

Key factors that facilitate intergroup dialogue and psychosocial healing in Rwanda: a qualitative study

Régine Uwibereyeho King

Psychosocial interventions in many post conflict settings, including Rwanda, have failed to facilitate dialogue between members of conflicting groups while aiming to rebuild the broken social fabric that individuals and communities depend on for sustainable peace and development. Locally initiated programmes that do engage conflicting parties in dialogue are often overlooked, and therefore unable to inform interventions. To begin to fill this gap, this article presents a qualitative study of key factors that facilitated intergroup dialogue and mutual healing between Hutus and Tutsis through the Healing of Life Wounds, a community based mental health programme initiated in Rwanda. Data were collected from 23 participants who attended the programme as part of this investigation and includes pre and post intervention interviews, as well as notes from participant and researcher's observations. Findings indicate that openness to change, a safe space for sharing, an understanding facilitator and supportive material resources were all factors that encouraged participants to share their personal stories and engage in acts of mutual support. Participants began to integrate positive patterns of relationships within the group, and in their communities. The implications for post conflict rebuilding are also discussed.

Keywords: facilitating factors, genocide, intergroup dialogue, psychosocial interventions, Rwanda

Introduction

Post conflict, low income countries are challenged by very complex issues that have devastating and lasting impact on the physical, psychological and social wellbeing of individuals and communities (Lumsden, 1997). Approaches that address psychosocial

suffering within these settings frequently face difficulties in engaging those affected on both sides of the conflict in order to mutually explore their personal and social conditions to enable the determining of appropriate interventions (Papadopoulos, 1998). In fact, many struggles are not assessed and, therefore, also not addressed in existing humanitarian and government interventions. The concept of local intergroup dialogues (Dessel & Ali, 2012) has been absent in almost all top down programmes implemented by local government and international humanitarian organisations. Furthermore, most psychosocial interventions for post conflict reconstruction are rooted in western biomedical and human rights frameworks (Doucet & Denov, 2012). Trauma based interventions and truth commissions, that dominate this field, have been highly contested (Bracken, 1998; Brounéus, 2010) for approach, implementation and evidence (Saraceno et al., 2007). In addition, they have often overlooked and undermined local coping strategies (Kleinman & Kleinman, 1997) and innovative approaches that may be used to rebuild the social fabric of community. Locally initiated programmes are largely unrecognised, underfunded and understudied.

The author's research has, therefore, attempted to draw attention to local, grassroots initiatives by conducting research on a programme in Rwanda called the Healing of Life Wounds (HLW). HLW brings together members of the Hutu and Tutsi ethnic groups for mutual healing and community rebuilding, and emphasises dialogue based story sharing. This paper focuses

specifically on those factors that facilitate the sharing of personal stories among participants who attended the programme.

Background and context

In Rwanda, an estimated 800,000 Tutsis were murdered by their Hutu neighbours in 1994 in a government sponsored genocide that lasted for 100 days (Melvern, 2004). The acute issues Rwandans faced after the violence went beyond grief at the death of loved ones and exposure to traumatic events. More than 13% of Rwandan households were headed by orphans (Human Rights Watch, 2003). Thousands of women were raped, widowed and deliberately infected with HIV (de Brouwer & Chu, 2009). Additionally, as a country, Rwanda experienced dramatic population shifts. An estimated two million Hutus fled across borders in the final days of the genocide, motivated by fear of reprisals (McKinley, 1997). Approximately one million Tutsis, who had been refugees in neighbouring countries, returned to Rwanda immediately after the genocide ended (McKinley, 1997). Two years later, the majority of Hutu refugees returned to their former communities. Subsequently, more than 120,000 men and women were imprisoned on genocide charges. Beginning in 2003, prisoners were released back into their former communities as a result of *Gacaca*, a form of truth commission that was implemented throughout Rwanda. Between 2003 and 2012, over 12,000 community *Gacaca* tribunals held trials for over 1.2 million genocide suspects, with a conviction rate of about 65% (United Nations, 2014). The cumulative impact of the complex experiences that followed the 1994 genocide on individuals and community relationships remain difficult to define, analyse and theorise.

Psychosocial consequences of mass violence

The psychosocial impact of mass violence is complex and multi-dimensional. Exposure

to violent events, loss of family members and property, along with experiences of displacement affect the personal and collective wellbeing within communities (Pedersen et al., 2008). In Rwanda, research suggests that mental health problems have worsened since the end of genocide in 1994 (Brounéus, 2010). Increased levels of posttraumatic stress disorder (PTSD) and depressive symptoms have been observed (Munyandamutsa & Mahoro Nkubamugisha, 2010). While these findings provide valuable insights into the mental health of individual Rwandans, they do not provide an understanding of the extent of the impact of the violence on patterns of relationships within communities. By its definition, mass violence involves collective participation of civilians and results in the destruction of social structures and networks that individuals depend on for their physical and psychosocial wellbeing (Fletcher & Weinstein, 2002). Additionally, the different forms of structural violence that lay behind the actual period of killing do not stop functioning following a ceasefire. Rather, they may be concealed and further aggravated by competing ideologies, continued social inequities, the breakdown of health, economic deprivation and other forms of violence (Farmer, 2004; Uvin, 1998), that destroy individual and communal life (Ajdukovic, 2004). The poor and the most vulnerable members of society are particularly affected as they *'have little information and no control over these forces'* (Benson Fischer & Thomas, 2008, p. 41). Unfortunately, these complex issues have not been explored often enough and are necessary in order to inform interventions.

