tr>
<td>3</td>
<td>It helps to assess the state of relationships with others</td>
</tr>
<tr>
<td>4</td>
<td>It helps to make life decisions</td>
</tr>
<tr>
<td>5</td>
<td>It helps to take risky life decision without fear</td>
</tr>
<tr>
<td>6</td>
<td>Do the bereavement process I haven't done</td>
</tr>
<tr>
<td>7</td>
<td>Rwandans have many wounds</td>
</tr>
<tr>
<td>8</td>
<td>It helps one to accept what happened to him/her</td>
</tr>
<tr>
<td>9</td>
<td>It helps forgiveness of self and others by dealing with the guilt that can otherwise lead to suicide</td>
</tr>
<tr>
<td>10</td>
<td>It liberates people from shame so that they can talk about what happened to them</td>
</tr>
<tr>
<td>11</td>
<td>People look the same in suffering</td>
</tr>
<tr>
<td>12</td>
<td>It helps to share life with others</td>
</tr>
<tr>
<td>13</td>
<td>It helps people to regain trust-hope</td>
</tr>
<tr>
<td>14</td>
<td>It creates good relationships among facilitators and participants</td>
</tr>
<tr>
<td>15</td>
<td>It facilitates expression and sharing of life stories which results in feeling relief</td>
</tr>
<tr>
<td>16</td>
<td>It renders some people fearful about confronting their issues</td>
</tr>
<tr>
<td>17</td>
<td>It makes some people fearful about the HLW process</td>
</tr>
<tr>
<td>18</td>
<td>It renders some people fearful about being who they are</td>
</tr>
<tr>
<td>19</td>
<td>It helps one to understand what's happening within</td>
</tr>
<tr>
<td>20</td>
<td>It helps one to understand his/her own behaviour</td>
</tr>
<tr>
<td>21</td>
<td>It helps one to grow through the life of small groups</td>
</tr>
<tr>
<td>22</td>
<td>It helps people to rebuild relationships they, themselves destroyed</td>
</tr>
<tr>
<td>23</td>
<td>When one openly shares his/her story, he/she can heal</td>
</tr>
<tr>
<td>24</td>
<td>Learn how to listen to one another</td>
</tr>
<tr>
<td>25</td>
<td>Learn about life</td>
</tr>
<tr>
<td>26</td>
<td>Love life</td>
</tr>
<tr>
<td>27</td>
<td>Morning reflections, [e.g., citations, texts] increase the energy of the group</td>
</tr>
<tr>
<td>28</td>
<td>Rebuild trust and turn down false perceptions and walls set up to separate you from others</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>29</td>
<td>The primary instrument in HLW is the facilitator</td>
</tr>
<tr>
<td>30</td>
<td>The facilitator is a key element to the healing or lack of healing of participants</td>
</tr>
<tr>
<td>31</td>
<td>Being overwhelmed and shaken by the pain of others</td>
</tr>
<tr>
<td>32</td>
<td>Give value to grief/bereavement</td>
</tr>
<tr>
<td>33</td>
<td>Raise awareness about participating in the activities of the mourning week period</td>
</tr>
<tr>
<td>34</td>
<td>Better understanding of the meaning of the mourning period in April</td>
</tr>
<tr>
<td>35</td>
<td>Better understanding of the meaning of mourning for different losses</td>
</tr>
<tr>
<td>36</td>
<td>Not having a safe space to help those in need</td>
</tr>
<tr>
<td>37</td>
<td>To be happy when you have input into someone's healing</td>
</tr>
<tr>
<td>38</td>
<td>See goodness in people</td>
</tr>
<tr>
<td>39</td>
<td>Give value to the suffering of each person</td>
</tr>
<tr>
<td>40</td>
<td>Find personal solutions to problems that divide people</td>
</tr>
<tr>
<td>41</td>
<td>It helps couples to improve their relationships</td>
</tr>
<tr>
<td>42</td>
<td>Learn how to manage emotions</td>
</tr>
<tr>
<td>43</td>
<td>Be consoled and understand that you are not the only one who has suffered</td>
</tr>
<tr>
<td>44</td>
<td>When you are not an agent of healing, healing rejects you</td>
</tr>
<tr>
<td>45</td>
<td>It is a calling and not just a job</td>
</tr>
<tr>
<td>46</td>
<td>Workshop testimonies are like miracles for non-participants</td>
</tr>
<tr>
<td>47</td>
<td>Energy to complete unfinished projects</td>
</tr>
<tr>
<td>48</td>
<td>It is being reborn</td>
</tr>
<tr>
<td>49</td>
<td>It offers permission to Rwandan men to cry</td>
</tr>
<tr>
<td>50</td>
<td>Keeping painful stories inside renders facilitators sick</td>
</tr>
<tr>
<td>51</td>
<td>The painful stories of participants render facilitators sick</td>
</tr>
<tr>
<td>52</td>
<td>HLW graduates form in-group association that set them apart, they are like saved Christians</td>
</tr>
<tr>
<td>53</td>
<td>Going through bereavement is a painful process that renders people fragile</td>
</tr>
<tr>
<td>54</td>
<td>Going through bereavement brings back forgotten memories</td>
</tr>
<tr>
<td>55</td>
<td>It helps to comprehend the root causes of your behaviours and how to integrate positive change</td>
</tr>
<tr>
<td>56</td>
<td>Families benefit from the positive change of those who attend the HLW</td>
</tr>
<tr>
<td>57</td>
<td>It helps those who go through the process to improve the well-being of their families</td>
</tr>
<tr>
<td>58</td>
<td>Changes the ways one perceives life problems</td>
</tr>
<tr>
<td>59</td>
<td>It has great benefits for the children of those who go through the process</td>
</tr>
<tr>
<td>60</td>
<td>Facilitators suffer from the inability of some participants to share their suffering</td>
</tr>
<tr>
<td>61</td>
<td>Neglecting the HLW results in further brokenness and false judgment of the process</td>
</tr>
<tr>
<td>62</td>
<td>Listening to what people share during the HLW process is painful</td>
</tr>
<tr>
<td>63</td>
<td>Some staff from Organization B say demeaning things about the HLW</td>
</tr>
<tr>
<td>64</td>
<td>Self and others' forgiveness based on better understanding of one's behaviour</td>
</tr>
<tr>
<td>65</td>
<td>Those who completed the HLW workshops recommend it for all Rwandans</td>
</tr>
<tr>
<td>66</td>
<td>Wish for inner healing for all people</td>
</tr>
<tr>
<td>67</td>
<td>It is an expensive process financially</td>
</tr>
<tr>
<td>68</td>
<td>It is time consuming</td>
</tr>
<tr>
<td>69</td>
<td>Renders people vulnerable</td>
</tr>
<tr>
<td>70</td>
<td>It renders people's hearts sensitive</td>
</tr>
<tr>
<td>71</td>
<td>It renders people sensitive and easily hurt, but facilitates quick recovery</td>
</tr>
<tr>
<td>72</td>
<td>Some people think facilitators can never be traumatized</td>
</tr>
<tr>
<td>73</td>
<td>HLW is like the mutual health insurance in Rwanda; it starts with confusion and ends in high demand</td>
</tr>
<tr>
<td>74</td>
<td>Wish that HLW reaches local leaders who often hurt those under their leadership</td>
</tr>
<tr>
<td>75</td>
<td>Helps people to comprehend the truth about the genocide and the mourning period</td>
</tr>
<tr>
<td>76</td>
<td>Helps people realize that what happened in the genocide and mourning period are social concerns for everyone</td>
</tr>
<tr>
<td>77</td>
<td>It moves people from death to life</td>
</tr>
<tr>
<td>78</td>
<td>It prepares people to give testimonies without fear</td>
</tr>
<tr>
<td>79</td>
<td>It liberates and gives voice to people</td>
</tr>
<tr>
<td>80</td>
<td>Fundraising for HLW is very hard because it does not present quantifiable indicators</td>
</tr>
<tr>
<td>81</td>
<td>It receives little value because it is not a material thing that tends to gain priority over emotional things</td>
</tr>
<tr>
<td>82</td>
<td>It is advertized when seeking funds but does not receive much support from Organization B</td>
</tr>
</tbody>
</table>
5.1.4.2 Structuring

Statement structuring was scheduled a month after the brainstorming session. The same participants were invited to structure the generated statements. Statement structuring involved two complementary activities: sorting and rating. These were designed to articulate the interrelationships between the concepts by having each participant sort and rate each of the 82 statements. This activity represented the analysis of the generated statements and was highly participatory. Seven participants took part in the structuring session. The sorting task “helps to identify a stakeholder’s view of the interrelations of the ideas” (Kane & Trochim, 2007, p.71). The sorting activity consists of grouping statements according to their similarities.

At the beginning of the sorting, I provided the guidelines and explained how to sort statements according to similarities. I used an exercise in which participants were asked to sort a series of snacks (fruits, different kinds of bread, nuts, chocolate and candies) displayed on a large table according to similarity. Three participants were invited to do the sorting exercise while others observed and commented on the process. This activity provided an example of how to sort the statements. Piles of 82 cards (which contained one statement each) were pre-printed, one set per participant, and distributed for sorting. The participants accomplished this task individually applying their perceptions and ideas according to what constitutes similarity among the statements. Following the guidelines provided by Kane and Trochim (2007) and Rosa (2005), I instructed participants to not (a) put all statements into one pile, (b) put all statements into their own separate piles, (c) put statements into two piles simultaneously, or (d) create any miscellaneous piles. Participants were also asked to label and retain their identified piles in order to facilitate recording into the software. After the sorting task, the participants were invited to lunch, strategically scheduled between the sorting and the rating tasks to facilitate transition from the first activity to the second.

For the rating activity, participants were provided two sheets of rating scales and asked to rate each of the 82 statements in order of their importance to the overall implementation of the HLW model as well as their potential to impart positive change on the involved stakeholders. The importance rating scale sheet (Appendix H) was conducted using a scale of 1 to 5, where 1= relatively unimportant; 2=somewhat important; 3=moderately important, 4=very important; and 5=extremely important. The positive change rating scale sheet (Appendix I) was also assessed on a Likert-scale ranging from 1 to 5, with 1= does not create any positive change;
2=creates little positive change; 3=creates moderate positive change; 4=creates important positive change; and 5=create a tremendous positive change. Copies of each rating sheet were printed for each participant before the second session. The structuring session lasted five hours in total. The sorting took three hours, and one hour was needed for each of the rating activities.

5.1.4.3 Analysis and Preliminary Interpretation

This session consisted of taking computed maps and patterns to the participants to secure their understanding and comments. Concept systems software was used to generate the quantitative data and visual maps and patterns, displaying how participants had grouped and rated the statements. This third session was held at the main office of Organization B and involved seven participants. Two members who could not participate in the second session were able to attend the third. Two others who had participated in the structuring session were unable to attend this one due to work restructuring in their respective regional offices. At the start of the session, I provided an overview of the work that had been accomplished in the two initial sessions, and explained how to read the produced maps and relationships between statements. Through a participatory process, participants asked questions and provided input as to how they understood the data.

As the concept mapping process indicates, the data collection and analysis took place concurrently as participants and the researcher worked together to produce data and conduct a preliminary analysis.

5.1.5 Reflexivity

Reflexivity was commented on when I explained my positionalities and how they influenced the topic of study and the data gathering methods in section 4.3.4. My self-reflexivity was recorded as a form of data in order to understand not only my different positions and my interpretation of others’ experiences, but to also interpret my own journey throughout the investigation.

Humphries (2008) argues that "the concept of reflexivity needs to be broadened to consider not only the impact of the researcher (or practitioner) on the research (or on practice), but to take account of the influence of a number of people who may be involved in the process as well as the impact of the process on them and their understandings" (pp. 29-30). My reflexive notes
were influenced by my own critical review of the data collected, the events observed and, most importantly, the people with whom I was in touch. These included my family members in Rwanda and in Canada, my dissertation committee members, the local mentor who was assigned to supervise my field work, the founder of the HLW model, Dr. Gasibirege and his staff, and the participants themselves.

The off-site notes I took included my retrospective reflexivity on the workings of the HLW model, comments on audio-recorded stories shared in some small group activities, debriefing conversations between myself, Dr. Gasibirege, and his assistant, and concept mapping and in-depth interviews. My reflexivity about the context was also enriched by informal information obtained through social interactions with family and friends, media reports, and social and political events that occurred during the time of this investigation. The following is an example of the field notes I took after a visit with one of my cousins who lives in the district in which the study was conducted:

*My cousin practices general law and she gets involved with various legal issues including family issues...she says that many women and children live in terror. She uses a metaphor to describe the extent of violence against women ‘it is like killing a lice with the two thumb nails,’ she says. Marriages are dissolving few weeks after wedding ceremonies, women are taking their children and leaving the country to get away from their husbands. ‘I have had to call the police myself after receiving phone calls from some of my clients,’ she says. These are also issues some participants have raised with Dr. Gasibirege when they recommended him to do all he could to invite couples to the HLW program* (Field notes, January 19, 2010)

In this example, both professionals and non-professionals share the same concerns about domestic violence in post-genocide Rwanda.

The questions asked during my structured discussions with my committee members and the local scholar who mentored my field work offered ideas for further cognitive reflection. However, this did not always result in the better understanding of things. The most meaningful reflexive moments happened on their own terms, especially when I was removed from the HLW intervention and its contexts. It seemed almost impossible to access my other selves during the other data gathering moments or related discussions. It was by creating both physical
and emotional shifts (e.g., visiting friends, traveling to the capital city, attending a conference, sharing what is happening in the field with another person) that I was able to look back and have something to say about my understanding of what was happening in my field research and its impact on me. Understanding the role of the other actors in my study also required me to step away from my conversations with them to gain a better grasp of the process at hand. It was in these back-and-forth moments that I was able to reflexively take notes based on my own understanding and determine ways to respond ethically and contextually on issues related to my field work.

My reflexive ideas were written down in the field notebook, which was separate from the notebooks I used during participant observation. Most of my reflexivity happened in the English language with a few other words or metaphors written in Kinyarwanda to capture their original meaning.

5.1.6 Demographic Questionnaire

Demographic questions referring to gender, age, educational level, profession, years of experience in that profession, family, and relational connections were asked in a similar questionnaire for both groups of participants (see Appendices E and F, in Kinyarwanda and English, respectively). Based on critical theories that inform this study, the information about gender, age and class was essential in the exploration and contextualization of the factors that influence issues of violence, psychosocial suffering, and subsequent healing or lack thereof. Ethnicity and region of origin played a determinant role in the genocide, and these continue to be social identifiers among Rwandans regardless of their ban from official documents. However, they were not included in this study. I was advised by the Rwandan National Ethics Committee to not ask the question about ethnicity given the national policy around its sensitivity in relation to the 1994 genocide. Region was not needed because all community participants came from the same geographical area. The question of origin of the facilitators was not considered to be of primary importance for this research. My focus was their knowledge of practice.

While the participants were able to fill out the questionnaire on their own, the researcher helped the ten community participants who participated in individual interviews to fill them in by asking each question and writing down their answers. For the additional thirteen participants
who participated in the HLW intervention, demographic information was obtained during their individual presentations at the beginning of the first module of the HLW process.

5.2 Data Analysis

This section discusses the different analytical tools that were utilized to analyze the various data sets and the process of analysis for each.

5.2.1 Conceptual Analytical tools

The two conceptual analytical tools discussed in this section are dialogic performance analysis and concept mapping techniques. Dialogic narrative analysis was selected as an overarching approach appropriate to making sense of all data sets during triangulation. It was also applied to the analysis of individual data sets. These included the document data collected on the HLW program, transcribed texts of audio-recorded in-depth interviews and small group discussions, on-site and off-site notes taken during the investigation, and the demographic questionnaire. Concept mapping data was analyzed using multidimensional scaling and cluster analysis methods.

5.2.1.1 Dialogical Performance Analysis

Dialogic performance analysis follows the principles of critical hermeneutics as it considers historical, interactional and linguistic perspectives to understanding, and seeks to uncover the meanings embedded in the structures of inequality and power (Frank, 2010; Riessman, 2008). Riessman (2008) explains that dialogic performance analysis pays particular attention to the context of texts in a broad and varied interpretive way that informs us about society and culture as much as it does about a person or group. Frank (2010) adds that dialogic analysis is a practice of criticism that seeks movement of thought through dialogue and interaction, rather than a set of prescriptive steps or procedures to follow.

Riessman (2008) suggests thematic and structural analysis as possible analytical approaches that help to interrogate the interactive process. **Thematic analysis** is an analytical approach that interrogates what content is communicated in various forms of documents (e.g., letters, reports), observational and interview narratives. **Structural analysis**, like thematic analysis, is also concerned with content, but attention shifts to the telling and persuasion that must be accomplished rhetorically through forms of symbolic expression. While thematic analysis
focuses on “what” is spoken, structural analysis shifts to the telling and is interested in “how” narratives are produced. Structural analysis involves the linguistic and rhetoric forms of genre to uncover the hidden voices behind what is told which would otherwise remain unheard. Beyond what is spoken (thematic) and how it is produced (structural), dialogic performance analysis is interested in “who”, “when” and even “why” questions (Riessman, 2003, 2008). For example, the researcher may ask why a particular narrative is performed at the beginning while another is introduced at the end of the interview. The researcher may choose to analyze the intonation of voice (e.g., low, loud) or the metaphors utilized, and link the meaning of these aspects to their broader historical and socio-cultural contexts.

Frank (2010) takes a step further to suggest a list of guiding questions that allow the researcher doing dialogic narrative analysis to pay attention to the actors involved and what makes the story narratable. This helps the researcher to critically analyze what happens as a result of telling a story, its effects for those present or absent, and the new realities they help shape.

The three tenets of dialogic performance analysis suggested by Riessman (2008) helped to bring together the analysis of the different data sets. The three task areas in which I organized the data were: (1) identification of the major issues that the HLW seeks to address; (2) identification of HLW elements that appeared to have helped the participants tackle the issues they presented (and how they helped); and (3) identification of potential change or transformation observed or mentioned by participants during the time of the investigation.

It is important to reiterate that these task areas were not based on the content of the different data sets alone. With the aid of dialogic performance analysis, I followed the thread of storytelling in relation to social processes that took place during the time of the investigation for individual participants, among group members, and within the community at large (e.g., annual commemoration of the genocide).

In sum, dialogic performance analysis, as an overarching data analysis approach, allowed me to search for meaning behind what was said, how it was said, and how it was responded to. It also allowed me to study its purpose as it related to the circumstances in which it happened that is the broader historical, socio-cultural context.
5.2.1.2 Concept Mapping Techniques

Concept mapping analysis started with the structuring activity during which participants sorted and rated the generated statements. The details of the structuring process are provided in the data gathering methods section 5.1.2. In this section, I explain the statistical methods that were facilitated by the Concept Systems software to compute the data produced manually by the participants after the sorting and the rating activities. The following steps were taken to accomplish the computing:

**Creation of Similarity Matrix:** Similarity matrix is a square symmetric which shows the number of participants who sorted each pair of statements together. According to Davison (1983), a matrix is said to be a “square matrix if the number of rows (R) equals the number of columns (C), that is R=C” (p. 12). In concept mapping, the similarity matrix is usually obtained in two stages. First, there is a binary (0,1) similarity matrix that shows how the grouping is done, in this case, how each participant grouped the statements into piles with 1 indicating a pair of statements grouped together and 0 indicating a pair of statements not put in the same pile. Second, there is a square total similarity matrix which shows the number of participants who placed pairs of statements together in a pile. Values in this matrix can range from zero to the number of sorting participants (e.g., seven in this study). A high number means that more sorters placed one pair of statements together in a pile, thus indicating that more statements are conceptually similar (Kane & Trochim, 2007).

**Multidimensional Scaling (MDS):** In a broader definition, multidimensional scaling (MDS) is “a family of geometric models for multidimensional representation of data and a corresponding set of methods for fitting such models to actual data” (Carroll & Arabie, 1980, cited in Davison, 1983, p.2). In a more specific definition, Davison (1983) refers MDS to “a set of multivariate statistical methods for estimating the parameters [in] assessing the fit of various spatial distance models for proximity data” (Davison, 1983, p.2). In other words, MDS is used to represent the proximity matrix in a simpler and more readily comprehensible and easily communicated form. To do this, MDS applies a proximity measure, which is understood as an index over pairs of statements, and quantifies the degree to which the two statements are alike or dissimilar (Davison, 1983; Kane & Trochim, 2007). In concept mapping, MDS analysis uses the square total similarity matrix as input and creates a map of points representing the set of statements created during brainstorming on a two dimensional (X,Y) scaling. While quantitative
researchers may focus on the number of dimensions that fit the number of solutions, a two-dimensional scaling analysis was selected for this study as a good representation of the relationships among the statements in terms of distance or proximity. In MDS, the fit measures are called ‘stress,’ a value which implies the degree to which the map represents the grouping data. A lower stress value suggests a better overall fit while a higher value indicates that the distances on the map are discrepant from the values in the input similarity matrix. While original MDS literature argued that the desirable stress value has to be 0.10 or lower, Kane and Trochim (2007) suggest that in concept mapping, the average stress value can range between approximately 0.205 and 0.365.

MDS allowed me to analyze the aggregated sorting from the seven facilitators who participated in the sorting activity. The stress value was 0.289 after 8 iterations, which was a good fit for this study. Figure 1(below) indicates the two-dimensional point map that was produced. The map is drawn based on the similarity of the statements. The closer the statements are, the more similar they are. The orientation or the location of the map does not change its meaning.

Hierarchal Cluster Analysis: Hierarchal cluster analysis differs in terms of its purpose and its applications. Its main purpose is to divide any set into subsets, each of which corresponds to a meaningful feature of the stimuli (Davison, 1983) or the statements. In concept mapping, hierarchal cluster analysis groups individual statements on the point map into clusters of statements that aggregate to reflect similar concepts. The number of clusters can vary from one agglomerative cluster of all statements to every statement being its own cluster. The X-Y MDS coordinate values facilitate cluster analysis, in that they yield non-overlapping partitions on the map (Kane & Trochim, 2007). As in MDS, deciding on the number of clusters is essential for analysis procedures which usually begin with each statement being its own cluster. The decision on the number of clusters and their labeling depends on the analyst’s interpretation. After preliminary analysis, the researcher spends some time preparing for interpretation of the concept mapping data, which is another step that is accomplished before the concept mapping data findings are triangulated with those of other data sets.
Figure 1  Point Map
This activity consists of aggregating the average ratings across participants for each statement and for each cluster, across the entire group, and for different subgroups, in relation to participants’ demographic data, and into pattern matches and go-zones (Kane & Trochim, 2007). Although these two interpretive strategies use the similar information, pattern matching is typically used at cluster-level analysis while go-zones are utilized to analyze and interpret data within-cluster (Kane & Trochim, 2007).

Pattern matching compares the equivalent of data from two cluster rating maps. Pattern matches can be used to assess consensus between two groups of participants, consistency or change in a measure over time, and the degree to which outcomes match expectations in an evaluation (Kane & Trochim, 2007). Pattern matches demonstrate how much agreement or disagreement there is between two groups, whether they be the managers and facilitators or two scales, which in this case are “importance” and “positive change.” To illustrate interpretation, if a line that represents the managers’ perceptions about cluster 1 is high on the axis, but is low on the axis representing the facilitators’ perceptions of it, it means that managers give more value to the statements in cluster 1 than the facilitators do. The lines cross the axis at the relative point between the maximum and the minimum values. Ideal patterns mean complete agreement between the opinions of the both rating sides of the axis, represented a horizontal line (with $r = 1.0$).

The go-zone is a simple bivariate (X-Y) plot, divided in four quadrants constructed by above or below the mean for each variable (Kane & Trochim, 2007). Accordingly, the upper-right quadrant or “go-zone” represents the most actionable ideas within each cluster; keeping in mind that similar statements are clustered together in one quadrant. For instance, using the two rating scales of importance and positive change, there will be high importance/low positive change and low importance/high positive change. A go-zone allows the interpreter to look inside each cluster to identify statements that were considered to be important and to influence positive change. A statement with high importance and lower in positive change might point to a procedural or administrative factor that makes the HLW program do its work (e.g., finances) without necessarily having to play a crucial role in creating positive change. The go-zone helps to identify statements that require concentrated attention and provides ideas on the strategic possibilities to address the gaps identified in a program.
5.2.2 The Process of Analysis of the Different Data Sets

As mentioned in the data gathering section, some preliminary analytical steps took place as data were being collected. In each data set, I sought to understand (1) the major issues the HLW addresses, (2) elements of the HLW model with the potential to address the identified issues and the process it requires, and (3) potential change or transformation observed to have occurred during and after the HLW intervention. Each data set was first analyzed separately before being merged with others. I will explain triangulation first, given that it played an important role in the analysis of each data set, in the merging of some data sets, and in the overall integration of all data sets.

Triangulation: Triangulation is commonly understood as a technique of integrating different methods and data exploring a same phenomenon for overcoming biases of qualitative inquiry and enhancing more reliable and valid findings, and/or for enriching in-depth understanding of the studied phenomenon (Baxter & Jack, 2008; Denzin, 1970; Jonsen & Jehn, 2009; Kopinak, 1999; Lucchini, 1996). Denzin (1970) distinguishes three types of triangulation: data triangulation, method triangulation, and investigator triangulation. In this study, only the first two were considered. Accordingly, data triangulation is about converging data about a particular phenomenon occurring in setting or sub-settings at different times and locations of an inquiry. With method triangulation, the researcher utilizes varied methods to produce different data types that help to minimize weaknesses of each method in order to produce more valid findings.

In keeping with the nature of the phenomenon under study, the HLW program and its socio-cultural and historical contexts, and my multiple positionalities in relation to the studied subject, triangulation was an integral part of the methodological decisions. It was also a significant technique that helped to converge themes during the analysis of all data sets, first one at a time, then between the different themes and patterns across some data sets, and finally for the overarching concepts from all triangulated data. In the following section I offer details about the process of analysis.

Data set 1: Documents

As indicated in section 5.1.1, six different categories of documents about the HLW were gathered. The analysis of this data entailed reading these documents several times. The first
time, I wanted to get the overall sense of the content of each document. The second time, I read and highlighted areas that I found to explicitly or implicitly say something about the issue at stake, the approach taken to address it, and its potential effect. The effect was particularly important because I sought to understand who is providing the message, when the action is taking place, and for what audience and why. Areas that appeared to have a certain meaning were highlighted. The third reading consisted of eliciting and writing down areas of similarity and difference between texts within each category and across categories.

After reading the HLW materials that were produced in 1996 and in 2009-2010, I realized that the three HLW modules continued to focus on the concepts of bereavement, emotions, and forgiveness. However, the wording and the language differed. The initial documents were written in French and contained two types of handout, one for the facilitators and another for the participants. The most recent documents reflecting the same modules had only one type of handout utilized by both the facilitators and the participants. These were in the Kinyarwanda language. The when, who, and why questions helped to bring context to the analysis process. My interpretation of the similarities and differences were very telling in terms of the historical evolution of the HLW model, and the people targeted for its intervention.

Data Set 2: Interviews
The two sets of in-depth interviews were entered into the computer and into Stories Matter software during the period of data collection. At the completion of the field work, I arranged both the first and second interviews according to participant’s names before proceeding to the other stages of analysis. These stages included multiple listening of the recorded data, their transcription, and in-depth analysis of each transcript. The analysis of the transcripts was conducted in the Kinyarwanda language in order to maintain the original meaning as much as possible.

Listening: Audio-Recorded Interviews: After organizing the interviews, I listened to all of them by listening to interviews 1 and 2 for each participant. I soon realized that participants’ second interviews provided the thought of movement (Frank, 2010), which was chronological and reflexive of the journey they had undertaken. They referred to some of the issues they raised in the first interview and then developed their evolution throughout the HLW intervention. Realizing this, I then decided to listen to all second interviews before I listened to
the first set of interviews. This approach allowed me to focus more on the HLW program and the stories that were shared concerning it, and then compare these stories with those shared during the first interviews. This retrospective listening helped me to better pick up on the non-verbal behaviors which were displayed during the HLW intervention and the first interview (which could have remained otherwise hidden from me). An example was the woman who shared a story of rape at the end of her second interview with me. When I re-listened to the first interview which I conducted in her home, her non-verbal expressions and metaphors became clear to me.

After listening to both sets of interviews and taking notes and summaries, I decided that the best way to proceed was with transcription.

**Transcription:** My decision to transcribe the data from its original form into a written text was not easy. Something gets lost in transforming a verbal form into a written form. However, given my methods of analysis, the written form was needed to facilitate other levels of analysis which would have been difficult without a written text. Bird (2005) emphasizes that “voice is more than verbal sound and authentic dialect; it includes the social context embedded and meaning...and the transcriber becomes that voice” (p. 228). I decided to do the transcription myself and turned this activity into an important part of a continued in-depth analysis of the data. Transcribing the second interviews was again given priority.

The process of transcribing the audio-data was a different and important step of data analysis. New understanding of the data emerged. I realized that the data contained two parallel streams of ideas flowing from participants. In one stream, there was the story of survivors either told by those who called themselves survivors, or those who identified themselves as non-survivors. As explained in footnote 1, the word “survivor” in Rwanda is often used to refer to those who survived the genocide, and more so by persons from the Tutsi group who lived in Rwanda at the time of the genocide. However, the data seemed to add another level of understanding, that is, the “survivor” was described as that person who endured suffering in 1994 and continued to suffer exclusion at the time of the study. For instance, one woman participant who also lost most of the members of her family of origin and identified herself as a Tutsi woman married to a Hutu man, stated:
I used to run away from them [survivors] when they had ‘ihahamuka’ (meaning traumatic crisis)...I suffered, but I cannot compare myself to those who lived under the rain, had nothing to eat....I could not eat, but the food was there and I had a roof over my head.....they are the survivors.

The transcription process was also important for my own reflexivity. As I listened to audio-recorded data, I became aware that my interactions with the participants were highly influenced by my academic training, in that I set the tone and the direction of the interview process. This relational understanding seemed to shift once I started typing their part and my part of the interview. I realized that the way I asked the question led to a particular answer, more so in the first interview than in the second. Transcribing their voice and mine into texts was both a humbling and an equalizing experience. This helped me understand that further steps of analysis had to include me as an interactive partner throughout the process.

**Dialogic Performance Analysis:** This phase of data analysis built on what was gained from hearing and transcribing the audio-recorded interviews. I divided the list of participants into two subgroups (A=subgroup of survivors and B=subgroup of non-survivors). I first analyzed transcripts from subgroup A before examining those from subgroup B. This choice was influenced by the different messages that seemed to come from every participant regarding how greatly subgroup A had suffered. I was curious to understand what both subgroups had to say about their own suffering, how that suffering was handled during the HLW, and how it might have facilitated or inhibited the HLW process and its mission to heal psychosocial wounds.

Riessman (2008) suggests that dialogic performance analysis draws from thematic and structural analysis to make sense of the data. To manage the transcribed interviews, I utilized Boyatzis (1998) stages of conducting thematic analysis. Boyatzis suggests the four following stages of doing thematic analysis: (1) reduction of each interview keeping every new idea and taking out redundancies; (2) identifying key themes in each reduced interview; (3) collapsing each category’s data into one; and (4) carefully observing the combined themes. I followed these stages starting with the second and then moving to the first interviews in subgroup A. The approach was then repeated with subgroup B. In stage three, I initially collapsed the two interviews of each participant in one summary of themes, and then did the same with each category.
The major themes that emerged from the transcripts of both subgroups (A and B) were similar, given that questions led participants to share their perspectives about self and the HLW program. The general themes included the participants’ past behaviors and realities, lack of knowledge, negative and positive factors of the HLW workshops, the importance of a protected space, change observed towards self and others (e.g., family members), obstacles to healing during the process, future coping strategies, new knowledge learned, and recommendations for the future of HLW. However, the narratives from each subgroup seemed to be completely different. For example, the members of both subgroups talked about being *nyamwigendaho* “the one who minds his or her own business.” However, the participants in subgroup A, formed by the survivors, explained this behavior is a result of feeling isolated and excluded by other community members who call them ‘the crazy ones” when they experience traumatic crises or other physical ailments. Under the same theme, participants in subgroup B formed by the non-survivors used the same theme to explain that they ignored the issues of genocide and the survivors. Many members of subgroup B used these comments, “I did not mind about the problems of others, ..., I did not enter the problems of those who lost their family members.”

Given these observations, I needed to conduct more in-depth analysis by looking into the structure of the shared stories in order to understand how similar themes meant different things to participants. Riessman (2008) suggests that with structural analysis of oral narratives, one has to step back from a narrative in order to notice how a narrator uses form and language to achieve particular effects. I considered one theme at a time and spent time reading the summaries of statements related to it. Then I located each of the statements in the recorded oral interviews in order to explore how the response followed the question. From there I analyzed how the narrator contextualized the statement in relation to what was said before and after for different participants in the same subgroup. To gain a better understanding of how things were said and the meanings behind them required simultaneous analysis of my reflexive notes and participant observation data. My focus here was to get as close as possible to the meaning embedded in the shared narratives. It involved a careful scrutiny of the different forms of language that participants utilized to communicate.

To offer another example, both subgroups talked about the importance of the protected space, a theme they picked from the HLW materials. Both groups recognized the general importance of following ground rules to guide the healing process. However, when I re-read and re-listened to
the second interviews, each subgroup seemed to have a distinct definition of what they call a protected space. For participants in subgroup A, the protected space was a space in which they could find trusted people to talk to:

I appreciated that the small group and the ground rules gave me people with whom I could share my problems;” “The HLW is not like other workshops from other groups because it offers you people who can take time to listen to you.

When I revisited the stories shared by subgroup B about the same topic, the protected space appeared to be a setting that allows them to approach others, listen to what they have to say and in turn tell their side of story and speak their truth in a supportive environment, “The small group and the protected space teach you to approach others;....to listen;....to share the things that overwhelm you;....to share your own truth and have others hear you and support you.”

For both subgroups the protected space seemed to be a setting in which they were able to share their personal stories. However, their needs were different: the members of subgroup A needed trusted people to talk to, while those in subgroup B needed a setting that allowed them to share their side of the story. The search for the narrative forms to explain the statements under each theme broadened my understanding of the data and allowed me to start creating interpretive links between verbal narrative and other forms of expressions that participants utilized to persuade their audience. This included me as the interviewer, the facilitators, and other participants during the HLW intervention. It was as if each story told needed a witness or witnesses.

From early on in my analysis of the interviews, I realized I was listening to two main case stories: the story of the survivors and the story of the non-survivors. As I tried to make sense of the different themes that came up during in-depth interviews, it became obvious to me that data from the HLW materials, participant observation, and reflexive notes were needed to create a broader picture of the different themes and subthemes discussed. This urge led me to revisit the data and assess how participants articulated their needs or major issues with which they struggled. It also shed light on how and why certain issues were either shared or withheld during the HLW process, and the factors that might have facilitated or hindered sharing. Although some aspects of the other data were utilized to understand the interview data, it is also important that I describe how I analyzed them.
Data Sets 3 and 4: On-Site and Off-Site Field Notes

In this study two types of field notes were taken. The first were on-site notes taken during participant observation of the HLW intervention. They were taken in plenary sessions, small group activities, and during debriefing sessions with Dr. Gasibirege and his assistant at the end of each day of intervention. The second were off-site notes written after reflection on particular information obtained through individual interviews or group-based data, informal conversations, social events, and reports from media. Both sets of data were created based on my own choosing, and thus deserve to be analyzed together.

The process of analyzing field notes was similar to that of the document data and it focused mainly on the HLW intervention. The first activity was to separate the notes taken in different modules by using stickers and highlighting the dates. I did the same with my reflexive notes. The third activity was a systematic reading that aimed to identify the different aspects of the HLW intervention. These aspects included the activities that involved the main facilitator and his assistant, my interaction with each of the participants/stakeholders, the forms of language (both verbal and non-verbal) utilized to describe the program and the participants’ experiences, my own experience as the researcher in the program, and the rituals that became part of the process.

Patton (1987) emphasizes the necessity of finding units of activity. Because each form of data is related to others collected during this study, the field notes analysis built on the themes and patterns developed during triangulation of other data sets such as documents and interview data. Doing this resulted in additional clarity or, a broader perspective. At the same time, the specifics of the program implementation focusing on what the plenary sessions, small activities, and break times consisted of was central to the analysis of field notes. In order to understand what was happening in the intervention, I at times re-examined the content of the written materials that were utilized to guide the various activities of HLW and my understanding of them. Different sections were highlighted using different colors, and my interpretation of them was written in the margins. After the content had become clear, I wrote a summary of the HLW process of implementation.
Data set 5: Concept Mapping

The concept mapping analysis was conducted concurrently with data collection. An important part of this analysis is explained under the section 5.1.5 where I explain the use of the multidimensional scaling and hierarchal cluster analysis that facilitated the process of analysis. While these analytical approaches are utilized to explain the concept mapping data in quantitative terms, the authors of concept mapping (Kane & Trochim, 2007) argue that the concept mapping techniques can be analyzed qualitatively and quantitatively. Given the nature of this study, I adopted a qualitative approach. I applied a dialogic performance analysis to explore the meaning of the different statements and their grouping and rating. This was done in order gain a better understanding of the HLW characteristics as perceived by the facilitators who have used it to conduct healing workshops.

I used a point map to examine the degree of similarity and dissimilarity based on the distance between the statements. Statements that were located in close proximity tended to have the same meaning, thus forming one theme, while those that were set apart by distance indicated a different theme with different statements. For example, statement 2 (HLW helps to understand self and the world) and statement 12 (HLW helps people to share life with others) were grouped in close proximity, because many participants placed these two statements in the same pile. Conversely, statement 29 (the primary instrument in the HLW is the facilitator) was placed at quite some distance away from the other two. This represented a different theme in the understanding of the model by the facilitators who used it.

The cluster map data allowed me to closely analyze the statements that were arranged in the same cluster, to analyze them in relation to other clusters on the map, and to determine the number of clusters and their labels. Kane and Trochim (2007) state that “there is no single correct number of clusters, and there is no mathematical way to select this automatically” (pp. 101-102). To determine these key elements of the analysis, I utilized a cluster replay map in the concept system software to form various clusters. These ranged in number from two to twenty. I conducted an in-depth analysis of each before I determined the number of clusters that corresponded to the closeness in meaning of the statements clustered together.
Figure 2    Cluster Map
I formed eleven clusters and labeled them by choosing one label from those that were provided by participants who grouped the same statements together, or by reformulating more than one label into one that approximately represented statements grouped together. The eleven clusters are shown in Figure 2. The cluster labels and related statements will be listed in the mapping of the HLW for further interpretation in chapter eight.

I also aggregated the ratings results into patterns and go-zones, comparing the perceptions of the participants who occupied management positions and those who were simply facilitators on the rating scales of importance and positive change. In this study, the seven participants from Organization B are called HLW facilitators. However, within this group, two facilitators played the role of managers, one at the national level and the other at the regional level, while the remaining five occupied the position of facilitators.

In keeping with the third session on preliminary analysis and interpretation, and with the help of the Concept Systems software, I prepared a power point presentation which I presented to those who participated in the concept mapping exercise. My goal was to get interpretations of the produced data maps, pattern matches and go-zone graphs from the participants in order to gain their understanding of the produced maps. I wanted them to help me understand the factors that influenced the sorting and the rating activities, and the reasons the managers and the facilitators seemed to have similar perceptions regarding certain aspects of the HLW program and not others.

When asked, they explained that the similar perceptions were in part due to the fact that the two managers had gone through the HLW workshops first as participants and then as facilitators before being promoted to their managerial positions. They added that having the managers directly involved in the internal debriefing and supervision of the facilitators and being the ones to account for the challenges and the successes of the program at the organizational level influenced similar perceptions about the program.

Although taking the results back to the participants provided some insight into the data (as explained under the concept mapping data collection method), this session was particularly important for the participants’ learning. They were amazed at the work to which they had contributed and seemed to gain a better understanding of the complexity of the program. They
suggested I come back and present the final results to the entire organization and some key mental health leaders in the country.

As explained in the previous sections, data collection, analysis and interpretation go hand in hand in concept mapping. Earlier in this section, I explained the procedures and briefly introduced the point and cluster maps, and how to read them. I will discuss further the interpretation of the clusters, pattern matches and go-zones in chapter eight, where I demonstrate the mapping of the HLW as perceived by the facilitators who have used the model.

It is important to note that the data collected using concept mapping differs from other data sets in this study in that it was produced through a more conceptual-based approach. The approach required the facilitators to articulate what they understood about the HLW program based on their practice knowledge using the HLW model to facilitate healing workshops. Unlike the documents or the transcripts data which necessitated my close analysis and interpretation of the texts, the concept mapping was a summary of the facilitators’ thinking and perceptions about the investigated program.

The cluster map in Figure 2 highlights the themes that emerged from the analysis of the different statements, and is similar to the summary of emerging themes of findings regarding the experience of HLW program presented in Figure 3 (chapter seven). Thus, before triangulating the overall themes to make sense of the HLW program as perceived by all stakeholders, the findings from concept mapping data will first be presented separately in chapter eight.

Data Set 6: Demographic Information
The demographic data was embedded in the analysis of other data sets in order to add clarity. For example, the differences between the stories shared during in-depth interviews and during the HLW were due to variations in the gender and age of the speakers. The majority of female community participants between the age of 26 and 40 were single mothers, while those over 50 included more widows. Their perceptions and behaviors varied. These variations included style of communication and coping strategies. Younger participants seemed to have more desire to articulate their stories and when they could not share them, they gathered in informal small groups to talk in private. The older participants tended to avoid conversations that were too emotional, and preferred the use of dance when the situation became tense. Younger men
seemed to have a voice of authority and wanted to be more in charge than the women of the same age.

The demographic information was also useful to understand the concept mapping data provided by the HLW facilitators. For example, I assessed the perceptions of the members of this group based on the positions they occupied in the HLW program and I then analyzed their perceptions of the program based on the number of years on the job. The participants who were relatively new to the program or had worked in other programs before joining the psychosocial team seemed to be more critical of the program than those who started with the program. However, the latter seemed to have a better knowledge of the impact on community members and on the well-being of facilitators (e.g., burnout). The demographic data is presented at the beginning of the findings in Chapters 7 and 8.

5.3 Summary of Analyzed Data

After all data sets had been analyzed and compared and contrasted against each other, I revisited the different summaries and extracted the overall understanding of the HLW program as it was perceived by the different stakeholders and my own interpretation of this understanding. Different sections included enough information to define the background of the HLW program, the context in which it has been implemented, the process of its implementation, the different aspects that the stakeholders identified as facilitating the healing process, and the potential transformative effects of the program for individual participants and their social environment.

The different data sets contributed to the overall understanding of the HLW program. Rather than presenting the findings in one large chapter, the findings will be presented in three complementary chapters including description and evolution of the HLW (Chapter 6), the experience of the HLW program (Chapter 7) and the mapping of the HLW program (Chapter 8). These chapters needed their own space in the attempt to sufficiently answer the research questions and inform the reader about different levels of my understanding and interpretation of the HLW data produced in this study.

Chapter 6 focuses on the description of the evolution of the HLW program and draws mainly from document data and participant observation. The participant observation data offers further
clarification between the old and renewed versions of the HLW program. Chapter 7 is about the experience of the HLW. In this chapter I create space for the research participants who attended the HLW program to speak for themselves and demonstrate how the different themes emerged from their narratives. I mingle the participants’ stories with my own understanding of their lives and the HLW program during the time of this investigation. This chapter draws mainly from the interview data, on and off-site notes, documents of the renewed version of the program, demographic information, and my continued reflection as I relate to the shared stories. Chapter 8 presents the mapping of the HLW program and draws from the concept mapping data and my conceptualization of the HLW program presented in Chapters 6 and 7. I put the concept mapping data and the dimensions that emerged from the HLW experience together because they both offer a conceptual and abstract understanding of the HLW model. The facilitators who contributed to concept mapping used their own understanding of what happens in the workshops they conduct using the HLW model. Together with my understanding of the stories and documents that formed the implementation of the HLW (both in the past and in the present), these findings informed my attempt to conceptualize the HLW model in relation to the existing knowledge. My goal was to move from mere description and interpretation to a conceptualization of the HLW program within the broader context of existing theories and models of intervention. This conceptualization (Figure 5) is presented at the end of Chapter 8 prior to introducing interpretation and discussion of the findings in Chapter 9.

5.4 Reporting Style of the Findings

Writing the findings of this study required me to stop and rethink the whole purpose of my study, and consider the best ways to answer the research questions so as to not suppress the voice of the participants and minimize the context of the HLW implementation. I decided that using a storytelling style to write up the chapters that focus on the HLW program was the most appropriate way to convey the storied lives of the different stakeholders. This style of presenting data was also suitable for this study’s theoretical and methodological orientation, and the researcher’s conceptualization of experiences.

Storytelling is a dialogical form that honors narratives as they are told, as well as the context of their telling. I found this representation style to be particularly significant because it brings together personal narratives of the participants and the broader stories of the communities to
which they belong. Stories facilitate expression of experiences that are embedded in various levels—micro (family), mezzo (e.g., churches), and macro (both national and international (e.g., gacaca, the international community).

Storytelling aligns with dialogic performance analysis which adds context to the content and meaning of the emerging themes (Riessman, 2008). As Maynes, Pierce, and Laslett (2008) explain, in storytelling individual narratives are contextualized by referring them to a range of temporal and historical frames. The analyst adds still other historical and temporal dimensions relevant to this study. Storytelling is also a style of communication that allows the researcher to enter into conversations with the stories of the participants as they engage in interpreting and making sense of their experiences. These authors add that the shared stories are thus given primacy in order to give voice to the most silenced participants. This also aligns with critical theories and indigenous methodologies that emphasize the unique role of voicing the voiceless as way to empower them and challenge the dominant narratives that silence them. Thus, the primary role of storytelling style was to offer a voice not only to the different stakeholders who contributed to the study, but also give voice to the HLW, a program that was initiated at the margin of mainstream post-conflict intervention models. Ultimately, the stories shared in this study belong to the speakers and cannot be appropriated.