Gaps in existing psychosocial interventions in post conflict settings

Post conflict psychosocial interventions have generally included humanitarian aid, trauma counselling, truth commissions and tribunals, and to a lesser extent economic reconstruction (Last, 2000). Trauma based interventions and truth commissions drawn from western biomedical and human rights frameworks

have dominated this field (Doucet & Denov, 2012). The limitations of these models have been extensively highlighted in the literature on multiple levels including approach, evidence, and implementation (Bracken, 1998; Pedersen et al., 2008; Summerfield, 1999). Imported intervention models are often based on culturally irrelevant or superficial assumptions and analyses (Fletcher & Weinstein, 2002). As a result, their outcomes have been inadequate in complex settings of post conflict, low income countries (Moon, 2006; Parent, 2011). By focusing on biomedically defined suffering, such as individual trauma, the suggested interventions may divert attention from the real conditions individuals and communities face. In addition, in Rwanda, most of such interventions undermine local coping mechanisms and initiatives (Kleinman & Kleinman, 1997). Unfortunately, local grassroots initiatives lack support, and remain undocumented and understudied.

Critical scholars have suggested an 'ecological paradigm' as a framework that supports the construction of new, local societal institutions and intergroup relations (Fletcher & Weinstein, 2002; Haider, 2010). An ecological paradigm seeks to understand the local social context and identify available resources that facilitate mutual trust among community members and the acceptance of common values and new meanings in social relationships (Ajdukovic, 2004). Lumsden (1997) explains that interventions rooted in this framework allow for the expression of hopes and fears of local people, and play a critical role in the reconstruction of shattered selves and communities. The Healing of Life Wounds is a programme that is aligned with this vision of individual and community rehabilitation.

The Healing of Life Wounds programme

History of Healing of Life Wounds

The Healing of Life Wounds programme is a group based intervention conceived

and launched in Rwanda in 1995. The founder of this programme, Dr. Simon Gasibirege, was a former Rwandan refugee who lived abroad from the early 1960s to 1994. He made the decision to return to Rwanda with the express purpose of bringing together Tutsi and Hutu community members for mutual healing through the sharing of personal stories. His programme was first implemented through non profit organisations, including World Vision Rwanda. Gasibirege also independently introduced HLW to the grassroots level of a district of the Southern province of Rwanda in 2006, through the support of private donors. The author has followed the evolution of HLW from its introduction in 1996, first as a participant, later as a trained facilitator and finally as an academic researcher.

Characteristics of HLW

The HLW programme consists of a series of three healing modules dealing with the themes of: (a) living and sharing bereavement; (b) dealing with emotions; and (c) forgiveness and reconciliation. The process is introduced by means of a three day sensitisation session. Each of the three main modules takes three to five days, depending on the needs of each group. The sessions are generally separated by a month to allow participants to reflect on and process new experiences within the context of their everyday lives. The format of the workshops consists of plenary sessions and small group activities. Gasibirege, or trained facilitators, conduct and lead HLW workshops. The content of the plenary sessions combines Rwandan knowledge and coping mechanisms with a selection of theories on therapy and practices from western (e.g., transactional analysis) and non western (e.g., liberation theology) countries. The small groups engage 5–8 participants in activities guided by a series of exercises. Participation is voluntary. HLW encourages participants

to co-create a safe space that allows them to share stories of their personal experiences.

The essential characteristics of HLW have many similarities with Intergroup Dialogue (IGD) models (Dessel & Ali, 2012; Nagda & Maxwell, 2011) that facilitate dialogue between members of opposed groups, within a structured setting, with the objective of working towards psychosocial healing and social justice. Sharing personal stories is critical to both models. However, these models present important differences. IGD groups have generally involved students, within academic institutions (Dessel & Ali, 2012), who engage in structured story sharing about intergroup conflict as part of their course of study. Their experiential learning involves reflection on issues of discrimination, inequality, power, privilege and social justice (Nagda & Maxwell, 2011). In contrast, HLW participants are local community members, with different levels of education and social status, who want to heal their personal and social suffering. HLW utilises a psychodynamic explanatory approach to grief, loss, pain and coping strategies. The experiences of participants are used to explore different aspects of injustice and suffering. Most IGDs stress the deliberate composition of group participants and the appointment of co-facilitators based on the principle of equivalent constituency representation (Nagda & Maxwell, 2011). In contrast, HLW group formation is based on the personal recognition of psychosocial needs without rigid balance restrictions. General attention is given to ensuring that there is diversity in gender, age and ethnic background. Overall one or two trained facilitators, depending on the size of the group, can do facilitation. Participants take turns to lead small group activities and are, at times, supported by HLW trainees. The IGD interventions have been well documented and researched in various academic institutions. HLW, in contrast, has lacked documentation and systematic analysis.