5.5 Ethics

This study involved various ethical considerations before, during, and after my field study. Before starting the research, the first set of ethics pertained to the standards required by my academic institution in Canada and those in Rwanda, where the study was conducted. The second set of standards related to the ethical issues that emerged after I arrived in Rwanda both before and during field research. The third set of ethical consideration pertained to decisions I made later to best represent the program and the stakeholders who contributed to this investigation.

5.5.1 Standard Ethics

As mentioned in the previous section, I conducted a preliminary exploration of the field study during which I met different stakeholders in the mental health field and the leaders within the organizations of interest from whom I made verbal requests for potential support and collaboration. During this initial visit, prior to the start of my research, I received verbal
approvals which made it easier to later obtain official administrative letters to help conduct my study within the two participating organizations. Upon my return to Canada, I submitted one ethics protocol to the Research and Ethics Board (REB), University of Toronto, and another one to the Rwandan National Ethics Committee (RNEC).

After I obtained approval letters from both institutions, I exchanged emails and phone calls with the HLW designer from Organization A and the technical specialist who oversees the activities of the HLW implementation in Organization B to update them on my progress. Together, we established a tentative timeframe for my field work. They both suggested that I discuss the practicalities of my field work with them upon my arrival in Rwanda. The technical specialist was assigned by the national director of Organization B as my key contact in this research project. I strategically planned to be in Rwanda during the Christmas holidays so that I could start recruitment in early January 2010.

5.5.2 At the Crossroads: Ethical Considerations

In research ethics, there are things we say we will do to obtain consent from potential participants, such as collecting and keeping data in safe and locked cabinets, all of which requires preliminary preparation and constant checks and balances to minimize harm. However, I found that my experience of being in the field, intruding into people’s homes to inquire about their lives, and taking time away from professionals in their busy schedules, demanded more caution than what is required within the written ethical documents. In this section, I provide an overview of ethical issues I encountered before I left for the field and then focus on how they unfolded once I arrived on the ground. I also explain how I managed to maintain ethical balance between my positionalities and the multiple aspects of my study. Maintaining this balance required constant cross-cultural ethical re-examination.

As noted previously, I had obtained administrative approvals from REB of my home university (Appendix K), from RNEC in Rwanda (Appendix L) before my departure to the field. By the time I left for the field, I had almost memorized the content of the information letters available both in the Kinyarwanda (Appendices A and C). I conveyed this information to the potential participants in order to convince them to offer their consent to participate. I also made my own living arrangements and managed to persuade family members and friends of my rationale for
needing a private space for myself, which would mean that I would not see them as often as we all wished.

Once in the field, I spared time to see family members before I immersed myself in the study. They helped me move to my rented room in a nearby town, which seemed to be a rude gesture on my part, but I insisted that it was necessary. I located decent places to eat and access printers and photocopiers. I secured a cellular phone to facilitate my communications with the local stakeholders in the study as well as my family and committee members back in Canada. I also made arrangements with a few moto-cycle taxi riders (whom I knew previously) to provide transport once recruitment of community participants started. From these initial interactions, I quickly learned that I needed to be firm with some boundaries and flexible with others. For example, I found out that my taxi riders knew a number of my potential participants. As a result, I had to tell them that I was conducting a research project which required me to meet “some” people. I did not have to tell them who these people were, or why I was meeting some and not others. I arranged for them to drop me off and pick me up in locations where they would not be able to identify the participants.

When I entered people’s homes to recruit the community participants from Organization A, it was a different experience. I realized that I had to introduce myself as a Rwandan woman who knew about the Rwandan culture as it pertained to the home environment and visits. I was aware that the period during which I conducted my field work was a harvest season that, due to climate change, was very rainy. People were busy storing away the bean crop and at the same time planting a variety of new seeds. I found myself initially talking to them informally and participating in related activities such as removing the beans out of their skins. Informality gave way to a more formal explanation of the purpose of my visit.

The process of introduction to participants varied depending on who each potential participant was. I had to negotiate re-entry with participants, the family members, and even other community members of my field study. When I introduced my study to the participants from Organization B, I purposely decided to provide the same message to the whole group despite the fact that I knew some of them from prior contact with the organization. When I met them informally, I made sure that I spent more time with those who were not in the organization
when I worked there. At the same time, I invited them to be part of group conversations that related to my time within the organization.

These realities required thinking about ethics differently. As Christians (2007) argues, “ethics is located in the socio-cultural context first of all, instead of in rational prescriptions and impartial reflection” (p.438). Critical interpretive scholars (e.g., Denzin & Lincoln, 2008; Fine, 2007) emphasize that ethics is a relational endeavor that is more about responsibility, personal accountability and care, rather than an abstractly correct behavior. These ethical values informed my continued reflexivity and the decisions I made during the process of data collection and analysis, as well as my choice of preferred writing style for this dissertation.

5.5.3 Borderland for Continued Ethical Decisions

As previously implied, the realities of the field raised dilemmas about how to manage, analyze, and represent the gathered information. I found myself in continuous reflexivity in order to place the stories shared in the social and cultural contexts in which they were narrated. According to Christians (2007), it is the rich cultural continuity that enhances moral agency and in which research serves as a catalyst for moral discernment and cultural transformation. To ensure the cultural continuity of meaning, and in order to respect the narratives provided by participants through formal interviews, participant observation, and other informal conversations, I decided to conduct data analysis in the Kinyarwanda language. I was also aware of the restrictions I faced and continue to face as a holder and interpreter of the knowledge that was entrusted to me. This knowledge influenced the choices I made about the language of analysis and the representational form of writing the findings. My best response to these ethical dilemmas was to simply acknowledge them when they arose, and not sweep them under the carpet as if they did not exist.

This progressive approach of continued self-reflexivity, combined with a search to make sense of the HLW, caused the issue of representation to be so pressing that I had to stop and conduct another literature review on different interpretive and performance writing. The readings took me to an in-depth exploration of the various major themes describing the HLW, which deepened my understanding of the issues pertaining to its conceptualization and implementation. The results that are presented and interpreted in the following chapters draw from some ethical issues I confronted, and the approach I took to manage them.
5.5.4 Compensation

Participation by the HLW facilitators was not compensated monetarily because they contributed to the study as part of their jobs. However, I offered them one nice lunch and a small gift equivalent of US$10 each to thank them for their generosity and willingness to participate. Participation in the HLW workshops for the community participants was not compensated because it was viewed as an intervention that was free of charge. However, I offered 5000 Rwandan francs (Rwfr), equivalent of US$10 to each of the ten participants who offered their time and contribution during the two in-depth interviews. All participants from Organization A were farmers in an area where a day of labor varied between 750-1500 Rwfr (1.5-3 US$). I doubled what they could earn in two days. While this may be viewed by the reader as generous, I was trying to be just. Participants were informed about this compensation during the second interview as a thank you token, and therefore, it was not coercive or a motivating factor to participation. In reality, there is not enough I could have paid to compensate for intruding into people’s homes and private lives, or adding to their multiple chores during the hectic period of harvest and planting.
Chapter 6

DESCRIPTION OF THE HEALING OF LIFE WOUNDS (HLW) PROGRAM

6 Introduction

In the present chapter, I provide the description of the HLW model in terms of its historical evolution and main components. I refer primarily to the various documents that have been utilized to facilitate the healing workshops. These include: (1) the HLW materials produced at two different times of the program, first between July and August 1996, and then between 2009 and 2010; (2) a video that was produced on an international conference organized on community mental health in Rwanda in 2008 by Organization A; (3) two evaluation reports that were produced in September 2009. One was by Organization A comparing the HLW model with a similar community-based program that focuses on development within a different local organization, and another by Organization B focusing on the HLW alone; (4) three annual reports from Organization B for years 2005, 2007 and 2009; (5) two master theses, one in theology (1998) and another one in philosophy (2004) by the former coordinator of the psychosocial program who invited Dr. Gasibirege to introduce his model at Organization B; and (6) notes I had taken as a past participant and a facilitator of the HLW workshops. In this chapter, I also draw from my personal knowledge of the program and its eventful moments. These still evoke vivid memories in me as they touched my own life over the last 15 years. Some of my comments come from a comparative perspective of my past experiences with the HLW model and the current implementation of the model during this study. The first section of this chapter focuses on the historical evolution of the studied model. In the second section I discuss the different modules and components of the model.

6.1 Historical Evolution of the HLW Program

As stated in chapter one, the HLW program was first introduced in Rwanda by Dr. Simon Gasibirege in response to psychosocial trauma that resulted from the genocide in 1994. His
initial vision was to create a spiral chain of facilitating healing workshops that would reach every Rwandan beginning with the people who were working in the helping professions (e.g., education, nursing, social work, and local government staff). The plan was to work with those who were willing to receive the basic HLW modules (described in subheading 6.2) for their own healing, and then train them to facilitate the same workshops so that they would in turn take this training to others in different sectors. Dr. Gasibirege’s objective was to develop a mental health model to address different psychosocial issues of Rwandans with the hope to rebuild healthy communities.

In 1995, Dr. Gasibirege introduced the HLW at the National University of Rwanda where he was teaching. A group of twelve people including faculty members and students was formed and a community-based mental health center was launched. The group expanded and began to assist students who were experiencing trauma-related issues. Dr. Gasibirege combined the HLW model with some individual counseling for extreme cases.

In June 1996, the HLW model was introduced to Organization B, the organization with whom I was working at the time. The organization’s psychosocial team became the initial participants of the HLW workshops. Subsequently, more groups were formed to train other interested staff members. During this time, the psychosocial team was trained in HLW facilitation skills. I helped to co-facilitate the third group of employees who attended the HLW within Organization B.

In 1997, I became the first staff member to be appointed to facilitate the healing workshops both within Organization B and in one community that was struggling with severe consequences of the genocide. The psychosocial team was expanded to include additional staff members for the HLW program. This allowed my team and me to conduct various workshops in different parts of the country where Organization B operated. During this time, the model required some re-adjustment in order to meet the needs of people in the north of Rwanda who were coping with the massive return of refugees from the Democratic Republic of Congo camps. The historical content of the workshops and the exercises had to integrate these new issues. Dr. Gasibirege continued to expand his program to other international and local organizations where he was invited as a consultant. He also offered regular supervision sessions to my team.
By the end of 1998, there were more staff additions who took on the role of facilitating the HLW workshops. At this time, separate teams were sent to different regions where the organization conducted workshops in the local settings and encouraged local co-facilitators to take on leadership roles. The teams also started collaborating with mental health practitioners from other organizations who expressed the desire to learn about the model and develop facilitation skills.

A major organizational restructuring took place in 1999 within Organization B. Approximately half of the psychosocial team was laid off. The remaining members, who had been operating from the central office, were required to move to the regional offices and be attached to other organizational activities. This meant that the program progressively lost its independence, thus resulting in less logistical support for the healing workshops. These changes made it difficult to maintain the growth of the work, as funding designated to facilitate psychosocial work became diffused among other projects that had a psychosocial component. Facilitators could no longer have regular supervision unless individual staff paid to see Dr. Gasibirege privately.

At this point, Dr. Gasibirege realized that his model was vulnerable if it continued to depend on unstable institutions. In an interview I had with him in December 2010, he reported that by the end of 1998 he was disillusioned about the approach he had taken to expand his model through the existing forms of mental health practice. He found it problematic working with professionals who personally benefited from his model, and used it to enhance organizational and personal goals without considering the interests of the communities in need, or contribute to the development of mental health programs that would address the increasing psychosocial trauma. The approach of acting as a consultant in different NGOs did not offer him a way to consolidate his program. Beginning in 1999, he declined many invitations both from inside and outside the country, and restricted his work to a few religious groups operating in the country. In 2000, Dr. Gasibirege was re-energized by the preparations for the national program of *gacaca*. He hoped that this national version of a truth commission would be a potential channel to bring the HLW model to the grassroots level for the mutual healing of the local people. He invested his efforts in various partnerships with government ministries and other bodies (e.g., Johns Hopkins University) that were supporting the preparatory phase of *gacaca*. He facilitated workshops with officials, conducted needs assessments, and wrote recommendations on the psychosocial aspects that needed particular attention during the *gacaca* proceedings. However,
he became aware that the HLW would not be allowed to play a role in the implementation of gacaca. In my interview with him, he said:

*In 2004, I decided to commemorate the 10th anniversary of the genocide with those who suffer, the orphans, who have called upon me to mourn with them. And it was through the sharing of their pain that I realized that my program needed to restart over and this time with the people at the bottom, those who fight to survive on daily basis in this harsh world.*

This was a significant turning point. From this time onward he decided only to respond to people and organizations committed to grassroots programs, that is, the programs that allowed the local people to play an active role. The religious institutions remained appealing partners because of their volunteerism in different communities.

Shortly after the 2004 genocide commemoration, Dr. Gasibirege was approached by two local leaders who requested his help to train a group of volunteers to work with witnesses who were experiencing traumatic crises during the gacaca proceedings. Two years later, he was able to secure funds to facilitate the HLW workshops with a group of thirty high school graduates who lived in that local district and had offered to volunteer their time. During this workshop, six other people requested inclusion in the workshops because of their experiences with traumatic crises. After the training of these volunteers, Dr. Gasibirege’s report resulted in a donor’s decision to finance a three year program to run similar workshops with people in the same local community. More people signed up for the HLW workshops. In a period of three years, more than five hundred people had participated in the HLW sensitization workshops. The momentum of this growth strengthened the launch of the HLW local association which is described as Organization A in this study, and is directed by Dr. Gasibirege himself.

During this time there was further restructuring within Organization B. Teams of two facilitators were appointed for each of the five areas of the organization’s operations. These teams acted as agents of healing and reconciliation initiatives in these regions using the HLW model. Although the renewal of work held some promise for the future, Dr. Gasibirege continued to have concerns about the implementation of his model through NGOs. According to his observations, organizations that had utilized the HLW model reported individual and organizational benefits. However, the impact at the community level had tended to be weak.
The internal evaluation of the HLW program within Organization B also expressed concerns about continued dependency of the trained community members on the organization in helping their neighbors (Kamatsiko & Munyeli, 2009).

The HLW program may have the same impact on individual community participants. However, the orientation of the organizations in which the HLW model is implemented inevitably influences the nature of the outcome of the intervention. For instance, in Organization A, the people who completed the sensitization session started raising awareness about it in the community and drawing more people to it. The same attitudes may be observed among individuals who completed the HLW through Organization B. However, the internal report and anecdotal accounts, as well as my own observations during this study, indicate that participants in Organization A seemed to develop a stronger sense of ownership and commitment to take what they had learned from the HLW back to their communities. This is evident in comparison to those who benefited from the HWL at Organization B and who requested incentives in order to exercise their sense of responsibility. This raises questions about the professionalization of social life promoted through a NGO framework in post-conflict reconstruction.

6.2 Structural Components of the HLW Model

Since its conception, the HLW model has involved mainly three series of workshops: (a) sensitization module; (b) three healing basic modules: living and sharing bereavement, dealing with emotions, and forgiveness and reconciliation; and (c) specialized modules geared to particular needs of certain groups (e.g., train the trainer sessions for facilitators and conflict resolution sessions for people living together). Each series tries to adapt to the needs of the group attending the program. In the following paragraphs, I limit my description of the HLW model to the first two series. The focus of this investigation is the basic healing workshops. I also offer a description of the sensitization module to provide the background of the healing workshops.

6.2.1 Sensitization Module

The HLW sensitization session consists of raising awareness about psychosocial wounds among Rwandan individuals, families and communities. In the initial stages of the program implementation, people were invited to participate. The facilitators employed a one day session to inform the attendees about the psychosocial issues that have resulted from the genocide and
their relations to the history of the country using documentary movies on Rwanda, plenary presentations, and individual testimonies. A summary of each session of the basic healing modules was explained. Rules guiding the group activities were discussed prior to participants being asked to consent to their participation. Those who were willing to start and complete the process were asked to offer a personal commitment through a statement that read as follows: “I, ......, have heard the principles guiding the HLW workshops, I accept and respect them and commit to respect them during and after the workshops.”

As the program became more known, persons and groups started requesting to attend (e.g., professionals who worked in the psychosocial field, spouses of staff members at Organization B). With the current implementation of the HLW program through Organization A, people sign up for self-formed groups and work with the psychosocial outreach worker to organize sessions that are often run by a community facilitator hired by the organization.

The sensitization session, as it is currently implemented at the local association, seems to have become more of a healing process than the initial information day. The session lasts three days and it is sometimes the only one people attend. At the beginning of the session participants—the majority of whom live in the same community—are asked to play an active role in the creation of a safe space by providing guiding principles that they think apply. The session involves them in big and small group activities. They are first asked to comment on a set of projective images, and then share how such images relate to their lives and the lives of the people they know. This approach seems to sensitize them to the major issues observed in the area, which include alcoholism, isolation and gender-based violence. At the same time, it becomes an indirect way of getting the participants to relate the images to their own lives or the lives of people they know in the community.

The sensitization session is also conducted for couples who sign up to address couple-related issues. The same approach applied to individual participants is utilized during the couples’ sensitization session. This session begins with separate female and male small group activities in order to discuss gender-related issues. Subsequently, each couple forms a small group in order to engage in issues pertaining to their shared lives.

In the past, when the sensitization session concluded, people who consented to participate in the basic healing workshops (described below) negotiated the time to start the first workshop. This
was usually planned in a period of at least two weeks after the information day. With the renewed sensitization, only those who wish to further explore their issues are registered and get called when the time comes. At the time of this investigation, Organization A had a long wait list to attend the sensitization session. Currently, there is even a longer wait time for the basic healing workshops due to the limited human and financial resources to facilitate these workshops.

6.2.2 The HLW Basic Healing Modules

The actual basic healing workshops are comprised of three modules: (a) living and sharing the bereavement process; (b) dealing with emotions; and (c) forgiveness and reconciliation. These sessions are generally separated by a month. Although the program has tried to maintain the same structure over the years, the content has been adjusted to fit the different contexts of the groups that attended the program. For instance, in 1997, the content of the syllabus was altered to reflect the stress faced by staff members of Organization B following the war and during repatriation of refugees in the area.

The major changes occurred when the HLW program reoriented to focus on healing individual members who live in the same communities, so that they could start to heal one another and their respective communities. This new approach has taken root through the program implementation of Organization A. Since this shift, the referral process and organization of groups changed. The content and the terminology of the materials also changed; some content was removed, and new texts were added. In the initial HLW materials, there were two handouts, one for the facilitators and another one for the participants. With the renewed materials, only one document served as a handout for both. The content and accompanying exercises were adapted to reflect issues related to the current living conditions in the area Organization A operates in. The name of the basic healing workshops also changed. In the initial documents the program is referred to as “Personal Development Workshops” (PDW), whereas the renewed model is called the “Healing of Life Wounds.”

The former basic healing sessions lasted three days each, while the sessions in the renewed model last five days each. The renewed HLW follows the same approach of implementation which involves alternating plenary sessions and small group activities with more time spent in
small group discussions. However, the responses of participants to both the content and the sharing of personal stories differ between the old and renewed model.

For instance, when I attended the HLW as a participant and as a facilitator in 1996, the first session was always the hardest. Participants posed many questions and there were heated discussions. With some groups, the entire first day was dedicated to setting the ground rules and answering questions. Some people refused categorically to share their personal experiences, and they were very expressive about their refusal. Many times, at the end of the first session, participants were very upset and disliked the facilitators for attempting to make them remember the genocide. They even mentioned that they would not return to the following sessions, although they did. In fact, they often came back eager to learn about their emotions and had no trouble relating to the second session. After feeling and displaying strong emotions, they had more questions than answers which gave them something to work on upon return. They also often expressed the need to revisit the first session in order to catch up with the things they felt they had disregarded at the time.

Compared to the old healing workshops, the group I observed using the renewed model during this investigation (2010) had different reactions. The participants were initially motivated to attend, but once in the program, they were very cautious and watchful, not sure why they had come or what to expect in the days to come. The first session on living together with bereavement was uneventful. The participants’ narratives were more about life in general and their narratives evolved around feelings of living in fear, isolation, hopelessness, and in conflict with others in communities. The common themes in the shared stories were social categorization and the dominant narratives that characterized them. These included statements like “us,” versus “them,” “the government,” and “gacaca,” which to my understanding, implied a lot of suspicion and mutual avoidance of people who live in the same communities.

The participants’ body language and unexpressed memories revealed a lot about what might have been happening to individual participants in the private and isolated spheres of their lives. For instance, on the second morning of the first session, more than half of the participants reported feeling sick and having bad dreams or nightmares. Four participants, all in their fifties, reported having acute episodes of high blood pressure and complained of not having brought their medications. Others seemed very weak and laid their heads on the desks. A few other
participants reported feeling strange burning sensations in their hearts, and other sorts of pain in their bodies.

When participants were addressed directly, their body reactions were strong. Some people’s eyes turned red while others instantly started coughing. In small group activities they lay on the grass, spoke softly, and most of the time looked away from other members of their group. Yet many also stated that they felt a little bit better than what they usually feel when they are at home alone. One elderly woman participant stated: “When I am with others I feel like a human!” Many others reported that at home they lived in constant fear that something bad may happen to them and this disrupted their sleep and daily activity. The first session seemed to raise a number of questions about who they were as individuals and the session itself. They wondered whether the HLW was going to respond to their desire to heal their wounded hearts.

In the past, the second session focused on the felt emotions and how to deal with them. Participants reported that they could hardly wait to come to the second session and were very curious, which made the discussions more enjoyable. For the group I observed in this study, participants were a little hesitant to come back. They reported debating whether revisiting the past was something they really needed at this time in their lives. However, every participant returned to the second session even though many were aware of the negative implications of being away for almost an entire week—for example, they would not be weeding their crops. Rather than abstractly focus on dealing with the topic on emotions, they were driven into exploring and reliving the past, which created some intense traumatic crises. I worked with the participants and facilitators to help those who were not doing well. The management of these traumatic crises was an important part of the second session because it created a shift from the body language and superficial descriptions of life issues to more articulate personal accounts of suffering. The third session seemed to be a progression of the second session. Participants reported back to the group that they continued to help one another make some considerable decisions regarding how they were going to contribute to their own healing and the healing of their communities.

My past experience during the HLW workshops revealed that participants in the old model made personal decisions which they sometimes shared with others in the groups (e.g., offering to become an aunt for an orphaned younger participant or encouraging others to organize a
wedding party for someone who expressed worries about not having family members). What was different in the renewed workshops through Organization A was that participants seemed to make both individual and group decisions about issues that concerned them both as a group and also as members of their respective communities.

For instance, participants organized themselves as a group and visited one participant who was not doing well during the first session. When they returned to the third session, they had organized themselves to form a mutual help group which they continued after the workshops were completed. In addition, they asked questions about how and what they could do to resolve issues observed between them and others in the community, or among other people they knew were not doing well. The search for answers in the group usually followed an attempt they had made to do something, or as they were exploring a best course of action to take upon return to the community. One group of couples who completed the sensitization session decided to organize informal visits to other couples that were having severe conflicts, in order to share their experiences with them. In the subsequent sensitization that I was able to shadow, each couple brought back three other couples, and came along to support them in the formal session on sensitization. Some of them mentioned knowing more couples who were interested in the HLW program.

I find the old model to have adopted a top-down approach and the renewed model to have adopted a more horizontal or bottom-up approach. In the latter approach, the concerned participants take the responsibility to contribute to the healing of not only those who attend the HLW, but also those outside the program. The participants who benefited from the old approach of the model tended to focus on their own change and that of their immediate families. The participants in the renewed HLW had more determination to develop interdependent mechanisms that required mutual support and to work together as a group to overcome distressing issues of the broader community.

The summary of the commonalities and differences observed in the original old HLW model known as PDWs (1995-2000) and the renewed HLW model (2006-present) is presented in Table 2.
## Table 2 Summary of the Evolution of the HLW Program

|--------|---------------------|---------------------------|
| **Sensitization** | - One day session aiming at recruiting potential participants to the basic healing workshops  
- Information session  
- Key resource persons of the community are targeted  
- Theoretical and testimonial examples are utilized  
- Consent to participate expressed through an individual commitment | - Three day session on raising awareness and managing major individual psychosocial issues  
- A form of intervention  
- Community members who recognize their own brokenness apply  
- Projective methods are applied  
- Interested persons apply as individuals or couples |
| **Basic healing modules Overview of the three sessions** | - Objective: help heal emotional individual wounds  
- Motto: the journey towards life through a bereavement process  
- Target: individuals  
- Three day session in residential or non-residential setting  
- Establishment of an individual contract  
- Repeat the verbal commitment each day of the workshop  
- Theoretical explanations based on Transactional Analysis and welcoming examples from lived experiences | - Objective: help heal individuals and communities  
- Motto: Repairing hearts and family through living and sharing life wounds  
- Target: individuals and couples  
- Five day session in residential setting  
- Establishment a community through rituals (e.g., new ways of greeting)  
- Reading together the encouraging texts, reflect and share insights  
- Theoretical explanations drawing some elements from transactional analysis and focusing on local |
<table>
<thead>
<tr>
<th>Particularities of each session</th>
<th>Bereavement</th>
<th>Dealing with Emotions</th>
<th>Forgiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bereavement</td>
<td>- Encourages participants to explore different areas of losses experienced before, during and after the genocide through the sharing of personal stories (e.g., natural deaths, deaths experienced in the genocide or as a result)</td>
<td>- Encourages participants to explore different emotions and how they change through one’s developmental stages so that they can start re-educating them towards their betterment</td>
<td>- Encourages participants to re-examine the forgiveness process in one’s life and start taking new positive direction towards and autonomous and responsible individuals</td>
</tr>
<tr>
<td>Dealing with Emotions</td>
<td>- Encourages participants to explore life wounds starting with the most pressing issues of the present (e.g., traumatic crises, family conflicts)</td>
<td>- Encourages participants to explore the different emotions that block their well-being so that they can start expressing and using them as resources for their own healing and the healing within families and communities</td>
<td>- Encourages participants to re-examine the personal meaning of forgiveness</td>
</tr>
<tr>
<td>Forgiveness</td>
<td>- Promotes actualization of the permissions and protections put in place throughout the journey of the bereavement process.</td>
<td>- Emphasizes the renewal and creation of new relationships in the rebuilding of peaceful and meaningful lives.</td>
<td></td>
</tr>
</tbody>
</table>

Both the old and renewed versions of the HLW model seem to have adapted to the historic moments of post-genocide rebuilding. The old model focused on the bereavement process which might have initially been the most acceptable way to acknowledge massive human and material losses that occurred during the genocide and help people to make sense of their experiences (which were still fresh) in order to move forward. For a person who participated in
various workshops related to trauma and healing, the HLW model in general seemed to be more contextual than other models that adopted educational and one-on-one counseling approaches to trauma. Such programs tend to focus on identifying or treating symptoms rather than help those in suffering to understand what happened to them and use their resources to address individual and community psychosocial issues.

The founder of the HLW argues that the former version of his model benefited only individual organizations and participants who utilized it and not the broader community. While this might be true, it is important to understand the model was not only based on the context in which the HLW model was implemented, but also the content and the process of its implementation over time.

At the contextual level, the HLW individual outcomes at the organizational and personal levels may be explained by the fact that the first people who became involved with the HLW model were professionals who had been trained according to Western approaches (e.g., staff of international organizations). These are also people who had to apply Western models in order to receive the required funding. These contextual issues relate to the general NGO framework which tends to focus on the individual-based interventions in many post-conflict situations, such as post-genocide Rwanda.

In terms of the content of the HLW, the more individual and organizational outcomes might have been influenced by the academic and practice background of the founder. Dr. Gasibirege studied and worked in Europe for a number of years. Returning to Rwanda might have required him to go through a personal transformation in order to adapt to the realities of the local context. This is shown through the initial materials of the program he produced. For example, the old model was originally offered in the French language and it applied Western theories such as transactional analysis. Although he utilized a group approach, these theories have an individual focus. For instance, the initial healing workshops materials required individual participants to provide consent and set up individual contracts indicating what they wished to address during the program in order to contribute to their own healing. These workshops were called “personal development workshops,” which also implied an individual focus.

While clearly the HLW can be evaluated as a model that started as an individual-based program, I argue that the process of its implementation and evolution presented aspects that
differentiated it from other typical individual-based programs. For example, the HLW was very culturally sensitive to the local coping mechanisms and it was open to the integration of collective cultural elements that allowed the participants to be creative. An example was allowing some culturally appropriate activities (e.g., spending time with those in too much pain) and other accepted rituals, such as dancing and singing when it felt appropriate for the participants. To my knowledge, many individual-based programs that were introduced in post-genocide Rwanda, such as trauma-related training counseling interventions were not open to such activities.

From early on, the HLW program also encouraged the formation of groups made up of Hutu and Tutsi. This was unusual in the immediate aftermath of the genocide. Breaking the perpetrator/victim dichotomy might have implied an approach that goes beyond the individual needs and it might have had some collective impact on the participants within Organization B, and to a certain degree, in Rwandan communities.

An example of one HLW collective outcome was the cohesion observed among group members who had completed the HLW workshops at Organization B. As mentioned in the introductory chapter, one of the criteria required to participate in the basic healing workshops was the need for interested local and foreign staff to attend together. Among Rwandan staff in particular, the groups had to include Hutu and Tutsi. Some staff who opposed this idea had the freedom to decline participation. Breaking these social and political categorizations seemed to result in more positive outcomes. It also motivated others to apply and have more groups form within Organization B, and then later in the served communities.

Another of the collective outcomes was reflected in participants’ decisions to replace lost biological kinships by volunteering to play missing family roles such as aunts, big brothers or sisters, as a personal commitment to those in need. The management team at the time also reported that staff seemed to get along better, were more focused and productive, and encouraged their own teams to participate together with them in the HLW workshops (which were called PDWs at that time).

I find the overall goal to heal emotional individual wounds and rebuild communities to not be reflected in the content, language, and (to some extent) the approach of the initial HLW workshops. This gap might be due to the founder’s (Dr. Gasibirege) assimilation of Western
ways of knowing and being. He trained and worked in the West for a number of years, and might have been more familiar with Western theories and intervention models than the knowledge he possessed about Rwanda at the time of his return. As the new HLW model demonstrates, he went through a process of unlearning and undoing his dominant knowledge, and was open to relearn and respond to the realities of post-genocide Rwanda. Over 15 years of HLW implementation, Dr. Gasibirege moved from individual-based approaches to the more community-based model, which he envisioned at the outset. In the process of this transition, he demonstrated openness to what he did not know, and in particular to the needs and contexts of Rwandans, as well as the resources and cultural tools they used to address adversity. The renewed model and its implementation are evidence of his attempt to theorize a model of practice adapted to the local context.

Having prior knowledge might have allowed Dr. Gasibirege to have a bigger picture of healing individuals and communities reflected in the objectives of the old model. The unlearning and the re-learning process may seem unrealistic given the limited mandates and pre-packaged models adopted by NGOs that are involved in post-conflict reconstruction. However, it is necessary for the local and international interveners to develop an understanding of the issues they are called to address and the socio-cultural resources that are in place. This will result in a critical re-assessment of the existing models in order to adapt and establish models that are appropriate to each post-conflict reconstruction.
Chapter 7 THE EXPERIENCE OF THE HLW PROGRAM

7 Introduction

The purpose of this study was to gain an understanding of healing psychosocial trauma through the HLW as perceived by the different stakeholders, including community participants and a group of facilitators who have utilized the model to conduct healing workshops for more than a decade. In this chapter, I focus on the findings that emerged mainly from the experience of participating in the HLW program during this investigation. It is important to remind the reader that the participants in this study included the members of the two ethnic groups opposed in the 1994 genocide. These participants continue to live in the same communities.

The researcher, whose reflexivity was also integral to the present data, worked closely with three other key informants. These were Dr. Gasibirege, the designer of the HLW model and founder of Organization A; his assistant whose primary responsibility was to facilitate the sensitization sessions and assist him during the basic healing workshops; and the psychosocial outreach worker who was involved in community outreach activities and organization of groups at Organization A.

The first part of this chapter offers a description of the research participants. In the second part, I present the themes and subthemes that emerged from the HLW experience. The themes draw from the stories that were shared during in-depth interviews before and after the intervention, my interactions with this group of participants during the intervention, the program materials, and my off-site reflections and interactions.

7.1 Description of Research Participants from Organization A

The description of the participants from Organization A is provided below. Precautions are taken to protect the identities. For example, the age range is presented in categorical forms. When more personal information about these participants is used in the presentation of the study’s findings, the pseudonyms are employed and other identifying information are either not revealed (relationship of those who attended as couples), or slightly changed (e.g., gender and age of the infant children who attended with their mothers).
The group from Organization A consisted of twenty-three participants who completed the three modules of the HLW basic healing workshops as part of the investigation. The requirement for participation was (1) to have completed a three day sensitization session, or (2) to be the spouse of someone who had completed the sensitization session and had made a special request to participate, or (3) to be recommended by the psychosocial team at the local association. This recommendation was based on the progress made through individual support provided through one-on-one sessions. Spouses who participated did so as individuals, and there were no particular parts of the programs focusing on couples’ issues. There was no attrition in the sample. All twenty-three participants completed three five-day sessions (fifteen days in total). The researcher conducted participant observation with the whole group during the HLW plenary session and followed activities of a small group formed by six participants. Ten participants, including four from the targeted small group for participant observation, were interviewed individually before and after the intervention in order understand the experiences of living in post-genocide Rwanda before the intervention and their perceptions after completing the HLW intervention.

The twenty-three participants included two couples, nineteen women, and four men. Fourteen members identified themselves as “survivors,” and nine others identified as non-survivors. As mentioned in the previous chapters, the word “survivor” is not necessarily limited Tutsi ethnic group in Rwanda even though this was the targeted group for the killings. In addition to the Tutsi survivors, the Hutu women who were married to Tutsi men and lost their spouses and children to the genocide (patriarchal system), also call themselves survivors. However, the Tutsi women who were married to Hutu men sometimes call themselves survivors by referring to their families of origin. They also associate with the Hutu when discussing issues related to the families in which they married, such as not being a primary target during the genocide. In this study, I respected these fluid identities and categorized each participant depending on where they situated themselves most of the time.

The group included two ex-prisoners who had spent seven and thirteen years respectively in jail, and were released during the period of gacaca hearings. Four members had been diagnosed as being HIV positive. Two women reported to have been raped during the genocide. At the time of the study, they ranged between twenty-six and eighty years of age. Many of these participants had limited or no functional literacy. One participant had completed high school,
three had completed vocational training or some years of high school, and all others had some level of elementary school, or no formal schooling. They were all farmers living in the rural area. The summary of the demographic information is presented in Table 3.

Table 3  Summary of the Demographic Information of the Community Participants

<table>
<thead>
<tr>
<th>Age range</th>
<th>Gender</th>
<th>Self-identification</th>
<th>Marital status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>female</td>
<td>male</td>
<td>survivor</td>
</tr>
<tr>
<td>26-40</td>
<td>9</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>41-59</td>
<td>5</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>60-70</td>
<td>4</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>70+</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Totals</td>
<td>19</td>
<td>4</td>
<td>14</td>
</tr>
</tbody>
</table>

This group can be characterized as being generally vulnerable due to personal and societal events that affect them. Some factors had been experienced on multiple occasions or for extended periods of times. The participants continue to be exposed to issues such as traumatic crises, family conflicts, chronic and infectious illnesses, and acute poverty.

7.1.1 Selected Participants for Reporting the Findings

All twenty-three participants contributed immensely to this study. In order to facilitate the reporting of the findings of this chapter, I selected seven groupings formed of one to three participants to demonstrate the development of the different themes using the shared narratives and the displayed behaviors that helped to understand the HLW and the process of its implementation. The participants in each grouping were selected based on the unique capacities their storied lives and performed identities helped to guide the telling of other group members’ stories and the shaping of their group identities. The narratives and performed acts in each grouping bring different and yet complementary perspectives to the better understanding of the HLW experience and the different themes that compose it. Pseudonyms were employed to
protect the identities of the selected participants. The following is the uniqueness of each representational group.

Seven groupings were formed including that of the facilitating team. A first grouping consists of Dr. Gasibirege and two staff members of Organization A at the time of the field work, Mwali and Sue. They were often referred to by many participants during the time of the investigation. They made arrangements for recruitment, interviews and helped the HLW workshops run smoothly.

A second grouping is that of Sali. Sali is a participant who looked overwhelmed during the entire HLW intervention. Although she seemed to have a lot to say, she continued to restrain herself. This made her physically weak and cognitively unfocused during the big plenary and small group activities. Her presence in the study offered me a different perspective through which to understand the particular struggles some members of the Rwandan community face, and how they get treated in the HLW program.

Rosa is a third grouping. Rosa had special ways of dealing with issues she brought to the HLW program. Her physical reactions, articulation, and confrontation of personal and group issues made her stand out both in the small and big group activities.

Fourthly, Bernadette and Bonnie brought an interesting dynamic to the group. Attending an intervention required both of them to confront an issue that preoccupied them and which they perceived completely differently. Their approach revealed how contradictions between people were managed by those concerned, and by the groups to which they belonged.

A fifth group is that of Suzanne, Anatole and Paul. Suzanne and Anatole’s misunderstandings reflected issues of structural violence that became articulated during the HLW program. Anatole, a male and small group facilitator, wanted to direct. Suzanne showed the possibility of resisting authoritarianism and demonstrated the importance of voice in overcoming oppression. Paul, another male who happened to facilitate a small group, added yet another alternative to this dilemma.

Sixthly, Dancile, Martha, Emma, and Monika often referred to the stories of their behaviors outside the intervention and described their evolution during the HLW program. They added
insights regarding how the participants traced their own progression in the program, and assessed how it applied to their daily issues.

Lastly, three women form the seventh grouping. Cathy, Cindy and Judith had strong beliefs about poison, which was a topic that took a good amount of time to discuss during the small and big group sessions. Their stories about poison at the beginning and at the end of the process demonstrated how certain beliefs are confronted and interpreted during the HLW intervention.

7.2 Categories and Themes

This section focuses on the description of the HLW categories and themes identified from the in-depth interviews conducted before and after the HLW intervention, on-site notes taken during participant observation, off-site reflexive notes I made throughout the field work (based on my interactions with the participants and other community informants, or on my self-understanding within the process of this investigation).

During the analytic process, I searched for different ideas that helped to understand the different aspects of the HLW program. The analysis and interpretation of the various data of this section made me realize that stories about different events overlapped and were sometimes very similar from one participant to the next, from one session to the next, from one concept to another, even when they were relating to different experiences. At other times, certain things that were left unsaid or mimicked were later revisited as if they had been articulated earlier. The same dynamics were observed when participants offered their perceptions about the HLW. They referred back to the first interview, or to their past histories to emphasize an aspect of the intervention, or projected ahead to imagine the possible future after completing the program. The identified themes are based on this mutual overlapping of various aspects of the HLW program.

An idea or a set of ideas was considered a theme if mentioned in more than one data source and referred to by multiple participants. The general idea was identified as a theme and the different aspects forming it as subthemes. For example, a number of participants talked about suffering physically, emotionally and economically. Each of these ideas was described in one way or another by different participants (e.g., being sick, having physical injuries) and referred to by
other key informants. Thus, suffering formed one theme, and each of the mentioned ailments was a subtheme.

The naming of an emerging theme depended on the meaning behind the idea. At times, participants’ statements or wording inspired my naming of the themes. Other times, I named them based on my understanding and interpretation of the data. After all themes had been identified, I classified them in three different categories represented by the ovals below: (1) Psychosocial issues, (2) the HLW process and motivating factors, and (3) transformation through the HLW process. These were more conceptual categories that helped present the different themes separately and yet complementary. Under each theme, examples of subthemes were identified. In some cases (e.g., point 7.2.1.1) I treated the subthemes together especially when they were mentioned together in one segment of a story. Figure 1 presents themes in interrelated ovals to portray the connections between the three categories and among themes and subthemes.

This back and forth movement reflects the nature of the HLW process, its non-linearity approach, and its role to reconnect aspects of individual lives and individual members to their community. The discussion of each theme and subtheme involves the telling of participants’ stories using their translated words, and sometimes stated in their original language, Kinyarwanda. I attempted as much as possible to let the voices of the participants speak for themselves. Through the use of dialogic performance analysis, I was struck by the power of the metaphors that participants and other key informants used to describe and conceptualize their daily lives. These metaphors and other stories shared by the community participants were valuable for shaping the closest understanding of the HLW and the life narratives this program helped to articulate. The narratives require further unpacking, a task which goes beyond the purpose of this study. With the aim of attempting to understand the workings of the HLW through these stories, I adopted a storytelling approach to represent some of the rich information the participants offered that reflected their perceptions of the model and the context in which it is implemented.

To discuss the emerging themes, I refer to outstanding moments of the field work during which strong statements were made to provide background information to the stories shared by participants to make sense of the HLW process and its context of implementation.
Figure 3  Summary of the Emerging Themes

<table>
<thead>
<tr>
<th>Psychosocial Issues</th>
<th>HLW Process and Motivating Factors</th>
<th>Transformation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Individual suffering:</strong></td>
<td></td>
<td><strong>1. Change at the individual and group level:</strong></td>
</tr>
<tr>
<td>*intense emotions + traumatic crises</td>
<td></td>
<td>*better management of emotion</td>
</tr>
<tr>
<td>*physical injuries/illnesses</td>
<td></td>
<td>*increased trust in self</td>
</tr>
<tr>
<td>*poverty</td>
<td></td>
<td>*change of behavior towards self and others</td>
</tr>
<tr>
<td><strong>2. Social suffering:</strong></td>
<td></td>
<td><strong>2. Impact at the family level</strong></td>
</tr>
<tr>
<td>*social isolation and exclusion</td>
<td></td>
<td>*improved relationships within families</td>
</tr>
<tr>
<td>*suspicion/mistrust</td>
<td></td>
<td><strong>3. Impact at community level</strong></td>
</tr>
<tr>
<td>*conflicts + violence</td>
<td></td>
<td>*improved relations and mutual support</td>
</tr>
<tr>
<td>*lack of information</td>
<td></td>
<td>*active community participation</td>
</tr>
<tr>
<td><strong>3. Institutional-induced suffering:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*religious activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*government services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*medical approaches</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**1. Rough confrontation**
* telling + listening
* entering one’s self + opening one’s heart to others

**2. Gentle confrontation**
* space of sharing
* sharing life
* having people to talk to
* being able to talk

**3. Other motivating factors**
* Openness
* HLW materials
* the facilitator

**1. Change at the individual and group level:**
* better management of emotion
* increased trust in self
* change of behavior towards self and others

**2. Impact at the family level**
* improved relationships within families

**3. Impact at community level**
* improved relations and mutual support
* active community participation
I call these moments “episodes.” The episodes are numbered and underlined. I indent them, together with the accompanying statements, for easy identification. After I share participants’ quotes, I add additional information from the data to create a flow from their stories and my immediate interpretation of what was said. The in-depth description of themes and their immediate interpretation result in more abstract concepts that I call “dimensions.” These serve the basis of the conceptual framework of a community healing model through the HLW program. Further interpretation of the findings of these concepts is provided in Chapter 9. Tenses shift back and forth between present and past as a way to invite the reader to the scene of story sharing and also the unfolding interpretations of the researcher.

7.2.1 Psychosocial Issues

In this section I discuss three main themes identified under this category, including individual suffering, social suffering and institutional-based suffering.

7.2.1.1 Individual Suffering

**Episode 1: Individual interviews**

*URwanda rwarangwiriye!* “Rwanda has fallen upon me!” Sali says.

I arrive first at the place Sue suggested to convene for my first in-depth interview with the first potential participant. Sue is the psychosocial worker at Organization A. Home visits are one of her responsibilities and she knows the ‘ins’ and ‘outs’ of every home in this village. The place of our meeting is a government building, a former sector office, currently known in the Kinyarwanda language as *ibiro by'umurenge*. In recent years, Rwanda has started reclaiming the use of Kinyarwanda words in response to the colonial terms that have tended to dominate the mapping of the social structures in the country.

The place seems to have been in use for some time now but it does not have any windows and doors. The construction seems to have been stopped half way. The government usually provides the materials and the local people do the work on the day of *umuganda* (community work which happens once a month). I guess funds haven’t been available to finish this building. I walk around to check it out before I can decide where to hold my interviews. The building seems to have had other visitors. There is goat manure in one corner, and a small bench planted in the opposite corner. I wipe the dust off the bench using few white tissues and determine that
will be the best spot to talk in a semi-private setting. I put my backpack down and stand near the large window to gaze on the hills below and across. This area is stunningly beautiful. The hills are not too steep or flat, and the valleys separating them are neither too narrow nor wide. In fact, people can call each other from hill to hill. The banana plantations mingling with avocado trees, bushes of eucalyptus and other kinds of scattered trees create a very green and shiny tapestry under the afternoon sun.

Rain has been generously watering the trees, but the locals (who are mostly farmers) are not happy with the rain because, although they have a good crop of beans that are now ripe to harvest, the crops are now being damaged by recent intense rains. This is now forcing the farmers to combine harvest with sorghum seed planting. It is a very busy time and those who accepted to participate in my study can only be available after 2 p.m., and usually have to be home as quickly as possible before it gets dark.

Sue walks in the room and laughs at the office I have created in the corner of this empty building. Looking at her, I see a small woman enter the building carrying a baby on her back. She looks too young to be a mother already. Sue introduces her to me as Sali and then leaves us alone to have some privacy. I go through my prepared introduction and then ask Sali how she has been.

“Rwanda has fallen upon me!” She says. “Rwanda has fallen upon you?” I ask in reply. I am amazed and shocked by this opening statement. She quickly goes on to explain:

> After I realized that Rwanda has fallen upon me, I thought that perhaps going to a children’s choir would help. But I could not remember anything that happened in the choir or a song they sang. It was as if I had lost my mind. I just sat there as my mind wandered around. Instead of seeing other children in the group I saw what their fathers or mothers had done to my family. That’s all I saw and that was my kind of choir participation. I was very discouraged to go back.