Methodology

The qualitative research presented here is a critical ethnographic study: the conceptual framework was shaped by critical theories, including indigenous methodologies and narrative enquiry. Critical theories support the research in such a way that it gives voice to oppressed and under represented groups (Denzin & Lincoln, 2008). Indigenous methodologies offer researchers the opportunity to examine alternative ways of knowing, being and living within a community, as well as resolving issues based on socio-cultural and historical heritages of those studied (Dei, Hall, & Rosenberg, 2002).

Narrative enquiry provides an interdisciplinary approach to ways of knowing, recognises the importance of individual experiences and the implications of representation in a particular time and space (Clandinin & Connelly, 2000). Ethnographic data was collected using in depth interviews (Creswell, 1998), participant observation (Delamont, 2007) and self-reflectivity of the researcher (Keso, Lehtimäki, & Pietiläinen, 2009). In a qualitative study, the researcher plays an active role as a student able to enter the stories from the viewpoint of the participants, rather than as an expert who evaluates and passes judgement based on external criteria (Creswell, 1998).

Ethics approval for this study was obtained from the University of Toronto and the Rwandan National Ethics Committee. Recruitment of participants was purposeful (Singleton Jr. & Straits, 2005), in that it targeted people who had indicated their desire to attend the healing workshops. The criteria for participation were: (a) having residency in a community near the HLW office; (b) being at least 10 years of age at the time of the genocide; (c) being willing to participate in the study activities (including attending the HLW workshops as part of the investigation); and (d) having completed the sensitisation session, or being the spouse of someone who had. A total of 23 participants,

including 19 women and four men between 26 and 80 years of age, completed the HLW workshops as part of the study. Fifteen participants were contacted for recruitment to individual interviews. Ten of them (six individuals and two couples) were interviewed before and after the HLW workshops.

The data were collected from January to April 2010. The pre intervention interviews enquired about the experiences of living in post genocide Rwanda, issues affecting daily life in the community, coping strategies, and the motivations of participation in the HLW intervention. The post intervention interview explored the dynamics and impact of sharing personal stories during HLW, as well as with lessons learned. All interviews were conducted in the Kinyarwanda language, audio recorded and transcribed for analysis, using Stories Matter software.¹ On site notes were taken during the HLW workshops, which were facilitated by Dr. Gasibirege. His assistant contributed in terms of the logistics of the small group activities, related reports and feedback. The recorded data consisted of summaries of psycho-education materials presented by the keynote facilitator, participants' comments in the plenary sessions, reports of small group activities and individual feedback at the beginning and end of each day of sessions. The individual evaluations expressed the participants' perceptions about the group experience and changes noticed in between sessions. Additionally, the author kept detailed notes of exchanges of personal stories and subsequent interactions in one of the small groups, as well as personal reflections and external local events such as the preparations for the 16th annual commemoration of the genocide. The small groups were formed randomly and the author joined a group that she had had previous contact with for continuity.

A dialogue based performance narrative approach (Riessman, 2008) was used as an overarching data analysis. Dialogue based

performance narrative analysis is an interpretive approach to oral narrative. It considers three tenets of analysis, which investigate *'how talk among speakers is interactively (dialogically) produced and performed as narrative'* (Riessman, 2008, p. 105). Riessman (2008) suggests thematic and structural analysis as the first two approaches to help investigate the interactive process. Thematic analysis focuses on *'what'* is spoken (the content), while structural analysis shifts to the telling and reveals *'how'* narratives are produced through forms of symbolic expression. Beyond thematic and structural analysis, dialogic performance narrative analysis considers the context and also asks questions of *'who'*, *'when'* and *'why'* in regard to the told stories (Riessman, 2008). 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.

Boyatzis' (1998) stages of: (1) reducing each interview into key ideas; (2) identifying key themes in each reduced interview; (3) collapsing them into category data; and then (4) carefully observing the combined themes were used. Structural analysis involved stepping back from the themes in order to examine the form and language narrators used to give or make meaning to achieve particular effects (Riessman, 2008). In this study, participants' stories were accompanied by many metaphors and non verbal symbols. Triangulation (Jonsen & Jehn, 2009) was used to compare, merge and confirm the trustworthiness of themes and meanings drawn from the different datasets. This activity gave a better understanding of the different components and characteristics of the HLW programme, and the context of its implementation.

Results

Anyone who survives adversity can be called *'a survivor'*, however, Rwandans understand the notion of survivorship in a more precise manner. The English term *'survivor'* translates

into the word *umucikacumu* in the Kinyarwanda language, which literally means 'the one who survived the spear'. The term identifies Tutsi who were directly targeted by the 1994 killings, or Hutu women who were married to Tutsi men and lost their families to the genocide. The term 'nonsurvivor', in this case, identifies Hutus who were not targeted by the killings. Tutsi women married to Hutu men fall into either category, based on their experiences during the genocide. Over the course of the study and within this paper, survivor and nonsurvivor are used as they are understood within the Rwandan context, and thus by participants. Fourteen of the 23 participants identified themselves as 'survivors,' and nine as 'non survivors.' The non survivor participants included one woman and one man who were ex-prisoners, having spent 7 and 13 years, respectively, in prison. Both survivors and non survivors spoke about a variety of painful issues and limitations they faced in their personal and social lives. Many of them complained about illness, including high blood pressure, diabetes and/or asthma. Two participants lived with HIV/AIDs, one having contracted it through rape during the genocide. The majority of the participants had limited or no functional literacy. Only one participant had a high school diploma and three others had vocational training certificates or some years of secondary school. Poverty, social isolation, loneliness, and family conflict were reported as common stressors. The concept of *nyamwigen-daho*, 'minding one's business' was used to describe isolation, indifference and uncaring attitudes among members of the same community. Throughout the HLW intervention, participants appreciated the structures and guidance that allowed them to share their stories and express their feelings.

The four factors that facilitated story sharing and healing processes: (a) recognition of individual and communal suffering along with openness to change; (b) a safe space for the sharing of personal stories; (c) the qualities of the facilitator; and (d) the use

of supportive resources. Below, these factors are presented in more detail, and in terms of the author's understanding of the participants' narratives, metaphors and nonverbal communication displayed as they interacted with each other, the HLW facilitator and assistant, as well as the author. Pseudonyms are used in the following narratives to protect participant identities.

Recognition of individual and communal suffering and openness to change

Participation in the HLW intervention was voluntary. Many participants had responded to a communiqué that used the following description '*amahugurwa y'isanamitima n'iremamiryango*, or 'workshops that repair one's heart and rebuild communities.' Other people were referred to the HLW programme by family, friends, former participants or an HLW outreach worker.

During the first interview, participants were asked what had motivated them to register for HLW. In a metaphorical way Pauline answered: '*Umutima wanjye warajanjaguritse, uwajya kureba uko basana imitima*' – 'My heart has been shattered. I thought I would go and check how they repair hearts!' The shattered heart image symbolised the impact of the abuse and suffering Pauline had experienced at the hands of her husband and son. Her experiences of violence and poverty appeared linked to the psychological, physical and socio-economic problems often found in a patriarchal society in a poor country that had experienced genocide.

Other motivations attracted the participants to HLW. Emma explained: '*Since my childhood I liked being part of groups. . . when I heard reports of HLW, I immediately asked to attend.*' Emma attended with her husband because they recognised family issues that needed to be explored. Anatole heard about HLW from a neighbour who had previously participated. He decided to attend with his wife. The recommendation of a friend was critical for Dancile:

'It is a friend who had me registered. She came to my house and said: 'Dancile, I have observed that you suffer a lot. . . you have encountered many problems and you have suffered a lot. I think you would benefit a lot from these workshops.'

Recognising need and being open to experiencing the HLW workshops were the first motivating factors for the participants. The level of their commitment (or desperation) was evident in a variety of ways. Participants left their homes and farms during seeding time and stayed five days a month for each of the three HLW workshops. Some households suffered robberies in their absence without deterring their determination to complete the process. The discussions in groups were sometimes tense and uncomfortable, and yet there was no attrition. Rosa summarised this shared commitment in these words: *'I had the ability and the willingness to share my story so that I can feel some relief!'*

A space for sharing

The space created for sharing was an important factor for participants to express and listen to personal stories. Rosa was a survivor participant who contracted HIV as a result of rape during the genocide. She had never shared her rape story because of fear of gossip. In the HLW setting she felt for the first time that it was safe to give voice to her experience:

'When we formed that small group, I had hope. 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 heart, 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.'

Like Rosa, many other participants appreciated that the opportunities within the safe

space. However, sharing personal stories was not an easy process. Emma, a non survivor, observed:

'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. . . my small group members were people who have had problems during the war [genocide] and I did not feel that I could say anything. . . I wished I was transferred to another group. . . 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.'

Emma had been randomly assigned to a group formed mainly of survivors, so the freedom to tell her story did not come quickly, it took time to develop. Anatole explained further:

'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, consoled me and made it theirs.'

The space for sharing was formed by the guiding principles of confidentiality and respect that participants had established at the beginning of the workshops. Trust developed as participants took time to listen to what others had to say and through the process they gained a better understanding of their own stories, together with others. During a second interview with Rosa, she was asked what would happen if others breached that confidentiality. With a big smile on her face, she responded that many women with similar experiences wished to share their circumstances. She concluded, *'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.'*

The quality and approach of the facilitator

Another important factor that motivated the sharing of personal stories was the facilitator's attitudes and abilities to bring together Tutsis and Hutus. Rosa noted:

'One thing that helped me a lot was the way Muzehe² [the facilitator] 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 feelings.'