She interjects to say that after the HLW sensitization session, she has tried to accept some of these things, but it is still difficult for her when there is nobody to talk to:

> When you haven’t had anybody, someone you can talk to, even if that person may not understand what you are saying, but someone there, a person with whom you can share
your suffering and feel some release in your heart, the problems fall on you alone and keep you captive because there is nobody else to carry them with you.

In this episode, Sali reported being overwhelmed by many problems, past and present, and some of which were rooted in her experience of the genocide at every young age. She was only 10 years old when the genocide erupted. She watched her family being hacked to death with machetes and clubs. She herself received a blow in the chest and was able to escape as her loved ones were being pushed, one by one, into a toilet pit. She witnessed what happened and the neighbors who did it. She survived with a grandmother who had also been severely injured and a four-month old cousin who was left under her care. Both of them passed away a few years after the genocide. She was left alone to fend for herself in the new Rwanda. After living from one family to the next, she has decided to settle on her own. In her longing to have someone near, she had a child. The birth of her daughter was the happiest moment of her life. Sali views the presence of this child in her life to be a blessing. At the same time having the child out of wedlock makes her feel guilty because she strongly believes that her daughter is a result of sin. Furthermore, the challenges of raising a child in poor conditions have added to her problems rather than offered solutions:

I feel so alone and helpless in this world. With this injury in my chest, I have a hard time doing manual work. I am unable to work like others when seasons like this one come.\(^\text{13}\)

I tell myself that ‘life is very difficult for me!’ And when I have a problem at home, it regards me and me alone. And when I think about my life, I cannot go to sleep.

Sali referred to regularly experiencing traumatic crises. When she is overwhelmed by “her problems,” she loses consciousness and often wakes up to find herself in the hospital or under the care of one of the other survivors. After such events, she feels very sick and generally weak, and it requires a few days or a week to recover. According to her analysis of life, things have moved from bad to worse. She has now lost the only family members who survived with her, a grandmother and a young cousin. She feels very alone in the world. Life in other people’s families was not easy. She did not think that people believed her or acknowledged her experiences and their impact on her. She kept quiet and rarely engaged in conversations. Her

\(^{13}\) It was a busy time of harvesting and planting which required farmers to be strong and healthy and have additional support either from family members or manpower people who work for a fee. Sali did not have any of these resources.
hosts and neighbors judged her for being a bad and mean girl. As she grew older, they accused her of being arrogant. Then she started developing traumatic crises, which she equates to losing her mind. These traumatic crises have led to a new label for her, “the crazy one.” During her crises people maintain their distance and “do their best to stay out of my way,” especially when the annual commemoration is approaching.

Sali is not the only one feeling that Rwanda has fallen upon her. Rosa is another woman I interviewed in the same week I met with Sali. When I asked Rosa the same question about how life has been for her since the end of the genocide, she responded: “Do you mean starting from the genocide itself?” It was as if she was seeking permission. Before I could finish saying that she could start wherever she felt most comfortable, she quickly proceeded. It was as if she had been waiting to be asked this question.

After the genocide, life was very meaningless and I did not care whether I lived or not. The world seemed to have ended. I was very scared of people and the things I had experienced.... People looked like killers to me. I joined with other survivors and together we formed a group of homeless people. We lived in the houses of those who had fled and we were very scared. Personally, I did not want to talk or remember what had happened to me, and I begged God to turn me mute.

“Turn you mute?” I inquired. She laughed at the statement before she continued: “You see, I was in this country from beginning to the end of the genocide and there are things I saw, heard, and experienced I did not want to remember.” She proceeded to provide details about how she and others were rescued by the Rwandan Patriotic Front (RPF), how they moved from house to house as the house owners returned from refugee camps, and how it was very traumatizing to confront life after all that had occurred. Similar to Sali, she also suffers alone and does not have anybody to talk to:

Then when you did not have anybody to talk to, all these things overwhelmed you. It was an unstoppable television show of your problems. Not having something to eat, not having family who could be there for you, all these things were very overwhelming to the point that they could make you crazy, a crazy person who runs outside in the public. When I felt this way at first, I kept quiet and I stayed in bed for days.
Rosa was in her early twenties when the genocide started. She collapsed when she was hit with a club on her shoulder. When she regained consciousness, she was picked up by an old man who could have been in his late sixties at the time of the genocide. His offer to protect her resulted in an ordeal of captivity during which he raped her and threatened to kill her if she ever attempted to escape. He locked her in his home for the entire three months of the genocide, ordered her to cook for him at night, and wash his bloody clothes. Behind this man’s house was a pit in which the wounded were thrown in large numbers. She could hear their agony very clearly from inside the house. When she could not take it anymore she attempted suicide, but she did not die. She managed to escape when her captor was trying to flee with her. She was rescued by the RPF to later find out that her entire family had been killed. She was diagnosed with HIV a few years ago, a condition which she attributes to her captor.

Her experiences come back to her memory like a television show that turns itself on automatically anytime she is alone. She has not been able to share the story of her rape with anybody (not even other survivors) for fear that they will gossip about it. She says that she was unable to even tell her husband about this incident. He has since died of HIV/AIDS. Imagining that she may have been the cause of his death haunts her constantly. She is often sick, either from the injury to her shoulder or of AIDS related infectious diseases. She lives in fear that her children may end up orphaned at their very young ages.

The survivors’ narratives repeatedly revolved around carrying the experiences of the genocide alone and being overwhelmed by them. In addition, they suffer from physical injuries and illnesses believed to have resulted from the genocide and related conditions. They all reported having severe and permanent headaches, and doctors have not been able to offer a cure. A woman reported that in addition to asthma which keeps her hospitalized every other day, she feels as if she is carrying one hundred heads because of the severe headaches she suffers all the time. Another one who lost the sight in her right eye due to a machete cut on her neck cannot carry anything on her head. As a woman living on the farm with no other machinery, she cannot rely on her head to carry any crops during harvest, firewood or water. She explains that she does not remember what it feels like to not have headaches because she suffers all the time. Sali also talked about having a pounding headache all the time. This was amplified by her metaphor of Rwanda falling upon her: “When I have headaches it feels as I am carrying an entire village on my head,” she says.
The survivors are not passive in their attempts to cope with this kind of suffering. They state they have sought help from the church, local government and medical institutions, yet without success. When all support systems fail them, they lock themselves inside their houses and are bedridden for days, thus further isolating themselves. Their issues seem to become public only when they start developing into observable crises.

In the initial interviews I also asked the same question to the non-survivors. Their responses were related to social rather than individual issues. They referred to family and neighborhood conflicts. For instance, when I asked Emma the question as to how life has been since the genocide, she answered:

*I had many family problems and that is what I wanted to address with the HLW program. The family I married in did not like me and I believe they did not like each other. It was a polygamous family and there were many problems between half-siblings. So I sought the healing workshops because I wanted to learn to accept some of those issues.*

Emma is a married woman in her late thirties. She acknowledges that her Tutsi mother lost almost her entire family. She identified those relatives as her family because they were the ones she relied upon for help. She mentions in passing that she was also traumatized by their deaths, after which she quickly turns to the issues that are more pressing for her. She is concerned that her other relatives are serving jail time due what she calls false accusations that resulted from the gacaca hearings. She does not say anything at this time about her maternal aunt who lost all her family and continues to beg the killers of Emma’s uncle to tell her where they buried his remains. Emma’s concern is relationships with her current family.

Anatole is another non-survivor whom I interviewed before the intervention. When I asked how life has been since the end of the genocide, he started by saying: “When the genocide happened I was watching, and there are brothers who lost their lives.” Then he quickly asked the question: “Did you ask me how I view the genocide?”, as if he had answered without first thinking. I repeated the question and this gave him time to take a deep breath in and compose himself before he continued:

*In general, those who killed and those who lost their family members have problems. The most important thing I can suggest in the meantime is forgiveness and*
reconciliation so that we can build the country in unity and without conflict. When these people meet without forgiving one another, they send each other bad looks, one person thinking ‘that person killed my loved ones’, and the other saying ‘that person accused me’...If these people can get along, things would be better.

When I asked Anatole if any of these issues affect him personally, he replied:

*When these things [genocide] happened I was still young, but what hurts me the most is suspicion, people looking over their shoulders and not trusting each other, without trying to understand each other. In my life I try to advise them.*

Individual suffering comprises emotional feelings of fear, loneliness, hatred, suspicion. These emotions are felt by individuals, but they originate in the social world that creates suffering. It also includes physical and economic problems of being sick all the time, having chronic and deadly diseases such as HIV/AIDS and physical injuries that resulted from the genocide.

Not all participants view the genocide event the same way. The memories of the genocide are overwhelmingly present in survivors’ narratives and tend to hold them hostage and render them physically and emotionally vulnerable. The non-survivors also expressed suffering individually. Even though the issues to which they related their suffering are linked to the genocide, this event is not articulated in their narratives. Anatole’s and Emma’s stories provide an example. They recognized suspicion among neighbors, sadness of imprisoned family members, but their accounts seemed removed from the event of the genocide even though the stadium where many former neighbors and family members (Emma’s case) were slaughtered is a few miles away from their homes.

### 7.2.1.2 Social Suffering

Social suffering refers to the combination of personal, interpersonal and community distress which can often lead to forms of indirect violence such as social exclusion, or direct verbal and physical attacks. Kinyarwanda metaphors, proverbs, and stories participants shared had themes of suspicion, fear, resentment, injustice, and violence. In this section, I discuss three subthemes: social isolation and exclusion, physical violence and conflicts, and institutional violence.
7.2.1.2.1 Social Isolation and Exclusion

Rosa recalled: “When you meet them [non-survivors] on the street, they walk away as if you have done something wrong to them.” Dancile, another survivor who lives with her two year old daughter, reported to have been rendered crazy by the way her neighbors ignored her existence:

*I do not think they see me as a human being! They look away when I pass, and then when I look back, they are standing staring at me and talking about me while I can still overhear what they are saying about me.*

Other survivors identified this form of silent isolation from the world to be dehumanizing and inconsiderate to the point that they feel they do not exist. For instance, Martha, who is a Tutsi woman married to a Hutu man, had one of her former neighbors comment to her that her family was not really wiped out when she presented her sole surviving nephew who had come to visit. Another time, she shared with me that her husband is among these people who completely ignore her human existence. She said: “We were accompanying this visitor, then, he started telling him, ‘if the Tutsi were not weeded out, could we have any place to stand in this country by now?’”

Often these forms of hurting the survivors through spoken words or non-verbal actions lead them into social withdrawal. Many survivors talked about locking themselves inside their house, staying in bed for days, refusing to talk, or feeling that they have nothing to do with the outside world.

7.2.1.2.2 Physical Violence and Conflicts

The subgroup of survivors associated persistent and overwhelming emotions with traumatic crises and sometimes violent physical behaviors. Dancile talked about how she shifted from being the target of exclusion to becoming a violent individual.

*I used to get traumatized a lot first because I was homeless. Then after I got this house, I decided to settle down. But it was very difficult to live here because of the way neighbors treated me. I decided to not approach them. I did not want to talk to them. They were bad people. Then I started getting retraumatized again. I run outside and took stones and started throwing them at people.*
Things got worse between her and the neighbors. It was more than throwing stones:

*In fact, I did many different things. I screamed at and fought with them. Then, they started throwing stones on my roof at night to the point that the government ordered a number of them to protect me at night. I took some of them to court because they were driving me crazy. I did not have any peace really. One time, things were so bad that I was tied up tightly and taken to the mental health institution.*

Martha reported that after the neighbor mentioned that her family was not wiped out, she reported: “I do not know what happened to me. I found myself hitting this neighbor with a piece of wood.” She could not believe her eyes. She continued: “I kept hitting her and her shoulder was swollen as a result. She took me to court. I was charged for that and I paid a fine.” After hearing what her husband said, she did not want to sleep in the same bed with him anymore. She moved to another room and the issue was never resolved. Instead, their relationships deteriorated to regular shouting and fights.

The members of a non-survivor subgroup did not initially point to a triggering event for the conflicts. Perhaps these conflicts have been around for as long as they were alive or were vicariously affected by them through family relations (e.g., marrying in a family that already presented a number of issues). I offer several examples.

Anatole recounted growing up in a violent home and then having to take responsibility at an early age after his parents separated. He remembered how his mother who was struggling to raise them on her own pushed some child-rearing responsibilities onto him, seeing as he was the eldest of his siblings. Then he explained how his sense of concern translates into his adult life: “It hurts when I see people violating others. I try to advise them and sometime they listen to me.” Emma told her group members: “I can still feel upset when I think about how much my brother used to beat us up, me and my sister.” Judith, Cathy and Cindy seemed overwhelmed by the family conflicts around issues of land. All three of them repeated over and over how they were unable to sleep because of the complicated problems they had with their sisters or brothers-in-laws and their children. They had taken them, or were taken to court, by these relatives. Judith was even imprisoned due to a false accusation from family members who were forcing her to leave the land on which she lived.
These family conflicts seemed to be associated with stories about witchcraft. All three women with land conflicts reported accusations of being called witches. They had counter accusations that family members had been poisoned at a certain time of their lives. They expressed anxiety about neighbors who they think are continually looking for ways to destroy them. For instance, Cathy and Cindy each lost their young adult sons to sudden deaths and they strongly believed their children died of poison.

Other issues, indirectly stated linked to the genocide, focused on the family conflicts that resulted from time in jail. For instance, Bonnie was imprisoned for seven years. Although she did not explain in detail how life in prison was for her, she recognized that her time away resulted in many conflicts with one of her children and her in-laws. There was also conflict with many people in the broader community who continued to accuse her of the damage caused by her husband who died in prison before he could be brought to trial. However, the most troubling issue was the conflict with her daughter who does not listen to her or do anything to help her. Instead, this daughter beats her up and steals everything for which she has worked.

7.2.1.3 Institutional-Induced Suffering

A number of participants related their suffering to the setting or functioning of the institutions that are supposed to facilitate rebuilding, healing, justice and reconciliation in the country. Sali explained:

> When I look around me, I do not see goodness in this country. With the gacaca courts that are happening, you do not see anybody approaching you to ask for forgiveness and for you to get an opportunity to forgive. Things are not good really. And all that happened troubles my mind!

Rosa talked about how gacaca has increased her anxiety and traumatic crises:

> Then gacaca came. Up there in the stadium, people started recounting the things they had done, the people they had killed and so on. Before you noticed, in an instant, people started screaming and running around like crazy! The people in charge of gacaca did not know what to do with us! Very often their hearings stopped and the people busied themselves running after the mass of survivors who had lost their minds. Those watching of course started saying that ‘survivors are crazy’ and that ‘we fake our trauma’ as a way to beg for money from the government.
Bonnie shared about how paying back the property destroyed by her husband has destroyed her life and contributed to some of the multiples illnesses she suffers:

When I returned home from prison I did not own anything other than my house and the land. However, I was asked to pay back thousands of francs for the things I had never seen or benefited. I was charged to pay for the crimes committed by my husband. What I cannot understand is how he was able to destroy an entire village in one day. I have asked for mercy, but it is very hard to get!

The issues that the participants shared in one-on-one interviews and during the HLW intervention were varied and sometimes very complex to comprehend. Some of the issues were believed to have resulted from the genocide, such as land issues or other complicated interpersonal conflicts. These problems varied in nature and intensity, but they seemed to produce similar experiences such as intense fear, uncontrollable anger, hatred, and isolation. Many participants believed that some of their physical illnesses, emotional and social difficulties resulted from very stressful environments. They reported lacking sleep and trust, and having flashbacks and other sensations that disrupt not only their individual well-being, but also their social relations.

Two of the complications from these distressing issues were silence and social isolation. Participants related to entering a space in which they felt they had to suffer alone and in private even though most of their issues originated in the social environment they inhabit. This kind of suffering infests those who are silenced and can result in further devastating issues such as violence, various illnesses, and even death. Many participants reported regularly experiencing traumatic crises, often being hospitalized, and having family quarrels which often result in physical and verbal violence.

From the different levels of suffering identified in this section, there is a sense of personal or group insecurity that contrasts with international and government reports of the physical safety for which post-genocide Rwanda has been praised. There may be general agreement that over the past seventeen years, Rwanda has accomplished more than anticipated as a post-conflict nation, even when compared to relatively peaceful nations. The Rwandan government managed to stop the genocide, restore security from cross border incursions, establish rule of law, and invest heavily in economic development. However, at the individual and community levels,
psychosocial battles are far from being won. I characterize this kind of suffering as “broken communities.”

By broken communities I mean the destructiveness engrained in how people relate to each other. These include abuse through words, looks, silence, and other demeaning gestures such as spitting on the ground when someone is saying hello. These are forms of violence that become circular and cyclical to the point that they become normalized and integrated in the dominant narratives (e.g., the survivors are crazy individuals, Hutu are killers). Any attempts to address them politically, professionally, or informally often result in failure or more hurt because of superficiality. There is also a lack of intervention models designed to link individual troubles to the broader social issues that seem to mutually influence the cycle of destructiveness.

7.2.2 The HLW Process

Episode 2:

Ujya gukira indwara arayirata! “The one who wants to heal discloses her or his illness!” Sali tells her small group members. Then she sniffs and looks away, as if to tell others to go ahead and talk.

We are halfway through the second session when Sali uses the metaphor to inform the group what she has been observing. So many things have been happening. It was a rough confrontation and the disclosure was more than verbal expression.

7.2.2.1 Rough Confrontation: A Call for a Journey Within

The first session ended without a clear idea of what this second session was going to look like. It was full of laments, the general complaints you hear among people who feel disturbed and lost after attempting different remedies which do not seem to have provided a way out their daily troubles. Things do not seem to have been easier since the end of the genocide. At first, they reported not sleeping well, and having flashbacks and intense fears. They also mentioned suffering from various diseases, asthmatic cough, sweats and a cold body which signal high or low blood pressure, or someone living with diabetes. Some experienced swollen feet that cannot fit into the only pair of shoes that were worn for this particular outing. At first it seemed easier to disclose the physical ailments which the world can hear and see with a naked eye, than
to find words to describe the heavy burdens that weighed on the participants’ hearts and seemed to render them all weak.

The HLW program provided space for reflexive moments each morning, and the program participants were able to check in with others. Four small groups were formed at the beginning of the first session using a random approach of numbering, that is, “one” to “four.”

Sali is in the youngest in the company of the other five women in her small group: Emma, Bernadette, Dancile, Rosa and Bonnie. I had met four of them during the initial interview. I then decided to conduct my small group participant observation in Sali’s group in order to follow the evolution of some participants’ stories and healing process.

Like many other women in the HLW workshops, Sali brought her six-month-old child with her. Unlike these other mothers—who after a while relaxed and left their babies in the care of a babysitter hired to help out—she has kept her child near. She made this choice even though she seemed to struggle to lift her up from the ground where she had folded a towel used to carry the child and lay her to sleep. Women in Rwanda carry their children on their backs. In the past, they used the skins of animals (like sheep) with some flannel linen inside to keep the child warm and cozy. These days, towels are used for the same purpose, and in Sali’s case, it also serves as bedding. Her daughter seems to be comfortable with that approach. She does not cry when hungry like many other kids at the same age.

Rosa has been the most articulate member in Sali’s group. During the first session, she recounted her stories of the genocide, what she knew of the death of her family members who were killed, what the current army did to rescue her and others, and her traumatic experiences during the gacaca proceedings. Other survivors in the group often built on her stories to share some of their own. Among them was Bernadette who tended to say little and cry a lot. Her tears fell like big drops of rain in ways I had never seen before. Bonnie and Emma, the only non-survivors in the group, often acquiesced or provided comments like, “The things that happened were really terrible,” “It is hard to imagine what human beings can do,” or just used exclamatory sounds to express their discontent. But when it was their turn to speak, they shared other kinds of stories. These were stories about family conflicts or of being harassed when they were mistaken as Tutsi, but often with no further detail.
Bonnie is a widow whose husband died in jail as a genocide suspect. She was also imprisoned for seven years. During the first session, she was very sick at first, and when she tried to say something her eyes turned red and she quickly ended whatever she was trying to say. She was very sick with high fever, but every morning she showed up even when she could not follow properly. By the end of the first session, she was trying very hard to say something that seemed to trouble her, and she said:

You see, it was like being tall in the women’s facility there, in prison. You got kicked or harassed as a spy of the Tutsi...But when I think what my daughter is doing to me now is worse. She never listens! She was first kicked out of school when she became pregnant.

Then, she started leaving her newborn baby with me at home and not offering any help. As you know, I do not have outside work and have no money to pay someone to help me on the farm. I have to do it all by myself. Then, she comes home and starts abusing me, stealing and selling things from the house, I cannot say all the things she does to me, she is my daughter.

As she was telling her story, other participants did not seem interested; she was almost addressing me alone while other group members looked away, or busied themselves with the two infants crawling on the grass. Among other distractions were Rosa’s hiccups. These hiccups started at the beginning of the second day of the first session of the HLW workshops and they seemed to intensify as the day grew. She had to sit up with her legs pressed against her chest by her arms. Dr. Gasibirege paid her an individual visit the night before after he finished another session with the first participant from another small group, Cathy. Cathy had some flashbacks during the first day of the first session. From the initial introductions, she had repeatedly stated that her neighbours hated her and she strongly believed that her son who died unexpectedly had been poisoned by these enemies of hers. Both Cathy and Rosa were calmer on the third day of the first session.

“Perhaps this day will be better!” I thought to myself. Throughout his years of working with various groups in Rwanda, Dr. Gasibirege has learned that the HLW is a holistic process and, consequently, the body also needs care as it participates. He offers techniques that people can use on their own to help the body do its work. I have heard him say over and over, “Drink lots of water and have cold showers.” But as time has passed, he has added individual sessions of talk therapy and massage therapy to help struggling participants.
During the first session on bereavement, Rosa’s stomach seemed to have started a revolution that required some other action. “I am not feeling well, but I did not want to miss the session,” she said. She constantly left the small group to go and spit up whatever her stomach was expelling. On the fourth day in the first session, Rosa seemed to be calm and her hiccups were sporadic. With her colourful wrap tightened around her hips, she seemed ready for another battle. She did not offer to start the exercise even though it was something very familiar to her. The exercise asked participants to share how they understood, perceived, or defined trauma. The small group members looked at one another and they all pointed at Sali to start.

She did not have many options. The looks on the faces of others seemed to express, “Well, we haven’t heard anything from you!” She collected her energy, took the handouts and re-read the exercise moving her lips like someone just learning to read, who sounds each word while trying to make sense of the whole sentence. The others were not in a hurry, and they waited. After she had got what the question was about, she looked up in the sky, and then at others who were still patient. She then stopped, put the handouts down, and looked away, “I do not have anything to say.” Dancile, who always found a comment in such awkward situations, said:

*We all know that after all that happened nothing will change. The people who used to help us are now gone, we get traumatized, we have nothing to eat, and people call us the crazy ones. What will change that?*

In unison, others provided short sentences as if they were in a classroom trying to figure out an answer to a difficult question. Rosa had something else on her mind, so she took the liberty to change the subject:

*Well, there is nothing to add to what I have said this far. I just hate gacaca. Deep within you do not want to remember or you do not want to face the killers venting about how they killed or burned houses. But, then something tells you that you have to go, then you lose it and the next time you wake up, you are at the psychiatric hospital. You ask the person with you: Where am I? How did I get here?*

**Bernadette:**

*I do not understand why people choose to make themselves traumatized. Why do they go? A long time ago maybe at the first commemoration, I went there [to the commemoration event], then I felt my head getting hot and heavy, then I ended up in the*
hospital because of my asthma which was really getting bad. Then I told myself: ‘I will never go back to those things. I never went back. And when I hear that so and so were traumatized, I say to myself, ‘they have treasures [unique things] to display! Why do they go in the first place?’

Bernadette’s comments were in many ways cynical, but they provided an opening for Rosa to speak out in words and not continue to use the hiccups during the first few days on the first module. It was the fourth day of the first session. She took a deep breath in, got the attention of everyone in her small group, and then asked:

*I am tired of telling and hearing stories of the survivors alone about this and that, all about the genocide they experienced. I do not understand why those who were not hiding cannot tell us what they saw or know. If they did not do anything, or did, they were not hiding, if we are lucky to be gathered here, in a protected space, why cannot they tell us?*

With a hint of a smile at the corner of her lips, she stopped to assess the weight of her question. Nobody moved, including me. The silence broke when the nuns’ bell rang for the late afternoon prayer. Then we heard Dr. Gasibirege clap, indicating that we should stop the small group activities and gather together in the big group for the evaluation of the day. No one from our small group revisited the paralyzing question. The next day, the final one of the first session, Rosa did not take us back to the question. The last activity in the small groups was an individual exercise summing up where each person was at. We went home with the question. I was both physically and emotionally exhausted. I could not even do my reflexivity. I felt disconnected from the world. Two days later, I noted the following reflection in my field notes:

*It had been two days since I completed a five day workshop on bereavement and living together. So much did happen. But most of it remained unreachable, unclear, and unwritable for me. I tried to write and process, ..., but every time I began I did not know how to continue. Plus, I felt very tired and unable to insist or push my mind to get it. I felt disconnected, not from the stories I had been listening to, but from myself. There was a sense of emptiness that separated me from myself in order to [perhaps] take in and welcome the participants, their stories of pain and joy and those of my partners in this research. This made me exhausted and this exhaustion created a sense of revolt in*
me in the last few days of the workshop...Somehow when such things happen there is[need for] a stop sign.

At the time I did not notice that I had actually put a stop sign to everything that had happened in the first session. I only realized it when I started searching for Rosa’s question and could not find it anywhere in my notebooks. After the session, I went to Kigali, the capital city of Rwanda, and every time I tried to reflect on the process, there was a blockage. Things that happened during the first session were in many ways unclear and unsettling for everyone in the group, including the facilitators. However, it was a necessary, if rough, confrontation of self and of others. The following is an example.

During the first session, participants started forming small groups of two, three or four, depending on particular needs they presented. They met to assist one another in small ways, ranging from borrowing pills for high blood pressure or diabetes (before they were taken to the clinic for treatment), talking about the genocide or the discussions of the day, or to simply kill time before they went to sleep. Even though the process was equally tiring for the facilitators, Dr. Gasibirege made sure that those who needed special care were seen privately before he went to bed. I spent most of my evening hours downloading the audio-recorded sessions to create space on the recorder for the following day. Many other things were already happening at the individual level. An example was Bernadette’s own confrontation with her roommate Bonnie.

As mentioned in the previous section, Bonnie had spent seven years in prison. The reasons for her imprisonment were not specified during the small group discussions of the first session. I found it strange for others to not pay attention to her story, but I did not have any comprehension of the things that were left unsaid. Many of the group members had some knowledge, as she had confessed at gacaca upon her release. In fact, people do not have to attend gacaca to find out about a particular case in this community. Attenders report back proceedings or just gossip. I must have been the only person uninformed, and only learned about it as the process progressed and tried to piece what the group’s reactions meant.

I had a chance to meet Bernadette at her house before the HLW program started. She lives with two other family members who survived the genocide with her. She was very talkative then and I had the impression she wanted me to know everything about her. From time to time during the
first interview she looked straight into my eyes and started her sentences by, “Let me tell you...” Then she would continue with a different story about herself and others. Although she had a few occasional tears, she did not cry as I later observed during the HLW workshops. Even when she tried to give short answers to the questions, she was looking away from other group members.

I later learned that she and Bonnie did not get along. In fact, Bonnie had been jailed because she was accused of killing Bernadette’s nephew. What I could not believe was that she was actually sharing a room with Bonnie during the two sessions of the program. In addition, Bonnie became severely sick during the first session and was in bed every afternoon. She refused to be taken home or to the hospital. She only walked to the clinic nearby to get some prescription refilled, as this was not a new disease for her. During all this time, Bernadette was at her side. She took food to their room, went downstairs to fetch hot water for her, and when she was asked whether moving her to another room could help her get enough rest at night, she refused. She said that sharing a room with the sick—Bonnie—was not a problem for her. When I asked her how she was able to sleep in the same room and care for Bonnie, she said:

"Well, at first I could not fall asleep because I was thinking to myself, ‘I know this person does not have any love in her. If she did not care about that child of my brother, how can she love me?’ But quickly I realized that running away from her was not the best answer. As you know she was very sick in the first session and I am sure there could have been another person to help out. But, she seemed to be trying hard to trust me. I do not know if that was sincere, but I did not mind. I only had a problem when I came to the third session and found out that she had taken another roommate. I was upset a little bit thinking that maybe she rejected me. I thought to myself that maybe she did not want to be assigned to another participant others had complained about before. I joined this one because I did not have any issue with her, and I felt sorry for her, and I was bothered by it for a long time.

Stories were not the only channel participants used to confront their individual and interpersonal issues. As mentioned earlier, Dr. Gasibirege had provided a list of suggestions of things to integrate into their self-care during the time of the HLW process. However, participants had other unwritten strategies that they put to work whenever they were able to do so. They were active contributors to what happened in the HLW workshops.
Bernadette provides an example of some of the things that participants were doing to make this program work for them. She later reported that being at the residential setting challenged her to do something about the way she perceived herself and others. She took on the challenge to share a room with a person (Bonnie) that she or her family had accused of genocide. She was apprehensive about her risky decision to share a room with someone she had not talked to for years. Moreover, she refused to run away from the problem that separated her and Bonnie. Others who knew about the conflict were initially allies of Bernadette in many different ways, and they showed it in the small group by ignoring Bonnie’s story. At the same time, they were challenging themselves to do something about it, which I believed pushed Rosa to ask the hard question.

The way the first session started was divisive. The things that concerned individual suffering tended to remain superficially discussed while more emphasis was put on dominant narratives of what everyone knows—the dominant stories. Participants who knew each other and had prior shared experiences sat together or looked for each other to talk about serious matters amongst themselves. Dr. Gasibirege did not question this or ask them to change their original setting. Rather, he addressed them together, treated them equally, and explained issues that affected them as members of the same communities who had a role to play in changing the situation for their own betterment and that of others. At the same time, he acknowledged that each had a story to tell and offered space and time that allowed them to share as much as they could.

The HLW journey was sometimes motivated by one’s own courage, as it was in the case of Bernadette and Bonnie. Others were pushed to enter their own hearts, as Rosa’s question did for our small group. All participants reported that the heart does not remain closed to the stories of daily life and experiences. The knock to enter and find out what is inside one’s heart was loud, and the challenge was shared by all participants. I propose to call this journey within the process of entering one’s heart. I will discuss this process - entering one’s heart – in Chapter 9.

The second session was very challenging and complex, but also lively and gentler than the first one. Participants who came to the second session returned with a surprising commitment to make the process work for them. I call this commitment gentle confrontation of self and others, a confrontation that is a little bit different from that of the first session, although it builds on the things that started happening in the initial session.
7.2.2.2 Gentle Confrontation towards Self and Others

Episode 3

Sinzongera kuvuga ngo abacitse ku icumu barihahamukisha! “I will never say again that the survivors fake their trauma,” Anatole says.

It is the fifth and last day of the second session on dealing with emotions. So many things have been happening in the big and small groups. Mwali, the HLW program’s assistant, has been able to brief Dr. Gasibirege and me about what is happening in her small group. I have also been able to look around at other groups scattered on the green lawn. Each group has maintained its spot from the start of the HLW workshops. Two of the four groups used benches that had been arranged there for small group purposes. On the south side of the lawn there is an eucalyptus forest that sends us a beautiful aroma through the breeze of the afternoon. In the southwest corner there is a bungalow in which the babysitter entertains the children. Sometimes children cross the lawn to run away from her and come to whisper to their mothers that they are hungry, or express another need which disturbs the seriousness of the adults. Other times they run to one of the two fruit gardens surrounding the retreat center. The nuns running the center are used to workshops with children and provide special treats. One mother reported that her daughter loves coming here because she can play and drink tea with milk and as much sugar as she wants. The adults—the participants—also seem to enjoy the place even though the process is not easy. All small groups seem to enjoy sitting on the grass as they share different stories of their lives. When it rains, the small group activities are conducted in small rooms in the retreat center.

We are at the end of the second session and it has not been easy. Nevertheless, at this point, I have no doubt that all participants will come back for the third session on forgiveness. The physical complaints have lessened. Nevertheless, the emotional labour has been intense and painful to watch. One evening a number of participants experienced traumatic crises all at once. Dr. Gasibirege was called to one room. Later, Mwali was called to assist another person. Then I was informed of another person that the other group members had been unable to calm down. This was a challenge because I had never been in face-to-face contact with someone in that state of catharsis—ihihamuka. I found the participant in crisis surrounded by other women participants, some praying for her, others covering her with their rosaries and pouring water over her head. All this happened while others watched, standing in the door and hallway.
leading to her room. I thought that perhaps she was suffering from seizure. Her legs, arms and neck were very rigid. She was crying and mumbling something I could not comprehend. Fluids were coming from every opening of her body. When I saw the crowd around her, I remembered the descriptions of the participants when they said they had been treated like sacks of beans when they were under similar crises. I immediately thought of the CPI training I had received when I worked with a Canadian Mental Health organization. I suggested that only the two people who first saw her should stay in the room to help. The others went away in a scared or upset mood. I asked the two older women who stayed to help me to lay her properly on the tiny bed she shared with her son. The child, who was about four or five years of age, was asleep when this started. They moved him to the bed of her roommate and he pretended to be asleep. I left him alone and tended to the mother. I sat on the edge of the bed and held her arms, which I could not bring close to her chest. One of the two participants held a cup of water while the other one held a towel to wipe off the fluids and sweats, holding her rosary in the other hand.

This whole experience raised ethical dilemmas for situations like this one, such as what to do, who helps or does not help, what approach to apply, and how to protect children. At the moment, the overriding priority for me was the need to extend gentle care for this woman in crisis. The most astonishing thing for me was to realize that even in that state she could feel and hear us. When she coughed and I asked whether I could offer her water, she nodded her head. We tried to drop some water on her lips and then she opened up her lips and teeth (which had been squeezed together) and she drank the entire cup. After a few minutes I asked: “Do you want us to put more water on your head?” She indicated affirmatively and we did. It was as if her body was going through waves of intense battles that closed her senses and body to a certain danger. Over the next few hours, her senses started opening up one by one. I was relieved when she finally opened her eyes and then sat up. She seemed ashamed of the whole thing, but we assured her that we were there to just help. The following morning she was still very weak from the incident. When I later visited, she reported that it wasn’t the first time this had happened to her. The only difference was that this time, it was short compared to the other crises she had had in the past. She added that she was not as physically shaken as in previous times when people tried to contain her with force and ropes.

This session was unique compared to the ones I had experienced and facilitated when I worked in Rwanda. In the past, intense emotions occurred during the first session as participants shared
their stories about different losses. The second session had been almost enjoyable and exploratory as participants wanted to understand the emotions they felt in the first session. In this investigation, the stories told in the first session seemed disconnected from the storyteller, with few exceptions. Many mixed emotions rose in the second session, accompanied by high intensity. It also seemed to be the time participants experienced moments of real personalized bereavement. However, this did not seem to stop the healing process from taking its course and participants had their own creative approaches to integrate their coping mechanisms according to the state of being. Their contributions varied depending on individual differences. Rosa, for example, who started out developing hiccups in the first session, decided to challenge her small group members with a hard question. She returned with a strong will to make the process work for her. During the morning reflection period of the first day of the second session, all participants were asked to reflect on a text titled “accepting.” Rosa offered to share her reflections. She explained that “Accepting the world as it is is a gift which contains a lot teaching for me. It is learning to accept things and others as human and not animals, and accepting them as human creations.”

Others members of Rosa’s small group had a different take on the concept of accepting. For Bonnie, “Accepting is taking life as it presents itself with a smile,” even though she did not seem to have many moments of laughter in her life. For Emma, accepting included something she had to practice after the first session, when she found out that her children had been sick and the rice crop she was hoping to harvest before coming back to the second session had been stolen while she was away. She said: “Accepting is about all this and knowing the person with whom to share it.” Sali continued to inform the big and small group members that she felt weak and had to take a slow pace in this process because she was not sure if she will be able to complete the process. Then she contradicted herself by assuring the group that she was strong and did not not have a major problem.

As mentioned earlier, Sali was the one who mentioned that, “The one who wants to heal discloses her illness.” Perhaps the display was more than story sharing, except that some participants had the ability to combine other means of communicating their troubles. These included traumatic crises and hiccups in addition to verbal expressions. A good example was Rosa, who moved from articulately telling dominant narratives of survivorship to the big group
(where she tried to reconnect the group’s narratives), to challenging her own small group through the hard question, and then to a very intimate story she later shared with them.

At the beginning of the second session, Rosa did not revisit the hard question she had asked in the first session. In fact, as the discussions continued, I wondered if her question needed an answer at all. Perhaps it was more of a warning statement that helped her and others to take further protective measures against what she was about to say. This takes me back to the second session. As other small group members continued to reflect on what accepting means, Rosa’s eyes seemed less piercing. This takes me back to the second session. Again, I utilize the present tense utilized to report participants’ sharing.

Rosa starts with a smile before she proceeds:

The one worst thing that I haven’t been able to accept is the rape I touched upon on this morning [in the big group]. He [the man who raped her] did many things to me and said many horrible things that I cannot repeat here. Then, he started assuming I was his wife even though I continued to be locked inside his house. When I sit down at home, then look across the valley, all I can think of is life in his house and the noises that came from the pit behind his house. It is as if I get removed from the present and the face of the earth. Sometimes, I have had people coming to my house and not comprehending what is happening with me. Because to them, I seem to be in deep thoughts staring across the valley, and sometimes they think I am just ignoring their greetings or whatever they are saying to me. They later comment that they found me staring at the hill across my home and not blinking or moving an inch of my body.

She explains to the group that when that happens things tend to escalate because she feels as if her inside organs are being cut into pieces. Then she has an urge to rush out and run away without knowing exactly where she is heading. In my first interview with Rosa, she reported that when her children try to calm her or ask her where she is going, she usually finds herself screaming at them, saying that they do not have any right to ask her where she is going or when she will be back. Although she knows that it is very traumatizing for them to have their mother disappear like that or end up in a mental health institution as a result, she is unable to restrain herself and stay at home, nor contain the things she tells her children in that state of mind. In that interview, she concluded: “Our children also need help. I cannot deny my abuse towards
them, and I do believe that even if I get help, they are already damaged and live with the hurt and fear for worst.”

When Rosa stops and asks another participant in the group to take the speaking role, other small group members are weeping profusely. Bernadette’s tears are dropping hard, and this time she does not turn her back against others in her group. Dancile decides to take a walk without saying anything. Sali lies on the grass as if she does not have any energy left in her. Bonnie, who keeps writing down something, uses a lip exclamation (phsss!!!), used when one is stunned and lacks words. Emma concludes, “There is suffering, and there is suffering!” Then there is silence. I thank her for having the courage to share that part of her story. Then slowly, Emma asks, “What happened to that animal [the rapist]?” Rosa explains that she learned he still lives at his home and that she hasn’t felt the courage to accuse him because she fears that he may deny it and because she would not have any proof, people will not believe her. Emma continues:

You know, I have blamed survivors that they lie when they say they were raped during the genocide, yeah because they do not have any evidence. I thought of them being malicious and wanting to send the men to life sentence jail time. Then I forgot that it almost happened to me by a man I called a friend, who tried to force me into having sex with him one evening when I was accompanying him. I fought back and even screamed, which he believed I couldn’t do, of course because people heard me and came at my rescue and later forced him to confess and ask my forgiveness, I do not know if I could have told anyone if it happened and I kept silent. But, it still shakes me up when I think about it. What I mean here is that, I never believed the survivors, and thank you for sharing.

Bonnie, who seems to struggle many different issues, changes the subject from her daughter and family, which she has focused on for most days of the workshops:

You see, it is hard to say certain things. For me, it is like talking about the death of the child from Bernadette’s family. I confessed before I came out of prison and I continued to tell people about what really happened. I did not hate the kid. I actually hid him and took him food to our other house. Then, he got scared there and came to my house, I pushed him inside the house, but then he got scared and tried to run and hide in the bushes behind my home where they caught him and killed him. Can I convince people
that I did not kill him? He died in my care and that took me to prison. But he died, and for his family it is all that matters.

Bonnie had many things in common with the other women, especially Rosa. She later showed me the prescriptions of medications she was taking. I did not understand what they were, so she commented, “It is hard to take the AIDS medications while suffering high blood pressure and diabetes.” She did not say how she contracted this deadly disease. Perhaps my ignorance and difficulty in reading the medical staff handwriting did not provide a good environment to continue the conversation.

As you can already see, the healing mission in these workshops is more than physical. Bonnie chooses to focus on the death of the child that resulted in her serving seven years of imprisonment. The group members look astonished that she finally relates a genocide story. Bernadette, whose deceased nephew is the subject of Bonnie’s story, is crying even harder than before, but she does not say anything. Bonnie pauses for few seconds, but she seems to want to continue. She says:

*I cannot bring him back, but what I do not get is when I am blamed for things I did not have any idea about their happening, like being asked to pay an entire village for the things my husband is accused to have destroyed. How could he have been in five different areas of the village in one day? Even then, I did not deny his wrongdoing and I begged for mercy from the accusers, but I have not been understood. I have to pay until I die maybe!*

For the first time, the small group members seem to be paying attention to what she has to say, and even show some compassion. Rosa, who has remained thoughtful and attentive since she told her story, says: “Do not you think that people who commit suicide when they cannot pay back also have trauma?” Again her question is left open as we all become distracted by members of Anatole’s small group who start dancing in the middle of the small groups’ exercises. Then the other small groups are also distracted and start laughing. Dr. Gasibirege, who usually stays in the conference room to take notes and prepare for the following plenary session, hears the noise and comes out. He looks at his clock, then claps his hands and tells the participants that they can take a break and continue the exercise in the afternoon. This gives the
mothers of infant children time to go and feed them before the group lunch. The one exception is Sali.

Unlike other group members, Sali has not said much. From the time she dropped the handouts, she has been feeling weaker and weaker. I was concerned and wondered if there should be arrangements to take her home to rest. I debate this over lunch with Dr. Gasibirege who offers to check in with her later. She requests to rest in her room for the afternoon. Rosa helps Sali by carrying and feeding her child during lunch time. As the group activities resume in the afternoon, Rosa and another participant keep Sali’s daughter as she rests. Dr. Gasibirege benefits from the time in small group activities to offer her individual care. There is no point sending her home because there is nobody there to look after her. I later learn that she actually developed malaria during the session and was taken to the local clinic where one participant continued to look after her in the clinic. When she was released others visited her at home and one even offered to help her on the land.

Many other things have been happening. The older women who started dancing in the small group activity have suddenly integrated dance into the activities of the HLW program. The participants seem to know the songs that are commonly utilized in the local Catholic church, and because some of them are even able to go to the early morning mass conducted for nuns in the convent next door, they have made the singing and dancing a routine. They quickly gather in the conference room between breakfast and the first session of the day and do the same at the end of each day. This has created a shift from story sharing to dance therapy. It has been a positive coping strategy for the group; it binds the whole group together in physical activity that is both relaxing and enjoyable.

Anatole has had some challenges getting his small group to maintain focus. He is the youngest and only male in his small group. From early on, he has taken charge of looking after his group members. But three of them who are over sixty years of age have trouble staying on one subject during the discussion. They say whatever they want and tend to focus more on people who are not in the group. They talk about those who have hurt them in the past and talk about the malicious things these people continue to do. They spend a lot of time talking about stolen vegetables, and issues of land and theft, which are regular accusations in the local courts. Rather than focusing on the specified small group activities, these older women use any given
opportunity for the rural village rumours—incidents that happened, the times they felt hated or liked—and so on. When I asked Anatole to reflect on his experience in the group he said:

*There is this one old woman who just went on and talked about whatever was on her mind. She brought issues unrelated to the discussions of the day and it was hard to help her focus. It was all about her enemies, her neighbours, and that annoyed me a great deal. Imagine having one participant sharing about having her house burned down, then, this old woman just continued to complain about how thieves stole her pumpkins. As you can tell, there was something that was not right. I think that was the major issue in our group.*

According to Anatole, many of the older participants in his group do not know how to read. In order to cope with this issue he has adopted a directive approach by reading each question and asking group members to respond one by one. This of course does not please his small group, especially the younger women who can read for themselves. In fact, one asked to join another group because she feels he is too mechanical. He seems to accept her judgment and acknowledges this as a weakness.

At the same time, something else seems to have developed over the course of the first two sessions. Anatole has taken on the responsibility to provide special care for the oldest participant, who is a member of his small group. He carries her handouts and notebook and brings her a more comfortable chair to sit on. He also seems to have a strong desire to know everything (like a good student) and do all he can to be helpful even though his approach does not work as well as he wishes.

The members of Mwali’s small groups have also been discussing important issues. She does not have the challenge Anatole has, perhaps due to her experience facilitating the HLW sensitization sessions. The group has given her the responsibility of reading and reporting back to the big group. Other members of her group have their own roles to play in very creative ways.

Martha is one of Mwali’s small group members. In the big group Martha says little, but she seems to be struggling emotionally. She is able to provide further details about the people she lost in the genocide and her marriage to a Hutu man in her small group. But she also seems to be engaging the big group in other ways. One morning she enters the plenary session late and is
walking slowly. She has dressed the way the Rwandan men used to dress traditionally, with one wrap tied around their hips in a shorter style than that of women, with the top wrap hanging under one arm with a node over the opposite shoulder. She has turned her head scarf into a form of hat. As she slowly walks in, everyone bursts into laughter. She takes the opportunity to say that the day is dedicated to her father who used to dress like she is, and was killed in the genocide. The next day, she adapts the style to her mother’s dress and she seems to take immense pleasure from doing that. At break time, she inquires of the group whether there are participants who have had the François Xavier’s experience (a youth organization similar to Scouts). She starts organizing them in camps and teaches them how to march and greet one another in Xavier’s style. She continues to be innovative and entertaining as time passes and is able to bring positive past memories to the present, and share them with other group members.

There are further developments happening with two other participants in Mwali’s small group who strongly believe in witchcraft and have accused or been accused of using poison. In one of the debriefing sessions, Mwali relates how they started challenging one another on the subject of poison and witchcraft. Cathy was one of the two women who insisted that their enemy neighbours are always out to get her and her children. The sudden death of Cathy’s son was her evidence and she seemed stuck in it. According to Mwali, Cathy asked Judith: “What makes you think that these people are poisoning you if you, yourself deny not dissecting the dog they accuse you to have used to poison them? Judith, who was not pleased with this statement, asked in return: “And what makes you believe that your son was poisoned then?” I was not present in the session, but something seemed to have changed with these two participants since then. They reported sleeping better and having a better understanding of some of their issues. During the remainder of the workshops they stopped talking about being attacked by bad spirits at nights, which they believed came from their enemies. They started inquiring more about how they can change these neighbours who have conflicts with them, and who haven’t had a chance to attend the HLW program.

Before I leave the second session, I return a little bit to Rosa’s question. Things are no longer the same in our small group since Rosa asked why those who were not hiding do not say anything about what they know about the genocide. The question may have not been answered in straightforward way, but it seems to have allowed Rosa to find space to share a very painful story she says she never shared with anyone:
At the beginning, I did not trust because I was with some people with whom we do not share problems. I was hesitant and I did not trust them. But as we continued to share our personal issues, and hear their own, I reached the level of understanding that if we are to live together, then we need to share life, the bad and the good. Suspicion started to shrink in me. They received my story with grace and felt sad for me. Nobody knew that story I shared [about rape]. I was not even able to tell my beloved husband until he died. I shared my story in the small group and for the first time with the people who know me. I decided to tell them and it caused some of them a lot of pain. I put it out there, mmhhh!

Perhaps the question was a search for a safe path, or to gain confidence within herself in order to tell others about something very personal. Perhaps the unanswered question created a path for others to tell their side of the story. Bonnie tells the story of Bernadette’s nephew, the boy who was killed near her home after being under her care. Bernadette is able to take the hard truth or a different kind of truth she never believed in. When I later asked Bernadette how she handled the telling of her nephew’s death, she said:

At first, I was upset about her saying things not in the way I knew them. She was leaving sections out and including others and I did not want her to know about my life either. I shared a little that I could manage and I was pleased about that. Then, I thought twice about it and told myself ‘let her say things the way she knows them, that is her problems.’ I was less suspicious and I did not worry that people will divulge the information as I used to think. I used to panic thinking that others will be talking about me.

Perhaps Rosa’s question and openness allowed another level of challenge for Bernadette. She has gone through a process of comparing her life experiences and those of others, especially Rosa’s. In my last interview with her, she revealed that she had an experience similar to that of Rosa, an experience of rape. She was amazed that Rosa was so courageous with all that happened to her. She had managed to keep this experience to herself and her family, whom she informed after the genocide was over. She was raped by a person she knew had HIV/AIDS and who threatened to kill her if she resisted. She said: “Any time he wanted, he came and took me away and did whatever he wanted.” She believes all her illnesses are a result of that rape. Her periods stopped for many months after her ordeals. At first she feared that she was pregnant and
had contracted the disease. Then she became obsessed about HIV and took multiple tests that turned out negative, but they did not seem to offer her relief. She still has disrupted menstruations which she thinks were a result of the rape, and she feels suffocated. She experienced the disruption of her menstruation after she heard Rosa’s story. At the same time, she felt envious of Rosa’s courage and regrets the many years she has wasted while holding on to this terrible experience. Although Bernadette did not share her story during the HLW workshops, she implicitly celebrated Rosa’s courage, which is a courage she wanted to emulate. Suspicion started to subdue and she was able to share her story in the last interview with me, which I thought was very courageous.

It was by opening their hearts to the stories of others that individual participants started making sense of their own stories and lives. It is also about accepting that certain things may not change and coming to terms with the past. However, there is also this openness to transform the present in order to prepare a different future by working on the things one can change. I propose the name **opening one’s heart to others** for this ability to let oneself be vulnerable, and to open oneself to the brokenness of others.

The whole dynamic interactive process that allows one to enter his or her own heart and then to open it to others is about regaining one’s voice and control over some aspects of one’s life narrative. I suggest this dynamic and shifting ability found in story sharing to be a move **from silence to gaining voice**. Breaking silence is regaining the capacity to tell and listen to each other’s stories without interruption, becoming sensitive to them, and starting to take action to change what is possible.

What is it about the HLW process that allows participants to enter their hearts and open them to others? This is the key question. In the following section I examine the HLW motivating factors.

### 7.2.3 Motivating HLW Factors

Four main motivating factors identified in this section were perceived by participants to be aspects of the HLW program that facilitated their healing process. These include recognition of brokenness and willingness to change, space of sharing, facilitation, and material resources.
7.2.3.1 Recognition of Brokenness and Willingness to Change

Episod e 4:

Ndibaza nti umutima wanjye warajan jaguritse, uwajya kureba uko basana imitima “I thought to myself, my heart has been shattered, I am going to check what that program [the HLW] does to repair hearts!”

A woman participant who had applied for the HLW sensitization told me this. Then I met the participants in this investigation who elaborated on how they ended up in the program. Emma stated:

Since my childhood I liked being part of groups,...when I heard the communiqué, I immediately asked to attend. Then I received further instructions from Sue who informed me that there will be different groups. I wanted to attend the first one.

Others whom I met during the first interviews had other ways of entry to the program. For instance, those who were known as having traumatic crises or for being isolated in their communities said “yes” to the invitation extended by Sue, the outreach worker who had gained trust through home visits. Dancile was first invited by another participant to the HLW sensitization session:

It is a friend who had me registered. She came to my house and said: ‘Dancile, I have observed that you suffer a lot from ihungabana, and you have encountered many problems and you have suffered a lot. I think you would benefit a lot from these workshops. Then she said, when you get to these workshops, you will tell me! You will realize that your suffering, and all those other things that traumatize you will start to dissipate and you will get some healing.’ I judged it to be a good thing for me and I received some peace of mind from the first workshop [sensitization session].

She continued to say that after the sensitization session she could hardly wait to continue the process through the basic healing workshops. She also said she started changing things with her neighbors and received some positive feedback that encouraged her to continue with the healing workshops:

My neighbors started wondering what had changed me. Then, others kept saying: ‘Dancile, those workshops were very fruitful. If you did not attend, would there be any person you could be talking to by now? You used to pass by and not say a thing to
anybody, but now, look, you talk to us.’ So, I was waiting for these upcoming workshops [basic healing workshops] because I found them very useful.

Others attended the HLW because they observed the changes in the former HLW graduates and wished to experience the HLW workshops firsthand. Anatole stated:

*I first heard about the healing workshops from my neighbors who were sensitizing us about attending the couples’ workshop. At first, I could not go because I did not have time. Then, when Xavier [a neighbor of his] returned from the workshops he told me about it and how the workshops have started transforming his relationship with his wife. He said that he and his wife are able to talk things over and share ideas without violating one another. I felt curious about the process. Then I heard about the upcoming workshops and I asked him to have me registered because there is a lot that I do not know that I may gain from these workshops.*

The recognition of brokenness both at the individual and community level was one major motivating factor that was observed among the participants who attended the HLW program. Another factor identified by those who applied to the program was the willingness to do something about their brokenness. For example, Rosa stated: “I had the ability and the willingness to share my story so that I can feel some relief!”

I propose the concept of openness on the part of the participants to describe their ability to recognize individual brokenness and that of others in the community. Openness is also about having the willingness to transform their conditions. In contributing to healing, openness symbolizes for me the ability to take the risk of the unknown (e.g., new ideas, new life style) and to challenge ourselves and confront other obstacles that tend to overwhelm us and keep us from searching and integrating positive change in our lives.

7.2.3.2 Space of Sharing

Participants had different perspectives about the space that facilitated their storytelling and listening, and the accompanying healing process. Rosa offered the following statement to describe the space of sharing:

*One important thing I gained was to have people to talk to. One thing I am very grateful for from the workshops [HLW] was having people to talk to because many times I had*
wondered how I could express it [rape] and I had wondered how I could stand and say it in the gacaca gathering, with all those people. When we formed that small group I had hope and I told myself that after we have all discussed the guiding rules, there are at least people, even if I cannot know what is in their hearts, at least I can trust them and share my story as it is so that I can find a way to deal with the sorrow and sadness of my heart; so that these feelings can get out of me and allow my heart to feel calm and stable. That is one new thing for me. Before I and other survivors with whom I share many problems, did not have any people to talk to. I was very suspicious that telling one person who may also tell my story to someone else was going to be very damaging for me, especially imagining that people are talking about the thing that is very shameful.

Rosa reported gaining a special opportunity and trust when she had a small group that promised to honor confidentiality. When I asked her what would happen if they breached that confidentiality, she responded that there are many women who wish to have someone to tell, but do not have anybody. They cannot even tell their husbands because of the fear that they will be rejected or that people will laugh at them and talk about them. She added: “I do not have that problem anymore because I had people who listened to what I had to say and I was able to express myself.” For Rosa, having people to talk to and people who listened carefully was all she needed—at least until the time of my last interview with her.

Other survivors found that the space provided an understanding they usually do not get when they are talking amongst themselves. For instance, Bernadette commented:

I learned to never get stuck in my own suffering and think that I am the only one who suffered and remember that there are others who have suffered more than I have; that I learned from that space. I also learned how I can manage my own problems. When you are there talking about your family and then you hear that there are those who have no other surviving family member, it teaches you a lesson and you cannot continue to complain because you at least have somebody in your life, even if you cannot have a decent conversation with that person, but you have him or her...in such situation, you need to keep quiet and listen. Then after listening, you forget your own issues and you feel sorry for the other, which changes the way you view your own issues.
Suzanne used a comparative approach to demonstrate the uniqueness of the HLW space in relation to the testimonies that usually happen during the annual commemorations, or when survivors are talking amongst themselves, or when the HLW space does not feel safe enough for sharing. Suzanne is the participant who lost the sight in her right eye during the genocide due to a machete blow to her neck. She defined herself as someone on the way to recovery. She had tried different approaches previously that had not been effective.

She said that since the end of the genocide she had such as strong urge to tell her story that she would stop strangers on the road and start telling her story. As time passed she became silent, locked herself inside the house, and did not talk to the people around her. Due to some individual support, she started inviting some of the survivors of her age over for a few days. One of those people was Sali, who was homeless at the time. She stated that they shared a lot about their personal experiences and spent many long nights just talking and talking. However, it was at the HLW program that she realized that Sali’s story never touched her as it did during the workshops. She recalled that early on they both talked and cried together but then she became used to Sali’s stories and did not feel any particular emotion when they shared. She thought she was the only one who had suffered. She said it was at the HLW workshops that she comprehended the overwhelming nature of Sali’s suffering and it touched her deeply. She was able to listen in a new way. She was also able to compare story sharing in the HLW program to the testimonies given during the annual commemoration. She reported that in the past she could have never listened to entire testimonies or watched another survivor going through a traumatic crisis without experiencing it herself. It seemed that the HLW provided a space in which to moderate her emotions and shift her focus from self to others.

In Anatole’s small group, Suzanne was not able to voice her concerns because she felt the space was not protected enough to allow her to share freely. After the second session was over, and with the help of another participant in her small group, a request was made to move her to another group because she felt her group was not honoring her freedom to tell her story the way she knew it. She stated:

*In my first group, I did not get much out of it [the HLW] because I did not share my story the way I wanted to. When they started saying, ‘Look, tell us about this and not that, this is what we are asking you.’ I decided to not share anything with them. I sat there in silence and then I left the group. But in the second group, the people listened to*
me without anybody telling me ‘say or do this and that.’ I did not have any problem there. They [the members of the first group] did not allow any addition to the asked question. You felt forced to just answer the question alone, so, that space was not good for sharing. Fortunately, I talked it over with Muzehe\textsuperscript{14} [Dr. Gasibirege] and that helped.

Suzanne’s insight about the space of sharing is important. She understood that a space is safe or protected when it allows free expression. When she did not find it in the first small group, she refused to talk. Not having people to talk to is not the only factor that prevents people from expressing themselves. The space of sharing has to allow people to be able to express themselves—tell their side of the story. This aspect of being able to talk was shared by many participants in subgroup B (non-survivors). Emma reported that it was in the small group that she felt more freedom to share very personal stories of her life:

\begin{quote}
The freedom to talk did not come immediately. At first, I did not feel that I had anything to tell those who were with me in the group. I realized that the majority of my small group members were people who have had problems during the war [genocide] and I did not feel that I could say anything. In fact, I wished I was transferred to another group. But, in reality, that is not what happened. I saw people starting to tell their stories, then I told mine...they made my story theirs, and I made theirs mine. Many had more problems than mine, but they were saddened by my story. Those whose loved ones were killed were later saying ‘We thought that we were the only ones who had suffered and did not know that others [non-survivors] lost anybody or have problems that can break their hearts.’ So, sharing was a wonderful thing ...I left the group feeling very happy.
\end{quote}

Anatole put more emphasis on being able to also tell his side of the story in the space of sharing:

\begin{quote}\textsuperscript{14} The word Muzehe in Kinyarwanda comes from the Swahili word Mzee which is utilized to name an old and respected man. In this study, participants called Dr. Gasibirege by Muzehe.\end{quote}
After we built the protected space, we were able to approach our colleagues, tell them your own story and enter a conversation. Starting with the older people, they started and told us ‘this and that happened to me,’ ...when a person is courageous to tell his/her story, ..., saying, ‘these are my problems,’ you listen... Then when I started to tell my story, they said ‘Ohhh, poor you, you really had problems!’ I felt that they received it, they consoled me and normalized it and encouraged me to do things I usually could not do. Before, I did not care about others’ problems. After I told others my story and heard theirs, I felt the urge to do something..., I am a witness of the importance of these workshops, especially being able to tell your own truth is central, because when you have a problem and are able to tell someone else, maybe it is very painful, but it is the way to healing.

In Sali’s small group, which was the small group for my participant observation, things were different than in Anatole’s group. After Rosa’s hard question, the members of the group started feeling more relaxed, except for Sali who continued to feel weak. She alternated between going upstairs to lie down and resting on the grass beside others while they carried on with more sharing in trusting ways.

**Episode 5**

*Nkomoka mu muryango uvanze ariko nangaga Abahutu!* “I come from a mixed family and I hated the Hutu.”

It is the last day of the second session on dealing with emotions. Participants have been telling different stories and in a more accepting, supportive and compassionate environment. The non-survivors did not tell the stories of the genocide. Rather, they shared stories revealing how they were themselves affected by it. Emma is about to use Rosa’s strategy of asking a question which seems to be a reflective probe (I am referring to the unanswered question Rosa asked in the first session that asked why those who were not hiding at the time of the genocide do not say anything about what they know). Emma starts:

*I was very hurt by the question that Rosa asked at the end of the first session. When she mentioned those who were not hiding, I felt she was talking about the Hutu and I happen to have that identity. And I am not saying that the Hutu did not do bad things. Sometimes I feel ashamed to talk about the genocide because it is almost like a family*
sin, committed by the members of the group to which I belong. I just wanted to ask her because it bothered me. ‘Did you mean the Hutu in our small group?’

She stops there and wipes her hands—probably to remove the sweat from her palms—. Others seem reticent to answer a question that they perceived to be directed to Rosa (who asked the earlier question), but in their own ways they take a moment to reflect on the question and share how they understand it. Bernadette says:

Well, I come from a mixed family and I hated the Hutu. At the same time, they are the ones who rescued me. I tell myself, they are not all bad. One person was almost killed because he or she [gender not specified] kept minding about my well-being because the person loved me and did not understand what was happening.

Emma continued:

That is what I wanted to emphasize. Telling you what I felt is my way of healing. Some Hutu did not do much to help out. For instance, when I heard what Suzanne shared in the big group, I felt like muting myself because I know my brother said very bad things about the Tutsi people, including the Tutsi women married to Hutu men; that they should also be killed. He even insisted that our mother is also one of those [Tutsi] and they should start with her.

The discussions seem to have turned into a definition of identity. Bonnie offers her own way of understanding this complex issue:

There are those who were very courageous and they hid others who survived the genocide. But there are others who became weak and they gave them up. With the child from Bernadette’s family [pause], very bad things were done. There are those who managed, and there are others who had become animals.

Rosa, who has paid close attention to what is being said, redirects her comment to the impediment that suspicion has created:

Survivors believe that children and adult Hutu committed the genocide. It is very difficult for me to enter a Hutu’s home because I suspect all of them. I know it is not
everybody who killed and we feel relieved when someone is proved innocent. But people have developed bad feelings and we need to work towards reducing them.

The conversation turned into a form of confession which bonded the group. Emma’s comment summarized the reflections and discussions that took place after Rosa’s question. It also retraced the process back to the exercise that had asked about what participants understood by *ihahamuka*. Emma concluded: “After comprehending what *ihahamuka* is, I can never say again that they [the survivors] fake their trauma.” Bernadette added: “I am a Tutsi and I also felt that those who got traumatized were just faking it asking why they do not stay in their homes if they know they get traumatized. I will never mock them again.” Bonnie emphasized this point: “People say that a lot, that Kagame [current president of Rwanda] uses it [trauma] to blame the former government.” Emma directed the conversation towards strategies with these words:

*The feeling of shame is a bad stamp and I did not even feel like coming back [to the second session]. But I decided to not unjustly judge myself and wanted to have my name and heart—mind—cleared with everyone in order to be able to tolerate those who haven’t gained this new understanding, and live in peace with everyone.*

The group continued to engage in the exercise of the day, but to me this was the best you can wish for any group that goes through the HLW workshops. After this session, I learned that Rosa had gone to visit Emma twice and they had good conversations—she could not have with other neighbors.

I propose the name of **the protected space** for the space in which this kind of sharing happens. I find this expression to signify not only a space of learning guided by the grounding rules, but more importantly, a space designed to provide trusted people to talk to, and allow the freedom of speech. In other words, this is a space in which people are able to talk. The element of protected space will be further developed in Chapter 9.

### 7.2.3.3 Facilitation

At the beginning of the first day and during the introduction of the participants, Dr. Gasibirege informed the group: “The first teacher is life; we are all taught by life; each person is a teacher and healer of others; that is the responsibility for everyone present” (field notes, February 08, 2010).
During the second interviews, when I asked the participants to reflect on and share the things that helped them, they mentioned the role and the approach the facilitator, Dr. Gasibirege, also known as Muzehe, used in the HLW intervention and his qualities.

Rosa reported:

*In the life we shared, one thing that helped me a lot was the way Muzehe was able to gather and manage a group formed by survivors and non-survivors and get them to talk to one another, share their stories and their feelings.*

When I asked her to provide further clarifications, she answered that usually she did not talk to the non-survivors. But in the HLW workshops she was able to share personal and national history with them, and in so doing learn that she and other survivors are not the only ones who have suffered. The non-survivors also suffered. She said:

*I used to think that other than the common problems of everyday life we all share, they were people without problems. But we understood that they also have many problems that can traumatize and hurt them a great deal to the point of committing suicide....At one time, I wondered why this Muzehe did not come earlier. Maybe, if he did, we could not be wounded this deeply, we could have got better by now.*

Monika, another participant who was interviewed before and after the HLW intervention, also had her own evaluation of the facilitation element. She said:

*I did not see a teacher in the process because Muzehe used his own lived experience to encourage us to talk. Then I became less fearful and told myself, ‘If he can share those things as our teacher, I can too,’ and that made feel less fearful.*

Cathy had a different take on the qualities of the facilitator. She was the first participant who showed some crisis on the first day of the HLW process when she started talking about the death of her son. She started crying and claimed that her head was too hot. Other participants helped her by pouring water over her head and taking her back to her room to rest. Dr. Gasibirege conducted some massage therapy with her as she complained about feeling strange sensations in her body. She is also the one who had strong beliefs about her family being bewitched by one of her enemy neighbors. While this was happening I was not sure whether the support offered was sufficient or whether she should be referred to mental health professionals for more formal therapy. I decided to visit her at home to follow up on her well-being. She
reported feeling much better than ever and appreciated the special care she received from Dr. Gasibirege. According to her, this Muzehe must have some magical herbs and not just a gift, which was expressed better in the Kinyarwanda language, “Ubanza afite agati da, si impano gusa!” (field notes, February 28, 2010). She described that after she had the crisis she started developing some painful sensations that felt like insect bites. These disappeared through the help she received from the “old man” and the group, after which she had the courage to tell others what was happening to her.

Consequently, I propose the person of the facilitator as an important element of the HLW program. A true facilitator does not take sides: He or she is strong enough to invite and help manage opposing views, whether they are those of Hutu and Tutsi, men and women, young and old. People need to share their personal experiences in a respectful manner. Humility, equality, respect and care, and other social justice aspects that reflect standing with the most vulnerable are qualities that many participants attributed to the person who plays the role of a true facilitator in the healing process.

7.2.3.4 Material Resources

Material resources are the last element identified among the factors that influenced the healing process for the community participants who attended the HLW program. These include the provision of a residential setting with accommodations of meals and rooms, handouts and other workshops materials, basic medical treatment during the workshops, and transport fee for participants. While these materials can be assumed to have a common meaning for any workshop, the participants who attended the HLW program attributed special meanings to their importance in the facilitation of their healing process. Monika reported: “The didactic materials guided our sharing of stories.” Martha took the handouts and shared them with her daughter whom she thought had been traumatized by losing her husband at a very young age, and was unable to leave her children to come to the workshops with her. She said: “I give her the handouts to read and I encourage her to come and sit with me and we do the exercises together.” Others appreciated the quality and the importance of the handouts and the texts they read each morning. They viewed the morning texts as communion elements which allowed them to reflect on their lives. Sali, who seemed too weak to actively participate in the sharing of stories, reported:
It is after the process that I have been able to have a retrospective look at the workshops through the handouts starting from day one. Because I wrote down the date when each of them was provided, I have come to understand the importance of the workshops. I read them and I am able to say, this is what others studied. Though some of the handouts look new to me due to the fact I did not get a chance to follow everything closely, when I follow what is written, I realize how important the workshops were.

Many participants appreciated being at a residential place for the workshops because it allowed them to get away from their daily lives and focus on the activities that were planned in each session. Martha found conducting the workshops in a residential setting to be very refreshing because it gave her space to rest from her usual physical and emotional struggles, and allowed her to talk freely and play again like a child.

7.3 Transformation through the HLW Process

In the two previous major sections of this chapter, I presented some of the issues that the HLW program aimed to address and the different aspects that characterize its process of implementation. In this section, I focus on the things the participants reported to have changed in their personal lives and how their change has started impacting their immediate communities, starting with family members.

Change observed by participants started from the time they entered the HLW program. The process was not smooth, and things seemed to get worse before they got better. Participants had to confront individual and collective issues shared by the group members. These included physical and emotional struggles, and relational issues that placed some participants in opposition either before or during the HLW process. For example, participants were initially very suspicious of one another and the facilitator who dared to bring together the survivors and non-survivors. Some of these issues were explicitly articulated and others were visible through body language or emotional and social reactions. Still others were processed privately and individually or in small silos, depending on the shared problems or connections. The groupings seemed to reflect realities in their daily lives—some people are isolated while others gather according to their common or shared interests.
These realities required some work for the group healing to take place. In this section, I present the individual and group healing simultaneously, as they were not performed separately. I later discuss how the HLW process was reflected back into the social worlds of participants. Some of the changes that took place were performed during the HLW workshops. For this reason, I will continue to invite the reader to observe episodic moments of the HLW intervention.

7.3.1 Individual and Group Change

Episode 6:

Back at the protected space for forgiveness

It is April 12, 2010, and after 37 days, we are back at the retreat center for the third session on forgiveness. Everyone arrived yesterday afternoon in order to transition from daily life and resume the healing process after a good night’s sleep. Participants seemed to have a lot to talk about last night! Those who arrived earlier stood outside to welcome others. There is laughter and joy at being back together at this place. Having this session on forgiveness may be timely given that participants have had a chance to reflect on issues of trauma during the 16th annual commemoration of the genocide, which took place a week before. The participants initially had controversial perceptions about traumatic crises especially during events related to the genocide, such as gacaca or the remembrance of the genocide.

I have not observed this kind of joy outside the retreat center since the beginning of the month. Starting April 7th, all Rwandans are encouraged to remember. I heard that the approach that is used to commemorate this year’s anniversary of the genocide is a little bit different than the previous ones. In previous years, the commemorative activities such as gatherings, national debates and films prepared to educate the Rwandan population about the genocide happened at the district and provincial levels. This year, they were organized at the grassroots levels of each community. It is an intense time in the whole country because having these activities in the local communities challenges those who usually would not participate. People are cold, not because of the rains that have been heavy lately, but because of the haunting memories of the event that devastated the entire country.

I feel very privileged, though, that I can be back in Rwanda at this time of the year. I have always returned to visit during the summer months after everyone has once again silenced the
memories of the genocide which are revived during the commemorative events that happen between April and end of June depending on the remembrance dates in different Rwandan communities. It felt more natural to remember with those who can relate to what happened on this soil, instead of spending time educating my diasporic community about what befell Rwanda and its people in 1994. Telling the story of genocide to people who hardly heard about Rwanda or the genocide can feel abstract and without movement. Things are dynamic and do not remain the same. I guess we talk history there, and live experiences here! I have also been very curious to try to understand what has been happening with the commemoration and especially with this particular group that decided to attend the HLW program.

Dr. Gasibirege, who has handled different groups during the mourning week every year, is more aware of the challenges of handling the overwhelming emotions that accompany these commemorative events. In fact, we had decided to double check with the group members whether the timing for the third session was appropriate, especially with its topic on forgiveness during a bereavement time. Participants did not seem to mind and they decided as a group that the session was timely.

So, it is the morning of April 12th, and participants are up early to start the day. They are already singing together when we enter the conference room. After the greeting rituals, a text is provided with the title, *Kwakira ububabare, gutinyuka abandi, gutinyuka ubuzima*, which can be translated as “accepting suffering and courageously embracing others and life.” Two participants are asked to read it in a loud voice to the whole group and then participants are asked to choose a phrase that speaks to them personally. Rosa seems to reflect more quickly than others and always links her reflections to her lived experiences. She starts:

> Suffering gives us courage to heal. This year I entered the mourning week with a lot of energy. Many people congratulated me and wondered the kind of medicine that has healed me. I told them I had the courage to talk about my stuff. They seemed happy that I have benefited from these workshops.

Many members of the survivor—subgroup A—refer to also feeling stronger than they had in the previous commemorative events, with the exceptions of Sali and Dancile. One woman participant reports that for her, being able to cry this year is something unusual and a positive sign pointing toward her healing. I have heard many stories from many genocide survivors
outside the HLW program who anecdotally report feeling disconnected from their senses, reflected in the inability to shed tears when they are very sad. This worries them because they feel disconnected from the world and life in general.

Another participant says that for the first time in a long time, she felt the courage to organize a dignified burial of the remains of her family members who were killed in 1994. She invited her HLW group members to support her in this ritual. In a comparative approach, other survivors are referring to the text to explain actions of courage they demonstrated during the mourning week. “I was able to control my emotions and help others who experienced traumatic crises instead of joining them in the crisis,” Rosa says. Everyone agrees that collective trauma was more controllable this year than it had been in previous years. All participants seem to have started performing different kinds of roles in their communities. Many non-survivors report that they were able to participate from the beginning to the end, and to help those who were suffering.

Dr. Gasibirege suggests continuing the conversations in the small groups. However, one group member raises her hand to report on an event that has not received attention. She is concerned that one of her group members is not doing well and she takes up the responsibility to bring the issue forward. She explains that some people, especially Suzanne, are feeling uneasy in Anatole’s group. This provides an opportunity for the group to act.

Paul, another male participant who leads another small group, reports that they have discussed the issue informally in their group, and they feel that this is an issue that should be settled before the group activities continue. Two participants from Mwali’s group raise their hands at once to say that they do not want to dissolve their small group, and suggest that the person who is bothered be put in another group. Dr. Gasibirege encourages those who raise their hands to offer their honest input. The same male participant raises his hand to say that the two concerned people—Anatole and Suzanne—do not seem to have the same approach to group participation. Suzanne says: “The problem started at times when I felt I was being forced to talk about things I was not ready to say as if I did not know what I wished to share.” Anatole continues: “It was difficult for my group to elect a committee overseeing the activities of the group.”

It sounds like Anatole—the only male in the group—has stepped in and taken over the responsibility to guide the group. He recognizes that this has been a challenge, though. The
woman participant who started the conversation adds: “When I come here, I expect to leave out certain issues that I feel can be resolved outside the group so that I can benefit from the discussions around the guiding exercises.” Another participant from the big group raises her hand to suggest: “We did not come here to hear the stories of calabashes that broke at home.” Paul seems to have a different approach to small group activities, “In my small group we share what we are able to say and our feelings. I think Suzanne has the right to say what she can.” Rosa comments:

*We have come here to heal one another and [we need to remember] our wounds are different. You cannot force another person to reveal what they are not ready to say. I shared my most painful story as it was because others in my small group received it. Maybe Suzanne has a lot of emotions that her group is not helping her to manage.*

Another woman participant clarifies: “There is lack of valuing one’s story when people are talking whatever they want after you share something very painful.” I sense resistance to Anatole’s leadership style. Dr. Gasibirege sees something critical and interjects: “You need to know the people with whom you are sharing your story and challenge one another on issues of age or gender.”

Before the conversation continues, Dr. Gasibirege takes the opportunity to transform the conversation into a teaching moment. “How do you view this conversation?” he asks. Anatole responds: “We can keep the same group, but renew our respective guiding principles and responsibilities.” Emma says: “When we started in our group, I had a problem of sharing with those who had many problems.” Paul uses the approach of his small group to say: “In our group we give each other space to think about the exercise, and take turns to talk. We also add some sense of humor at times.” An older woman participant from in Anatole’s group adds: “I think my group has issues. However, there is something in it that has reduced the sorrow on my heart and I did not have to talk about my wounds because I did not want to re-wound myself.”

After checking with the two concerned persons, Dr. Gasibirege suggests that Suzanne choose another small group and make the request to join them, and he concludes with some teaching: “We usually have ways we conduct ourselves in front of authoritative structures or an authoritative figure. But, we will benefit if we manage to free ourselves of those restrictions.”
The naming of the oppressive forces at play in the group was essential through these discussions, but not elaborated. Even though it did not occupy a session of its own, participants appeared to note that some of the cultural narratives about gender, age and power are part of what the group has to challenge in order to give everyone a voice.

After this important exercise on resolving conflict, participants seem satisfied with the outcome. They head to the protected space of their small groups. Suzanne is familiar with some members of my small group and they usually seem to talk things over informally. She asks them if she can join and they invite her in. She seems eager to catch up with the things she has not been able to say in the other group. After the group welcome, she starts:

I tried to trace back my traumatic crises trajectory and I came to realize that when the march of remembrance to the local stadium or to the lake [an artificial lake in which people drowned themselves or were thrown in during the genocide] starts, I am immediately taken back to our family march to the district office in 1994 before I start losing touch with reality. This year, I took some strategies. I refused to march with others by delaying myself at home. In fact, people who are now used to my crises thought that I must have been taken to the mental health institution already. They were shocked when they saw me coming alone and in one piece!

Sali, who seemed to experience difficulties in the previous sessions, also wants to share:

My heart is still wounded, but bit by bit, certain things have started taking place in my life. I am still vulnerable to the people who call me the crazy one, or use hurtful statements, like a woman who told me that I am lazy when she saw me leaving my land without finishing taking the weeds out of the rice that I had planted. Maybe it was going to be easier if I had not lost parents and wasn’t hit in the process. I had a will to work that morning, but my injury could not allow me. I started crying instead of sharing my sorrow with her.

Rosa offers Sali some support by acknowledging the challenge of living with injury: “Suffering requires accepting certain things you cannot change and try to have enough rest.” Bernadette, who has not attended any annual commemoration since 1995, continues:

This year I could hardly wait for the day to arrive. I had refused to attend these events and even mocked those who attended. People were surprised to see me among the
helpers this year. I became upset about how those under crisis get treated and I felt that I needed to play my part by being there for them. Plus, I felt that I had remained behind development. I wore one cloth and cared less about how I looked. I usually run away from any reminder of the genocide. This time I was able to attend the reburial event when our colleague here invited us to go and support her. Things started shifting for me and my illnesses seemed to have settled a bit. I was very pleased to see people surprised about my being among the helpers.

Bonnie explains the challenge of remembering for the non-survivors. She says:

*We all lived different kinds of experiences. Before I was imprisoned, I wanted to go to the commemoration, then people discouraged me saying: ‘And you think you are among those who should remember?’ Then in jail, we were forced to follow the televised events about the commemoration and when I tried to say something about it, I was called an accomplice [of the Tutsi]. Although I always believed that the national mourning is for all Rwandans, I tended to only attend the last day only. This time, I got up very early and went with others to the stadium. I was very pleased to meet other group members there among the helpers. The workshops have helped me break isolation, but there are many other life issues one has to accept. I am glad to have Bernadette and others close to me now.*

It is helpful to remember that Bernadette is the young woman whose nephew was believed to have been killed by Bonnie who claims the boy was under her care. Emma continues in her evaluation of the mourning week:

*In the past few years, uncovering the human remains was almost taking me back to the genocide. It was very traumatizing for many people and I became judgmental about it. I said many things such as ‘if that person knows she gets traumatized, why does she go there in the first place?’ This year, I went there and met people who have committed their time to educate the public about trauma issues. I felt physically weak and I could not understand why some of those who were directly concerned by the genocide [survivors] seemed stronger than me. I made a commitment to attend the different events that were planned around the commemoration. I watched the films [about the genocide] and I was able to understand why some people keep going while others choose to stay out of it. In the previous years I was warned that I may be putting myself*
in trouble to stand with those who get traumatized. But, what I have come to understand is that, the event of commemoration is for all Rwandans, including myself.

Rosa, who has been quiet as others relate their understanding of the commemoration event, explains how she has started developing a new understanding of the genocide and its associated events:

I have continued to think how I can rehabilitate myself and combat the trauma issues. I understood that I am not a cockroach, a snake, or the crazy one. I am a human being. That took away lots of fear in my life. I felt like celebrating an anniversary of being alive while there are many who perished. I only lacked means to do so. I did not want to sink into the bereavement again. Rather, I wanted to be happy and thankful for another year of survivorship. We should not forget those who left us when we still loved and needed them. But, those who are alive should live in peace and move forward.

Back in the big group, similar statements are provided by other small groups during the synthesis. Anatole reports:

I used to mock the people who attended the commemorative events attributing their participation to having time to waste or to the fact of being survivors. I never attended. But I have come to understand that people who have ihahamuka [traumatic crisis] are not crazy. Rather than mocking them, I need to be with them and support them. Their loved ones who were killed are not ghosts and I need to remember them together with others.

The statements above were prompted by the annual commemoration. This event was introduced during this day’s session, and the participants were told it was important for them to develop a new understanding and attitude towards it. A shift has happened both at the individual and community levels as participants tried to locate themselves and understand who they are in the context of events such as the genocide and its resulting commemorative events. The new understanding in turn shaped the actions during this period of remembering.

To reinforce the sense of group membership and continue to develop together, one participant named Paul shared an idea that came to his mind as he watched others in the group. He managed to gather all the participants informally to communicate this idea, and was pleased
they accepted it amicably and provided additional ideas to make it work. All participants were very eager to inform the facilitators and me about the idea. Paul stated:

*I left thinking about what we can do as a group in order to continue to support one another after completing these workshops. Then, I had this idea, a mutual support group called ‘Dukizane.’ Others received it warmly and we have already met once and we were able to visit one member of our group who seemed to be struggling. We want to continue to support one another and think of other ways we can develop ourselves."

*Dukizane* can be translated as “Let’s heal one another.” This group seemed to have created mutuality and continuity in the healing process in very holistic ways. The group members decided to contribute a small amount for a loan to allow one person (who cannot manage to save enough individually) to start small projects. They met to discuss an issue of one participant that the group judged to be very vulnerable, and paid her a visit. They also participated in two events, a baptism of a child and the reburial of the remains of another participant’s family members.

The revival of group collaboration, mutual support and creativity are significant in the rebuilding of the Rwandan community. As a Rwandan proverb says, *Abanyarwanda basangira akabisi n’agahiye,* which means that, “true Rwandans share the uncooked and the cooked;” in other words, the bad and the good. The group seems to have embraced the traditional values of community life by offering support to one another. This happened as participants continued their individual exploration about how to integrate the learned values to their respective families and communities.

Many participants concurred that they feel they have gained energy from the HLW program, which has allowed them to manage stressful events in more constructive ways. Many referred to fear as being the most paralyzing emotion. It has turned some people cynical about the genocide and its associated issues. This is the same kind of fear that also pushed them into social isolation and made it difficult for them to seek help or confront daily life struggles.

As the session on forgiveness progressed, participants were able to understand that the first person to forgive is oneself. One female participant said: “Forgiving oneself is the foundation of being able to approach others with confidence.” Another one concluded: “If you cannot
accept and forgive yourself, you are unable to forgive others. Without forgiveness you do not attain a meaningful life.”

During the following days of this module, participants were offered reflective texts that allowed them to assess issues of identity and reconsider things they have internalized from the national culture and history. It also invited them to ponder how these different factors both shaped the 1994 genocide and contributed to the labeling of those suffering in the aftermath of the genocide. They started making sense of the impact of social categorizations and the roles they play in reinforcing the divisions between neighbors and families. One participant commented: “It has become possible for us to reflect on how we perpetuate these divisions.” Dr. Gasibirege continued to encourage participants to get close to their own hearts and re-examine how certain aspects of their lives have been constructed.

When I later met the ten participants for the second interviews, they reflected on the HLW process and its effect on their lives, especially how they viewed their well-being and relationships in the real world. The first steps towards change were more of a personal process. However, the more they changed themselves, they realized that other people around them responded positively.

7.3.2 Impact at the Family Level

When I met for the second interviews, I asked the participants if their participation in the HLW program had impacted anyone else they know. In response, several participants shared stories of how they relate differently to others, both within their families and those in their communities. Emma started:

Without starting far, I can talk about the things that happened in my own home. When there is a problem at home, it becomes important for me to make sure that we reflect on it. Each person is given space to express him or herself. In the past, I used to go quiet, very quiet when something happened. Now, we talk about it, if one has wronged me I point to the issue and we deal with it without having to suffer in silence, whmm!...This has changed the children at home as well. In the past I used to just throw things at them without even asking them their side of the story. Now, I respect that they have the right to expression and this offers both of us the space to talk things over instead of judging and quickly jumping to conclusions.
Rosa, who had reported that her children get very distressed by her traumatic crises said:

*During my family time with my children, they sit and start asking me whether my traumas have stopped. The other thing, they used to be very fearful of me because if they made mistakes I used to be very angry and violent towards them, which made me feel terrible afterwards. What happens since I started attending the workshops I talk to them gently. Later, they reflect it back to me saying, ‘Mom, you must have been saved’!*\(^{15}\)

Almost a year is passed since we were spanked!’ In the past, I did not seem to have patience with them or take time to talk to them. Now, we sit together and talk and laugh, and it makes me happy to see a smile on their faces. In the past they used to stay away from me, now, they play, they share, and it gives me a chance to even talk about the things I learned from the workshops, such as why and how to ask or offer forgiveness. I encourage them to also point at my own mistakes when they notice them.

Rosa explained that she has been encouraging her children to express themselves, ask for what they need, and even celebrate when they can afford it. She reported that some of these behaviors are now observed in her children. She offered examples of how they started using some of the tips she learned from the workshops about asking and offering forgiveness, how they report back to her issues that frustrate them, and how they seem to be more expressive than they were before she attended the HLW program.

Monika reported on how she acknowledged her own abusive behavior toward the orphaned children she raises, either by neglecting them or not understanding their brokenness. She said:

*From the stories of others [in the group] I learned that there are people in my life that I offend regularly, the children in my care. I used to think that I am the innocent and that everyone else has the blame. I have reduced my drinking habits. In the past, if I had one hundred and fifty Rwandans francs, I would run to the cabaret [local small pub] to get my banana beer without thinking about other needs at home. Sometimes I remembered those needs, such as lack of salt after the money was finished. I have reduced that and*

\(^{15}\) Being saved is a term commonly used by evangelicals when they convert to Christianity, assuming that they have left behind their sinful selves. The word has entered the jargon when someone shows signs of stopping some bad behaviors of the past such as drinking or any kind of abuse.
more and more I realize that I think about the family’s needs first, like buying sugar where we can all enjoy it in tea instead of one bottle of beer that I used to drink alone.

When I asked her how she knows that this change impacted others, she said that one of the children (the eldest of those orphans) asked her why she has not gone to the plaza. She in turn asked him why he thinks she should go. Then, when she gave him the money to go and get cooking oil, he was so astonished that he commented: “In the past this would have never happened. Money was for beer, and nothing else!”

Others reported having improved relationships with their spouses and neighbors. Emma, Suzanne and Monika—whose husbands had also attended some sessions of the HLW workshops—appreciated that they get a chance to discuss family issues. Monika stated that her husband promised to help her with household chores and on the land when he does not have a work contract. Emma stated that she and her husband have made a commitment to each other to resolve family conflicts as they arise rather than adopting angry moods that can last for days. Bernadette mentioned observing improvement in her relationship with her sister:

At first, my sister discouraged me when she knew I was coming to the workshops. But I took this unique opportunity. She was very concerned and kept calling me to ask if I was alright. She did not believe I could complete one session and start another one... My change has impacted her positively. She does not seem to understand what has happened to me. In the past, if she left me in one place, that is where she found me at her return... Now I visit people here and there. If I got sick after sharing with her something she bought outside, I always blamed her of bringing poison at home and this created strains to our relationship. She had become very scared to bring anything home because of my demands and harassment. I made her feel guilty. Now, my suspicions have reduced and I do not blame her for bringing me trouble, which is very good for both of us.

Emma reported hearing positive comments from a sister-in-law who had complained that she wished her husband was as understanding as Emma’s since they completed the healing workshops. This prompted Emma to invite the couple over so that she and her husband could talk to both of them together, and sensitize the brother-in-law to the HLW workshops.
7.3.3 Impact at the Community Level

The impact at the community level as a result of the HLW workshops occurred both at the relational level (with other community members who have not attended the HLW program) and at the civic or community level. Many participants reported receiving positive remarks from neighbors who could not understand “the kind of medication” they had taken, which made them look well, relate to others gracefully, and reduce crises.

At the level of community engagement, participants were able to reflect on their own active involvement that impacted the community at large. In my second session with Anatole he said:

*I stopped being selfish. I can no longer say that things of the community are not my concerns, if one person has a problem of a traumatic crisis, not say that is not my problem or blame them for being in that state; or say that remembering is not an issue of mine.*

Paul realized that more people come to see him for advice or ask him to help resolve other conflict issues in his community. He commented:

*When I meet a person with problems, I no longer say that the person is wasting my time or telling me no sense things. I offer them space and a hearing ear and I can see their tension dissipating. Some of my neighbors have asked me to pay a visit to a person they believed was not doing well or was abusing others. I see more people trusting that I can help out in the ways I can and it seems to satisfy them.*

In communities that rely on each other for emotional support, a tuned ear is needed. Martha also reported being called by couples with conflicts to help them address the issue. She encouraged them to hear what each had to say, and come up with the most convenient solution. Suzanne took on the responsibility to give a public testimony through a poem she had composed during the HLW program. As was discussed in the previous section, many participants committed to helping those who were still suffering from traumatic crises.

At the genocide commemoration in the community, I was able to witness many participants taking seats at strategic places in the local stadium, along with others who were trained in the previous HLW workshops. They did this to offer support to community members who needed assistance. I was later informed that there were fewer cases of traumatic crises during the 16th
commemoration of the genocide in this community compared to similar annual events in the past years.

Most participants appreciated that the HLW program brought together the non-survivors and survivors. They believed that these workshops are the basis of forgiveness and reconciliation and should be provided as a prerequisite of such processes. Anatole stated:

If there is one thing I can emphasize, that would be to invite people to the workshops who have offended each other in the past..., talk over their issues without rushing into the asking of forgiveness. Because if you have really offended someone, you do not ask for forgiveness just like that because as long as you have not understood the behavior of the offender or of the offended both can be overwhelmed by emotions and refuse to talk to one another or interpret that silence as being a malicious individual. But, if the offender and the offended sit together on the same bench and learn first, then forgiveness can be fruitful. Maybe from there you can have a common understanding of how to perform forgiveness; to understand each others’ needs first and then bring those needs together, this can have good outcomes.

Rosa found that having survivors and non-survivors together was the most powerful feature of the program:

The way Muzehe managed to bring the survivors and non-survivors together so that we could share our personal experiences and emotions was the best aspect of the program. It was the best thing because I did not talk to them before, and we were able to hear both sides and we shared life.

Paul observed that the HLW program has the ability to address issues associated with Rwandan history, and should bring both ethnic groups together as people who share neighborhoods and need to discover the best ways to live together. He said:

The exercises and the explanations provided seemed to relate to the history of the genocide we all lived. People should learn [go through the process] together so that they can determine how to best cohabitate. As you can see, people share the same space, and they do not necessarily share the same ethnic group. If they are offered to share during the HLW program and come close to reconciliation, they can also learn to share life more freely. For instance, I have never been imprisoned, but I felt sorry for another
participant who has been in jail; and when we talked it over with the survivors we reached a common understanding of suffering... There are real problems around this subject and in order to rebuild the Rwandan society, addressing these issues through the workshops is a must.

Participants in the HLW program who contributed to this study appreciated the group-based approach that allowed them to sit together as survivors and non-survivors, share personal stories, and start building a network of relations based on a common understanding of suffering and its impact on individuals and community. Through this understanding they managed to start the healing process as individuals and as a group. They also realized that the group collaboration may empower them to confront some of the issues facing their broader community.

I propose to call this individual and community change healing communities because of the multiplicity of issues at hand. These include the unique approaches adopted by individual participants in changing their own lives as well as positively impacting the lives of those around them. It also includes exploring a group approach to tackle some of the complex issues individuals cannot handle on their own.