When asked for further clarification, Rosa said that she had chosen not to interact with non survivors in the community. She wished the facilitator had come to her community immediately after the 1994 genocide. *'If he came earlier, we could not be wounded this deeply, we would have been healed by now.'*

Cathy believed that the facilitator had magical powers: *'Ubanza afite agati da, si impano gusa!'* – *'He must have some magic medicine; it cannot be just a gift!'* Cathy lost her son very suddenly. She had a strong belief that he had been poisoned. She experienced tingling sensations, which she described as pins under her skin when she attempted to talk about his death. Other participants brought her water to drink and the facilitator offered her an individual session. Her tingling stopped and she was able to speak freely about her son. The participants concurred that Dr. Gasiberege's facilitation skills included his ability to: handle crises; welcome opposing views without taking sides; be flexible and disclose his own personal challenges despite his social status and age. His skills were accentuated by natural tendencies to remain calm, humble, attentive and compassionate.

Supportive resources

A final factor facilitating dialogue and sharing was about the quality of the handouts used during the HLW workshops. These handouts included printed summaries of

the plenary sessions and exercises that guided the activities of the groups. Several participants compared them to the Eucharist, an element that facilitated communion within and between participants. Participants reported using these handouts to further individual and group reflections between sessions, and to engage members of their immediate communities. Martha took the handouts and shared them with her daughter: *'I gave her the handouts to read and I encouraged her to come and sit with me and we did the exercises together.'* Even those whose literacy was limited appreciated that they were able to remind themselves of the discussions held by asking another person to read the material aloud. They reported using these occasions to share what they had learned.

A further resource was the physical setting for the workshops. The residential location was situated in one of the communities surrounding the HLW office. It allowed participants to remove themselves from the daily social environment and struggles. Martha indicated that the time away was refreshing. It gave her the freedom to talk and play again, like a child, and with less worries. Martha had a very playful approach to sharing and engaging with others through games and dramas. One morning, she walked into the workshop clothed in traditional, former Rwandan male dress. After making everyone laugh, she told a story about her deceased father. The mimicking of men's dress style and behaviours seemed to open a window for her to express a positive memory, in spite of the sorrow she felt about his tragic death in 1994.

The setting also allowed participants to bond as a group, as they visited one another at night to debrief on the day, sing, dance and recite poetry together. Many participants attended morning Mass in a nearby chapel. The space seemed to rekindle and nurture the practices that had been expelled from post genocide life. Part of the healing process was to renew these personal and social

practices, create new ones and appreciate the importance of purposely reintegrating them into their lives when they left the residential setting.

The convergence of these factors encouraged participants to share their stories and listen empathetically to those of others. Through the process, they bonded as a group, developed a deeper understanding of issues they faced as individuals and members of the community, and began to express compassion with members whose experiences of the genocide were markedly different from their own. Many reported feeling more human and made the determination to act in ways that would further humanise others within the HLW group, and within the broader community. At the end of the HLW workshops, the author attended the 16th annual genocide commemoration near the HLW office. It was impressive to see how participants organised themselves, and took strategic positions around the stadium to ensure that people showing signs of traumatic crises were cared for and supported before experiencing major breakdowns. This was evidence of a new collective sense of responsibility to care for the most vulnerable people in the community, regardless of ethnic origin.

Discussion

This study describes four main factors that facilitated the sharing of personal stories for mutual healing between survivors and non survivors in post genocide Rwanda. While national reconciliation programmes have emphasised the need to reconcile and live together in peace, participants in this study indicated that this message had not taken root at the local level of communities. Instead, people were suspicious of each other and lacked alternative systems that would allow them to articulate their suffering and feel understood. When they heard about the HLW programme, they had a desire to find ways to reduce their suffering and change their social conditions. These

aspirations have been identified by post conflict scholars as an important condition required for social change (Katongole, 2011; Martín-Baró, 1994).

The HLW intervention responded to both individual and communal needs by bringing together survivors and non survivors, and encouraging them to enter a dialogic process, which created opportunities to listen to each other's stories of lived experiences. This approach helped them develop new meanings and connections.

At the beginning of the HLW workshops, survivors and nonsurvivors appeared uneasy about sharing their personal stories. Both groups were in powerless positions, although from different perspectives. The Hutu government was replaced in 1994 by a new regime whose public transcript openly repudiated the ideological pillars of the genocide. While this official narrative might relate to the experiences of the survivors, most felt the pressure to remain silent because they were a small minority without protection within their rural communities. In addition, the national rebuilding and reconciliation agenda did not dwell on the day to day challenges of living within divided communities. The survivors in this study reported a general sense of vulnerability that silenced their personal experiences of genocide. The nonsurvivors were hesitant to speak about the suffering and loss in their communities. This silence has been associated with the burden of official guilt derived from their Hutu identity (King & Sakamoto, forthcoming). The conspiracy of silence is a common phenomenon among the perpetrators and bystanders of atrocities (Baum, 2008). In this regard, silence is imposed by feelings of guilt or the denial of genocide acts, in which they or their families may have been implicated. These feelings often lead the members of the perpetrating group to minimise their own suffering (Schwab, 2010).