Healing is an open process that requires hard work and continuity. Because issues of suffering in Rwandan communities are still deep and immense, the healing process and mutual support need to be extended to different people in ways that respect both the depth and breadth of the issues in order to effectively rebuild Rwandan society.

7.4 Conclusion of Chapter 7

In this chapter I attempted to demonstrate some of the multiple elements that characterized the process of HLW implementation. The process is not linear. It is messy and takes the participants back and forth, moving from the present to the past, then past to present, and then even from the present to a possible future. The process is dynamic, multidimensional and creative, and the participants were the principal actors in the implementation of the program.

The process moves participants from being members of broken communities to becoming active agents of healing communities. The movement is built on two axes which facilitate the HLW process. The first axis represents moving from silence to voice. The sharing of personal
stories speaks to this axis. It was the sharing of stories that allowed participants to assess the level of their suffering, either through their own telling or the telling of others. It was also through non-verbal expressions that they were able to undo the chains (such as suffering in silence) that kept them captive, and start to reintegrate nurturing rituals and values that are more humanizing (e.g. laughing together, helping one another, and even playing). The participants used verbal expression to articulate their troubles, and when the words went missing they seemed to creatively find other ways to start opening the windows of their hearts, mutually sharing their deep pain, fears, and hopes. This inner and outer journey seems to be a revolving door of entering one’s heart and opening one’s heart to others.

The second axis represents the unique HLW factors, which I call healing elements. These help individual participants to enter their hearts and open them to others through interactions. The healing elements identified in this study include openness, protected space, person of the facilitator, and material resources. These elements are not mutually exclusive. Rather, they work together to facilitate the sharing of personal experiences and the ultimate healing process.

These axes also provide a good introduction to the change observed at the individual, family and community level after participants start the healing process. The findings in this chapter will be triangulated with the concept mapping data in Chapter 8, before further interpretation and discussion is given in Chapter 9.
Chapter 8
THE MAPPING OF THE HLW PROGRAM

8 Introduction
This chapter merges two sets of findings from concept mapping data and from the experience of the HLW program. The triangulation of the data produces a conceptual framework of a community model for healing psychosocial suffering through the HLW program in Rwanda. I first consider the findings that emerged from the concept mapping analysis and interpretation. Asking the HLW facilitators to provide statements containing one single idea based on the statement “one good or negative thing I found in HLW workshops is...” was a semi-abstract approach to describe the program in a conceptual manner. Thus, the first section of this chapter provides a description of the group of participants who contributed to concept mapping data from Organization B. The second section presents the mapping of the themes (cluster labels) and the summarized meanings of the stories embedded in each cluster. In the third section, I provide an understanding of the ratings of the generated statements according to the order of rating scales of importance and positive change. Section four triangulates the themes from the experience of the HLW program (Chapter 7) and those that emerged from the concept mapping data in order to map up a conceptual framework representing my interpretation of the community healing model provided by the HLW program. The interpretation and discussions of this framework will be broadened in Chapter 9.

8.1 Description of the Participants from Organization B
The first group of participants was recruited from Organization B. There were nine participants in this group and they included seven facilitators using the HLW model to conduct healing workshops and two who occupied management positions. The managers had also completed the HLW process and qualified as facilitators. In this study, I call this group of nine the “HLW facilitators,” except in the section on rating scales where I consider their perceptions based on their positions in the program.

The HLW facilitators participated in the initial brainstorming session, the first activity of the concept mapping techniques. Seven members of the group participated in the following session on statement structuring and seven members provided input into the analysis of the produced
maps and graphs as a preliminary analysis and interpretation conducted with the HLW facilitators. Two participants were unable to attend the second session but participated in the third session. There were two others who participated in the second session but could not attend the third session due to organizational restructuring. The demographic information of the nine participants is provided below in Table 4.

### Table 4 Summary of the Demographic Information about the HLW Facilitators

<table>
<thead>
<tr>
<th>Participants</th>
<th>Position</th>
<th>Years of experience in the job</th>
<th>Education/Level</th>
<th>Age</th>
<th>Gender (F: Female M: Male)</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1</td>
<td>Manager</td>
<td>10</td>
<td>BA</td>
<td>46</td>
<td>F</td>
</tr>
<tr>
<td>P2</td>
<td>Facilitator</td>
<td>2</td>
<td>BA</td>
<td>30</td>
<td>F</td>
</tr>
<tr>
<td>P3</td>
<td>Facilitator</td>
<td>13</td>
<td>Some university years</td>
<td>49</td>
<td>F</td>
</tr>
<tr>
<td>P4</td>
<td>Facilitator</td>
<td>4</td>
<td>BA</td>
<td>31</td>
<td>F</td>
</tr>
<tr>
<td>P5</td>
<td>Facilitator</td>
<td>5</td>
<td>Some university years</td>
<td>47</td>
<td>F</td>
</tr>
<tr>
<td>P6</td>
<td>Manager</td>
<td>2</td>
<td>BA</td>
<td>34</td>
<td>M</td>
</tr>
<tr>
<td>P7</td>
<td>Facilitator</td>
<td>11</td>
<td>BA</td>
<td>42</td>
<td>F</td>
</tr>
<tr>
<td>P8</td>
<td>Facilitator</td>
<td>16</td>
<td>Some university years</td>
<td>51</td>
<td>M</td>
</tr>
<tr>
<td>P9</td>
<td>Facilitator</td>
<td>2</td>
<td>BA</td>
<td>34</td>
<td>M</td>
</tr>
</tbody>
</table>

The HLW facilitators who participated in this study included six women and three men with ages ranging between 30 and 51 years, including one widow, one single, and seven married women and men. Six had bachelor’s degrees in the social sciences including sociology and psychology. Two of them occupied management positions (1 female and 1 male) overseeing the activities of the Healing and Reconciliation Program at the national level. The other seven participants were facilitators who worked in teams of two in four different areas of Rwanda. Four participants had at least ten years of experience using the HLW model.

Four of the participants were born and raised in Rwanda, including survivors and non-survivors of genocide, and four participants had grown up in neighbouring countries as descendants of former Rwandan refugees and returned to Rwanda after the end of the genocide in 1994. Two participants grew up in Burundi, one in the former Zaire, currently Democratic Republic of Congo, and another one in Uganda.

### 8.2 The Mapping of Themes through Concept Mapping

The concept mapping themes emerged from the structuring activities of the 82 statements (see Table 1) that were produced through the brainstorming session. As detailed in Chapter 5, the sorting and rating activities of concept mapping activities constituted the initial stages of
analysis. With the support of the concept systems software, multidimensional scaling (MDS) was applied. MDS indicated a good distribution of the statements shown by the point map, in Figure 1. Similar statements in meaning were placed in close proximity on the map. I utilized MDS and a hierarchical cluster analysis to analyze and interpret the meaning behind the statements clustered together, the relationships that existed between different clusters and statements, and the labels suggested by the participants. Based on this analysis, I formed 11 clusters, and in reference to the suggested labels and the meanings of each statement, I established a list of labels reflecting the different formed clusters. Figure 4 provides the labelled clusters.

8.2.1 Distribution of the Statements and Clusters on the Map

The map indicates a good distribution of statements with areas of concentration in different parts of the map. As Kane and Trochim (2007) argue, the closer two statements are on the map, the more similar they are. Greater distance between statements indicates that they represent two different ideas with less commonality between the two. The eleven clusters were formed based on the similar meanings among the generated statements.

While the purpose of this study is to seek to understand the HLW, it is important to note that Figure 3 indicates many different meanings about the sorted statements distributed across the map. An example is the location of statements and clusters. Some statements are located at the edge of their clusters and seem to have close connections with the statements in the neighbouring clusters. For example, statement 47 (energy to complete unfinished projects) is placed at the edge of cluster 1, and close to statement 71 (going through bereavement is painful and renders people sensitive) of cluster 7. This means that although most participants placed the two statements in two different piles, some placed them in the same pile due to their similarities in meaning. Another example is the location of clusters. For instance, clusters 1, 2, 3, 4 and 6 are closely linked. This association was also observed in the perceptions of the participants who attended the HLW process. They emphasized that the sharing of suffering and the transformation that begins to take place are not neatly separated activities. They are part of a revolving process that involves inner exploration and an actually displayed openness of heart.

The concentration of other clusters such as clusters 9, 10, and 11 is also significant in that it highlights the importance of the organizational context for the success or failure of the HLW program. In concept mapping, these dimensions or regionalized clusters
Figure 4  Labelled Clusters with Statement Numbers

1. sharing of suffering
2. personal transformation
3. individual positive impact
4. integration of positive change
5. improved relationships
6. Requirements for individual healing
7. becoming aware of collective suffering
8. desire to heal community
9. the image of the facilitator
10. challenges of HLW implementation
11. organizational challenges
constitute larger themes with further conceptualization of the presented themes. These are explored as I analyze the content of one or more clusters.

Because this study seeks to gain a better understanding of the HLW program, including its different components and phases of implementation, I chose to analyze the cluster content by summarizing the statements sorted together in different sentences based on their respective meanings.

8.2.2 The Stories within Clusters

In this section I provide a summary presentation of the meanings of the statements in each cluster.

8.2.2.1 Sharing Suffering (Cluster 1)

According to the perceptions of the HLW facilitators, sharing suffering (cluster 1) is central to the healing process. It allows understanding of self and of the world (statement 216) by entering into oneself, identifying issues within and confronting them (S 1), assessing the state of one’s relationships with others (S 3), sharing life with others in the group (S 12), and learning to listen to one another (S 24) with the help of reflective texts (S 27). Healing requires individual and group energy necessary for resuming unfinished projects (S 47). When one shares his or her story openly, he or she begins to heal (S 23).

8.2.2.2 Personal Transformation (Cluster 2)

HLW facilitators state that transformation begins when a person feels “new” (being born again, S 48). This renewal of life is described by various expressions of empowerment, such as comprehending the root causes of problems (S 55), feeling capable to manage personal emotions (S 42), finding solutions to interpersonal conflicts (S 40), seeing the goodness in people (S 38), embracing life with positive attitudes, and feeling eager to learn about and love life (S 55, 26). This kind of transformation is liberating, gives one voice (S 79), and makes one feel born again (S 48).

16 I will use the letter “S” in this section as an abbreviation for the word “Statement.”
8.2.2.3 Individual Positive Impact (Cluster 3)

HLW facilitators view the HLW program as having a primary positive impact on those who attend the workshops (cluster 3). The program helps participants to understand (S 19), to accept what happens within (S 8) and their behaviours, and to forgive self and others (S 64). The program also liberates participants by offering permission to express various emotions including sadness (e.g., allowing Rwandan men to cry), guilt, and fear (S 10, 49, 70, and 78). Such a process renders them sensitive (S 70) and moves them from death to life (S 77).

8.2.2.4 Integration of Positive Change (Cluster 4)

The integration of positive change into life practices (cluster 4) makes it possible for the HLW participants to make life decisions without fear (S 4, 5), regain trust and hope (S 13), and reach a better understanding of one’s behaviour (S 20), which contributes to individual and group growth (S 21) and helps one to rebuild trust, recognize false or biased perceptions (S 28), and develop a different perspective of life problems in general (S 58).

8.2.2.5 Improved Relationships (Cluster 5)

When people begin to move through the process, they start to transform individually, integrate positive change, and rebuild damaged relationships (S 25), especially relationships with one’s family members (S 41, 56, 57, 59) who in turn benefit from the positive change of the family member who completes the HLW process.

8.2.2.6 Individual Requirements for Healing (Cluster 6)

HLW facilitators find that individual healing requires attention to bereavement from different losses (S 6), valuing different expressions of grief, sharing of life stories, and the meaning of the process itself (S 32, 35). Personal recognition of the importance of these factors can result in feelings of relief (S 15), consolation, and the understanding that one is not alone in suffering (S 43). As a consequence, the genocide and the national mourning are social concerns for everyone (S 76).

8.2.2.7 Becoming Aware of Collective Suffering (Cluster 7)

HLW facilitators view addressing one’s suffering through the HLW as a process that allows one to realize that many Rwandans have many wounds (S 7) and, regardless of their multiple
sources, there is a shared level of suffering (S 11). They also recognize that entering the process of bereavement and listening to people’s stories during the HLW is very painful and overwhelming (S 31, 53, 62) as it brings back forgotten memories (S 54). Although sensitive and painful, going through the HLW process facilitates quick recovery (S 71) and helps people to become aware of the importance of the activities of the national mourning week and month (S 33, 34), and to comprehend the truth about the genocide (S 75).

8.2.2.8 Desire to Heal Community (Cluster 8)

Participants who share the healing process through the HLW give value to each person’s suffering (S 39) and are happy when they have contributed to another person’s healing (S 37). They create good relationships amongst themselves and with the facilitators (S 14); this ingroup cohesion sets them apart like saved Christians17 (S 52) and their testimonies are like miracles for non-participants (S 46). The HLW is like the mutual health insurance in Rwanda; it has started with confusion and ended up being in high demand (S 73). Those who complete the HLW wish inner healing of all people (S 66) and recommend the program to all Rwandans (S 65), especially the local leaders who often hurt those under their leadership (S 74).

8.2.2.9 The Image of the Facilitator (Cluster 9)

According to the HLW facilitators, the role of facilitation in the HLW workshops is perceived as a primary instrument of the healing process (S 29, 30) and a calling rather than a simple job (S 45). It requires bearing the suffering of those who are unable to share their pain (S 60).

8.2.2.10 Challenges of HLW Implementation (Cluster 10)

The HLW facilitators indicate that the HLW renders participants vulnerable (S 69). This factor can make some people fearful about entering the process or confronting issues which require them to face themselves (S 16, 17, 18). The stories of participants have the capacity to make facilitators sick (S 51). In a different manner, participants who choose to not share their stories during the process also create a burden for the facilitators (S 50). In summary, the HLW consumes time, financial resources, and the facilitators’ emotional and physical energy.

17 See footnote 13
8.2.2.11 Organizational Challenges (Cluster 11)

HLW facilitators find it challenging when the organization does not provide sufficient resources for HLW implementation. More attention and resources are given to programs that can be measured in quantifiable terms (S 80, 81). This restricts the HLW program from accessing the required means to fulfill its objectives, such as having a safe space to help those in need (S 36). This organizational environment leads to the neglect of the HLW program in the operating budget and the development of false and demeaning statements among other staff (S 61, 63). There are even assumptions that doing the healing work does not have any negative effects on the facilitators, such as burnout or vicarious traumatization (S 72).

Based on the above summaries, I interpret the cluster maps into four different sections, divided according to the meanings I drew from the content of each cluster or group of clusters. The above clusters and the stories embedded in each of them provide an orientation for understanding the perceptions of the facilitators who have used the HLW model to facilitate healing workshops. In my interpretation of their meanings, I use a comparative approach by which I invite the findings of the previous chapter to speak to the present data and vice versa.

8.2.3 Understanding of the Concept Mapping Statements

Both the participants who attended the HLW program as part of this investigation and the HLW facilitators highlight the importance of sharing stories (cluster 1) during the healing workshops. The process invites the beneficiaries to tell and listen to each other’s stories, to understand what happened to self and others in the group, to come to terms with the events that impacted each negatively, and embark on a new way of learning, understanding, and dealing with emotions. This process initiates the healing process.

Cluster 1 is also closely linked to clusters 2, 3, 4, and 5. Cluster 3 emphasizes that the HLW works mostly with individuals (or couples, in the case of the HLW implementation through Organization A), which means that individuals remain the primary target of the program. Similar to findings in Chapter 7, the participants in the concept mapping sessions also perceived healing as a process that required individual transformation (cluster 2) and the display of performative acts at the individual and community levels, which resulted in positive impact on social relations.
According to the perceptions of the facilitators regarding the impact of the HLW program, the social impact seemed to be limited to the immediate family (spouses and children), while the impact on the broader community remained as wishful thinking on the part of the participants who completed the HLW program through Organization B (cluster 8). This finding confirms the concerns Dr. Gasibirege expressed about his program being used to benefit individuals and organizations rather than reach the broader community as he intended. These perceptions differ from those of the community participants who, after starting the program, decided to take the initiative to explore avenues by which to impact not only their immediate family members, but also the community at large (e.g., participation in the national events organized around the commemoration of the genocide), thus indicating that for the community participants, psychosocial healing could not be satisfying if their social worlds remained unchanged. In addition, they strongly believed that community change had to come as a result of their own transformation which the HLW program instilled in them, and made them view themselves as active agents in the change that needed to take place.

The five initial clusters emphasize the importance of understanding which creates space for acceptance, management of emotions and interpersonal conflicts, and offers permission to think properly, be sensitive again, and understand. These become foundational to the participants’ individual revival, “feeling alive again,” as people who have the capacity to make decisions about their lives and engage in positive life practices.

This consciousness-raising is also implied in clusters 6 and 7. The HLW facilitators repeatedly mentioned that participants who attend the healing workshops become alive, feel born again as a personal gain, which moves them from a state of death-likeness to life. This process of becoming alive was also highlighted by the community participants who attended the HLW program as part of this investigation. They viewed it as an outcome of sharing life with others in the group and being acknowledged as human beings which built trust among participants during the HLW workshops. It can be argued that the concept of healing in this context is more social or communal than individual, implying that much of our humanity comes from the recognition of one’s existence. Thus, healing, being alive and well, is closely linked to this process of humanization in community.
I propose to designate the meanings embedded in these initial five clusters as **the psychosocial healing process**. This expression means that healing is a process which involves active participation in the sharing of life stories and the resulting transformation for those who are directly involved in the HLW program, who, in turn, impact others in their families. The psychosocial healing process defined by the HLW facilitators confirms the finding of Chapter 7, which emphasize moving from silence to voice with the opening of one’s heart to others. However, the HLW facilitators’ perceptions of psychosocial healing are limited to the family unit, unlike the perceptions of community participants from Organization A who view this concept as the beginning of the healing of the broader community. Therefore this concept will be further interpreted from the broader meaning of healing as perceived by the community participants.

Clusters 6 and 7 provide the context or the preconditions of healing through the HLW program. Cluster 6 emphasizes what needs to happen at the individual level. The person entering the process must be willing to address one’s grief or bereavement of multiple losses, give this process value and express one’s emotions in order to normalize it as an issue shared with others in society. This finding is close to the detailed descriptions the HLW participants in Organization A provided about their losses and the levels of brokenness that have resulted from the genocide. Both groups of participants in this study share the precondition of recognizing one’s multiple losses before one can start the healing process. Both groups also assert that one can only benefit from the HLW program if one is able to acknowledge the suffering of other Rwandans who may feel the same sense of loss (cluster 7). In concept mapping, the HLW facilitators use the statement that “Rwandans have many wounds” without exception and they suffer in one way or another regardless of the number or the sources of the root causes of their suffering. They also recognize that entering this kind of suffering can be very painful, even though it seems to be the only way to true healing. This kind of awareness-raising that includes understanding and valuing the national mourning and commemoration activities was also shared by both groups of participants.

The community participants who attended the HLW workshops during this study demonstrated this consciousness-raising about the shared collective suffering through their participation in the 16th annual commemoration. Based on the renewed understanding that the commemorative events are for all Rwandans, they realized that they needed to become actively involved rather
than relegating such activities only to the survivors. Further investigation will be needed to assess whether the beneficiaries of HLW program from Organization B and other local or international NGOs which integrated the model respond to the national mourning events in the same way. Active participation was not mentioned by the HLW facilitators. This may be due to the lack of program evaluation observed in many post-conflict situations.

The ideas combined in clusters 6 and 7 deal with the context of HLW implementation. It speaks to the necessity of recognizing that Rwandan individuals and communities have suffered and need programs that allow them to address that suffering. The specific contexts in which HLW is implemented are aligned to the concept of broken communities introduced in Chapter 7 to reflect the different levels of suffering in post genocide communities.

Cluster 8 encompasses a variety of ideas as the shape and location of its cluster indicate. It relates to improved relationships among those who share the HLW process (participants and facilitators) and the new identity these shared relationships help to shape. The participants used the term "the saved" which is a term often used to refer to those who have converted to Christianity. This term is commonly used in the evangelical churches, generally Pentecostal, that spread in Rwanda after the genocide. Although some of these groups were present in Rwanda before 1994, they took on a different identity after the genocide, one that sought to cleanse them from the stains of the violence and related behaviours such as drinking, prostitution, and other practices deemed as immoral by their ethical standards. Comparing the HLW graduates to the saved has both a positive and negative connotation.

The transformation that happens during the HLW workshops shocks other community members who wonder how those who participate together in this program suddenly become unified with new forms of friendships which did not previously exist. As it was observed with the community participants, neighbours started asking about the kind of medicine the HLW participants had taken. The participants created a mutual support group, started visiting one another, and related to others in the community in more humanizing ways. Often, the graduates of a cohort in the HLW program maintain group connections and continue to support one another. According to the HLW facilitators, the in-group cohesion and the testimonies that came from participating in the program was often perceived as being "miracles for non-participants" and were viewed positively in the context of healing.
However, being saved also has another connotation related to social exclusion that develops from groups that distinguish themselves from the rest of the community. When a facilitator suggested the metaphor of “behaving like the saved” during the brainstorm session, others, especially those who had been with the HLW program for a long period of time, reacted strongly. They commented that behaving like the saved felt like setting themselves apart from other staff who had not had the opportunity to attend the HLW program. The statement was interpreted as people considering themselves as the “righteous ones” among other staff.

According to the discussions and comments that followed this statement, it seemed that other staff members who had not attended the HLW program at the time of this investigation had a hard time understanding exactly what the HLW team did to get along so well. This was particularly observed by the two managers when they tried to defend the interests of the department and those of the HLW facilitators, thus setting them apart from other programs.

This kind of uniqueness was sensed through team cohesion, collaboration, and the nature of the work done through the HLW program. While this might have been a positive thing for the team and the program, the metaphor implied ill feelings and prejudice among other staff members.

Some of these reactions are also reflected in the statements of cluster 11, such as “some staff members from Organization B say demeaning things about the HLW” (S 63) or “some people think facilitators can never be traumatized” (S 72). I shall consider this further when I discuss the challenges the HLW program encounters at the organizational level.

The HLW facilitators suggest that those who complete the program recommend it to all Rwandans so that the collective wounds can have space for healing. Other than one statement which seems to reflect what the facilitators feel when they have impacted someone’s healing, cluster 8 seems to reflect wishful thinking on the part of HLW participants through Organization B. The data from concept mapping did not indicate personal commitment to social action on the part of the HLW graduates. According to the perceptions of the HLW facilitators, the participants of their intervention provide positive recommendations about what they, the facilitators, should do to help many Rwandans heal but take little personal initiative in their communities.

The recommendation of reaching out to others in the community did not come as a surprise for me as a former HLW facilitator. I remember this being the main recommendation that came
from the groups I conducted with both staff members at Organization B and within the communities where the HLW program was implemented. Even though the community members seemed to be creative in how they were helping others close to them in their families or neighbourhood, there was lack of a component in the psychosocial program for exploring how to encourage local innovations other than reporting them as good stories for fundraising purposes. Even among other staff in the organization who benefited from the program, only very few who wanted to make a difference made a request to join our team so that they could use the model as professionals, not as volunteers in their respective communities. At times, those who benefited from the program referred their family members to the HLW so that they could also be helped. These attitudes may have been encouraged also by the general NGO framework that favours expertise or professionalism rather than promoting social responsibility for those who benefit from interventions supported by this framework such as HLW.

This finding confirms the observations that were made in the internal evaluation of the program within Organization B (Kamatsiko & Munyeli, 2009) in which the researchers wondered whether the continued dependency on the organization hindered the sense of volunteerism among the beneficiaries of the organization. Professionalization implied in top-down approached may be an issue in the healing of community wounds.

As reported by the HLW facilitators, many participants who graduate from the program recommend the program to the local authorities who sometimes are believed to be the ones to inflict harm on those under their leadership. This statement is very telling in the context of post-conflict situations where those who have been rendered vulnerable continue to suffer different forms of structural violence, often originating from those in positions of power. As Chapter 7 indicates, the HLW participants shared this concern by relating stories where they felt that the people supposed to promote their welfare were actually the ones, at times, making their situations worse.

I find cluster 8 to stand on its own to occupy a position that links the content of the clusters discussed above to those that follow. I suggest the dimension desire to heal community for the meanings embedded in this cluster, mainly referring to the sense of lack of active participation reflected in the perceptions of HLW facilitators about the participants in their intervention. Because there is no systematic evaluation that has been conducted with those who complete the
HLW through Organization B to assess how they use the program in their lives and communities, the facilitators’ perceptions would need to be verified through further investigation.

The last three clusters (9, 10, and 11) highlight the issues related to the HLW implementation at the organizational level, which include the facilitator’s role and capacities, the organizational support or lack thereof, and the practical challenges of facilitation. HLW facilitators were in the best position to provide input into their own experiences of using the model. The content of these three clusters emphasizes the uniqueness of the HLW program in its implementation in comparison with other projects of the organization and other healing processes. In this respect, HLW facilitators do not view their role simply as a job, but rather as a calling, the capacity to bear witness to the stories of suffering. This also explains the context of implementation at the organizational level in that it shows the challenges HLW facilitators face to fulfill their roles both within the organization for which they work and in their leadership roles in the program.

As the map indicates (Figure 3), the organizational context is in the same direction as clusters 6 and 7. This finding is significant for understanding the context in which the HLW is implemented in that it links the individual predisposition to participate in HLW program to becoming aware about the context of the social community at large including the organizational context, which facilitates the implementation of the HLW program by providing the material and human resources the program needs.

I propose the name of organizational context for this dimension. By using this broader term, I view the general approach of the organization to have great influence in determining who the facilitators are, the approach they use to reach out to the community, and how the different structures of the organization support or do not support HLW implementation. The organizational context described by the HLW facilitators provides important information that complements the perspectives of the community participants regarding the healing elements.

8.3 Meaning of the Concept Mapping Ratings

In this section I examine the significance of agreement or disagreement among the HLW facilitators, according to their positions in the program, about the rating scales of importance and positive change. The rating activity included two managers and five facilitators. The levels of importance and positive changes were the two rating scales utilized to help identify the
clusters and statements participants valued as being most important among the 82 statements generated during the brainstorming session and those implying positive change in the HLW program. I included this task in the sorting of the data in order to gain an understanding of the aspects of the HLW program that were viewed as having great value in healing psychosocial suffering through the HLW model, and as a result be able to emphasize such aspects in the future implementation of the program.

The findings from the rating scales are represented by pattern matches and go-zones. As mentioned in Chapter 5, pattern matches demonstrate how much agreement or disagreement there is between the managers and the facilitators from Organization B and between two scales, in this case “importance” and “positive change.”

8.3.1 Pattern Matches

Graph 1 demonstrates the levels of agreement and disagreement between the managers and the facilitators on the scale of importance. As the graph shows, managers considered the requirements for individual healing as having the highest value, while for the facilitators the clusters given the highest value were the image of the facilitator and the sharing of suffering.

The two groups had a great disagreement over the importance of the challenges of HLW implementation. The managers gave this cluster quite a high value while the facilitators did not view it as important. Other than “organizational challenges” which was given a very low value by both the managers and the facilitators, other clusters were given a high importance with some slight differences between the perspectives of the managers and the facilitators.

These findings emphasize the process of implementation and its impact on the participants and their immediate families and on the image of the facilitators. Very little importance is attached to more administrative issues related to the organizational context and HLW implementation.

These findings can be interpreted in different ways. It could be that both the managers and facilitators are more concerned with the practical side of the HLW program—facilitation—and are not involved in the decision-making regarding the vision and sustainability of the program.
Graph 1  Pattern Matching Display for Importance between Managers and Facilitators

Managers          Facilitators

requirements for individual healing
integration of positive change
becoming aware of collective suffering
sharing of suffering
personal transformation
improved relationships
desire to heal community
the image of the facilitator
individual positive impact
challenges of HLW implementation
organizational challenges

4.92          4.68

3.07          3.83

r = .7

integration of positive change
individual positive impact
requirements for individual healing
personal transformation
improved relationships
desire to heal community
organizational challenges
challenges of HLW implementation
becoming aware of collective suffering
sharing of suffering
the image of the facilitator
requirements for individual healing
integration of positive change
personal transformation
improved relationships
desire to heal community
organizational challenges
challenges of HLW implementation
becoming aware of collective suffering
sharing of suffering
the image of the facilitator
requirements for individual healing
integration of positive change
personal transformation
improved relationships
desire to heal community
organizational challenges
challenges of HLW implementation

r = .7
The data could also be interpreted from the framework of NGO functioning in which most of the administrative decisions come from above and local staff members have limited opportunities to make such decisions. I lean towards the second interpretation because it is often the president, vice presidents and senior executive of international organizations who dictate what has to be done, when, and for how long. This leaves national offices and programs such as the HLW in very vulnerable positions of not being able to decide on the orientation of their interventions. I sensed such lack of power in decision making during this investigation.

An example was the facilitators who could not participate in the three sessions of concept mapping even though they wanted to because the decision to attend still remained with the organization’s senior executives, regardless of the preliminary approval they had provided to me by the national director and the regional managers at Organization B. Another example was the organizational restructuring meetings which required all staff, including the HLW staff that specialized in conducting the healing processes, to go through new interviews to qualify for new positions in the organization. Those who argued that they had been trained to use the HLW model and were not interested in other positions lost their jobs only three months after participating in this study. Five of the seven facilitators lost their jobs following the rehiring process because they did not apply to the newly open positions or because they did not have the academic degree required for the newly posted positions.

Aligning with the organizational structure limits the direction of HLW implementation. For instance, the HLW staff provided sensitization sessions and worked with people who were willing to go through the program. Those who struggled with fear or lacked motivation to confront their suffering were not encouraged to attend. The options provided by Organization A were different. For instance, Dr. Gasibirege offered individual care to those participants who were struggling to continue the program. Organization A also hired a psychosocial outreach worker to follow up with those who were experiencing emotional difficulties in the community and encouraged the graduates of the program to do the same. This continued care was unavailable within Organization B even though it had 10 years more experience with the model than Organization A.

Graph 2 demonstrates the levels of values managers and facilitators attributed to each cluster in terms of its positive change rating. Both managers and facilitators assigned great value to
clusters that involved the process and its outcomes, and included the image of the facilitator among these. Facilitators continued to emphasize the sharing of suffering as the most valued cluster in terms of imparting positive change. This confirms other findings of this study that indicate the centrality of sharing personal stories in transforming participants’ lives which becomes foundational to positive change at the individual and community levels.

In terms of positive change, the managers gave a slightly higher value than the HLW facilitators to other clusters including improved relationships, integration of positive change, personal transformation, requirements for individual healing, individual positive impact, and desire to heal the community. This slight difference may be due to the managers’ responsibility requiring them to report successful stories from the HLW program. Facilitators’ perspectives on positive change were higher than those of managers with clusters on the integration of positive change by the participants and the image of the facilitator. This may be due to the fact that facilitators are the direct witnesses of the struggles and successes of HLW implementation as participants share their stories and attempt to change destructive habits. They are also the ones who can relate to the roles they play to facilitate change, more than the managers would.

However, both the managers and facilitators rated organizational challenges of HLW implementation the lowest position on the ladder with slight cross-cutting differences between the two groups. The organizational challenges seem to impart very little positive change which means that although there may be less support from the organization, managers and facilitators strongly believe in the HLW process and contribute to it in a committed manner.

This was illustrated when Organization B was awarded an important prize for being the best psychosocial program in all national offices of Organization B. Ironically, less than a year later, the program lost more than half of the staff of the program who helped to achieve this important recognition due to organizational restructuring.

The two rating scales were also compared for all HLW participants from Organization B. Graph 3 shows the comparisons of the two rating scales of importance and positive change. Clusters 6 (requirements for individual healing) and 1 (sharing suffering) were viewed as the most important. In terms of positive change, clusters 4 (integration of positive change) and 1 (sharing suffering) occupied the highest position on the ladder.
Graph 2  
Pattern Matching Display for Positive Change between Managers and Facilitators

Managers

- improved relationships
- integration of positive change
- personal transformation
- requirements for individual healing
- individual positive impact
- desire to heal community
- sharing of suffering
- becoming aware of collective suffering
- the image of the facilitator
- organizational challenges
- challenges of HLW implementation

Facilitators

- sharing of suffering
- integration of positive change
- improved relationships
- requirements for individual healing
- individual positive impact
- desire to heal community
- personal transformation
- becoming aware of collective suffering
- the image of the facilitator
- challenges of HLW implementation
- organizational challenges

$r = .97$
This may explain why Organization B did not invest in those who were not ready to confront their suffering. For the program to have positive change, participants need to integrate positive change and share suffering with others; and the challenges of HLW implementation were rated very low in terms of imparting positive change. These are issues that will be considered in the elaboration of a conceptual model for the HLW program.

After these major considerations, other clusters that were identified as having high value in terms of positive change and in the order of importance included improved relationships, meeting the requirements for individual healing, personal transformation, and the desire to heal community (clusters 5, 6, 3, and 8, respectively). Other clusters that were viewed as being higher in importance than in positive change comprised the image of the facilitator, integration of positive change, becoming aware of collective suffering, personal transformation, improved relationships, and desire to heal community (clusters 9, 4, 7, 2, 5, and 8, respectively). Clusters 1, 4, 5, 6, and 8 were rated high in terms of importance and positive change. This confirms the circular approach observed in the HLW program by which the process and its outcomes were intermingled into a non-linear approach.

The data indicates a significant disagreement in the ratings of the image of the facilitator and individual positive impact (clusters 9 and 2, respectively) which were rated higher in terms of importance than in positive change. This means that, although the person of the facilitator and the positive impact may be the driving force that guides the work of the HLW, they do not play a role in what happens outside the intervention. The implication is that the onus is on the HLW participants to utilize the new understandings to promote change in their lives and communities.

The findings in pattern matching indicated that the clusters that describe the HLW process were given higher rates while those focusing on the organizational context were given low values in terms of importance and positive change. These findings can be interpreted differently. Given the context of the HLW implementation at Organization B, both the managers and the HLW facilitators expressed generally similar perceptions about the HLW program and the organization context. This may be to the fact that the managers also have experience using the HLW as facilitators. It may also be due to the nature of the organizational structure which allows limited control over what happens to the program for which the managers and the facilitators work.
Graph 3  
Pattern Matching Display for Importance and Positive Change for Managers and Facilitators Together

- requirements for individual healing
- sharing of suffering
- the image of the facilitator
- integration of positive change
- becoming aware of collective suffering
- personal transformation
- improved relationships
- individual positive impact
- desire to heal community
- challenges of HLW implementation
- organizational challenges

$r = .9$
8.3.2 Go-zones

The data of concept mapping was also explored through the go-zone. As indicated in Chapter 5, the go-zone is a simple bivariate (X-Y) plot, divided in four quadrants constructed by above or below the mean for each variable (Kane & Trochim, 2007). The go-zone is the upper-right quadrant, or go-zone one, which represents the most actionable ideas within each cluster, keeping in mind that similar statements are clustered together in one quadrant.

I utilized the go-zone to gain an understanding of the most actionable statements of the HLW program, in other words, the priority statements in terms of their importance and in ability to impart positive change within the HLW program. This information is essential because, on the one hand, it helps to confirm or negate the narrative analysis of the content of the statements and the findings from other data sets in this study. On the other hand, it gives direction for the broader conceptualization of the model of healing psychosocial trauma based on the HLW model. Furthermore, by identifying the most important actionable statements and those that reflect most positive change, the go-zone helps to provide useful recommendations for future program implementation, monitoring, and systematic evaluation. Graph 4 shows the average ratings of importance between managers and facilitators.

The statements that are aligned vertically stacked on each other in the go-zone indicate the statements that have very similar meaning and were rated as having high priority in terms of their importance in the HLW program.

Many statements in the go-zone of Graph 4 come mainly from the dimension of the psychosocial healing process which includes clusters 1, 2, 3, 4, and 5, the context region (clusters 6 and 7), some statements from cluster 9 (the image of the facilitator), and a few from cluster 10 (the challenges of HLW implementation).

These findings confirm the importance of the process and context, and the importance of facilitation. These aspects were also recognized as being important by the participants who attended the HLW workshops as part of this investigation. Learning about and understanding self and others came at the top of all important elements of the program.
Graph 4  Go-zone Showing Average Ratings of Importance between Managers and Facilitators from Organization B

Managers

Facilitators

$r = .46$
Graph 5 shows average ratings of positive change between managers and facilitators. As the go-zone in Graph 5 indicates, the statements that were rated very high in terms of their positive change are piled vertically at the top of each other in two parallel vertical lines, indicating that there are two lines of change that happen concurrently to contribute to positive change. The statements on the left side suggest inner transformation, which is more psychological-oriented and include statements (1) it [HLW] helps to learn how to enter the inner-self, one's heart, and confront issues found in there; (3) it helps to assess the state of relationships with others; (10) it liberates people from shame so that they can talk about what happened to them; and (15) it facilitates expression and sharing of life stories which results in feelings of relief. On the right side, the statements that line up are directed toward change in the social world, such as (65) those who completed the HLW workshops recommend it for all Rwandans; (2) it helps to understand self and the world; (4) it helps to make life decisions; (38) see goodness in people; and (35) better understanding of the meaning of mourning for different losses.

Graph 5    Go-zone Showing Average Ratings of Positive Change between Managers and Facilitators
Graph 6 demonstrates the average ratings of importance and positive change by managers and facilitators together.

Graph 6  
Go-zone Showing Average Ratings between Importance and Positive Change by Participants from Organization B

When the two ratings are compared (Graph 6), the go-zone presents the average ratings of statements that were given high value in terms of importance and in terms of positive change. The findings in this go-zone indicate that the participants in concept mapping considered the majority of statements that rated as being high priority in the order of importance to be also prone to imparting positive change. These include statements such 31, 32, 3, 34, 46, and 79. I find these statements to be directed towards raising consciousness, liberation, and the gaining of voice on the part of the participants who attend the HLW through Organization B. I find these elements to be very informative in terms of the implicit social justice aspects embedded in HLW program outcomes. Some statements describing the HLW program express the need for the participants to express themselves, have a voice and an audience of listeners. Gaining voice
was also articulated as being important by the community participants who attended the HLW program through Organization A.

8.4 Summary of the Concept Mapping Findings

This section focused on the findings of the data from concept mapping. Throughout this section, I attempted to make parallels between the present findings and those that emerged from other datasets of this study. The concept mapping findings are divided in four different but complementary dimensions. These include:

(1) the psychosocial healing process encompasses clusters focusing on the process of sharing suffering, observing positive impact, starting personal transformation and integration of positive change, which in turn result in having a positive impact on immediate community members, especially family members;

(2) the context of HLW implementation provides the background information of the raison d’être of the HLW program. This background explains individual and community levels of suffering that require Rwandans to pay particular attention to the psychosocial suffering associated with the different wounds and losses they have encountered, and the need for the bereavement process;

(3) the desire to heal community is a dimension that bridges the process, the context of suffering, and the organizational structure that governs the HLW program implementation in Organization B. This dimension supports the healing of Rwandans in general and offers recommendations on how the model can benefit more people in the country;

(4) the institutional context represents the aspects that facilitate or hinder the implementation of HLW program in Organization B.

From the above dimensions, the pattern matches and the go-zones indicate that the managers and the facilitators’ perspectives generally shared the same perceptions about the clusters formed (pattern match) and the statements generated about the HLW program with slight differences. The ideas that are valued as having high importance in the program tend also to impart positive change, except for some of the important elements that help to facilitate the process but do not affect what happens to the HLW beneficiaries. The example was the
importance of the facilitator in the process which did not seem to be highly valued in terms of positive change.

Together, the findings from the ratings in order of importance and positive change indicate that the process, the ability of the HLW to transform people’s lives based on the context of post-genocide Rwanda, is central to healing psychosocial suffering through the HLW program. Elements of the organizational context also play a crucial role in what happens at the HLW implementation level, and in relatively less supportive ways than it should.

Sharing suffering, attempting to understand self and others, and being willing to go through the bereavement process of different losses were considered as priorities that the HLW program should consider in its implementation in order to help Rwandans to begin the process of making decisions about their lives and communities. One of the unexpected outcomes was the emphasis on social justice elements such as feeling liberated from the suffering that seems to have trapped many Rwandans, regaining voice and becoming aware of issues of grief and national events of mourning.

8.5 Triangulation of the Different Data Sets

In Chapters 6, 7, and 8, I described the findings that emerged from the different data sets. In each of these chapters I attempted to use the direct contributions of the different stakeholders so that their voices can speak for themselves through the documents, the interviews and small group discussions, and the conceptualization, as the above data of concept mapping demonstrated. In this section, I bring the summaries of these chapters together to establish a conceptual framework of healing psychosocial trauma through the HLW program.

Chapter 6 provides the background context explaining the origin of the HLW program and its evolution over the past fifteen years. The broader conceptualization of a community healing model based on the HLW program borrows from both the experience of the program implementation and its mapping in complementary and confirmatory ways.

I am aware that there can be different ways of interpreting the above findings. In my experience of the HLW implementation and its conceptualization by the HLW facilitators, I choose to utilize the conceptual dimensions that were produced through the interpretation of the participants’ narratives who participated in the HLW workshops as part of this investigation.
These will be complemented by the mapping findings as I expand on these dimensions to further interpret and discuss the study’s findings in Chapter 9. Thus, the following are aspects of my understanding of the HLW program on the triangulation of the different data sets.

First, the HLW was conceptualized and implemented based on the context of broken communities, by which there is recognition that Rwandans suffer individually and collectively from multiple losses they have experienced and the subsequent psychosocial issues that continue to affect them.

Second, the findings chapters demonstrate that individuals who recognize their brokenness and that of their communities and express the desire to heal themselves and one another move from the space of brokenness and silence to gaining a voice through a psychosocial healing process supported by the HLW program. The HLW process is non-linear and involves participants in a process of entering their own hearts in the quest to understand their individual suffering and that of others through sharing and listening to personal stories, developing compassion for others, mutual support, and trusting relationships.

Third, the shift from silence and oppressed position to gaining voice is facilitated by key healing elements, which include the openness of the participants, the protected space offered for sharing intimate stories of lived experiences, and the material resources and space made available to facilitate the process. Participants have to acknowledge their own suffering and that of others and must be willing to work towards healing. The space in which sharing happens must be protected and the protective shields are more than the guiding principles. The protected space allows participants to create trust which they need in order to tell and listen to each other’s stories. The facilitator of the process is the first instrument of the healing process through demonstrating a character of humility, equality, empathy, and through understanding cues, which require clarity and focus. In addition, the healing elements require financial and material resources including texts and handouts that provide guidance and reflective insights into the issues being explored, and a remote environment to facilitate such reflection. These resources need to be accompanied by organizational understanding about the uniqueness of healing psychosocial suffering in Rwanda. When all the healing elements are made available, healing starts taking place at the individual level before the participants can in turn impact positively other community members. For change to happen, organizations using the model
need to provide all the necessary resources to support the process and the people involved in it, including the beneficiaries and the facilitators paid or acting out of social and moral responsibility.

Fourth, the HLW offer promises for healing communities in which participants start the process of transformation. The transformation process encourages those who participate to start changing positively the views of self including the capacity to view themselves as human beings worthy of dignity, love, and care, and who are capable of transforming the community around them through mutual support and a helping hand to those who are still in deep suffering. In healing communities, people are hopeful and energetic, and their ultimate goal is to contribute to the rebuilding of their broader community through civic participation and personal development.

These four areas offer a conceptual framework from which to start theorizing a model of healing individuals and community suffering. The conceptual framework summarizing the study’s findings is presented in Figure 5. The different dimensions of this conceptual framework will be further discussed in the next chapter.
Figure 5  Conceptual Framework of a Psychosocial Healing Model
Chapter 9

INTERPRETATION AND DISCUSSION

9 Introduction

In this chapter, I broaden the understanding of the dimensions of the HLW that developed through the triangulation of themes identified in the findings in Chapters 6, 7, and 8. The conceptualization of a psychosocial healing model based on the HLW program demonstrates the program’s raison d’être in healing psychosocial suffering in Rwanda. The interpretation and discussion of the conceptual framework draws from critical theories, especially Habermas’s critical theory, indigenous methodologies, and features of narrative inquiry. Critical hermeneutics and features of narrative inquiry offer a conceptual understanding of the historical, political, and socio-cultural context of the country and the HLW conceptualization and implementation. Critical hermeneutics suggests introducing new forms of analysis that examine a range of issues such as culture, metaphors, and the socio-historical context in a back-and-forth process of studying parts in relation to the whole and the whole in relation to parts (Kincheloe & McLaren, 2000). In such a process, narrative inquiry examines the capacity of stories, what they can do (Frank, 2010), that is, the psychosocial healing at the individual and group levels.

The interpretation and discussion of the dimensions developed in the previous chapter are located in the interplay of larger social forces and everyday experiences that characterize the context in which the HLW intervention was developed and implemented. The conceptualization of the psychosocial healing model is summarized in four different dimensions presented in Figure 5. Creating these dimensions does not mean that participants’ experiences and telling happened in neatly separate entities or that the HLW program had a linear approach of moving from one point to the next until healing happened. Rather, the dimensions discussed in this framework encourage closer attention to the stories people tell and the threads within them. These dimensions reflect my understanding of the data describing the HLW program as it was presented to me by the different stakeholders involved with the program at this particular point in the life of the model and the context in which it is currently implemented.
The first section of this chapter focuses on the understanding of the term “broken communities” in which individual, community, and societal brokenness is examined. The second part discusses the psychosocial healing process and explains the meanings of the key healing elements that facilitate it. The third and last section explores the concept of healing communities and its significance for individual, community, and societal well-being.

9.1 Broken Communities

The enormity of suffering during and after the genocide in Rwanda is unquestionable. The genocide resulted in multiple and complex violent acts of killings, material destruction, and torture that left many wounds and scars among Rwandans. The participants and the key informants in this study concur that Rwandans have many psychosocial problems. In my conversations with participants in this study and my interactions with the data, strong words participants utilized to convey their level of brokenness kept returning to my mind that I decided to write them down in the form of a poem using the authors’ words:

I cannot work on my land like others
carry my child on the back
carry anything on my head
    you know!
I received a blow of a club
on my chest and right shoulder!
For me it was a machete cut
on my lower back, right here
    and on my neck.
When I cannot do these things
I feel overwhelmed and sick
I do not want to talk or eat
I lock myself inside and out
    as if I want to disappear
    and then,
They say I am arrogant and lazy
malicious and even dangerous
They do not say it in my face
They stare at me and talk it
over amongst themselves
    and then
I get really sick in my head,
In my stomach, in my everything
I never see them coming to visit
I am sick and very isolated
    and then
I cannot take it anymore
I run out like crazy because
I can feel its intensity coming
ihahamuka
Yeah ihahamuka is very strong
I cannot do anything to stop it
I quickly lose it, I mean lose it
It is everything you know!
Control, dignity, energy, and
Mostly consciousness!
and then
It happens again and again
When gacaca and anniversaries
of the genocide are happening
I become traumatized, right!
In here, trauma is ihahamuka
and people call you the crazy
the one who fakes ihahamuka
to get money and attention
and then
I get traumatized again and again
The people do not know what to do
They walk away or tie me up tight
Even when I am not fighting them
The next thing I know, boom
I am in a mental institution

In the physical world, something is broken when it is shattered into pieces. These can be dispersed or smashed into dust while others can be restored. When many pieces are missing repair may be challenging or even impossible. A community is broken when its members become suspicious and fearful of one another, when people are uncertain about their own future and that of their children. The survivors who lost their families to the genocide expressed worries that there was no sign that the genocide would not happen again, because they had not seen any dramatic changes in those who had carried it out in the first place or in their family members. The non-survivors reported feeling fearful about wrong accusations of genocide, at any time, by anyone who would point a finger at them.

The concept of brokenness of community aligns with critical theories that locate individual suffering in the social world that produces it and shapes its outcomes. As the participants in this study said repeatedly, the state of their suffering was not limited to the effects of the traumatic experience of the genocide or other traumatic events associated with it (e.g., loss of family, prison experience). It was also rooted in further forms of violence and marginalization.
experienced through the existing social structures, including intervention models that promised to alleviate suffering. For example, many participants reported being traumatized by how gacaca ignored the different forms of violence that were embedded in its implementation or resulted from it (e.g., use of hurtful words and statements, attitudes from certain members of the community). Some of these normalized forms of violence are rooted in the history of oppressive systems that characterized social, political, and economic life in Rwanda during colonial and post-colonial periods. These continued forms of violence result in further social and health complications that are much harder to comprehend and address.

The understanding of “broken communities” in this context is also aligned with other concepts, such as social suffering or Edkins’ (2003) definition of trauma. Edkins suggests that “trauma takes place when the very powers that we are convinced will protect us and give us security become our tormentors: when the community of which we considered ourselves members turns against us and when our family is no longer a source of refuge but a site of danger” (p. 4). Trauma explained from this perspective is different from the trauma theory that has tended to individualize and pathologize suffering, and thus reduced the afflicted to a state of victimhood that further marginalizes rather than advocates for change.

Brokenness of community is not an isolated form of suffering from a single event such as genocide. People’s suffering is rooted in the cultural, political, and historical forces that marginalize the most vulnerable based on their gender, class, and race. For example, among the 23 persons who attended the HLW intervention, thirteen who identified themselves as survivors became destitute and homeless after the loss of family homes and properties. At least four out of the 23 participants were diagnosed with HIV/AIDS virus. In a country where 91% of the population relies on agriculture as their main livelihood, with 300 inhabitants per square kilometer, women did not have legal rights to protect them, their assets, and their legal entitlement to inherit family land until 1999. Yet, more than half of the participants (61%) were single mothers and widows who lived in a world that oppressed them. Even after the 1999 law that offers Rwandan women and girls protection against violence and gives them the right to inherit family land, violence against women and conflicts about property have intensified. Similar forms of violence against women increased in other patriarchal societies that attempted to legalize women’s rights (Godoy-Paiz, 2008).
What, then, does “broken communities” mean in contemporary post-conflict situations? Broken communities are observed in socio-cultural and political systems of oppression that suppress the needs of the poor, marginalize the most vulnerable, and appropriate their suffering by silencing their voices and denying them agency. In his research in Haiti, Farmer (2005) explains that physical diseases (e.g., AIDS, tuberculosis) are produced by social, economic, sexist, gendered, and racist forces that keep the poor in conditions conducive to diseases, hunger, and exposure to different forms of violence. Kleinman, Das, and Lock (1997) add that suffering and conditions of ill health are social experiences of all those who are poor, powerless, and marginalized.

Many participants who attended the HLW program reported feeling suffering in their bodies when overwhelmed by individual and social problems. They were unable to receive appropriate treatment either because they did not have money or because they did not believe the medical doctors could cure, for example, headaches that tend to develop anytime they re-experience violence at the hands of other community members or local authorities. Many participants related their physical ailments to intensified attacks on their agency (e.g., an insult, a hurtful statement). According to Kleinman, Das, and Lock (1997) the grouping of human suffering defeats the psychological and medical—individual—categorizations, thus rendering treatments focusing on one or two single problems inadequate in the face of socially-induced problems. In Western medicine, suffering is equated to pain or illness, and it exists beyond language, something voiceless and unknowable (Morris, 1997). Kleinman, Das, and Lock (1997) find the Western concept of the incommunicability of pain to have the capacity to isolate sufferers and strip them of cultural resources, especially the resource of language.

This concept of incommunicability overlooks the social factors that produce suffering, and how some forms of suffering are acknowledged while others are withheld. In such instances, suffering is handled by professionals, especially medical specialists who are given power to translate the sufferers’ symptoms into labeled diagnoses, and to offer healing remedy through the means of technological advancement. For example, as Farmer (2005) argues, HIV/AIDS is known to be a devastating cause of suffering for individuals and communities affected by the disease. However, distributing anti-retroviral drugs to the marginalized without considering the conditions in which HIV/AIDS is produced, that is, issues of poverty, gender and race, and violence, is perpetuating the conditions of vulnerability of the afflicted. Understanding social suffering requires contextualizing the social meanings of suffering and healing.
In communities shattered by massive violence such as genocide, the loss of human life, values, and points of reference is staggering. People lose not only the sense of belonging, but also the language to articulate what happened. Morris (1997) explains that the event and its unfolding consequences are resistant to description. What cannot be described often leads to silence. In communities that experience extreme forms of violence or persistent exposure to other forces such as famine, poverty, or illness, people lose the network of relationships, their sense of belonging and ethics. The slippage of ethical standards renders community members apathetic and disoriented (Erikson, 1972). In Rwanda, they use the terms yaphuye buhagazi which translates as the “walking dead.” With no words to articulate what is happening and with almost no support for recovery, people become silent or are silenced by the dominant narratives that convince them that they cannot understand what happened.

More often than not, silence and the sense of apathy and victimhood are encouraged by the global political economy that pathologizes and professionalizes the suffering of the marginalized. Kleinman, Das, and Lock (1997) explain that professionalization and pathologizing are integral to the market economy of the global media that use the images of the oppressed as a commodity. Accordingly, through cultural and political representations, the experience of the oppressed is remade, thinned out, and distorted to fit the needs of the viewers. The oppressed are further silenced as people without agency, and without a voice. Images of African children dying of diseases and hunger and of destitute mothers who cannot chase away flies from the faces of their babies are common on Western Television. What is rarely questioned by the viewers is the level of intrusion of the global into the local. The motives behind the publicity of mute images with no names, no voice, and no action do not necessarily provide hope or make much difference in the lives of those who are portrayed. Unfortunately, these forms of silencing emanate from the centers of power that are often beyond the control of individuals, communities and even the countries in which violence occurs. This leaves entire countries victimized along with their citizens. Unfortunately, these forms of power and oppression that are often unquestioned reinforce the cultural reinterpretation and appropriation of violence and silence the most vulnerable of society. Motsemme (2004) calls this top-down and bottom-up breakdown “a sense of diminished community” (p. 923) by which family turns against family, neighbor against neighbor, and where community streets become sites of violence.
The story of Rosa sheds light into the coming together of the cultural and political forces to create a culture of suspicion that violates and marginalizes the most suffering of society. Culturally, she was unable to tell her husband about her rape in a patriarchal society in which rape brings shame to the victim and not to the victimizer. She could not even trust other women survivors for fear that they would gossip about her. At the national level, the gacaca courts have been established to render justice by allowing the defendants to tell their stories and have the offenders acknowledge their deeds and apologize. However, Rosa could not voice her issue of rape in gacaca, even though legally, this system recognizes rape as a crime, it does not offer safety to women who are ready to testify and bring rapists to justice. She was left silenced, poor, and unwell.

Silence means more than the absence of language and speech in the lives of the oppressed. A number of participants in this study talked about refusing to talk, locking themselves inside their houses for days as a way of getting away from the triggering factors of the social world. Others talked about silencing their own children and other people in their lives by not giving value to what they told them or even pushing them away when they attempted to initiate a human connection with them (e.g., children asking their mother where she is going and when she may be back). This kind of silence results in further deterioration of family and community structures and well-being.

Sometimes, silence is a coping strategy. The writings of feminists and other critical scholars find silence to be a form of resistance against the imposition of the oppressor and a protective measure for oneself, one’s family or community in violent systems (Feldman, 2003; Ferguson, 2003; Motsemme, 2004). While silence in this context becomes another form of communication, withdrawal from the community and even from one’s own family creates other identities that have destructive features to the self and the community at large. In what Ferguson (2003) calls “silent treatment,” the withdrawal of communicative words from a member of a family or community does not negate that person’s attempt to speak. Rather, it is an attack against social forms of recognition. Motsemme (2004) argues that the silence that carries with it denial and refusal to confront one’s overwhelming material and political lived circumstances is alienating and perceived to be a danger to one’s sense of safety. This kind of silence leads to further isolation and breakdown of networks of care and solidarity, and thus breakdown of community.
Participants in this study expressed becoming *nyamwigendaho*—the one who selfishly lives in isolation—and were able to relate their own violent behaviors through the use of silence or other forms of abuse to those vulnerable to them. Rosa related how she used silence to terrify her own children when she was not yelling at them and telling them that they had no right to ask where she was going, and thus keeping them in the uncertain position of not knowing whether she would return. Emma, Monika, and Paul talked about how they did not allow their children to talk and present their needs. Other participants in the group talked about refusing to talk, to reply to people’s greetings. Greetings in Rwanda are forms of recognition. Refusing to recognize another human being is to deny him or her humanity. Direct and indirect mechanisms of silencing the most vulnerable of society at different levels (e.g., homes, among neighbors, national institution) lead to social dysfunctions and the disintegration of individual and community well-being.

In order to understand healing, it is essential to understand this kind of brokenness which links individual and collective suffering to socio-cultural and political factors that produce and result from different forms of violence. It is also critical to understand power and the appropriation of the subjective experience of suffering of the afflicted by programs that maintain the oppressed at the margin of society by focusing on one or two issues without critically examining the historical and socio-cultural forces that produce the social and health conditions of the sufferers.

### 9.2 From Silence to Voice: A Move from Broken to Healing Communities

The process of sharing personal stories is central to the HLW program. Participants are encouraged to share the stories of personal life experiences and thereby overcome silence. Most of the sharing happens in a storytelling style. As the previous chapters demonstrate, participants start the process of sharing feeling very suspicious about one another and about the program. Bit by bit, they realize that the stories of personal lived experiences promoted by the HLW program are essential if one is to gain from it. This motivates them to share intimate stories, some of which they never told anyone outside the group.

The program also recognizes the importance of other cultural and subjective ways of expression. Other ways of “displaying one’s illness,” as Sali rightly noted, are warmly welcomed, and supported. For example, Sali did not have to say much to inform the facilitators
and other group members how she was doing. She had other means to display what life was like for her in post-genocide Rwanda. She displayed her struggles through a generalized appearance of weakness. Through her silence, her body became the main means of communication when verbal language failed her.

People who have been silenced find it difficult to speak about their suffering. As Scarry, 1985, cited in Motsemme, 2004) argues, embodied suffering destroys the capacity of language, thus making difficult the process of moving from being silenced persons to regaining voice as people who can speak. However, “language comes from and belongs to community” (Edkins, 2003, p.7). It is when we have people to pay attention to what we have to communicate that language makes sense.

During their initial attempts to talk, participants shared more of the common dominant narratives—what everyone knows—at least in the surrounding community. When they made it personal, they provided fragments of their experience here and there in very mechanical ways without emotions or eye contact. Many of them preferred to talk looking away from other participants. This reminded me of a small group I co-facilitated using the HLW: Every time the group members attempted to share their stories, one of them kept pushing her chair out of the group circle until she completely sat outside the group, at least physically. Thus, breaking silence is not only being able to talk, but also having people to listen to what one has to say, including what the body says, for example, hiccups, traumatic crises, or avoidance of contact.

Critical scholars who write about the marginalized emphasize the importance of paying attention to their forms of communication whether that is the use of songs, dance, jokes, gossip, or even silence (Motsemme, 2004). This contrasts with the Western perspective of the verbal incommunicability of pain (Kleinman, Das, & Lock, 1997). This is not to say that verbal language is not important. In fact, it is when people are able to articulate what they think and feel that they can fully heal.

Participants who attend the HLW program and the facilitators who help them along seek to make the program a place where the unspeakable can be communicated. The program encourages verbal expression in order to overcome not only the silence imposed by social structures, but also the self-imposed silence that tends to further isolate those who are most affected. The sharing happens mostly in small groups, although the participants are also
encouraged to remain active and reflective during the plenary sessions and during the small group activities.

However, the move from silence to voice involves all aspects of the self that have witnessed violence and experienced suffering. Therefore, the different parts of the body participate not only as a communication channel, but also as part of what needs to gain voice and heal. As Frank (1995) explains, “the ill body is certainly not mute—it speaks eloquently in pains and symptoms—but it is not inarticulate” (p.2). During the HLW program, participants’ bodies are actively involved and they speak through the signs and symptoms they display, as broken bodies in search of healing. They do so through tears that fall like rain drops, the hiccups that spit out toxic fluids of the stomach, women’s bleeding that disrupt the natural order of length and age (e.g., a participant who had menstruation at age fifty-five), and through traumatic crises.

The physiological signs and symptoms increased not only by attending the HLW process, but also by previous experiences that they recalled during the HLW intervention. This means that the bodies had been expressing themselves all along about things that did not find space for verbalization. It is questionable whether community members, including professionals such as doctors and local leaders who are supposed to provide care for the sufferers, are able to understand the languages of the body. Most often, people receive treatment as sick bodies requiring only medicines. A number of participants who developed somatic illnesses convincingly stated that their health problems had something to do with the emotional and social issues they confronted every day. Were they able to articulate their illness in terms of their social suffering? Were the professionals able to probe and make these connections? Were they trusted enough for the sick to voice such connections? Medical professionals and other allied health practitioners need to pay attention to the meanings of people’s physical illnesses especially when treating people who live under very stressful conditions.

In the absence of language, bodies talk. The bodies are sites of violence and power contests in times of wars and massive violence. Women’s bodies are particularly invaded through sexual violence that aims not only to strip them of their humanity, but also to destroy the essence of life and value systems of community and nation. As a result, the violated body becomes the site of pain through its materiality and the territory on which other forms of suffering are inscribed.
as memory (Das, 1997). I concur with Das that recovering the embodied narratives of violence that cannot be talked about is problematic unless there is recognition and linkage between the pain, the language, and the body.

In response to the speech of bodies, the HLW encourages participants to pay attention to each other’s bodies and requires facilitators to provide additional support to the struggling bodies that are in the process of reclaiming the need to be mended and consoled. The HLW process encourages participants to listen to one another and offer mutual support. It also invites the use of coping mechanisms they know best. This provides them an opportunity to challenge themselves on some of the violent attitudes and language they have adopted towards themselves and others in the community. Some of these attitudes include silencing others by forcing them to say certain things and not others, or running away from those in suffering. During the HLW process, participants are invited to create new coping mechanisms by building on what they already know, including dance, prayer, play, and dramas. These forms of expression add profound contextual meanings to the verbal narratives as they are performed.

Thus, moving from silence to voice is a critical process within which the participants and the facilitators challenge the dominant cultural and political narratives that keep them silenced or as allies of the violent systems. By challenging themselves to talk and to listen to each other’s stories of suffering and by paying attention to and taking care of their bodies, they are taking the initial steps towards healing and prevention of future violence.

The healing process happens in a two-way approach of entering one’s heart and opening one’s heart to others.

9.2.1 Entering One’s Heart

Entering one’s heart is an inner journey by which one becomes aware of the personal and social processes that govern one’s life, seeks to understand one’s role and position within the issues at hand, and thinks about the strategies to address them. The process is reflective and cognitive. The HLW facilitators who have conducted several workshops with various groups perceived this process as the first step towards healing. Accordingly, healing starts when one enters one’s heart, finds out what is in there, deals with it, and starts resuming life projects that were previously suspended.
The participants who attended the HLW intervention reported feeling invited to explore what caused their suffering, the coping strategies they have attempted, the ones that worked or did not work, and the lessons they learned from it in order to change their lives and the lives of others in their surroundings. For instance, in my second interview, Bernadette said:

_I realize that I lost many years of my life. I realize that there are things that kept me captive to make my life the way it is now. Sixteen years! When I think about it, I realize that what I used to call my own suffering is shared by others who have suffered even greater than I did, I tell myself that I should put my issues aside and start a new life._

The inward journey does not happen automatically. At the beginning of the program, only participants who were naturally expressive found a few things to share. As mentioned in the previous section, there was a tendency to dwell on the dominant narratives, such as “when the RPF rescued us, we were homeless and this organization built us houses,” or “we should be one as the national unity and reconciliation program suggests,” or “women are the ones who are wrongful in domestic violence.” This is not to say that the dominant narratives do not reveal anything at all of the speaker’s identity. In fact, they reveal participation of the marginalized in the perpetuation of the cultural and political narratives of force and violence that impact them directly. At the same time, these narratives obscure their sense of victimization and lack of control by their subjective means. In other words, it is easier to speak the language of the powerful, the army, the international NGOs, and the patriarchy, instead of confronting the control imposed by these systems of power. Edkins (2003) compares the populations in wartime with the treatment of women in families in that exploitation in political communities parallels that in patriarchal families. Both of them give rise to silence or unspeakability and further suffering.

Therefore, challenging the dominant narratives becomes one part of the work in which participants need to engage as they seek venues through which to gain their own voices and identities. To make the participants aware of their suffering in the context of the social world they inhabit, the HLW program adopts an approach similar to consciousness-raising promoted by Freire (1971) in his pedagogy of the oppressed. Consciousness-raising consists of redefining the complex and multiple realities that constitute the relations of power and difference that make up the experience of those who find it impossible or unconceivable to define their
identities through the existing cultural and political codes (Giroux, 2006). This is not an easy task.

To break these imposed hegemonic narratives, feminists and critical theorists suggest inviting difference and processes of counter-memory in terms of the historical and social grounds on which these narratives are constructed. Such grounds include governments, families, and in relationship to the discourses of history, citizenship, sex, race, gender, and ethnicity. As Giroux (2006) rightly argues, the pedagogical issue becomes the need to articulate difference as part of the construction of a new type of subject, one which would be both multiple and democratic. Paulo Freire (2008) emphasizes that “true reflection leads to action” (p.66). Thus, the process of entering one’s heart aligns with Freire’s idea of reflection, which becomes more meaningful when participants start taking action to resolve their issues with the support of others with whom there is mutual opening of the heart.

I cannot ignore the fact that the HLW program is a group process which at the beginning, presents challenges of confronting painful issues. This is linked to the therapeutic and social aspects of group formation. Yalom (1995) reminds us that when groups are still forming, participants start searching out what membership would entail, thus guarding what they say and how they want to be perceived by others. The uncomfortable feeling at the beginning of the HLW workshops can also be explained by the fact that the participants who attended the HLW intervention during this investigation already knew each other in one way or another before coming to the program. We all want to save face and have an image of who we are and how we want to be known by the people around us. Working in such a context also involves paying attention to other cues that may facilitate or hinder the process. For instance, when people have lived in social structures characterized by structural and acute violence, they become very suspicious. This attitude influences their sharing or withholding of information and the means they use to say things.

After spending some time with the participants and hearing the things they shared with the HLW program assistant, I realized that gossip was the main channel that many participants used to articulate the things they could not share with others in the big or small group. Paying attention to existing relations, conflicts, and perceptions among participants provides the
facilitator with the tools necessary to guide the process towards authenticity and rediscovery of voice.

Entering one’s heart is a non-linear dialogical process by which the silenced find the courage to confront all these obstacles, including the thoughts, emotions, belief systems, and attitudes that contribute to their own marginalization and suffering. One enters one’s own heart by allowing oneself to organize the different aspects of one’s life journey into accounts that can be narrated. These accounts do not follow a linear chronological order. Rather, they move back and forth between the present, the past, and the future. For example, when I first met Sali she talked about living with her daughter, then she went into the past to tell me how she moved from one home to the next when she was a young orphaned child, then how she moved to her own place. Then, she offered prospects of an uncertain future for her and her daughter, because of the challenges of her present life and the injuries she received from the genocide. Her story moved between her past life experiences, her fears for the future, and her present issues. Her narratives invoked other people in her life, those who were dead and those who were still alive. They invoked the socio-geopolitical spaces that evoked or released her suffering, the role of the powerful in her life, including God, the men who killed her family, the neighbors who called her crazy or restrained her when she lost control, the doctors, and the government—a Rwanda that had fallen upon her and which had to be lifted from her. Such stories demonstrate the circularity and the complexity of the life journeys for those who are suffering in marginalization, as well as the necessity of accompaniment that the gaining of voice and healing require.

The back and forth exercise of telling and listening can be overwhelming for individuals who are lonely and isolated. Many participants’ narratives recounted feelings of being overcome by emotion and not being able to stop their line of thoughts when they were trying to make sense of their lives in isolation. A process like this has to be dialogical and interactive, and therefore group-based. No one is an island. We are social creatures in need of human touch and interactive communication. This is even more evident in societies in which citizens depend on each other for survival and where oral history is an important means of communication.

Entering one’s heart is an intimidating and scary act, especially for people who have lived in oppressive systems that dismiss or minimize the suffering of the oppressed, such as children,
women, and the economically deprived. Participants who enter the HLW process or other similar processes fear that taking the lid off their heart may create permanent damage. They are suspicious in a world that has presented itself to be unsafe and they do whatever is required to avoid something that may reinforce their vulnerability or take away the little control they still maintain. This reaction is common in communities where the cultural resources that usually helped to contain suffering have been severely weakened or no longer exist.

In the context of Rwanda, many people lost their families and friends to the genocide, in refugee camps, in prisons, in communities, due to disease or fearful and suspicious circumstances. Participants talked about hiding their pain from their enemies, but also from their families. Motsemme (2006) observed the same reactions of fear, suspicion, and isolation in South Africa’s townships where the Black victims of the apartheid regime lived with their families. Erickson (1972) found similar reactions among the people of Buffalo Creek who were devastated by a flood in 1972. Motsemme (2004) asks: “What kind of moral communities are carved out by members when the taken-for granted notions binding community coexistence as they once remembered are erased by moments of violence?” (p. 923). In other words, what happens when the boundaries of nation, community, home, and the heart have been disrupted?

As previously mentioned, the participants in the study talked about becoming nyamwigendaho, a kind of selfishness that is socially isolating. They stated being lonely, locking themselves inside their houses, or hiding away from the violent world. Erickson (1972) found that the people of Buffalo Creek felt very alone and withdrawn from the community; they turned to their own individual resources, distant from others. Das’s (1997) analysis of novels about the women of India notes the metaphors that describe the self as the repository of poisonous knowledge. In the attempt to answer her own question, Motsemme talks about how the withdrawal into the inner self for the Black women of South Africa created an imaginary space, which challenged the notion of agency as being merely social and relational.

The creation of such spaces does not mitigate all dangers. This was detailed in the understanding of broken communities. What I want to emphasize here is that destructive

18 The Buffalo Creek flood is a disaster that occurred in a coal mining company in Logan County, Virginia, USA, in 1972, and took the lives of hundreds while leaving behind many persons injured, homeless, and traumatized in broken communities (Erickson, 1972).
community violence negatively affects the lives of its members. By entering one’s heart during the HLW program, participants have to critically reflect on the impact of that violence at the individual level before they can attempt to understand the social world. This entering of one’s heart, however, is different from the self-reflexivity that is encouraged by individual-based approaches or the withdrawn thinking that happens in imaginary spaces. In HLW, entering one’s heart challenges each participant to recognize their own suffering based on the personal understanding of the issues that originate with the self or the social milieu in order to grasp their meaning. It also necessitates a shift, a creation of a new identity, which requires taking action towards self and others in community. The identity shaped from this process takes strong hold within the self and among the community of others.

Entering one’s heart in the Rwandan philosophy is understood as the center of various human cognitive, spiritual, and affective processes. One uses the heart to self-reflect on issues, kugisha umutima inama, which translates as consulting one’s heart, or kumwa icyo umutima ukubwira, which translates as paying attention to what the heart says. A wise person follows his or her own heart. However, this does not mean that others are left outside the loop. In ideal normal life, one consults trusted others before making important decisions in life because these people provide support when things do not turn out as smoothly as one wishes. The participants who attended the HLW process and the professionals who facilitated the HLW workshops agreed that confronting oneself is very painful, but is an essential step towards healing. Thus, entering one’s heart is an interactive communication process with self and with others, which requires not only entering one’s heart, but also opening it to others.

9.2.2 Opening One’s Heart to Others

As mentioned above, no one is an island. Rwandans, even after the genocide, still believe in interdependence. They continue to say, igiti kimwe ntigikora ishyamba, which means that one tree does not form a forest, and umutwe umwe wifasha gusara, which means that the only thing one head can manage to do alone is going crazy.

Participants who contributed to this study came to the HLW program as isolated individuals who viewed themselves as ba nyamwigendaho, those who minded their own affairs and did not to have meaningful connections in the communities in which they lived. The survivors talked about being in touch with a few other survivors who shared similar experiences of the genocide.
They also recognized that being with the people who thought like them and behaved like them in relation to the genocide did not add value or perspective to their lives. The non-survivors, many of whom still had family members alive and who belonged to the majority ethnic group, did not necessarily share the same understanding of the genocide, though they felt to some extent the shame of belonging to a group that carried out the crime of genocide and the conflicted identities this crime has created.

As people came to the HLW programs with completely different stories, the process of entering their own hearts revealed feelings that were very similar among participants with various experiences. They shared the feelings of being isolated, lack of trust and support, fear mixed with anger, and conflicts with the world around them. The entering of one’s heart for participants was like going through a filtering machine that dealt with difference and created commonality. Many reported realizing that suffering was a shared experience: “I am not the only one who suffered,” or “compared to others’ suffering, my own is almost nothing,” or “I used to think that the non-survivors do not have anything to cause them suffering.” Such insights often develop when one opens his or her heart to others—turning on his or her senses in order to listen and try to comprehend what others have to say and teach him or her. It requires opening the channels of communication that were blocked by violence and suffering.

Through the telling of and listening to personal stories, the HLW intervention revived this sense of connection among participants even when they had opposing perspectives on a number of issues. They started to look into each other’s eyes as they told and listened to the shared stories and expressed their emotions through tears, verbal expressions, and exclamations. They started taking action as caring community members with abilities to offer a hand to a participant (e.g., Anatole’s care of the oldest participant) or a group of participants who presented difficulties. They challenged one another on certain narratives or their absence, and developed a sense of tolerance for the views they felt they could not endorse. It is by accepting one another and each other’s experiences that the rebuilding of community starts.

Opening one’s heart to others invites seeing another person as a human being, with strengths, potential flaws, and unique experiences. This humanity in turn invites a new realization that no one is perfect, including the closest members of one’s group. When the participant survivors started listening to the non-survivors, they realized that those they believed not to have any
sorrow of the heart were also humans with feelings. When the non-survivors paid attention to what the survivors had to say, they started challenging the dominant narratives they had adopted that the survivors “are crazy,” “fake their trauma,” or “lie about being raped in the genocide.” With this mutual new understanding of others and the world they share, the existing prejudice, violent attitudes, and words lose power. Participants start developing compassion and identifying the roles they play in the well-being or its disruption in their own lives and the life of the community which they share with others present or absent. Opening one’s heart to others is a call for responsibility.

Opening one’s heart to others means also becoming aware of one’s social roles and making new commitments. Bernadette, who had remained paralyzed by the violence of rape, decided it was time to break free from the ropes that tied her to this experience, in order to reconnect with others in the community. For her, turning the page included catching up with the life she felt was wasted. Sali, who recognized that she still had many issues to address, decided she was going to stop carrying her suffering alone and share as much as she could, with the purpose of continuing her healing process. Rosa decided to take care of her sick body and focus on the care of her children, whom she felt were overwhelmed by her suffering. Bonnie understood that her daughter had been legally abusive towards her and that the things she was no longer capable of controlling were to be submitted to the local authorities in charge of protecting those who were legally violated. Anatole realized that his blaming language about the survivors’ suffering, “they fake their trauma,” and the actions of women as “troublemakers” had to change. He promised to be respectful of the most vulnerable and take care of them instead of adding to their suffering through his brutal language. The older women participants who strongly believed their neighbors or relatives had malicious goals to poison them prior to starting the HLW program, observed that changing their own attitudes may actually benefit them.

In the process of re-establishing the commitments above, participants started to connect the issues of daily life with the broader issues of their communities and country. HLW facilitators made similar observations about the groups they facilitated. According to the facilitators’ observations, after participants have been able to enter their hearts, deal with their bereavement, and open themselves to others they start to appreciate the importance of bereavement or mourning at the national level and its appropriation by every Rwandan. It is after gaining this kind of understanding that Rwandans are able to feel for each other and put effort into healing
one another and their nation. In other words, Rwandans need to accept and acknowledge the social suffering felt at every level of the Rwandan social structures in order to develop healing strategies that bring suffering individuals and communities together in the healing of the nation.

Participants who attended the HLW at the time of this investigation understood the need for self care and the responsibility they have as individuals in the process of transformation. The survivors who were hesitant about whether they would be able to go through the commemoration without traumatic crises also took individual measures to ensure that they were in control of the situation instead of being overwhelmed by emotions. Some of them reported feeling very strong and participating in the helping of others. They worked together with other groups that had completed the HLW workshops before them to attend and offer support to other community members during the 16th commemoration of the genocide at the local district. I was pleased to see them standing at strategic corners of the stadium where the event was carried out and helping those who faced emotional difficulties.

How does this happen? When I last met Monika, during the second interview, she said:

*I used to be among those who said that the survivors fake their trauma.... Then after I had listened to some of the stories, I felt as if my heart was going to burst into pieces. I thought back to myself, ‘if I cry that I am the orphan because I lost my parents to disease, but was able to bury them with dignity, how does someone who lost all her loved ones to the hands of people who still live and move around feel?’*

Opening one’s heart to others is more than listening to what they have to say. It transforms one’s view of the world. Opening one’s heart to others is a consciousness-raising act about the things that matter for the well-being of individuals and communities. Opening one’s heart is opening one’s eyes to the suffering of self and others, suffering with those who suffer, starting with those closest to us. According to the facilitators who have seen many people go through the process, opening one’s heart is listening to what others have to say and sharing their suffering even when it may be a painful act of solidarity. From this perspective, opening one’s heart is cultivating the moral virtues of compassion, empathy, love, kindness, and care.

These virtues have spiritual and moral components, which I think are foundational to the processes of forgiveness and reconciliation required for the mending and healing of broken communities. For instance, from a Christian perspective, Katongole (2011) provides an
example of a woman called Angelina who was transformed through a prayer support group of parents whose teenage daughters had been abducted from a boarding school by the Lords’ Resistance Army (LRA) in Northern Uganda. Angelina’s prayer transformed her heart and she felt the urge to open her heart to the brokenness of many other parents who had lost their children to the LRA in order for them to heal. Her change of heart also challenged her to act on behalf of all the abducted children through advocacy both within and outside the country. She involved the government of Uganda and held meetings with the fighting rebels—the LRA commanders—who still held her daughter. She made her plea to the UN Security Council. What started as a prayer group resulted in a social justice organization, the Concerned Parents Association (CPA), advocating for the liberation of all abducted children and working towards rehabilitation upon their return.

From a psychological perspective, Kaslow (2003) talks about these virtues among groups she conducts in various countries including Israel and Germany with the descendents of Jewish Holocaust survivors and of the members of the Nazi SS, perpetrators of the Holocaust. Although her participants may not have been next door neighbors, through the process of sharing the painful stories of the past, they come to understand what happened and the silence that has characterized the families of both groups. In addition to better understanding of the legacy of the Holocaust, they share feelings of compassion, mutual support, trust, and attempts of forgiveness. They also gain a group of colleagues they can talk to and the courage to confront the silence in their respective families and communities through consciousness-raising and other activities towards the collective consciousness of the violent history they share. Kaslow focuses on the therapeutic implications of working with individuals and families with hidden legacies of past violence. Her work can also be understood as the rebuilding of moral community by the way the participants in her workshops decide to extend their experiences to their different communities, be they family, medical residents under psychiatric training, peers, or whatever groupings are easy for them to reach.

From a community justice perspective, Theidon (2006) provides an interesting analysis of how the process of forgiveness, rehabilitation, justice, and reconciliation was re-enacted among the people of the Highlands in the Ayacucho region of Peru after years of violence between the government and the Senderistas. She offers stories told by villagers. One of them, named Mama Marcelina, explains in detail how the members of the Senderistas who decided to separate
themselves from the guerrillas were rehumanized through the acts of telling other community members how they had suffered, assuring them that they would not get involved in criminal acts again, and asking for forgiveness. Their public statements were followed by some form of punishment—beatings—after which, they were given land to farm like others in the community. Theidon explains that it was through the process of repenting, pardoning and punishment, and the feeling of mutual suffering that forgiveness happened. It was also through the opening of heart, or consciousness, and performance rituals of words and actions, that a new form of membership in community and community identity was established.

Theidon (2006) explains that the process of communal justice blends elements of Christian theology, politics, economics, and law that speak with, rather than about, one or the other of these discourses. I would add that this blending has universal considerations about what it means to be a human and a member of a moral community. For example, Bujo (2001), an African theologian, combines Black Africa anthropology and philosophy to compare African ethics with the Western theories of natural laws, and concludes that there is a minimum moral code that exists in every human group even if it may be expressed according to each culture and community. Bujo argues that as humans “we share the feeling of others who suffer under oppression and experience pain, and we have feelings like theirs [and] as a result of this shared feeling, we emphasize the same moral claims which are born of negative experiences” (p. 9).

Accordingly, each community should have the right to translate its minimum moral code or laws into practice without injuring itself and remain open to learning and developing rather than be ghettoized. This minimum moral code of community is similar to what Theidon (2006) calls “community identity” which implies the mutual obligations between individual members and their communities.

Thus, opening one’s heart to others means paying attention to both individual and community suffering, critically assessing the individual and community ethics that have been violated, and seeking ways for actions and new habits that counter violence in every sense of the term. In other words, it is re-examining one’s language and actions and those of others with the intention to actively participate in individual and community healing. It also involves initiating renewed or revived virtues constitutive of the new moral code that will guide individuals and the collective toward healing and peace.
9.3 Key Healing Elements

The term “healing elements” refers to the essential principles that are put together by both the participants and the facilitators of the HLW program to help individuals and groups of participants to move from areas of brokenness towards healing, both at the personal and collective levels. This study identified four key healing elements that make this goal a reality: openness of the participants, a protected space, a true facilitator, and material resources.

9.3.1 Openness

Openness is the human tendency to be attracted to something new, new ways of thinking and potentiality to create a new identity, in other words, to change. People who are open to change are willing to take an unknown journey with the hope that the outcome will potentially be positive, even though this result is not a guarantee. In the context of the HLW program, participants who enter the program express openness in two ways: through recognition of the hurt and the need to break the cycle(s) of violence that create suffering. Many participants reported being very interested in the program because they wanted to heal and feel some relief in their hearts, which they described as being shattered or overwhelmed. Others had a more community action-oriented desire to learn how to solve social conflicts they observed in their communities.

Openness implies the hope that there could be a better tomorrow, a kind of longing for the re-establishment of the moral virtues, and a spirit of active participation. Sometimes, all that is needed is to be reminded of who we are as umuntu gusa, “just human.” In his observation of the people of El Salvador and their long history of violence, Martín-Baró (1994) described the tremendous faith in the human capacity to change themselves and the world. Katongole (2011) found the readiness to make such changes to happen in very unexpected ways, to the point that people were prepared to make personal sacrifices for the cause. His example of Angelina’s willingness to sacrifice her own daughter in order to save all the children who had been abducted by the LRA’s guerrilla explains this kind of openness.

Openness also refers to endurance in that the participants who start the HLW program make a commitment to complete the program. They are determined to persevere even after realizing that the process may require feeling wounded again in their search for healing. The facilitators
of the HLW program differentiate this kind of determination from the refusal of some participants to open up and be vulnerable to the issues that break their hearts and that of their communities. In fact, the HLW facilitators believe the program automatically ejects anyone, participant or facilitator, who attends without having a willingness to enter and open one’s heart because it becomes difficult to bear witness without being sensitive to the shared experiences. The necessity of entering and opening one’s heart also refers to the facilitators of the HLW program. The metaphor of ejection or rejection reminds me of a case of a HLW co-facilitator who was asked to leave by the participants in the small group he was supposed to guide because he refused to share any personal information with the group. They later reported finding him cold of heart, arrogant, and anti-social. This reaction to power relations reflects the confidence of the HLW graduates to confront some of the oppressive forms of silencing.

Kaslow’s (2003) work is quite similar to that of the HLW program in that they both invite members of the opposed groups in the conflict, the Jewish Holocaust in her case, to share stories of personal experiences. She offers an example based on one of her groups in which there were two teenage boys who attended the dialogue program with their father, who was a psychiatrist. Regardless of his determination to educate his student residents about what his own father and other SS Nazi did during World War II, this psychiatrist had not been successful in imparting anything about the Holocaust to his children about their history. When it was their turn to say something, they reacted asking why people could not let the past behind and focus on the present, go on with their lives. Other participants strongly rebuked their statements arguing that these teenagers’ reactions were a form of silencing the group, including their father. The group’s own reactions chastened the boys, and made them think twice about the incident and challenged them to confront their own denial and that of their peers.

Therefore, openness refers to confronting oppression associated with denial of violence, be it the Holocaust or any other kind of minimizing the suffering of the other. This kind of openness adds a social justice component and is a prerequisite for starting a real psychosocial healing journey. While this may come naturally for those who have suffered, it may require some extra energy or courage to confront oneself and accept being challenged by others.

Openness has something to do with becoming sensitive to the issues of the world and welcoming the call to play an active role to transform them. As participants in this study have
consistently mentioned, it is accepting to be taught by stories and not by professional experts. I come back to this when I discuss the role of the facilitator. Let me conclude the notion of openness by arguing that openness becomes possible when people are in a space that allows them to gain voice, that is, a protected space.

9.3.2 Protected Space

The first two activities of the first workshop on bereavement and living together involved the participants articulating their expectations about the things they wanted to heal through the HLW program. They were also asked to contribute to the building of a protected space that would help to facilitate the process. Participants discussed the guidelines, which were in many ways similar to what is known as “ground rules” in group processes. These included principles of telling the truth, helping one another, keeping confidentiality, and trusting one another. The participants built on the metaphor of gusiza ikibanza kirinze, of which the closest literal translation would be to “clear and level the terrain” on which to lay the foundation of a strong and protective building, to add context about what a protected space meant for them in post-genocide Rwanda. This contextual information offered unique features to the understanding of a protected space different from the usual ground rules.

Some of the words the participants used to describe what needed to happen to build the protected space included statements like: “excavating the rocky places and filling up the holes of the heart;” “avoiding any outside destructive elements that could damage the leveled place;” “assessing the solidity of the place;” “coming closer between those who killed and those who lost theirs, those who have loved ones in prison and those who accused them;” “understanding that we did not create ourselves and pray;” and “stepping outside what happened to each of us.” These statements explained something more serious than what the ground rules usually suggest, namely to keep everyone safe and watch what one says to avoid hurting or making anyone feel uncomfortable.

Participants who attended the HLW program had a sensitization session that allowed them to become aware of the different layers of their suffering and how they were interconnected in their day to day living. They understood the hopelessness that often accompanied their pain and did not have any desire to be reminded or blamed for it, “We did not create ourselves.” They
had hope that they could be given a chance to re-examine their issues without being overwhelmed by them. That is the protected space they wished to build.

Prior to the HLW basic workshops, participants receive a sensitization session through which they start to develop a certain degree of understanding of the overwhelming nature of the individual and social issues confronting them. Those who express the desire to continue the process are risk takers, or “the adventurers” as Dr. Gasibirege calls them. They know the process is going to be uncomfortable and involve difficult issues that characterize the daily realities of many Rwandans, and they are determined and hopeful that if offered a protected space, they can succeed. To me, this is what I would call resilience, the courage to fight for a better world even when the process may not be smooth.

The question then becomes how to handle suffering in ways that do not cause further harm to those who decide to attend the HLW program and allow them to heal through shared experiences. Delicacy and commitment may be the answers. As the HLW facilitators explained, “when there is not enough commitment, the HLW process ejects you” regardless of whether you are a participant or a facilitator. Participants who attended the program started the process in very delicate and careful ways. They wanted to make sure that they could learn to trust and talk again. They shared little and started with what everyone knew first—the dominant narratives—then, they realized that these were not their true stories or the stories they longed to tell. Then, bit by bit, they confronted themselves in attempts at least to understand what had happened to them, only to realize later that they were not the only ones who had suffered. They proceeded by paying attention to the suffering of others, and together, they understood that there were two major holes to fill: being isolated and not being able to talk. Many survivors reported being nyamwigendaho, the selfish lonely, the ones who feel that Rwanda has fallen upon them and them alone. They also talked about not being able to talk and in turn muting themselves.

To fill these gaps, participants allowed themselves to receive two gifts which they believed came only from a protected space that they had helped to create through the process. The protected space created (1) trustworthy people one could talk to, and it allowed them to (2) share their side of the story, the side only they knew. The sharing of lived experiences included the parts of the story they tended to keep to themselves and that remained hidden from public
knowledge because of their troubling and unsettling nature. Scott (2004) calls these untold stories “the hidden transcripts,” which he describes as the stories of the powerless that are suppressed and pushed out of the public sphere. Frank (2010) uses the word “unnarratable stories” or “dangerous stories,” stories that can create trouble if brought into the public sphere. As Frank explains, these stories are dangerous because, if given a window to be voiced, they can “make lives vivid and morally recognizable [thus], raising moral and civic responsibility to the vulnerable” (p.75).

Accordingly, the protected space allows the hidden stories to claim their worthiness. In other words, this space disrupts the public domain that values dominant narratives at the expense of individual and painful stories. The protected space allows participants to create an audience of listeners, trustworthy people to talk to. The people one can talk to are those who listen to what one has to say, and who attempt to comprehend what is being said even when such stories might have a different perspective. Such a group of listeners allows the storytellers to say things the way they understand them without forcing them to stick to only predetermined stories. Trustworthy people to talk to are also those who respond in genuine ways and respect what is being communicated. Respecting others’ people stories is also about keeping them confidential.

As previously explained, the stories are told differently. While participants are encouraged to use verbal language to gain voice, a big part of the storytelling is also about performance. People perform their lives through verbal and non-verbal narratives including dramas, theatrical plays, songs, poems, and dance. In this context, trustworthy people to talk to are those who not only watch or listen from a distance; they participate in responsive ways depending on the communicative style adopted to share the story. This kind of sharing is different from what occurs in client-professional encounters in health and allied professions, including social work.

In such settings, the client or the patient may disclose one’s illness, but the shared space may not be inviting for the professional to respond humanly and equally based on the professional values and ethics that guard one’s profession. For example, social workers using an anti-oppressive perspective are encouraged to share their stories of struggle and survival in the face of structural inequality, and even use stories of self-nurturing to offer some sense of hope to the service user. However, they face the dilemma of balancing their powerless and power-led stories while being involved in an unequal relationship. Bulhan (1985, cited in Mullaly, 2010)
refers to this dilemma as “culture professionalism” (p. 227) in which inequalities and powers go with the professional’s privileges and his or her social location.

In the story sharing process, the protected space in the HLW program invites collaboration. In other words, both the wounded teller and the listener are invited to be part of the same activity. Participants and facilitators demonstrate this by joining in singing together, dancing and playing together, laughing and crying together, and thus healing together as members of broken communities. Kaslow (2003) notes this when she explains that the Holocaust dialogue groups are not run by or composed of mental health professionals, but by persons drawn from members of both communities involved in the Holocaust. Therefore, the protected space is constructed as a place of reviving trust in humanity and a place of re-humanization which allows for free and respectful expression.

9.3.3 The Person of the Facilitator and Material Resources

I discuss these two healing elements together as two important logistical aspects of the HLW implementation. The participants who attended the HLW emphasized the importance of the person of the facilitator and the handouts they receive from the program. These key elements to the healing process were perceived by the HLW facilitators as being part of the organizational context with which lies the responsibility to hire and nurture the facilitators and provide the needed resources to facilitate the HLW implementation.

Both the facilitators and the participants who attended the HLW program as part of this investigation concurred that the qualities of a good facilitator are central to the healing process. The person who is a true facilitator is said to be the primary instrument HLW can rely on. When examining the importance of different clusters, the HLW facilitators considered their role of facilitation to be the most important of all clusters. They described this role as not just a job, but also a calling. The community participants added details to the qualities of the facilitator by describing such a person as someone who is wise, patient, humble, and empathetic. By comparing the HLW facilitators to other professionals they had encountered, either through other types of workshops or in one-on-one treatment sessions (e.g., some doctors, counselors, religious, government leaders), the community participants described the HLW facilitator as someone who allows them to talk and provide their opinions. The facilitator utilizes life examples and opens space for reflection in order to enhance their understanding of self and the
world around them. Determining the facilitator who will become the primary instrument of the HLW requires looking beyond the qualifications of the person and identifying the qualities that would make the person a good facilitator.