Scott (1990) calls the silenced stories '*hidden transcripts*,' which he describes as the

suppressed stories of the powerless. Many of the hidden stories express the overwhelming anguish and pain of sufferers who have lost a safe place to speak within their communities. Stories of pain rendered unspeakable (Kleinman, Das, & Lock, 1997) lead to the breakdown of speech, and eventually, to a complete shattering of the self (Kleinman & Kleinman, 1997). Frank explains that *'unnarratable'* stories are dangerous because, if brought into the public sphere they can *'make lives vivid and morally recognizable, [thus] raising moral and civic responsibility to the vulnerable'* (Frank, 2010, p. 75).

It is only when stories are told and heard that the walls of silence are broken down and new connections are created. Nonverbal expressions are an important part of story sharing. HLW participants used dramas, songs, poetry and dance in their free time, or when they judged these expressions to be useful within the structure of sessions. These nonverbal expressions have been found to be important for holistic individual and communal healing among the marginalised in post conflict settings (Motsemme, 2004). The HLW approach of story sharing challenged the dominant narrative, which insists that those who experience extreme forms of organised violence cannot comprehend what happened to them, or to participate meaningfully in creating a new reality (Métraux, 2004). Participants attested to the usefulness of gaining voice, exploring their inner self and paying attention to the pain of others through the sharing of personal stories.

The residential setting offered an opportunity to temporarily withdraw from daily life conditions in order to engage participants in meaningful dialogue and reflection. This kind of voluntary social withdrawal has been found to be a positive factor for other programmes that help marginalised groups in forming alliances to fight against discrimination and other forms of violence (Dominelli, 2002). In her intergroup experiences, Kaslow (2003) observed that creating

a space in which members of opposed groups could form relationships revived trust in humanity and the capacity to rehumanise each other. Private spaces, in which Hutus and Tutsis can share intimate life experiences, are rare in post genocide Rwanda. The retreat centre provided a safe space for sustained dialogue. Lumsden (1997) recommends the formation of sacred spaces for people living in post conflict settings for both therapeutic encounters and the rebuilding of a sense of self and community.

HLW empowered participants to take an active role in sharing their stories and ideas, and develop what Nagda and Maxwell define as *'facilitative-mindsets and behaviours that contribute to relational learning'* (Nagda & Maxwell, 2011, p. 12). Participants in this study indicated that the behaviours they discovered and practised during HLW were transferable to their families and communities. They reported listening differently, and paying attention to the needs of others around them. They began collective initiatives to work on community issues and conflicts between sessions. As a group, they decided to volunteer their time to the 16th anniversary of the genocide as a way to express solidarity with survivors who continued to experience severe traumatic crises at these events. This sense of reaching out to help others bridged the work of the HLW to the broader communities of the participants. This finding confirms what Nagda & Maxwell (2011) found in their intergroup dialogues about community building and conflict exploration. As in the case of IGD, (Nagda & Maxwell, 2011), HLW connected participants back to their communities by redefining their responsibilities as active social agents.

Reference has already been made to the knowledge and abilities of the facilitator. Attention must be paid to the role of a competent facilitator in acknowledging and addressing the deep divisions that emerge out of mass violence. Participants recognised

that the HLW facilitator, like other educated professionals, possessed extensive knowledge. However, they were particularly motivated by his wisdom, humility, the equal treatment of group members and his determination to openly address the inequalities found in post genocide Rwanda. These characteristics have been found to be important in other intergroup dialogues (Dessel & Ali, 2012; Nagda & Maxwell, 2011). The HLW facilitator was able to give voice to the participants, to accompany them as they sought to understand their condition, and to empower them to reclaim their stories and become active agents of their personal and community wellbeing.

Conclusion

The human capacity to act on psychosocial suffering that is innate to people's moral responsibility becomes suppressed after mass violence (Alexander, 2004). Post conflict conditions tend to solidify the walls separating existing social groups and form new sub-groups. Each sub-group experiences and interprets the same sequence of historical events in radically different ways. The public transcript of the state may overshadow local hidden transcripts and prevent them from being recognised and heard. Individuals may suffer in isolation because of the silence imposed, or self-imposed, within their social groups and communities (Motsemme, 2004). HLW provided participants with a safe space to voice and explore the meanings of their lived experiences.

Psychosocial interventions that recognise the capacity of those affected to address their own suffering and create positive change bring people involved in a conflict together in a space that allows them to tell their personal stories and listen to those of others. Integrating these aspects into programmes of post conflict reconstruction may help those affected by violence to develop new understandings and meanings, and encourage them to overcome individual and

communal suffering. Being able to talk and be heard may build and sustain trust, promote activities that re-humanise those affected by different forms of mass violence and enhance compassion and mutual support. The ability of the facilitator to create an inclusive and safe space, and use knowledge of self and group dynamics to benefit all participants is essential to the success of intergroup learning and healing processes. Bringing together members of opposing groups for mutual healing may also be useful for other social processes, such as forgiveness and reconciliation.