Organization B adopted an approach by which the primary condition to become a potential facilitator was to complete all the basic modules successfully. In other words, to have demonstrated the quality of someone trustworthy, someone needed to be a good participant in the protected space before receiving specific training to become a facilitator. Accordingly, the group of facilitators described this trustworthy person as someone who wishes the inner healing of all, takes pleasure when he or she has contributed to the healing of another person, values the suffering of each person, becomes a witness to the healing process and can testify about it, and gets along with others in the group.

Being willing and demonstrating the required qualities are essential before one can enter the helping profession especially in healing psychosocial suffering. A good facilitator for the people who suffer in marginalization is not someone who imposes his or her own views, and thereby perpetuating oppression by failing to move beyond what is known. As many interviewees explained, a good facilitator allows the participants to be taught by their own stories, pays attention to what is not said, and speaks to it directly without blaming anybody in order to raise their self-consciousness on the broader issues that affect them, such as those associated with power and authority and driven by gender, age and class. Finally, a good facilitator is the one who facilitates healing in ways that cannot be explained, someone with *ufite agati*, some kind of magic healing power, as Cathy (one participant) observed. This is not to say that a facilitator has to be a magician, or a superman or superwoman. In fact, it is the opposite. A healing agent’s, that is, a true facilitator’s magic power resides in humbly using his or her listening and reflexive abilities and knowledge to empower participants to regain their voice and agency through similar processes of critical consciousness about who they are and who they are ought to be. This can be a challenge if the person in the facilitator’s role does not meet the desired criteria of a good facilitator.

A good facilitator understands that the community participants need to be in a space where they could gather as a group to assess and think about solutions to their issues and learn how to implement change in their lives. The HLW facilitators echoed the importance of the material
resources in the HLW program by retrospectively examining the availability or lack of the logistic component of their work. They explained it was very difficult for them to fulfill their role in the HLW process under organizational pressures and restricted funding. Dr. Gasibirege also explained that the deep exploration of people’s suffering, which happens during the three basic healing modules investigated in this inquiry, requires a residential setting, away from the daily struggles of participants’ lives.

A remote environment provides space for reflexivity and confronting key issues without outside distractions. A remote space for the HLW program facilitates encounters and interactions with people with whom one would not otherwise be able to spend time, in this case, survivors and non-survivors. A protected space meeting these conditions requires financial resources that are beyond the capacity of the participants. Therefore, it is essential that organizations helping the marginalized consider the financial resources necessary to facilitate the healing process.

Adam (1978, cited in Mullaly, 2010) supports this temporary withdrawal from the social world by pointing out that for the process of self-discovery and discovery of one another to occur, “a certain withdrawal on the part of the subordinate group from an inhospitable social environment controlled by the dominant group is necessary” (p. 232). Anti-oppressive scholars from the Western perspective discuss the importance of critically examining the social locations in social interactions, and suggest some withdrawal and segregation which encourages the formation of groups of the oppressed (e.g., women survivors of domestic violence, indigenous groups, people of color) in the work of enhancing their agency and their voice. While this kind of work tends to exclude the oppressor in order to protect the oppressed from any additional potential violence, it may not work well in societies where social segregation is one of the main issues that need to be addressed.

The data of this study indicates that the HLW encourages bringing together members of the opposed groups in the Rwandan conflict to contribute to individual mutual healing and the healing of their communities. This approach presents a unique and important addition to anti-oppression theories and other models that promote individual safety at the expense of community repair. The HLW suggests the confrontation of divisive issues and associated suffering as the most appropriate and valuable thing to do in non-Western societies that favor interdependence. This approach may also be useful in addressing forms of structural violence
embedded in the daily life of communities with violent histories. I also argue that inviting the members of the groups involved in the Rwandan conflict to listen to one another may be the best way to give voice to the voiceless in societies that pathologize the individual and fail to critically examine the social world that produces violence and marginalization. In addition, bringing together opposed groups in a conflict may be a way to repair the brokenness of communities of Western countries in which the vulnerable tend to be isolated. This is not to say that individual protection is not needed in countries of the global South. Rather, it is a recognizing that if much of the suffering comes from the social structures, the healing of individuals would be incomplete if the social structures are left unchanged.

In addition to a safe and remote space, transportation, and accommodations, the participants appreciated the provisions of written materials, even those who were illiterate. Participants appreciated having take-away copies of the handouts and texts that were used to guide discussions during the HLW intervention. They reported that the copies allowed them to refresh their memory and deepen their understanding once they were back in the real world. Those who could not read talked about asking the help of their family members when they had a chance to sit down after farm work. Those who could read talked about using the handouts to start conversations with their family members and close friends or to revisit the materials when they encountered a stressful event.

This reminds me of a visit to a group of prisoners who had participated in the HLW in the south-eastern part of Rwanda in 2006. These prisoners considered the HLW materials to be second only to the Bible which they considered the most precious companion to their life in prison. The importance of the handouts goes beyond the written text in the documents handed to the participants, in that they become a tool for the ritual of sharing personal stories which would not come easily in normal conversations. They serve as “a communion element” between parents and children and sometimes between neighbors, as well as for continued reflexivity among the participants after they complete the HLW program. Both the person of the facilitator and the use of handouts present not only the material meaning, but also a moral component to these two healing elements in the facilitation of the healing process promoted by the HLW model. This links the facilitation role to the very necessity of opening one’s heart to the brokenness of others in the healing process of individuals and subsequently in the
reconstruction of the moral community described under the section on opening one’s heart to others.

While both the space and the materials are very valuable in the implementation of the HLW program, I cannot ignore the lack of financial support programs like the HLW struggle with in post-conflict situations in the countries of the global South. The lack of sufficient material resources limits what psychosocial programs can accomplish, such as the HLW implementation, systematic evaluation, and sustainability. In the first three chapters, I discussed issues of sustainability due in part to the fact that mental health is handled by NGOs with limited mandates, shifting goals, and ensuing restructuring of organizations in charge, including the disruption of their psychosocial programs. These limitations result in the inability to maintain staffing and expand the program to more Rwandans.

The facilitators identified the financial resources available through the international organization to be the major challenge facing the HLW implementation. As a result, the work tended to be attached to other programs with the risks of not having adequate space (e.g., residential setting) in which to conduct the HLW workshops, lack of supervision that results in burnout and vicarious trauma, and lack of consideration for the HLW program among other programs. The smaller local organizations confront far more financial difficulties because they lack initial access to international donors especially in countries like Rwanda whose national mental health program depends on international aid.

Such situations also make work impossible or almost impossible for researchers interested in programs like the HLW. For my own research, I contributed $5000 which went towards accommodations (e.g., meals and rooms) for the participants’ stay in the residential setting. This contribution was minor given that for one person to complete the entire process requires approximately $600 to cover accommodation in a residential setting without considering the facilitation cost.

I found material resources to be an important determinant of the HLW program as also observed by other researchers interested in mental health programs initiatives for people marginalized by massive violence (e.g., de Jong, 2002; Rall, 2006; Silove, 2004). It can be argued, however, that the ways funds are allocated to post-conflict situations is another form of violence and cultural imperialism whereby imported models are often given more legitimacy
and financial support at the expense of the locally-initiated programs. One way of dealing with these implicit forms of inequality would be to allow research on the psychosocial impact of massive violence on individuals, populations, and on programs like HLW.

9.4 Healing Communities

Healing communities is the final concept explored in the discussion of this study. It is an end to a process of understanding of the workings of the basic healing workshops of the HLW program. It also feels like a beginning to another and far more important journey for the participants who attend the different HLW modules. While it is placed at the end on the continuum of the conceptual understanding of the program (see Figure 5), it is not where it starts or ends. In fact, the process remains open to what comes next.

In a non-linear fashion, healing communities can be placed at the beginning as people start the adventure of understanding themselves through the sharing of stories. It can be placed at the beginning and end of each day of the process. It can also fit very well at the end of each session as participants temporarily vacate the remote space of sharing and return to their communities, or when they come back to the protected space to resume the workshops. More importantly, it can mark completion of one series of HLW workshops.

In this section, I focus my attention on the overall meaning of what healing and healing communities mean in terms of what participants who complete the process take back to their homes and communities. In other words, I look at the people they become after spending some time entering and opening their hearts or exploring who they are as individuals and as community members. As many participants reported their sense of individual and group healing was evaluated through their actions, logical thinking, and conduct performed back in their community, as they handled the ups and downs of daily life. Being able to do so was more profound than what other community members could observe. It is having impagarike.

In the Kinyarwanda language, impagarike can be literally translated as “verticality,” or “straightness,” which is closest to what Bujo (2001) calls “vital force” (p. 86), that is, positive power or balance of life both at the individual and social levels. The impagarike that comes from the healing process has two dimensions: (1) understanding and (2) becoming human. Each of these dimensions constitutes a complex process of being and becoming.
9.4.1 Understanding as Healing

At every moment of the process when participants were asked to reflect on what had been going on during the day, session, or back in their communities, they all made the common statement “now I understand,” “I came to understand,” or “I did not know that this is how I or others understand things.” The process of understanding happened through the sharing of the personal stories, the presentations of the plenary sessions, and through participants’ personal observation and reflexivity on issues that negatively affect their lives. There was an appreciation of new insights and knowledge of the things that create suffering in their lives (e.g., the role of emotions, or giving in to destructive emotions) and how to overcome them and the tools to employ (e.g., talking to trusted people).

The HLW facilitators define understanding as a process of learning how to enter the inner self or look within, and conduct a self-assessment of what is in there and how it got there by listening to and reflecting on the inner self. What is in there includes life events that one has internalized, together with behaviors and emotions that have developed from such events. Some participants who attended the HLW program shared some of the stories of how they understood themselves by relating to their stories of childhood abuse. Emma could still get upset by thinking about the physical and verbal abuse from her older brother. Anatole was able to understand how growing up in a single mother household shaped his fears about people not getting along, which also explained his view of women “as the troublemakers.” Others related to the more recent events of the genocide and its consequences on their lives and how as individuals they had come to be defined by it and by the world around it. Rosa, Sali, and other survivors referred to the overwhelming nature of their ordeals during and after the genocide. Others related to how social isolation became the common mechanism adopted by the affected individuals.

From a mainstream medical perspective, understanding has often been controlled and evaluated by experts, medical and psychological specialists who utilize the signs and symptoms provided by the patients to diagnose and communicate the name of the illness through the language of pathology. As I alluded to in the chapters on theoretical and empirical literature, critical practitioners and researchers from contemporary medical and other health professions such as nursing (Cowling, 2000, 2011), psychology, and cultural psychiatry (Bracken, 2002; Summerfield, 1999), and critical social workers (Mullaly, 2010; Williams, 2006; Young, 1990;
Zack-Williams, 2006) have begun to challenge this perspective by returning understanding to the person—one’s subjectivity, and the socio-political aspects of suffering that treat the personal as political and vice-versa.

Critical theorists have broadened our understanding of the importance of giving a voice to those who are physically sick and emotionally troubled as experts of their own conditions and as people with the ability to learn new ways of coping and healing in order to rebalance their lives. For instance, Cowling (2000) combines his experience and an appreciative inquiry research approach to argue that realization, knowledge, appreciation, and healing are inherent in the wholeness that comes from exploration of one's pattern—the client’s—with the uniqueness of one’s healing capacity embedded in one’s experiences, perceptions, and expressions. Further, in what he conceptualizes as a theory of wholeness and life patterning that guides a unitary healing praxis, Cowling (2011) explains that “people have the potential to transform their health when they are invested in the process of appreciating their inherent wholeness and life patterning through participating knowingly in change” (p. 52). In other words, one has the ability to do something about one’s condition when one’s knowledge of things or understanding is given importance by the professional.

This study expands the meaning of understanding from a participant-researcher or service user-professional perspective, to the critical reflexivity among the marginalized so that they can address their problems both at the individual and community levels. Understanding here corresponds to what Mullaly (2010) calls “reflexive knowledge” or “knowledge about ourselves,” which helps us to understand how our identities are shaped largely by the dominant ideology and how we exercise our power to reproduce or resist social features that limit our agency or that of others. Accordingly, this knowledge leads to a continuous questioning of our social, economic, political, and cultural beliefs, assumptions, and action.

Mullaly (2010) focuses on the reflexive knowledge of critical social workers. This reflexivity may also apply to other critical helping professionals. I would add that the same principle of self-discovery and action-oriented understanding applies also to those who live at the margins of society and who are more likely to be affected by dominant and oppressive systems.

The data of this investigation demonstrates that the participants were very enthusiastic about understanding who they were, how they had been impacted by their family and country’s
histories, and how the internalization of these histories affected them and others in the community. Dancile was able to reflect critically on how the issues that affected her during the genocide continued to have a negative impact on her life and the lives of others. She gave the example of how she neglected herself and her daughter, and became violent towards neighbors and even local authorities by throwing stones at them and disrupting their daily activities with insults. This happened especially when she felt violated again. I would add that understanding or critical reflexivity may be most desirable for those who occupy marginalized locations and suffer the most. As human beings, they have the same ambitions to live better lives and fulfill their rights and obligations as anyone else. In addition, this desire may be greater for those whose oppression is deepened by lack of knowledge due to factors such as illiteracy, lack of voice, and lack of access to the ever-expanding knowledge that is made available through technology. This was strongly felt in the participants’ need to have handouts, listening to the television news (at the residential setting), or through their hunger for learning.

9.4.2 Becoming Human as Healing

Becoming human in this study is about learning to be a new person with a new identity shaped by the new understanding. The HLW facilitators utilized the metaphor of “being born again” to indicate both the process and the attributes of the person in healing. Many participants who attended the HLW intervention related to becoming as kongera kuba umuntu, “becoming a human being again,” or kuvuka bwa kabiri, “being reborn.” Becoming a human again encompasses two implicit processes, namely (1) re-learning to be a human being and (2) acting and behaving like a human being which implies the performance of the regained identity.

The re-learning process includes the transformation of one’s senses, feelings and thoughts, a process by which HLW participants acknowledged areas of their suffering and, in very subjective ways, started to confront issues that trapped them in that suffering such as isolation and muteness. They started to challenge the internalized dominant narratives (e.g., Rwanda has fallen upon me), rediscover and revive individual resources that had been suppressed or kept unused. They were given an opportunity to practice the new learning with other participants by telling and listening to each other’s stories, expressing their thoughts and feelings, and feeling and responding to the pain and needs of others in the group. They also started to revive their ability to create, enjoy, and feel some freedom. It is through these practices that they felt that they were human again.
Once the re-learning process has been initiated during the HLW program, the participants are given opportunities to reflect further on the separate issues that affect them back in their community (e.g., marching with others during the annual commemorations, being overwhelmed by emotions, hurting others through silence, deprivation of basic necessities) and beginning to find alternative actions to stop the cycle of suffering. Many participants reported that when they returned home, they felt brand new and started to perceive life differently and engage in new practices. As a result, they realized that they had fewer crises and were able to initiate contact with others in the community.

It is the performance of these new identities that made other community members wonder about the kind of medicine they had taken. The HLW facilitators shared similar perceptions with the participants. In their experience of facilitating the HLW process, they realized that participants became more optimistic, hopeful, and caring, and talked about revisiting suspended projects they had left unfinished. These changes were perceived as contributing to improved health and relationships within themselves, in their families, and in their communities.

The meaning of understanding and practicing being human again through the HLW is similar to the processes of health and healing from medical and psychological perspectives from the West which emphasize feeling better and having improved self-esteem and confidence to resume social activities, including returning to work and family roles such as being a mother available for her children and a healthy person available for other loved ones. From this perspective, the concept of healing relates to the attributes of transformation to a new sense of wholeness; a positive, subjective, and unpredictable process; a spiritual transcendence; and a reinterpretation of life (Cowling, 2000; Egnew, 2005; McElligott, 2010). The concept of wholeness in healing has been found to be experienced in connection with others, mostly medical staff, family, and close friends.

In other clinical disciplines such as social work, healing also involves the ability to establish connections with others who share similar experiences, such as racism and poverty (Anderson & Hiersteiner, 2008). Critical social work has also added a social action dimension, that is, the fight against social injustices that are rooted in the social structures of oppressive systems (Chaudhry & Bertram, 2009; Mullaly, 2007, 2010).
All these attempts have created an important shift from medical and pathology-based interventions to considering other aspects of wholeness, healing, and becoming human (e.g., spiritual and social aspects of life). However, the concept of becoming human and the intervention models that originate from individualistic perspectives remain incomplete. Jean Vanier (1998), the founder of l’Arche, an international network of communities for people with intellectual disabilities, explains what it means to heal as one becomes human:

Since society is made up of individuals, as we open up to others and allow ourselves to be concerned with their condition, then the society in which we live must also change and become more open. We will begin to work together for the common good. On the other hand, if we commit ourselves to the making of a society in which we are concerned only with our own rights, then that society must become more and more closed in on itself (pp. 5-6).

Working together became one of the transformative outcomes of the HLW participants. Those who attended the program started to work together as a team. As well, they expressed the desire to expand their new understanding and relearned behaviors and attitudes back into their communities. For instance, the non-survivors talked about feeling the need to participate in the annual commemoration of the genocide because they found this event to be a tragedy for all Rwandans, including survivors and non-survivors. They also expressed embarrassment that came from understanding that the mockeries, the shunning of others through silence and hurtful words were other forms of community violence that had to stop and be replaced by more helping and supportive behaviors. The HLW facilitators summarized this sense of becoming human through community engagement into two main aspects: understanding and acknowledging that many Rwandans have many wounds and that suffering feels the same. The healing of individual community members from this ideological understanding implies active involvement.

Therefore, “healing communities” means gaining a new understanding of the issues that affect individuals and communities, and re-learning and practicing how to become human again through the internalization of human attributes such as compassion and care which extend beyond the individual and the immediate circle of family and friends to the community at large. This conceptualization of healing communities aligns with the framework of African ethics found in Black Africa Anthropology. Bujo (2001) explains that in Black Africa, which
corresponds mainly to the south of Saharan region of the African continent, one becomes a person only through active participation in the life of community in which one is made fully human through the network of relationships. Bujo explains that active engagement is not about seeking membership or identity. Rather, common action makes the human person more humane and keeps him or her from becoming an unfettered ego, in other words, nyamwigendaho, as many participants defined themselves in their isolation before attending the HLW intervention. This new understanding of what it means to be and act like a human being comes close to the African philosophy of ubuntu which was discussed in Chapter 4.

Healing communities is a process and not an end product for people who attended the HLW. It is important to note that for human beings presented with life challenges, the need to understand, learn, and heal is a continuous process. This is even more so for people who, in addition to the genocide, still need to explore the historical suffering that was created by colonialism and dictatorship regimes, and the resulting forms of extreme poverty. Thus, healing communities is viewed here as an end of a series of HLW workshops and a beginning of a long journey towards continued healing for those who participated in the HLW program and more action towards the healing of Rwandan individuals, communities, and society.

9.5 Summary of the Interpretation and Discussion of the Findings

The understanding of the HLW conceptualization, implementation, and impact is provided by the contextual meanings of brokenness observed in Rwandan communities; the dynamics of social life as it is performed by individuals and groups who attend the HLW intervention; and how this experience shapes the self-understanding of the participants and that of the world in which they live.

The present study helps to explain how suffering is a complex puzzle in which the local and the global play a role to construct broken communities. In broken communities, individuals and groups affected lose their voice and their ability to solve adversities that befall them. In a sense, they lose their humanity along with those who watch from close proximity without a vital force to act accordingly, or from a distance without enough understanding or will to enter into the depth of suffering, thus resulting in superficial interventions.
Challenging brokenness becomes an individual and a group effort to give one a voice. The HLW possesses tools that facilitate one’s process to enter and open one’s heart to self and others in the search for healing for both the individual and the community. The individuals and the community are rewarded when people manage to step outside themselves in order to gain clarity and understanding about what has happened to them and who they have become. A better understanding of who one is and the world one inhabits re-awakens internal resources, and with the support of others, one becomes capable to re-shape one’s humanity by being, thinking, and acting like a human being for oneself, one’s family, and one’s community (locally and beyond). That is when we talk about healing and wholeness.

In the next, concluding chapter, I draw on this new understanding of the HLW program and the healing of psychosocial suffering in post-genocide Rwanda to suggest implications of the study for research, theoretical and practice knowledge, and policy. Particular contributions to social work and cross-cultural and post-conflict reconstruction are provided. I also discuss the study’s limitations and directions for future research. I conclude this paper by personal reflections on my involvement in this study.
Chapter 10
CONCLUSION AND RECOMMENDATIONS

10 Overview of the Study

This study aimed to provide a detailed understanding of healing psychosocial suffering in Rwanda through the Healing of Life Wounds (HLW) program and to establish a conceptual framework of a model of healing psychosocial suffering through HLW implementation. Attaining these objectives required a critical analysis of the content and context of HLW implementation over the 15 years of its existence, working with the HLW participants to understand the issues the program addresses and the process of implementation, and collaborating with HLW facilitators to develop a cognitive mapping of their perceptions about the model. This analysis also involved critical reflexivity on my part about the process of investigation, the HLW stakeholders, and my positions vis-à-vis the topic of this investigation.

The data indicates that healing psychosocial suffering through HLW in Rwanda is a consciousness-raising and group-based process. Individual participants who attend try to understand individual and communal suffering and attempt to heal self and others through the sharing of personal experiences and mutual support and compassion. The study demonstrates that in order for individuals and groups to heal, they must recognize individual and communal brokenness, be willing to confront their suffering with the support of others, and cultivate positive habits toward self and others, first in a protected and remote environment that allows reflexivity, and then back in their respective communities.

The first four chapters provide the foundations and background of this study, and describe the HLW as a contemporary phenomenon located at the margins of other post-genocide intervention models addressing psychosocial suffering in Rwanda. This section also provides an overview of the genocide and the structural violence that characterized Rwanda over the last century, together with a theoretical understanding of the topic based on Habermas’s critical theory, indigenous methodologies, and narrative inquiry. This discussion suggested critical hermeneutics as a methodological underpinning that has helped to select the appropriate approach and methods to investigate the HLW.
The findings of this study were discussed and interpreted in the next four chapters. Chapter 6 provided the historical evolution of HLW and the adaptation of its content and the context of its implementation in various settings of post-genocide Rwanda. Chapter 7 focused on the process of HLW implementation and involved narrated experiences and perceptions of the community participants about the process of intervention. Chapter 8 first discussed the conceptual dimensions provided by the HLW facilitators’ cognitive structuring activities of their perceptions about the HLW model. This chapter then triangulated these dimensions with those that were provided in Chapter 7 to elaborate a conceptual framework of a healing model through the HLW in post-genocide Rwanda. Chapter 9 broadened the understanding of the conceptual framework by providing further interpretation based on the existing literature.

The data of this investigation has much to contribute to the study of violence, suffering, and healing interventions. It is uniquely positioned because there are no other systematic studies analyzing the workings of a structured intervention model with an emphasis on healing psychosocial suffering that is initiated and implemented in a post-conflict setting of the global South. HLW invites various members of Rwandan communities to come together and heal one another through the sharing of personal lived experiences associated with the 1994 genocide. The approach and set of principles utilized by the HLW program to address psychosocial suffering present many benefits for those who are marginalized, the practitioners working with them, and the society that seeks to build healthy and peaceful communities.

The content, context, experience, and cognitive mapping of the HLW each bring unique contributions to social science research. In the first part of this chapter I focus on the overall implications of my study to theoretical and practice knowledge, research methods, and policy. In the second part I highlight the study’s limitations and suggest directions for future research. I conclude this chapter with a personal reflection on investigating psychosocial healing through HLW in post-genocide Rwanda.

10.1 Implications for Theoretical and Practice Knowledge

Suffering in Rwanda has been discussed from various perspectives including historical accounts, political analysis of genocide and its aftermath, and economic perspectives. While such disciplines incorporate the concept of suffering in their discussions, their contributions are often limited to providing information. They do not aim to also provide practical suggestions as
to how to address the suffering resulting from entrenched cycles of violence. There has been a lack of attention given to how those who are affected by massive violence and genocide perceive their experiences of surviving and witnessing extreme forms of violence. Most importantly, those affected by violence often do not have a say in the interventions that are suggested to them in the attempt to help them overcome the impact of violence and genocide.

This study fills these gaps in two ways. First, it allows those affected by the 1994 genocide to articulate their own suffering in the ways they know, feel, and live it. The data shows how psychosocial suffering is an on-going process that starts, at times, before the acute violence occurs and continues after the major violent event has ended negatively affecting individuals, communities, and even the entire society. This kind of suffering goes beyond the impact of a simple event to include the broader perspective of structural violence associated with systems of oppression that marginalize and violate the most vulnerable of society.

The second way in which this study fills the identified gaps is by investigating the HLW, a model of intervention that was started outside the conventional trauma and mental health programs in post-genocide Rwanda. The HLW combines Western and Rwandan coping skills and strategies to allow those exposed to violence to explore what happened to them, express their pain, and start healing themselves and each other in a mutually supportive environment. The HLW involves critical consciousness-raising activities that challenge participants to comprehend who they are, the psychosocial problems they face and their potential sources, and the need for them to use their abilities to heal one another with the support of a facilitator. The data of this study indicates that true healing happens when those who are directly affected by violence and suffering are put at the center as active agents of their individual and group healing and the healing of their respective communities.

The involvement of those affected by violence in defining their issues and playing an active role in addressing them challenge the institutional structures that give power to specialists to determine what is wrong with those who are troubled in order to receive treatment in mental health and trauma programs. This study shows people suffering from the psychosocial impact of violence still have the ability to conceptualize and address their own suffering when they are given space to voice their concerns and take the lead in findings solutions.
The sharing of lived experiences through the HLW has both theoretical and practical implications. The data of this study demonstrates that suffering is a social phenomenon that affects different aspects of individual and communal life, as well as the power of narrative in moving participants from areas of brokenness and marginalization to becoming active agents of healing communities. The new understanding that comes from the lived experiences of participants challenges existing narrow definitions of trauma theory by linking individual suffering to broken community where the most vulnerable continue to be the target of violence and marginalization. These findings add to the developing critical literature on psychosocial suffering associated with direct or indirect forms of violence.

The findings also offer a unique perspective for the definition of the concept of healing. Healing that happens through HLW and the sharing of personal lived experiences is both an individual critical consciousness-raising and a socially-directed activity. This activity, facilitated through the sharing of lived personal experiences, enhances critical understanding of the issues at stake and invites the participants to internalize positive human behaviors, which in turn challenge them to take transformative actions that benefit them, their families, and the community at large, for the betterment of self and society. This snowballing-like process of healing presents a unique approach to healing psychosocial suffering that differs slightly from holistic healing explained in Chapter 9. Critical scholars from various disciplines perceive healing as holistic when a particular intervention or a combination of many interventions allows the sick or those in suffering to rehabilitate different aspects of life for their own betterment.

This study insists that the true healing of psychosocial suffering is what leads to individual and community transformation. Healing the suffering which originates in the social world requires identifying and addressing both individual and social contributing factors, otherwise, healing remains shallow leaving these factors unchanged and unchallenged.

This new understanding of suffering, healing and the healing process challenges existing interventions that focus solely on the needs of individuals and overlook the needs of communities. The process is not easy as some of the major influencing forces are beyond what individual, groups, and even countries are able to control (e.g., political globalized market economy). This study suggests starting with a group process. When the members of the opposing groups at the local level are brought together, they need to first understand the kind of
suffering that comes from the violence that involves both sides and understand their respective roles in it before they can learn how to heal one another and prevent future violence.

As Chapter 9 indicated, the suffering of individuals and groups is devastating when members of the same family, neighborhood, group, or entire community start turning against each other. Addressing healing at this level may empower them to mutually support one another and resist together against external forces.

Most of the existing literature on different forms of violence emphasizes particular factors such issues of ethnicity, gender, race, and class. While these factors may offer specificity on the origins and consequences of violence and oppression, their understanding does not always lead to the desired change. More often than not, the group defined as the “oppressor,” “perpetrator,” or “abuser” is usually left out of the intervention models that intend to heal, empower, and promote the well-being of the victimized group (e.g., programs for widows and orphans of the genocide, or women’s programs in different settings). While responding to the needs of particular groups is in itself a good thing, it does not necessarily challenge the perpetrators to change their behaviors. The social categorizations are even further complicated when suffering is observed among both the presumed survivors and non-survivors and their respective families. For example, in Rwanda, the survivors who lost everything to the genocide tend to view the Tutsi women married to Hutu men as not fully survivors; the Hutu women married to Tutsi men who often view themselves as survivors experience dilemmas when the accused of genocide crimes are their blood relatives from their families of origins. Anecdotal reports suggest that children who were orphaned by HIV/AIDS or the war that opposed the current government resent the orphans of the genocide who receive school fees from a genocide fund.

This study provides a new orientation for addressing psychosocial suffering for individuals or families who recognize their own suffering and that of others in the community regardless of their social categorization. The group that attended the HLW during this investigation included men and women of different ages and from both groups involved in the Rwandan genocide. The approach of facilitating mutual healing among community members who have contributed to each other’s suffering may benefit programs that advocate for social justice such as critical social work.
Social workers who are concerned by the issues of the marginalized have adopted anti-oppressive frameworks which emphasize active action on the part of the oppressed by empowering them to confront issues that affect them individually or as a group. Movements of different groups of marginalized people create alliances to fight against discrimination, violence, and lack of voice. Mullaly (2010) and Dominelli (2002) argue that these anti-oppressive movements suffer the limitations associated with their roots in the modernism paradigm in that they still focus on the individual as a victim of society and emphasize individual-based approaches even when collective efforts, such as activism, are called upon.

The data of this study indicates that by involving members from the two opposed groups in Rwanda to explore the sources of their suffering through the sharing of stories about personal lived experiences, these members begin to understand the shared experience of suffering and to develop feelings of compassion and mutual support. This exercise reduces suspicion, increases trust and collaboration for combating social suffering in their respective communities. These findings may benefit programs or organizations dedicated to peace and reconciliatory processes in the aftermath of massive violence.

Participants in this study who were able to compare the HLW program with other interventions they had attended argued that many of the programs suggested for healing or reconciliation and forgiveness such as gacaca, religious teachings, and confessions may actually worsen the conditions of those who suffer at the margins of society by forcing them to integrate concepts and attitudes that do not take into consideration the realities of their suffering including the emotional baggage of these imposed programs. This finding challenges the literature that suggests that people are able to heal and reconcile on their own after the formal work of truth commissions is done (Clark, 2010; Gobodo-Madikizela, 2002). The management of emotions with the support of others who are compassionate and caring is central to the healing process which is foundational to forgiveness and reconciliation initiatives.

In this study, being able to talk and share one’s suffering was found to make a major contribution to the healing process. This approach of sharing personal stories about the genocide and the associated events challenges dominant narratives that maintain that genocide or Holocaust are unspeakable events which cannot be narrated and comprehended because they go beyond human imagination (Adorno, 1957; Mandel, 2001). Chapter 7 in this study
challenges this pre-conceived idea by showing that Rwandans who were affected by the 1994 genocide were nevertheless able to speak about their experiences of being the targeted people or the close witnesses of what happened during the genocide and how it affected them afterwards.

This revelation does not minimize the difficulties and the pain of recalling and recounting what one experienced or witnessed, or the staggering effects of such a tragic event. This study demonstrates that the major issue is not just talking about the genocide. Rather, it is about allowing those who were affected by it to remember and share what they know about it and how it affected them individually or as a group, creating a space in which they can feel listened to, acknowledged as human beings, and supported to take such a courageous act. The study also indicates that allowing the survivors and the witnesses of the genocide to talk broadens the understanding of the contexts in which genocide becomes possible, and also facilitates an understanding of the continuum of suffering that happens before and after genocide rather than treating it as a single disaster with no precursor symptoms. Contextualizing genocide makes it manageable and makes the healing process possible. This knowledge about narrating genocidal events in Rwanda may empower survivors of genocide in other settings to seek appropriate help that would allow them to tell their stories the way they know them.

My study helped to articulate the principles and dimensions of the HLW through the description of the experiences of the different stakeholders involved with the model and the conceptual framework of a healing model that works best through the sharing of personal stories in a remote setting and under the guidance of a humble, skillful, and critical facilitator. The conceptualization of psychosocial suffering and healing, the theoretical and methodological orientation, and the findings of this investigation were guided by principles of critical and indigenous research. Therefore, in the following section I discuss the implications of my study for critical social research.

10.2 Implications for Critical Social Research

The research methods adopted in this study were inspired by the HLW approach and principles. Investigating the HLW and the context of its implementation required me to consider critically the literature and theories that aligned with the HLW and located psychosocial suffering in the political, historical, and socio-cultural forces that have characterized Rwanda over the last century, including the post-genocide era. This context also explained the location of the HLW
among other interventions that have been suggested in post-genocide Rwanda. The contextual background was essential in determining the research methods that could help explore the research topic.

My study demonstrates alternative ways of researching psychosocial suffering and healing in post-genocide Rwanda. The theoretical and methodological underpinnings adopted by this study contribute to critical transnational social research. Before I went to Rwanda for field research, I relied on critical theories in general and narrative inquiry to provide some orientation to the ways of conducting research at and from the margins. I was hesitant about indigenous methodologies because I did not have a local framework of conducting research from the context of Rwanda as both a non-Western and post-conflict country. I adopted an open mind to integrate the local ways of knowing once I arrived on the field. As mentioned in Chapters 4 and 5, I learned some of the ways of approaching particular topics and ways of conveying knowledge while I was in the field and I made some of the important methodological decisions as I immersed myself into the ways of life of the local people. This approach is a unique contribution to conventional research that, at times, falls short of applying research methods that are not appropriate to non-Western contexts.

I learned to introduce the purpose of my meetings with the potential participants differently (see Chapter 5), conducted informal visits with participants, and attended the local events to gain a deeper meaning of the issues at hand and how the local people understood them during the time of this investigation. I came to understand that many of the issues that the local people struggle with are both local and global. For example, the survivors talked about facing the continued violence from neighbors. At the same time, they related to false promises they had been given by international organizations. All these forces come together to render suffering more complex shaped by both local and translocal forces. When researching issues of the marginalized in non-Western societies, I learned that it is very important to keep an open attitude towards the research methods and outcomes. A critical consideration of the local and translocal forces also provides new perspectives on how to best suggest intervention models that adopt the best techniques and resources (local and translocal) and avoid oppressive approaches that further inflict suffering rather than deal with it.
The context of the HLW and the larger community in which this study was conducted were crucial to the meanings associated with the happenings during fieldwork, the data collection, as well as the interpretation and representation of the findings. A narrative approach to data collection and data analysis, the use of the Kinyarwanda language in this research, and the storytelling approach adopted to report the findings were part of the critical research decisions I made in my attempts to capture the meanings participants attributed to their perceptions about the HLW program and the context of its implementation. This approach aligns with critical indigenous research and confirms the possibility of combining critical theories and indigenous methodologies in the investigation of the issues of those who live at the margins of society (Brown & Strega, 2005; Smith, 1999). The findings produced from this approach are critical in that they provide alternative theoretical and practical knowledge in response to the psychosocial suffering of those who were affected by war and genocide in Rwanda.

The research methods adopted in this study raised the critical consciousness of the participants, increased the sense of ownership of their suffering and the healing process, and empowered them to contribute their knowledge to this study. Survivors of massive violence are often regarded more in terms of their vulnerability and not in terms of what they can do and teach us in the production of knowledge. This is a social justice issue. This study adopted research methods that counted on their abilities to contribute to social research and social action. This approach to research expanded the process of transformation initiated by the HLW as the community participants and the facilitators started to critically reflect on the implications of their involvement with the HLW.

Each group of research participants in this study was also approached in ways that could bring benefit to them individually and as a group. The community participants contributed their perceptions as they participated in the HLW for their own healing as individuals and as a group. The facilitators provided their individual expertise about the HLW and at the same time worked together as a team to cognitively map the HLW through visualization, internalization, and commentary on the knowledge that they helped to create. This approach to research was unique because it was healing for the community participants, and transformative for both groups through critical reflexivity and consciousness-raising.
It is not surprising that the community participants referred to understanding as being part of the healing process. The HLW provides an opportunity for participants and facilitators to reflect on the issues at hand and determine ways to address them. This study added a more critical perspective of the meaning of the intervention itself, what it represented for them, aspects of it that applied to individual or group needs, its process of implementation, and its usefulness in the real world of their daily struggles. The community participants who attended the study and the HLW recommended continued reflections on other life issues using the same approach that was utilized in the HLW and this study. They made a particular request of making a summary of my study accessible in the Kinyarwanda language to enhance their continued critical reflexivity and that of others who would attend in the future.

A similar suggestion was made by the HLW facilitators when they asked me to come back and present the findings of my study to the entire organization for which they worked (Organization B). Critical social research evokes the desire to learn and contribute more. Allowing the marginalized to teach us and learn something about themselves and the world is the most dignifying and respectful approach to research appropriate for the 21st century.

The involvement of practitioners and beneficiaries in this study aligns with transformative participatory research in that it involved investigation, healing, learning and action for collaborative inquiry and social change (Cousins & Whitmore, 1998). Active participation in research contributes to learning new knowledge, better understanding and ownership of the research findings by participants. The learning process is built on cumulative understanding of the relationship between the stakeholders’ activities and their effects and the new knowledge regarding effective practices to achieve desired outcomes (Hart, Diercks-O'Brien, Powell, & Adrian, 2009). Throughout this investigation and particularly during the HLW intervention community were asked what they thought was happening to them as individuals and as a group. This regular check-in enhanced their learning and self-reflexivity. The same approach was also applied with the HLW facilitators about their experiences conducting healing workshops. Transformation was built on shared and informed understanding enhanced through each participant’s perceptions about the HLW process.

In summary, this study contributes to critical and indigenous research by involving people who were marginalized by the genocide and other associated forms of suffering to contribute their
knowledge and their experiences to this study. Through the research process which aligned with the HLW healing principles by enhancing critical consciousness and respecting the perspectives of the community participants and the HLW facilitators, they gained voice. This study’s approach contributes to the goals of critical and indigenous research as outlined by Denzin and Lincoln (2008):

Such an inquiry should have multiple criteria. It must be ethical, performative, healing, transformative, decolonizing, and participatory. It must be committed to dialogue, community, self-determination, and cultural autonomy. It must meet people’s perceived needs. It must resist efforts to confine inquiry to a single paradigm or interpretive strategy. It must be unruly, disruptive, critical, and dedicated to the goals of justice and equity (p. 2).

The process of critical and indigenous research was non-linear. It resisted being boxed into single paradigms and found richness in the combination of critical and indigenous theories, inviting the local and the translocal in the study of psychosocial suffering and healing in post-genocide Rwanda. Researching a marginal topic was not a smooth process. In the next section, I discuss the limitations of the study and offer recommendations for future research.

10.3 Limitations and Recommendations

Areas of weakness are often sources of strength and creativity. I approached this topic as a Rwando-Canadian with a number of biases and advantages. When I started the exploration of the topic, there were many questions about what to do with my many biases in regard to my personal connections with the HLW and the sensitivity of the topic itself. I struggled with these for a long time and felt silenced by the fact that my prior knowledge and experience did not count as scientific knowledge. I later realized that my biases were actually the source of innovative knowledge if I acknowledged them and put them to use rather than denying them. This approach disrupts the traditional research boundaries that focused so much on being neutral in the production of valid knowledge rather than use the assets of what prior knowledge can do to contribute to new knowledge. This offered an alternative of researching a marginalized topic and from my local and translocal positions and with people who are rarely given an opportunity to contribute to knowledge that affects them directly.
I possess a historical understanding of the evolution of the HLW program and some of other
text of interventions applied in post-genocide Rwanda. I bring unique research assets of
speaking the local language, Kinyarwanda, and understanding cultural nuances and idioms
which would remain obscure to complete outsider-researchers. I also have experience working
in the mental health field in Rwanda and using the HLW model, and an excellent network of
family, friends, and former colleagues who have helped me to gain better insights into the
current psychosocial issues in the country. Most of all, I have first-hand experiences of some of
the issues that were brought to my attention throughout this investigation and the advantage of
being able to compare the data of this study with findings from other studies conducted in
similar and yet different contexts. In recognition of these named biases and others that I could
not articulate at the time of my field work, I took precautions to ensure that I conducted my
own critical reflexivity on the happenings on and off-site, and the notes I took were analyzed
and interpreted as part of the data. I view this prior local and translocal knowledge to be an
asset that brings to light the kind of knowledge that would be difficult to grasp for complete
strangers to the topic.

Other tools that allowed me to further reflect on the potential biases and ethical issues involved
were regular meetings with my committee members, having a local mentor who resided outside
the intervention, and holding multiple meetings with the participants through formal and
informal settings of the investigation. Keeping in mind the different positions we occupy and
consulting other key informants and supporters when researching a marginal and non-Western
topic allows transnational researchers to confront arising research challenges and thus gain a
fuller understanding of the topic of study.

I approached the topic of this study as a social work scholar. However, there is not a lot of
literature on massive violence and the resulting psychosocial suffering and healing practices
from a social work perspective. This required me to consider interdisciplinary literature for both
the theoretical and the methodological underpinnings of this study. Literature from disciplines
such as political science, community and peace psychology, medical anthropology, and social
history offered a broader understanding of the issues at hand and the methodological
orientations that allowed me to better understand and explore psychosocial suffering and
healing in post-genocide Rwanda. Researching contemporary phenomena requires stepping
outside one’s discipline and adopting new methodologies that are decolonizing and
empowering rather than oppress those who continue to reside at the margins of society.

Research institutions governing ethically-oriented research need to support and encourage research that is transformational and innovative. In the particular case of transnational research, flexibility should be supported because there is much that is not yet known about local ways of understanding and transmitting knowledge until the researcher immerses him or herself in the field work and social realities of the partners in the research project.

For example, prior to my field work, I pre-planned to request participation from interested persons who were still attending the sensitization sessions in Organization A. Once in the field, I learned that sensitizations sessions were not going to happen until a month later. I was offered the alternative to recruit the community participants from a wait list of those who had completed the series of workshops. The list of those who were approached was generated by the staff of Organization A, which might have presented bias on who was listed and why and who might have been left out. To minimize this bias, I decided to meet individually with those who had been listed and go through the recruitment process before asking for their consent to participate which allowed some to decline the request and others who were interested to consent. I would have wished to meet all the 23 participants in the intervention in one-on-one interviews prior to conducting participant observation with them during the plenary and small group activities of the HLW workshops. But this reality was beyond my control. I asked them one by one to consent to participation at the beginning of the workshops, and I approached them individually during break times to have informal conversations with them. I also took as many notes as possible during the plenary sessions, especially for participants whose storylines I did not get a chance to follow in small group activities. This can be considered a limitation of the study for not knowing what is going to happen, but research, like life, is full of unexpected disruptions that require one to adjust in order to produce quality knowledge.

This does not mean one should not plan. Instead, one should be open to changes and ready to adapt to them rather than impose preconceived ideas that may limit what one can learn and discover from the subject of the study and its broader context.

In this study I learned that quick in-and-out research does not do justice to what is to be known and only produces incomplete data. I realize that being in the country for a full four month period gave me multiple opportunities to re-learn and learn the different aspects of life in the
rural communities, and allowed the study informants to become more familiar with my presence and talk more freely. These dynamics improved the quality of the data collected and my understanding of it. I was also able to follow the preparations of the 16th annual commemoration of the genocide as they were broadcasted and commented upon by both the participants and other community informants. Participating in these events provided a more experiential learning through the re-experience and the witnessing of the reactions of those who were impacted by the event in different ways.

The triangulation of the different types of data allowed me to gain a better understanding of the HLW program and the context of its implementation which could have remained unnoticed if I was in the country for only a brief period of time, or if I relied on one single dataset, or did not have a background understanding of the history of the country. Time and critical ethnographic approaches are not often emphasized enough in the training of social work researchers as important factors in the production of knowledge. Enough time could benefit social work research especially for novice researchers like me and others interested in conducting research at the margins. This is particularly important in qualitative studies that seek to understand social phenomena.

Interpreting and writing up the findings from the data collected and analyzed in the Kinyarwanda language and from different datasets was a challenge. I was unable to find good translation for some of the very profound meanings expressed through Kinyarwanda words and nuances. To overcome this challenge I looked at how other researchers exploring marginal topics have dealt with issues of interpretation and representation. This led me to adopting storytelling as a reporting style for this paper. This style allowed me to bring some of the translation into a conversational style to convey my general understanding of the message embedded in participants’ performed stories and other non-verbal forms of communication. It also aligns with oral history which is the commonly utilized model of knowledge transmission in Rwanda. In addition, I created episodes and offered descriptions of the contexts in which participants’ stories were told so that their voices can be heard from the perspectives of the telling and the listening and my understanding of them. Furthermore, I separated the immediate interpretation of the data from my own interpretation of the findings based on existing theories and other findings from other research. I also used as much as possible the original words of the participants together with my closest translation of them.
Finally, this study attempted to understand the HLW and its context of implementation. The findings are mainly limited to the stories shared by the HLW stakeholders and a few other informal informants as well as the connections I made between broadcast opinions through the local media and the topics discussed during the HLW intervention. However, the study initiated a process of investigation that should continue. I discuss some of these in the next section.

10.4 Directions for Future Research

The findings of this study indicate that the program has the potential to create positive change at the individual and community levels with heterogeneous groups. One important focus for future research could be to assess whether the model produces the same impact on homogenous groups (e.g., widows, ex-prisoners), with groups in other regions of Rwanda, or other similar contexts of post-conflict situations. Another area could be to assess the HLW applicability to the refugee and immigrant populations who resettle outside of conflict areas, such as in Canada. Future research is needed in these different areas to assess the transferability of the HLW model.

Those who are able to recognize their pain and are willing to explore the healing options are the ones who benefit directly from the HLW. There may be people in great need who are afraid to do so due to the challenges of telling personal stories such as people who are troubled by their violent actions during the genocide but do not have the courage to confront this reality. More in-depth research assessing the healing elements such as the levels of openness and willingness needed to attend the HLW program could help to determine the suitability of the program for different individuals and groups. It could also open a new window for adding another component to the HLW that could facilitate healing for those who are in great need but are not able to come forward for their healing and that of their community. Another aspect related to this would be to assess the impact of telling survivors about the details of murder that took the lives of their loved ones and explore how to prevent the potential negative impact of that kind of truth.

During this study, different concepts were utilized to designate the different forms of mental distress in Rwanda. These included notions of ihungabana (overcome by emotions), ihahamuka (traumatic crisis), amarozi (witchcraft), and trauma. Further in-depth studies are needed to explore the meanings of these concepts, how they relate or do not relate to each other and to the
existing notions of trauma and PTSD in order to define elements of mental health concerns in Rwanda. Measures of the levels of the perceptions of each among the broader Rwandan population could help to identify the best approaches to address mental health issues in the country.

Finally, systematic monitoring and evaluation of the HLW program is essential to determine its feasibility and facilitate its continued adaptation to the evolving psychosocial issues in post-genocide Rwanda and inform social policy makers in the country. Also, a longitudinal study is required to assess the long-term effects of the model in communities receiving the HLW intervention.

10.5 Concluding Reflections

This study set out to understand the healing of psychosocial suffering through the Healing of Life Wounds (HLW), a community-based mental health program that was initiated in post-genocide Rwanda by Dr. Simon Gasibirege. With an emphasis on story sharing, the study’s objectives were: (1) to understand the major psychosocial issues in post-genocide Rwanda; and (2) to understand the process of healing psychosocial suffering through the HLW program. I approached the study with my multiple positions as a Rwando-Canadian woman who survived the 1994 genocide, and worked with the perceptions and perspectives of involved stakeholders to explore the HLW.

The findings of this study inform us that healing psychosocial suffering in post-conflict situations is complex and requires an understanding of the multi-dimensional nature of suffering which closely links individual suffering to group and societal brokenness. They emphasize conceptualizing and implementing healing programs that are rooted in the contextual realities of particular post-conflict situations. In this study, the understanding of the contextual realities of Rwanda was enhanced by a critical analysis of the structural violence embedded in the local and global forces that inflict suffering on individuals, communities, and society.

The study indicates that healing is a back-and-forth process which allows participants to enter their own hearts and open them to others in the attempt to understand what happened to them as individuals and, as a group, start addressing the identified issues through a process of mutual sharing and support. The study finds this inward and outward journey to provide voice to
participants and move them from being broken, silenced, and marginalized individuals to becoming active agents of their own healing and that of their communities. The data also indicates that the healing process is non-linear.

These findings align with critical theories that recognize the importance of localizing psychosocial suffering in the historical, political, and socio-cultural forces that marginalize and continue to inflict violence on the most vulnerable of society based on their gender, age, class, race, ability, and ethnicity, or the intersection of these. The data shows that healing includes critical consciousness-raising to allow the marginalized to gain a better understanding of their circumstances and those of others around them, voice their concerns and hopes, and act upon them with the support of others with the resources they possess.

Building on the complexity and multidimensionality of psychosocial suffering in post-genocide Rwanda, the study's findings contribute in unique ways to existing theoretical and practice knowledge and to critical social research. Applied critical programs in cross-cultural settings and post-conflict contexts can benefit from different aspects of the presented findings. From this study I learned different things, of which I only list five:

First, the findings of this study support the argument that those who are afflicted have enough resources to overcome adversity when they are provided with sufficient and appropriate resources, including good facilitators and other material means.

Second, the findings of this study indicate that interventions such as the HLW program which continually seek to contextualize knowledge and practice and put at the center those marginalized by violence and the resulting psychosocial trauma, are capable of moving individuals and communities from being silenced and broken to becoming socially responsible human beings concerned with the general well-being of individuals, families, communities, and the entire society.

Third, the findings of this study have shown the importance of opposing groups within the same community being together in the healing process. In communities in which members of the opposed groups blame each other for being the source of suffering and continue to inflict violence on the most marginalized, their coming together is critical in order to learn about each other's suffering, heal one another, identify their respective roles in perpetuating violence and
suffering, take action to break these destructive cycles, and begin to work together for continued individual and community healing.

Fourth, the findings of this study indicate that healing is more than understanding and feeling better about oneself and closest loved ones. The data indicates that healing entails the creation of new identities, humanness, people with impagarike “life force” who return to their communities with energy and desire to perform their individual, family, and community responsibilities as active citizens.

Lastly, the data of this investigation indicates that the HLW program is fertile ground from which forgiveness and reconciliatory processes can develop in meaningful ways. I conclude with Anatole’s statement during my last interview with him in which he was reflecting on his experiences during the HLW process. He stated:

People should come together and share. One does not have to ask for forgiveness during the workshops [HLW] but benefit from the same lessons together. ... If they manage to sit on the chair of learning together they can both benefit. For me, they would both benefit, ... it would allow both to learn and reflect on what divides them before asking for or offering forgiveness, ... especially by asking themselves: 'what is the one asking for forgiveness requested to do?' and what does the one who forgives need? That would result in better outcomes for both.

When we sit together, share our experiences from the depths of our hearts and open ourselves to new opportunities to help us understand who we are in the world, we become social beings with one goal to make the world a better place for all.
REFERENCES


Appendices

Appendix A

Ibarwa Isobanura Ibisabwa mu Kwitabira ubu Bushakashatsi ku Bahugurwa mu Muryango A

Umutwe w’ubushakashatsi: Isuzuma rya porogaramu ikorerana n’umuryango nyarwanda nyuma ya genocide: Isanamitima n’Iremamiryango.

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Ibigamijwe n’ubushakashatsi
Ubu bushakashatsi bugamije gusuzuma ibikubiye mu mahugurwa y’isanamitima n’iremamiryango akorana n’umuryango nyarwanda. Aya mahugurwa yashyizweho mu rwego rwo gukiza ibikomere bitari iby’umubiri byakomotse kuri genocide ya 1994 no gukangurira abayajyamo kondera kubaba ubuzima buzira umuze n’umuryango nyarwanda. Aya mahugurwa amaze imyaka irenga icumi atangwa ku matsinda antandukanye hirya no hino mu Rwanda. N’ubwo abavyavuye umuryango nyarwanda, ntawe uzi neza ingingo zihariye z’aya mahugurwa zihindura ubuzima bw’abantu n’uko zikora kugira ngo zibuhindure.

Ubushakashatsi bivuga kwibaza ku kibazo runaka ushaka gusobanukirwa ukoresheje uburyo bushoboka. Abantu bose bagira uburyo bashaka ibisibizo bya buri munsi. Ubushakashatsi butuma twunguka inama n’ubumenyi ku kibazo dufite twifashishije abantu n’ibintu bitandukanye. Akensi ubumenyi nyabwo ni ubutanzywe n’umuntu uhera ku byo yanyuzemo cyangwa se yagerageje gukora kugira ngo asobanukirwe n’ikibazo yari afite. Ubushakashatsi bushobora gukorwa mu buryo butandukanye.

bwakanga ukagerageza ubundu kugeza aho ukemuriye ikibazo. Mu kubaza no kugerageza ubururo butandukanye bushobora kukuviramo nawe ubumenyi ushobora gusangira n’abandi ikindi gihe.


Ubwitabire

Ibazwa irambuye risaba ubazwa gutanga ibisobanuro birambuye kuri ibibazo bibajijwe kugira ngo basobanure ingingo zihariye z’uko ibintu biteye. Abazatorwa bazanyura mu ngeri z’ibibazo ebyiri: Mbere na nyuma y’amahugurwa. Buri bazwa rizamara isaha imwe n’igice kugera kuri abiri. Abazarangiza kubazwa bwa mbere bazatumirwa mu mahugurwa y’isanamitima n’iremamiryango. Igihe cyo kubazwa no kujya mu mahugurwa kizumvikanwaho hakurikije umwanya w’abatav槭e kugira uruhare muri ubu bushakashatsi. Imirimo ijiyanye n’iri tsinda izabera ku kigo cy’isanamitima n’iremamiryango. Amahugurwa agizwe n’ibyiciro 3 kandi buri cyose kimara iminsi3: icyunamo, kugenga ibyiyumiro, no kubabarira. Mu cyunamo abantu bareba ku byo batakeye byaba abantu cyangwa se ibintu. Mu kugenga ibyiyumiro basuzuma ibyiyumiro by’ibiza n’ubururo kwo kubigenga. Mu kubabarira, abahugurwa biga uko babana mu mahoro n’abo ubwabo, ndsete n’uko babana n’ibindi ibintu n’abantu ibakakije.


Ibanga
Niwe mera kwitabira ubu bushakashatsi hazakorwa ibishoboka kugira ngo ibyo wasangije uyu mushakashatsi n’itsinda bibikwe mu ibanga abantu hiherereye cyane cyane umuwirondoro.
Mbere y’uko mutangira amahugurwa muzasabwa kubaka ahantu harinzwe mutanga ingero z’amabwiriza yabafasha kwizera na gusangira ibibari ku mutima. Muri uwo mwanya muzasobanuza ibibazo byose mu frite by’iyumya y’amahugurwa y’uruhare rw’amushakashatsi mu gihe cy’amahugurwa. Uyu mushakashatsi azabasaba kumwemerera ko aba mu itsinda kugira ngo asanonukirwe n’ibihabera. Ibanga ni ikintu kizagarukwaho kenshi kugira ngo abantu basobanukirwe ko nta kuyiana inkuru z’abandi hanze y’itsinda. N’ubwo ibanga rizagarukwaho kenshi kandi umuyobozi w’itsinda n’uyu mushakashatsi bakabasaba kuryubahiriza, ntabwo bizeza abazaba bari mu itsinda ko rizubahwa ijana ku ijana kubera uburyo aya mahugurwa atangwa n’aho atangirwa. Amabwiriza yose amaze kumvikana, azandikwa ahantu hagagarama kugira ngo akomeze kurinda itsinda. Hanyuma buri wese azurahirira abandi ko yiye meje ku kubahira amabwiriza yashyizweho harimo n’ibanga kandi ko yemereye umushakashatsi gukora akazi ke mu itsinda. Umwe umwe azasoma iyi nyandiko ikurikira abandi bateze amatwi:

“Numvise amabwiriza agenga aya mahugurwa. Ndayemera kandi ni yiyemeje kuyubahiriza no kubahira ibanga ku nkuru nzumvana abandi mu itsinda. Nemereye uyu mushakashatsi kuba mu itsinda akurikirana ibya ’ubushakashatsi arimo.”


abantu babayeho mu Rwanda cyane iyo banyuze mu mahugurwa abafasha kuganira ku nkuru zabo. Ubu bumenyi bushobora kugira akamaro ku bandi Banyarwanda bo mu tundi turere cyangwa se abandi bantu baba mu buzima busa n’ubwanyu.

Isimburamubyizi

Kwijemeza kwitabira ubushakashatsi ku bayoboz b’amahugurwa y’isanamitima n’iremamiryango.


___________________________  ___________________ ____________
Amazina y’uwitabiriye amahugurwa  Umukono          Italiki
Ndemeza ko natanze ibisobanuro bignjye ku bigamijwe muri ubu bushakashatsi kandi kandi nasubije ibihazo abifuza kuza kwitabira ubu bushakashatsi bari bafite mbere y’uko batanga inyandiko ibemerera gutanga inkunga yabo muri ubu bushakashatsi.

____________________________  ____________________ _____________
Amazina y’umushakashatsi    Umukono           Italiki
Appendix B

Information Letter and Consent Form for Participation by Community Participants

Title: Evaluating a Community-Based Mental Health Model in Post-Genocide Rwanda: The Healing of Life Wounds (HLW) Program

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Purpose of the Study
The purpose of this research is to assess the impact of the Healing of Life Wounds (HLW) model. The HLW is a program that aims to heal individual wounds and rehabilitate communities that were affected by the 1994 genocide and the multiple issues that resulted from it. Although this model has been utilized for more than a decade, it has never been evaluated to identify what works and how it works. Research involves asking questions about a particular issue and trying to understand it from different perspectives. In this process knowledge is gained that can be shared with others who have similar concerns. An important knowledge source is people who can speak from their experience and practices. Research may also be done by trying different techniques and see how they work or do not work. An example of a research issue is to imagine having very bad crops of corn year after year. You wonder what you are not doing right. You ask others who have either similar problems or better answers from their own farming practice. You can also call an agriculturalist with expertise in corn farming to look at your crops, examine the soil and identify what the problem may be. He can offer suggestions of techniques to try or things to avoid doing. After a collection of advice, you may try some of the suggestions and observe how your corn does for the next harvest. You can try different techniques until you get the best approach to obtain a good harvest. The new techniques you learn through the process can in turn be shared with others.

This investigator is involved in research that is similar to the example provided. She went through the HLW workshops as a participant. She also facilitated the same workshops for four years. Later, she continued to ask herself questions that she now seeks to have answered.

To obtain answers to some of these questions I am asking you, as community members who represent different groups living in this area, to help me gain knowledge about this intervention. Those who will be recruited in the study will participate in the HLW workshops as an intervention and as a research project. Participants in the HLW workshops will be interviewed before and after the intervention, be observed and audio-recorded, and be asked questions of clarification from time to time.
If you agree to participate in this study, you will meet the researcher to assess if you meet the recruitment criteria. Upon recruitment you will be asked to suggest the best time to meet for an in-depth interview. At the commencement of the interview, you will be asked to provide a verbal or written consent to participate and fill the demographic information sheet (assisted by the researcher if needed). Giving a consent is agreeing voluntarily to participate in the research project. As a participant, you will be asked to participate in the research activities and be audio-taped in individual interviews and during the workshops. The researcher will also request your consent for her observing the workshops. As a participant, you have the right to withdraw your participation at any time of the study without any negative consequences. You also have the right to choose to not answer certain questions and the researcher will respect your choice. You can also ask to have the withdrawal of data collected from you individually. However, it will be hard to withdrawal the data collected from a group context.

An in-depth interview will consist of asking you a number of questions. After asking you a question, the researcher will give you space to answer it. Two in-depth interviews will happen; one before and another after participating in the HLW workshops. Each interview will last from one hour to two hours. In order to ensure accuracy, your story will be audio-recorded and it will be transcribed for data analysis. After the first interview, you will be invited to participate in a series of HLW workshops on bereavement, dealing with emotions, and forgiveness. Each session lasts three days and it comprises some educational activities and group exercises guided by a trained community facilitator from Organization A. The session on bereavement consists of the exploration of different losses in one’s life. The session on dealing with emotions is about learning the different human emotions and how to deal with them. The module on forgiveness examines how to live at peace with self, the environment, and other human beings.

Participation will involve twelve (12) community participants from Organization A including you. During the HLW workshops, you will be offered an opportunity to learn new knowledge about each topic and share your personal experiences in a group context. The stories shared will be audio-recorded and the researcher will be a participant-observer during the workshops. Participant-observation involves the full engagement of the researcher in experiencing the intervention while at the same time observing and talking to people (Patton, 2002). At the end of the workshops, you will be invited to the second interview. A mutually convenient time will be scheduled to meet with you individually. You will be asked to review the experience in the HLW workshops and to comment on your perceptions about the process. This interview will also be audio-recorded. The interviews and the workshops will be conducted in Kinyarwanda. The recorded stories will be transcribed and translated into English.

Confidentiality
If you agree to participate in this study, every effort will be made to keep your information confidential. The researcher will do all it necessarily to keep the audio-taped interview safe and confidential. The information you provide on the demographic questionnaire will be kept confidential and separate from other data. When you come to the workshops, we will ask you to contribute to a list of principles to build a safe space for sharing your story. This initial activity consists of asking participants to offer their ideas of what makes it safe for them to share with confidence that their personal information will not be communicated outside the group. It also allows participants to ask questions of concern they may have at sharing their story with a group of people they may not trust at the first sight. Contributing to the conduct of a group is an important part of the HLW workshops and the proposed study. The researcher will explain her role as a participant-observer and request your consent for observing the process of the
workshops. After establishing the guiding principles and answering questions, each participant will be asked to provide a verbal statement agreeing to respect the guidelines and maintain confidentiality about personal information shared by other participants. In this statement, you will also be asked to consent to the researcher observing the HLW process. The community facilitator and researcher will also commit to ensuring the confidentiality of the information shared in interviews and the group process by making the same statement. The participants will bear witness to the individual commitments by listening to them carefully. Your consent and commitment to the group will be made by repeating the following statement:

“I (your name) have heard and understood the principles established to guide the HLW workshops. I accept them all and commit to respect them and maintain confidentiality about the personal stories I will hear from my peers. I consent that the researcher can participate in the workshops as a participant-observer”

The recorded stories will only be available to this researcher and a research assistant who will help transcribe and translate data. Your name will not appear on the transcribed data. Demographic data and transcripts will be kept in a locked cabinet in my office.

You have the right to withdraw from this study at any time you judge it to be the best option for you. This will not affect the services you receive at Organization A. If you experience issues during the workshops, you are encouraged to raise them so that they can be discussed and resolved in group. Although confidentiality within and outside the group will be emphasized, confidentiality in the HLW workshops cannot be guaranteed outside the group given the context in which these workshops are conducted. You will be made fully aware of those limits, hence discussions of the limits of confidentiality will be discussed for your information.

Potential risks and benefits

It is hoped that this study will be of personal benefit to you. However, sharing personal stories can be overwhelming and you may find it hard to recount the painful experiences of your life. From my work experience as a therapist and former facilitator of the HLW workshops, it is often difficult to find a trusted person who can listen to painful stories that resulted from the 1994 genocide. You will be given an opportunity to tell your story with the researcher and other community participants. It may be beneficial for you to share your story with others in a structured and caring environment. You may also learn new ways of looking at your own story and how to handle certain aspects of your life by telling your own story and hearing those of others. You are encouraged to bring to the group process things you judge ready and safe to share. If you do not feel safe about sharing something very personal, you will be respected for that decision. If you experience intense emotional distress during the workshops you will receive support from other group members and the community facilitator will make sure that you receive appropriate care. The researcher will be sensitive to the shared stories.

If you experience persistent and intense emotions, the researcher will refer you to a centre that deals with individuals in such situations and make all necessary arrangements for meeting a counselor as soon as possible. Confidentiality about such cases will be discussed and re-emphasized in the group setting. However, confidentiality cannot be fully ensured given the context of the group processes. You will be made fully aware of those limits. If you have any issues related to this research, do not hesitate to contact this researcher. If you have any questions about your rights as participant you can contact the National Ethics Committee of Rwanda (250 55 10 78 84). Upon completion of the study, you will be presented with a summary of its results and Organization A will have a copy of the study findings for your reference.
Your knowledge, experience and opinions shared in individual interviews and during the HLW workshops are valuable for this study. You will contribute to knowledge about the social realities of living in post-genocide Rwanda through the sharing of your story and through your insights and perceptions about the HLW intervention. At present, there are no studies that show what happens to people living in Rwanda when they share the stories through the HLW workshops. This knowledge may be useful for other Rwandans or other people who live in similar contexts as you.

Compensation
Your agreement to participate in both in-depth interviews (before and after the HLW workshops) will be compensated with $US10. Your participation in the workshops will be free of charge and you will be served lunch and soft drinks. The times of each interview will vary between 1.5 to 2 hours. The workshops will be planned for 9 days (time of the workshops will be determined after the conceptual framework is established).

Informed Consent for Participation by Community Participants
“I hereby consent to participate in the interviews and workshops planned in this study. I have heard and understood the requirements of the investigation and I am assured that the information gathered from me will be kept confidential. I also understand that I am required to respect confidentiality of personal stories that will be shared by others during the workshops and I will require the same from them. I understand I have the right to withdraw from the study without compromise to the services I receive at Organization A. I have been informed that my experience and knowledge will contribute to this project and I give this investigator the permission to observe the workshops in which I will participate and use the collected information for her research purposes. I understand that my name will not appear on any of the published work from this research.”

You have a choice to give a written or verbal consent depending on how comfortable you feel about one or the other. After understanding the information about the project, you agree to the following statement (mark the box of your choice):

( ) I choose a verbal consent (the verbal consent will be audio-recorded).

( ) I choose a written consent

______________________________ ___________________ ____________
Participant’s name     Participant’s signature  Date

I confirm that I explained the purpose of the nature of this study and have answered the questions of research participants before they consent to participate.
Appendix C
Ibarwa Isobanura Ibisabwa mu Kwitabira ubu Bushakashatsi ku
Bakozi ba Organization B

Umutwe w’ubushakashatsi: Isuzuma rya porogaramu ikorana n’umuryango nyarwanda nyuma ya genoside: Isanamitima n’Iremamiryango.

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E-mail: izumi.sakamoto@utoronto.ca

Ibigamijwe n’ubushakashatsi

Intego imwe y’ubu bushakashatsi ni ugusaba abakozi ba Organization B batanga aya mahugurwa kwitabira ubu bushakashatsi kugira ngo bamenyekanishe ingingo zihariye zikubiye mu maguhurwa y’isanamitima n’iremamiryango bayobora. Ikusanya ry’izi ngingo rizafrasha mu gutegura ishusho nyobora y’ibyo aya mahugurwa asaba bishobora gufasha mu kayakurikira no kuyasuzuma. Isuzumwa ry’aya mahugurwa rizatuma arushaho kuvugururwa kugira atangwe mu buryo busobanutse kandi bunogeye abayatanga n’abayahabwa mu gihe kizaza.

Ubwitabire ku bushakashatsi
Uwemera kwitabira ubu bushakashatsi azatumirwa kuza mu nama izakusanya ibitekerezo bijyanye n’amahugurwa y’isanamitima mu gihe cy’iminsi itatu izaba mu gihe kinogere abazayizamo. Buri muns w’inama izamara amasaha 4 kugeza kuri 6. Muri icyo gihe, abazaba bitabiriye ubushakashatsi bazasabwa gutekereza ku mahugurwa y’isanamitima bayobora no gutanga ibitekerezo bijyanye n’uko bayabona cyangwa se bayibaza mu magambo yabo bwite.

Niba wumva ibizakorwa bigushishakaje, uyu mushakashatsi azaguha isobanuro birambuye, agusabe no kuzuza impapuro zemeza ko wahisemo gutanga inkunga muri ubu bushakashatsi ku

Ku cyiciro cy a gatatu, muzasabwa kwitegereza uburyo amashusho yerekana akazi mwakoze mupanga ibitekerezo mu matsinda kugira ngo mu vuge uko mbobara ibitekerezo byanyu byagiyi bishiryir wa hamwe cyangwa se bitandukanye byitse n’uko itsinda ryapanze ingo kimwe cyangwa zitandukanye. Iri sesensura ry’ibitekerezo byatanzwe rizatuma ishusho nyobora y’amatsinda itangira kabaka hakoreshhe je ibitekerezo byatanzwe, uko mwabishyize mu matsinda n’uko mwabisesenguye.

Ibanga
Ibitekerezo byanyu bizubahirizwa kandi bibikwe mu ibanga. Umwirondoro ubaranga hamwe n’impapuro zigenga ukwiyemeza mwatanze byose bizitabwaho by’umwihariko kandi birindwe mu ibanga. Uburyo bunwe buzakoresha muri mubahira ibanga ni ukudashyira amazina yanyu ku byagezewo mu maka yo gukusanya ibitekerezo. Uyu mushakashatsi nawe arabasaba kurinda ibanga ry’inkuru muzumvana abandi mu itsinda mu gihe cyo gukusanya ibitekerezo. Cyakora musabwe kumenya no gusobonukirwa ko bigoye kurinda ibanga hanze y’itsinda rizaza muri iyi maka.

Ibishobora kugira ingaruka nziza cyangwa mbi
Ubu bushakashatsi bushobora kukugirira akamara wowe n’umuryango ukorera. Mu gutanga ibitekerezo ku mahugurwa ntanga bizaguha umwanya wo gukerereza ku ngingo zitandukanye zigize amahugurwa y’isanamitima, no kwigira k’uko abandi bayabona bahereye ku matsinda bayobora hirya no hino mu Rwanda. Kumenya ingingo zitandukanye z’aya mahugurwa bizagufasha kumenya uko waya vugurura ukurikirana ibigerwaho mu kuyatanga ndetse no kuyasuzuma. Ivugururwa ry’amahugurwa mu kazi ukora bizagirira akamara umuryango ukorera mu kumenya ububuro ashobora gutangwa bitagoye kandi agasuzumwa. Nta ngaruka mbi yihiariye iyanye no kwitaburo ubu bushakashatsi mu kugeru ku ntego iteganywa mu maka uzatumiwrwamo. Umuryango mukorera wemereye uyu mushakashatsi kubashishikiriza kwitaburo ubu bushakashatsi (Umugereka H). Arikio mufite uburenganzira bus esuye bwo
kwemera cyangwa guhakana kuyitabira. N’igihe mwiyemeje kwitabira ubu bushakashatsi mushobora kubuvamo na nga ruka mbi bigize ku kazi musanzwe mukora. Nimwitabira ubu bushakashatsi, muzahabwa amafunguro ya saa sita n’icyo kunywa mu gihe muzaba mwahujwe mu nama ikusanya ibitekerezo.

Muramutse mufite ibibabo cyangwa se ibisobanuro mwifuza gusobanukirwa kurushaho, mushobora kyiambaza uyu mushakashatsi akabubiza. Muramutse mufite ikindi kibazo kijyanye n’amategeko arengera abitabira ubushakashatsi mushobora kwandikira cyangwa se mugahamagasa ibiro bishinziwe kugenga amabwiriza areba ubushakashatsi muri Universi ty ya Toronto kuri buryo bukurikira: Email: ethics.review@utoronto.ca, telefone: 1-416-946-3273.


Kwi yemeza kwitabira ubu bushakashatsi ku bayobozi b’amahugurwa y’isanamitima n’iremamiryango.


________________________________________________________
Amazina y’uwitabiriye amahugurwa  Umukono  Italiki

Ndemeza ko natande ibisobanuro bihagije ku bigamijwe muri ubu bushakashatsi kandi kandi nasubije ibibazo abifuza kuza kwitabira ubu bushakashatsi bari bafite mbera y’uko batanga umukono w’inyandiko ibemerera gutanga inkunga yabo muri ubu bushakashatsi.

________________________________________________________
Amazina y’umushakashatsi  Umukono  Italiki
Appendix D

Information Letter and Consent Form for Participation by HLW Facilitators

Title: Evaluating a Community-Based Mental Health Model in Post-Genocide Rwanda: The Healing of Individual and Emotional Wounds and Community Reconstruction

Principal Investigator: Régine Uwibereyeho King, PhD Candidate, M.Ed.
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Purpose of the Study
The purpose of this research is to assess the impact of the Healing of Life Wounds (HLW) model. The HLW is a program that aims to heal individual wounds and rehabilitate communities that were affected by the genocide and the multiple issues that resulted from it. Although this model has been utilized for more than a decade with widespread acclaim, it has never been evaluated to identify what works and how it works. One of the objectives of this study is to ask you as people who have facilitated workshops using the HLW model to think about your practice with this model and share what you know about it in order to create a conceptual framework that will help monitor and evaluate its different activities. Evaluation of the HLW model will facilitate its future improvement.

Participation
If you agree to participate in this study, this researcher will invite you to attend a three day session of 4-6 hours each. The dates will be each scheduled at the most convenient time for all participants. During this session you will be asked to reflect on the use of the HLW model in your practice and share your opinions and ideas about its specific characteristics according to your own understanding and experience.

If you agree to participate in the study at the commencement of the session, the researcher will explain the purpose of the study again and ask you to sign a consent form. Upon consent, you will be asked to fill out a demographic questionnaire before participating in other activities of the study. The researcher will offer an overview of the research activities which will consist of three main steps: During the first step, the researcher will use a prepared statement to guide you in a process of generating ideas and opinions about the different characteristics of the HLW model. In order to capture all your ideas, a hired research assistant will note your answers a flip chart paper. After you have exhausted all the answers, as a group you will be asked to look at the generated items to make sure that each statement contains only one idea at time. The final statements will be entered into a computer one by one and then printed on small cards. During the second step, each of you will be handed a pile of cards encompassing all statements. You
will then be asked to organize the cards. The first criterion will be importance and the second positive change (instructions on how to conduct this exercise will be specified during the session). The created piles will be entered into a software program called “Concept systems” to create visual maps of the organized statements. During the third step, the researcher will present the visual maps created from the statements which were organized and ask you to provide your comments on them. The organized data and the comments you provide will be utilized to draft a conceptual framework of the HLW model.

Confidentiality
The collected information will be kept in a secure and locked room in the researcher’s office. Demographic information will be kept separate and confidential. Any other identifying information such as names will not appear on the data collected during concept mapping. You are asked to maintain confidentiality about the things you hear from your colleagues. However, we acknowledge the limits of confidentiality given the nature and context in which the session will be conducted.

Potential Risks and Benefits
This study may benefit you and your organization directly. You will be offered an opportunity to reflect on the effective practices of the HLW, a model that is central to your practice. Taking time to think about one’s practice is a way of learning new things. It will also deepen your understanding of the HLW model and enhance its improved implementation in different Rwandan communities. This may facilitate program monitoring and evaluation. The improved practice of the model and its evaluation will benefit your organization directly in assessments of program effectiveness and efficiency.

There are no significant risks or negative consequences anticipated in association with your participation in the proposed study. Permission allowing you to use office hours to participate in this study was obtained from the director of your organization. However, your participation is voluntary and you can withdraw from the study at any time. The withdrawal will not have any effect on your job. Lunch and soft drinks will be offered during the time of our meeting.

If you have any questions or concerns about the study or would like an update on its status do not hesitate to contact this investigator. If you have any questions about your rights as participants you can contact the Office of Research Ethics that oversees ethical issues regarding field research at the University of Toronto at ethics.review@utoronto.ca or call 1-416-946-3273. During the final stages of data analysis, another meeting will be organized to present the preliminary results of the study. You will be invited to give feedback and comment on the conceptual framework. Upon completion of data analysis and interpretation, you will receive a copy of the updated model and the researcher will welcome any questions and provide explanations on future recommendations. A final copy of the findings will be made available to your organization.

Informed Consent for Participation by the HLW Facilitators
“I hereby consent to participate in this study. I have understood the requirements of participating in this research and I am assured that the information gathered from me will be kept confidential. I also understand that I am required to respect the confidentiality of personal information to be shared by my colleagues. I understand I have the right to withdraw from the study without compromising my job. I have been informed that my experience and knowledge
will contribute to the purposes of this study and that my organization and I may benefit from it. I give this investigator permission to use the collected information for her research. I understand that my name will not appear in any published work from this research.”

___________________________  ___________________ ____________
Participant’s name    Participant’s signature    Date

I confirm that I explained the purpose of the nature of this study and have answered the questions of research participants before they consented to participate.

____________________________  ____________________ _____________
Name of the investigator   Signature    Date
Appendix E
Umwirondoro w’Abazatumirwa mu Gutanga Ibitekerezo muri ubu
Bushakashatsi

Usabwe gufata akanya ko gutekereza no gusubiza ibibazo bikurikira. Ibisubizo utanga birakirwa mu ibanga kandi nta wundi muntu uzabibona uretse uyu mushakashatsi n’uzamufasha kubibarura.

1. Imyaka yawe: -------------------------

2. Igitsina: Hitamo imwe mu ngingo zikurikira ukoresheje akamenyetso (X):
   - gabo: -------------------
   - gore: -------------------
   - ufite ibitsina byombi: ----------

3. Urwego rw’imibereho
   - ingaragu: --------------
   - ndubatse: --------------
   - Tubana nta sezerano (gusumbakaza): --------------
   - Natandukanye n’uwo twashakanye: -------------
   - Ndi umupakazi: ------------- Wapfakaye ryari? ------------
   - Ibindi: ------------------

4. Abo mubana (hitamo bumwe mu buryo bukurikira ukoresheje akamenyetso X):
   - Ndibana: ----------
   - Mbana n’abandi: ------------ (sobanura): -------------- uwo twashakanye
   --------abana: umubare: -------
   --------imfubyi mubana: umubare: ----- 
   --------abandi bantu: -------------

5. Umwuga wawe? -------------------------
   - Akazi kuzuza ukwezi: --------------
   - Akazi katuzuza ukwezi: --------------
   - Akazi kadahoraho (ka rimwe na rimwe): --------------
   - Nta murimo mfite: --------------
   - Ndi muri pasiyo: ------------------

6. Indimi uvuga:
   - Ikinyarwanda: --------------
   - Igiswahili: --------------
   - Igifaransa: --------------
   - Icyongereza: --------------
   - Izindi ndimi: --------------

7. Uburambe ku kazi:
   - Umubare w’imyaka: --------------
   - Umubare w’amezi: --------------
   - Nta gihe runaka: --------------

8. Warangije kwiga amashuri akurikira (hitamo ukoresheje akamenyetso X):
   - Imyaka mike y’amashuri abanza: ------- ingahe?: -------
-Narangije amashuri abanza: ---------
-Narangije amashuri y’imyuga: ---------
-Imyaka mike y’amashuri yisumbuye: -----angahe’? ---------
-Narangije amashuri yisumbuye: ---------
-Narangije imyaka mike ya universite: ---------
-Narangije kaminuza (licence): .............

9. Andi mahurgurwa naherewe impamyabumenyi: (sobanura): -------------------------------

10. Wabaga he mbere ya 1994? ..............................................

11. Ku bavukiye cyangwa bakuriye i Mbazi, waba warahavuye mu gihe cya genoside? (Subiza yego cyangwa oya ukoresheje akamenyetso ka X
    -Yego: --------- (nba warahavuye muri icyo gihe wagiye he)?
    -Oya: ---------

12. Ku bijyanye n’ukwemera uri:
    -Umunyagatulika: ---------
    -Andi madini ya gikirisitu: --------- (Sobanura):----------
    -Umuyisilamu: ---------
    -Ubundi buryo bw’ukwemera butari ubwa gikisitu: --------- (sobanura): ---------

    -Nta dini runaka nemara: -------------------------------

13. Iyo waremerewe n’ibibazo cyangwa se ibiyumviro runaka, ni hehe ushaka ubufasha? (Hitamo muri ubu buryo bw’ubufasha bukurikira ukoresheje akamenyetso ka X): Nifashiha:

    -Umuryango wanjye: --------- (sobanura) ----------------
    -Inshuti: ----------------------
    -Agatsinda mbereye umunyamuryango: --------- (sobanura) ----------------
    -Umupasiteri cyangwa umupadiri: ---------
    -Umuyobozw’akagari/umurenge: --------- (sobanura) ----------------
    -Umuforomo wo ku ivuriro rinyegereye: --------- (sobanura) -------
    -Umujyanama w’ubuzima bwo mu mutwe: --------- (sobanura aho uyu mujyanama akora)---
    -ibibazo byanjye ndabyiharira ntawe mbibwira: ---------
Appendix F

Participant Demographic Information

Please take a few moments to answer these questions. All information is confidential.

1. Age: -------------------------

2. Gender: Please check all that apply
   Male: ------------
   Female: ---------
   Transgender: ------

3. What is your relationship status?
   Single: ----------
   Married: -----------
   Common-law partner: --------
   Separated/divorced: ---------
   Widow/widower: -------------- When did you lose your spouse? ---------------
   Other: --------------

4. Living arrangements:
   Live alone: ------------
   Live with others: --------- (specify): 
                             ---------spouse
                             ---------Child (ren): Number: ---------
                             ---------Number of orphaned
                             children adopted.....
                             ---------Other: ------------

5. What is your profession? -------------------------------
   Full-time: -------------
   Part-time: -------------
   Contract work: ---------
   Unemployed: -----------
   Retired: ---------------

6. Languages spoken:
   Kinyarwanda: -----------
   Swahili: --------
   French: ------
   English: -------
   Other: -------

7. How long have been in your current workplace?
   Number of years: --------
   Number of months: --------
   N/A:  -------

8. What is your level of education: Your highest level of studies:
   Some elementary school: ---------
   Elementary school graduate: -------
   Vocational training: Post-elementary training: ---------
Some high school: -----------------
High school graduate: -----------------
Some college/university: -------------
Bachelor: ------------------

9. Other certified training: (please specify): ---------------------------------


11. If you were born and raised in Mbazi, did you leave the area in 1994?
    Yes: ------------ (if yes, where did you go)?
    No: ------------

12. Faith practice:
    Christian Roman Catholic: ---------
    Christian Protestant: -----------
    Christian (other): -------------- (Specify):-------------
    Islam: -----------------
    Other religion: ------------- (please specify): ------------
    None: ----------------------

13. When you are overwhelmed by problems and feel emotionally down, where do you seek
    help (check all that apply)
    From a family member: ------------ (specify relationship) ------------
    From a friend: ........................
    From my support group: ------------ (specify) ---------------
    From my pastor or priest: --------
    From a local leader: ----------- (specify) ------------------
    From a nurse at the local medical center: --------------
    From a mental health counselor: ------------------ (specify where the person works)
    I keep most of my problems to myself: -----------
Appendix G
List of the 82 Statements (Kinyarwanda version)

1. Ifasha kumenya kwicengera (kwinjira mu mutima wawe ukahasanga ibantu no guhangana nabyo =kwitinyuka)
2. Ifasha abantu kumenya cyangwa kwimenya
3. Ifasha abantu kwenye uko babanye n’abandi
4. Ituma mfata ibyemezo by’ubuzima bwanjye
5. Ituma ntinyuka ngaftata ingamba z’ubuzima bwanjye nta bwoba
6. Gukora icyunamo ntari nabashije gukora
7. Abanyarwanda bafite ibikomere byinshi
8. Ifasha umuntu kwakira ibyamubayehe
9. Iteka kwibabarira ko kubabarira (kuva mu byo kwishinja byatuma umuntu yanakwiyahura)
10. Ituma abantu babohoka bakavuga ku byababayehe n’iyo byaba biteye isoni
11. Usanga abantu basa mu mubabaro wabo
12. Ituma umuntu asangira ubuzima n’abandi
13. Ifasha abantu kwigarurira icyizere
14. Igira umubano hagati y’aba fashabiganiro (abasangirangendo=facilitators)
15. Ituma wifungura ubwira abo muri kumwe bigatuma uruhuka
16. Ituma abantu bamwe batinya guhangana n’ibibarimo (gutinya kuba exposed)
17. Ituma abantu batinya kuza mu mahugurwa kubera ibyo bumva biyaberamo
18. Ituma abantu bamwe batinya kugaragara uko bari
19. Ituma umuntu yumva ibimuberamo
20. Ituma umuntu asobanukirwa uko yitwara
21. Ituma umuntu akurira mu dutsinda dutoya
22. Ituma abantu bubaka imibanire bari barisenyeye ubwabo
23. Iyo umuntu yikinguye koko arakira (yavuze ibimurimo arakira)
24. Kumenya gutegana amatwi
25. Kumenya ubuzima
26. Gukunda ubuzima
27. Amafunguro ya PDW (morning reflections, citations na texts) atanga imbaraga
28. Kugarurira abantu icyizere uba warabambuye bitewe n’ibikurimo ubwawe (ibyapa uba warashyizehe fausse perceptions)
29. Igikoresho cyana mbere ni umufashabiganiro
30. Umufashabiganiro ni we pfundo ryo gufashwa kw’abantu cyangwa se kudafashwa
31. Gusabwa n’umubabaro w’abandi ukakujegeza
32. Guha agaciro icyunamo
33. Gushishikariza kwitabira icyunamo cyo mu kwa kane
34. Gusobanukirwa n’icyunamo cyo mu kwa kane
35. Gusobanukirwa n’icyunamo muri rusange ku bintu bitandukanye umuntu agenda abura
36. Kutagira ahantu hakwiye ho gufashiriza abantu baba bakeneye ahantu hiherereye
37. Kwishimira ko abantu bakize wabigizemo uruhare
38. Kubona ubwiza bw’abantu (shining)
39. Guha agaciro imibabaro ya buri muntu
40. Kwishakamo ibisubizo by’ibibazo bitandukanya abantu
41. Gufasha abashakanye kubana neza
42. Kumenya kugenga ibiyumviro
43. Guhozwa n’ibikomere by’abandi ukumva ko atari wowe wenyine wagowe
44. Iyo utari agent wa healing, healing irakujugunya
45. Ni umuhagamo si akazi gusa
46. Ubuhamya (stories) busa n’abitangaza ku bataranyuze muri PDW
47. Imbaraga zo gusubukura ibyo uba waracikirije hagati
48. Ni ukwrika bwa kabiri
49. Kwiha uruhushya two kurira ku bagabo b’Abanyarwanda kandi umuco ubibuza
50. Kubika inkuru ziremereye bitera indwara ku bahugura
51. Inkuru ziremereye z’abahugurwa zirwaza abahugura
52. Abanyuze muri PDW bagira imiterereze/invugo/ibikorwa bibatandukanye n’iby’abandi
   bigatuma bitandukanya n’abandi /bironda bijya gusa n’uko abarokore bitwara
53. Kunyura mu cyunamo bishegesha abantu kuko biravuna
54. Kunyura mu cyunamo bigarura ibiyibagiranye bibabaje
55. Ituma usobanukirwa imyitwarire yawe n’inkomoko yayo bikagufasha guhinduka mu
   buryo bwiza
56. Imiryango yungukira ikabaho neza bitewe n’uguhinduka kw’abantu bayikomokamo
   baba baraciye muri HLW ikabahindura mu buryo bwiza
57. Ituma umuntu uyinyuzemato atangira guteza umuryango we imbere
58. Umuntu ahindura imyumvire y’ibibazo by’ubuzima
59. Igira ingaruka nziza ku bana b’ababyeyi banye muri HLW
60. Uhugura abazwa n’abatabasha kwifungura kandi ubona bababaye ndetse bavunika mu
   mutima
61. Iyo wasuzuguye HLW utahana imvune kandi bikagutera kugenda uyisebya
62. Kumva ibisangirirwa muri HLW bivuna umutima
63. Hari abakozi ba Organization B basebya HLW bayita ibipindi/ibigambo gusa/ibintu bya
   facilitateur runaka bitagira izina
64. Kwibabarira no kubabarira abandi ku bwo gusobanukirwa n’impamvu bitwaye uko
   bitwaye
65. Abayanyuze muri HLW bavuga ko buri Munyarwanda akwiye kuyicamo
66. Kwifuza ko n’abandi bagira amahirwe yo gukira ku mutima
67. Irahenda ku mafaranga
68. Irahenda ku gihe
69. Ihindura abantu vulnerable
70. Yoroshya imitima
71. Ihindura abantu sensible bagakomereka vuba ariko bakana kira vuba
72. Abantu bumva ko abatanga PDW ari amabuye badashobora guhungabana
73. PDW ni nka mutuelle de santé: itangira itumvikana ikarangira yifuzwa
74. Kwifuza ko abayobozi banyura muri PDW kuko hari ubwo ari bo bakomeretsa abo bayobora
75. Ifasha abantu kumenya ukuri kw’ibyabaye byekereranye na genocide n’ icyunamo
76. Ifasha abantu kubona ko ibyabaye mur genocide n’icyunamo bijyanye bireba buri wese
77. Ivana abantu mu rupfu bajyanwa mu buzima
78. Itegura abantu gutanga ubuhamyaba bashize amanga badategwa n’ibiyiyumviro
79. Ibohora abantu bakagira ijambo
80. Kuyishakira funding biragora kubera nta mibare cyangwa se indicateurs quantitatifs ziyiranfa
81. Ihabwa agaciro gake kuko itari ikintu gifatika (si materiel) kandi emotions ziza nyuma habanje ibintu bifatika
82. Ivugwa neza cyane mu gushakisha amafranga ariko usanga idahabwa inkunga ikwiye muri Organization B
### Healing Workshops:

#### Importance Rating Scale Sheet (English version)

06/08/2011

Please circle the number between 1 and 5 for each statements in terms important you think it is: 1=relatively unimportant; 2=somewhat important; 3=moderately important; 4=very; 5=extremely important

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<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
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<tr>
<td>It helps to learn how to enter inner-self, one's heart and confront issues found in there.</td>
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<td>It helps to understand self and the world.</td>
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<tr>
<td>It helps to assess the state of relationships with others.</td>
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<td>It helps to make life decisions.</td>
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<td>It helps to take risky life decisions without fear.</td>
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<tr>
<td>Do the bereavement process I haven't done.</td>
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<tr>
<td>Rwandans have many wounds.</td>
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<tr>
<td>It helps one to accept what happened to him/her.</td>
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<tr>
<td>It helps forgiveness of self and others by dealing with the guilt that can otherwise lead to suicide.</td>
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<tr>
<td>It liberates people from shame so that they can talk about what happened to them.</td>
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<td>People look the same in suffering.</td>
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Give value to grief/bereavement

Raise awareness about participating in the activities of the mourning week period

Better understanding of the meaning of the mourning period in April

Better understanding of the meaning of mourning for different losses

Not having a safe space to help those in need

To be happy when you have input into someone's healing

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It helps couples to improve their relationships

Learn how to manage emotions

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When you are not an agent of healing, healing rejects you

It is a calling and not just a job

Workshop testimonies are like miracles for non-participants

Energy to complete unfinished projects

It is being reborn

It offers permission to Rwandan men to cry

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The painful stories of participants render facilitators sick

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Changes the ways one perceives life problems

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Appendix I

Positive Change Rating Scale Sheet (English version)

Healing Workshops:

**Positive change**

06/08/2011

Please circle the number between 1 and 5 for each statement in terms of the positive change you think it has: 1=relatively no positive change; 2=somewhat positive change; 3=moderate positive change; 4=high positive change; 5=extreme positive change.

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<td>It helps to learn how to enter inner-self, one's heart and confront issues found in there</td>
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<td>It helps to take risky life decisions without fear</td>
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<td>Do the bereavement process I haven't done</td>
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<td>Rwandans have many wounds</td>
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<td>It helps forgiveness of self and others by dealing with the guilt that can otherwise lead to suicide</td>
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<td>It liberates people from shame so that they can talk about what happened to them</td>
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