Acknowledgements

The author would like to thank the participants for their contribution to the study from which the data of this paper is drawn. Special thanks go particularly to Dr. Simon Gasibirege who permitted and supported the investigation of his programme. This study was supported by the Social Sciences and Humanities Social Council of Canada (SSHRC) Doctoral Scholarship (2008–2010) and the Society for Social Work and Research Doctoral Fellowship (2010). The author would like to also thank Dr. Karen Schwartz for copyediting the manuscript.

References

- Ajdukovic, D. (2004). Social contexts of trauma and healing. *Medicine, Conflict and Survival*, 20(2), 120-135.
- Alexander, J. C. (2004). Toward a theory of cultural trauma. In: J. C. Alexander, R. Eyerman, B. Giesen, N. J. Smelser & P. Sztompka (Eds.), *Cultural trauma and collective identity* (1–30). Berkeley, CA: University of California Press.
- Baum, S. K. (2008). *The psychology of genocide perpetrators, bystanders, and rescuers*. New York: Cambridge University Press.
- Benson, P., Fischer, E. F. & Thomas, K. (2008). Resocializing suffering. Neoliberalism, accusation, and the socio-political context of Guatemala's new violence. *Latin American Perspectives*, 35(5), 38-58.

- Boyatzis, R. E. (1998). *Transforming qualitative information: Thematic analysis and code development*. Thousand Oaks, California: Sage.
- Bracken, P. J. (1998). Hidden agendas: Deconstructing post-traumatic stress disorder. In: P. Bracken & C. Petty (Eds.), *Rethinking the trauma of war* (38–59). London: Free Association Books.
- Brounéus, K. (2010). The trauma of truth telling: Effects of witnessing in the Rwandan gacaca courts on psychological health. *Journal of Conflict Resolution*, 54, 408-437.
- Clandinin, J. D. & Connelly, M. M. (2000). *Narrative inquiry: Experience and story in qualitative research*. San Francisco, California: Jossey-Bass.
- Creswell, J.W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, California: Sage.
- de Brouwer, A.-M. D., & Ka Hon Chu, S. (2009). *The men who killed me: Rwandan survivors of sexual violence* (Vol. 16). Vancouver: Douglas & McIntyre.
- Dei, G. J., Hall, B. H. & Rosenberg, D. G. (2002). Introduction. In: G. J. Dei, B. H. Hall & D. G. Rosenberg (Eds.), *Indigenous knowledge in global contexts. Multiple readings of our world* (1–17). Toronto: University of Toronto Press Incorporated.
- Delamont, S. (2007). Ethnography and participant observation. In: C. Seale, G. Gobo, J. F. Gubrium & D. Silverman (Eds.), *Qualitative research practice* (205–217). London: Sage Publications
- Denzin, N. K. & Lincoln, Y. S. (2008). Introduction: Critical methodologies and indigenous inquiry. In: N. K. Denzin, Y. S. Lincoln & L. Smith (Eds.), *Handbook of critical and indigenous methodologies* (1–20). Los Angeles: Sage.
- Dessel, A. B. & Ali, N. (2012). The Minds of Peace and intergroup dialogue: Two complementary approaches to peace. *Israel Affairs*, 18(1), 123-139.
- Dominelli, L. (2002). *Anti-oppressive social work theory and practice*. New York: Palgrave Macmillan.
- Doucet, D. & Denov, M. (2012). The power of sweet words: Local forms of intervention with war-affected women in rural Sierra Leone. *International Social Work*, 55(5), 612-628.
- Farmer, P. (2004). An anthropology of structural violence. *Current Anthropology*, 45(3), 305-325.
- Fletcher, L. E. & Weinstein, H. M. (2002). Violence and social repair: Rethinking the contribution of justice and reconciliation. *Human Rights Quarterly*, 24(3), 573-639.
- Frank, A. W. (2010). *Letting stories breath. A socio-narratology*. Chicago: The University of Chicago Press.
- Haider, H. (2010). Social repair in divided societies: Integrating a coexistence lens into transitional justice. *Conflict, Security & Development*, 11(2), 175-203.
- Human Rights (2003). *Lasting wounds: Consequences of genocide and war on Rwanda's children*. New York: Human Rights Watch.
- Jonsen, K. & Jehn, K. A. (2009). Using Triangulation to Validate Qualitative Studies. *Qualitative Research in Organizations and Management: An International Journal*, 4(2), 123-150.
- Kaslow, F.W. (2003). The seventh Holocaust dialogue meeting: Porto Alegre, Brazil. *The American Journal of Family Therapy*, 31(3), 215-227.
- Katongole, E. (2011). *The sacrifice of Africa: A political theology for Africa*. Grand Rapids, Michigan: WB Eerdmans Publishing Company.
- Keso, H., Lehtimäki, H. & Pietiläinen, T. (2009). Engaging in reflexive acts – Sharing experiences on reflexivity in empirical qualitative research. *Tamara Journal for Critical Organization Inquiry*, 7(3/4), 51-70.
- King and Sakamoto, King, R. U., & Sakamoto, I. (forthcoming). Disengaging from the Rwandan genocide: The healing of perpetrators, bystanders and victims. *Peace and Conflict: Journal of Peace Psychology*.

- Kleinman, A. & Kleinman, J. (1997). The appeal of experiences; The dismay of images: Cultural appropriation of suffering in our times. In: V. Das, A. Kleinman & M. M. Lock (Eds.), *Social suffering* (1-24). Berkeley, CA: Temple University Press.
- Kleinman, A., Das, V. & Lock, M. M. (1997). Introduction. In: A. Kleinman, V. Das & M. M. Lock (Eds.), *Social suffering*. Berkeley: University of California Press. (pp. IX-XXVII).
- Last, M. (2000). Healing the social wounds of war. *Medicine, Conflict and Survival*, 16(4), 370-382.
- Lumsden, M. (1997). Breaking the cycle of violence. *Journal of Peace Research*, 34(4), 377-383.
- Martín-Baró, I. (1994). *Writings for a liberation psychology*. Cambridge: Harvard University Press.
- McKinley, J. J. (1997). Machetes, axes and rebel guns: Refugees tell of attacks in Zaire. *New York Time*, 30 April, 1997.
- Melvern, L. (2004). *Conspiracy to murder. The Rwandan genocide*. London: Verso.
- Métraux, J. C. (2004). *Deuils collectives et création sociale*. Paris: La Dispute.
- Moon, C. (2006). Narrating political reconciliation: Truth and Reconciliation Commission in South Africa. *Social & Legal Studies*, 2, 257-275.
- Motsemme, N. (2004). The Mute always speak: On women's silences at the Truth and Reconciliation Commission. *Current Sociology*, 52(5), 909-932.
- Munyandamutsa, N., & Mahoro Nkubamugisha, P. (2010). Prevalence d'état de stress post-traumatique dans la population Rwandaise. Diversités de figures cliniques, abus de drogues et autres co-morbidités. Kigali: Ministre de la Santé, Programme National de Santé.
- Nagda, B. R., & Maxwell, K. E. (2011). Deepening the layers of understanding and connection. A critical dialogic approach to facilitating intergroup dialogues. In K. E. Maxwell, & B. A. Nagda (Eds.), *Facilitating intergroup dialogues: Bridging differences, catalyzing change* (1-22). Sterling, Va.: Stylus Pub.
- Papadopoulos, R. K. (1998). Destructiveness, atrocities and healing: Epistemological and clinical reflections I. *Journal of Analytical Psychology*, 43, 455-477.
- Parent, G. (2011). Peacebuilding, healing, reconciliation: An analysis of unseen connections for peace. *International Peacekeeping*, 18(4), 379-439.
- Pedersen, D., Tremblay, J., Errázuriz, C. & Gamarra, J. (2008). The sequelae of Political Violence: Assessing Trauma, Suffering and Dislocation in the Peruvian Highlands. *Social Science & Medicine*, 67(2), 205-217.
- Riessman, C. K. (2008). *Narrative methods for human sciences*. Thousand Oaks, California: Sage Publications.
- Saraceno, B., van Ommeren, M., Betniji, R., Cohen, A., Gureje, O., Mahoney, J. & Underhill, C. (2007). Barriers to improvement of mental health services in low-income and middle-income countries. *Lancet*, 370, 1164-1174.
- Schwab, G. (2010). *Haunting legacies. Violent histories and transgenerational trauma*. New York: Columbia University Press.
- Scott, J. C. (1990). *Domination and the arts of resistance: Hidden transcripts*. New Haven: Yale University Press.
- Singleton, R. A., Jr, & Straits, B. C. (2005). *Approaches to social research*. New York: Oxford University Press.
- Summerfield, D. (1999). A critique of seven assumptions behind psychological trauma programmes in war-affected areas. *Social Science & Medicine*, 10, 1449-1462.
- United Nations, (2014). *Background information on the justice and reconciliation process in Rwanda*. Retrieved

May 17, 2014, from <http://www.un.org/en/prevent/genocide/rwanda/about/bgjustice.shtml>

Uvin, P. (1998). *Aiding violence. The development enterprise in Rwanda*. West Hartford, Conn.: Kumaria Press.

² *Muzehe* originates from a Swahili word 'Muzee' which is used to refer to an old and respected man. Participants used this word to pay respect to the HLW facilitator and founder.

¹ The Stories Matter is a free software that was created at Concordia University and has been used to analyse oral history of the Life Stories Project.

*Régine Uwibereyeho King is an Assistant Professor at the Faculty of Social Work, University of Manitoba Winnipeg, Canada.
email: regine.king@umanitoba.ca*